Resilience processes among young people in alternative care in Bogotá – Colombia

Paula Alejandra Franco Martínez

Erasmus Mundus Master's Programme in Social Work with Families and Children

Supervisor: Pablo Álvarez-Pérez

ISCTE-IUL, JULY 2020

Abstract

Title: Resilience processes among young people in alternative care in Bogotá – Colombia

Author: Paula Alejandra Franco Martínez

Key words: resilience processes, young people, alternative care, Colombia, contextual and individual resources

There are plenty of studies that focus on risks, problems, and challenges that young people in alternative care have to face. This study focused on strengths and resources that these youth have had that made a difference. The main objective of the research was to *analyse how individual and contextual resources enabled resilience processes among young people in alternative care in Bogotá, Colombia*. The specific objectives were a) Analyse how young people in alternative care have used contextual opportunities to cope with their past; b) explore how have young people living in alternative care have used individual resources to continue with their lives despite adversity. The socio-ecological theory was used to understand the different systems where young people are embedded and how those influence their reality. Also, the strength-base perspective was used to focus on the possibilities, opportunities, and skills they had, and those their context offered them. It was a qualitative research, in which semi-structured interview guide was applied to interview 7 young people between 18 - 25 years old living in alternative care. Then a thematic analysis was done to identify the core dimensions and subdimensions they mentioned as having helped them have resilience processes.

Based on the findings, the most important dimensions in their context that helped them to cope with their past were the *opportunities offered by the organization* where they lived, like having access to basic rights, different types of support and training. Also, the r*elationships* dimension is considered fundamental for this population, as they mentioned the bonds they have with caregivers, interdisciplinary team, godparents and siblings who supported their developmental process in a comprehensive way. The third dimension was *education*: they were committed to their studies, this gave them a sense of mastery and enhanced future life opportunities. On the other hand, some individual resources that helped them to continue with their lives were their *personality,* as traits like hope, self-confidence, grateful attitude and optimism help them to "move-on" from their past; and having *expectations about their future* gave them the strength to work hard in their present. In conclusion, the research showed that resilience processes among young people in alternative care are the result of the interaction of individual and contextual resources that enabled them to adapt to their new environment, have a healthy development and plan a life project. With a comprehensive support in different dimensions and levels, they were able to overcome their past and are fulfilling their dreams.

Acknowledgements

Acronyms

ASCUN	Colombian association of universities
CELSIS	Centre for excellence for Children's Care and Protection
CRC	Convention on the Rights of the Child
DANE	National Administrative Department of Statistics (Colombia)
ENDS	National Demography and Health Survey (Colombia)
HDI	Human development index
ICBF	Colombian Family Welfare Institute
IFSW	International Federation of Social Workers
OECD	Organization for Economic Cooperation and Development
PARD	Process for the Re-establishment of Rights
RELAF	Latin American Foster Care Network
SNBF	National System of Family Welfare
SOS CVI	SOS Children's Villages International
UN	United Nations
UNDP	United Nations Development Programme
UNICEF	United Nations International Children's Emergency Fund

Table of contents

List of charts and diagrams

1.Introduction

All children have the right to be cared for by their parents or family. If this is not possible the State is responsible for protecting their rights and ensuring appropriate alternative care (Title II, Chapter II of Children and Adolescent Code of Colombia). Some children lose the care of their parents and are never adopted, so they stay in public care until they reach the age of majority or finish their education. The main reason of children losing or being at risk of losing parental care in Latin America is poverty and inequality. Some other causes are war, forced migration, domestic violence, addiction, child labour, commercial sexual exploitation, and discrimination (RELAF, 2011).

According to the world's largest non-governmental organisation focused on supporting children without parental care and families at risk, SOS Children's Villages International (2015), there are 150 million children in the world who have lost one or both parents. Children and young people without parental care are the most vulnerable and marginalised group throughout society, they are at higher risk of poverty, discrimination, exclusion, inadequate care, abuse, and exploitation. In Colombia, according to the legal authority on this topic, the Colombian Family Welfare Institute (ICBF, 2020b), there are more than 22.000 children and young people that are separated from their parents.

Children and young people placed in alternative care need comprehensive support that enables them to recover from the separation of their parents, and from any other adverse experience they suffered that caused the separation. "Promoting resilience of young people leaving care will require more comprehensive services across their life course" (Stein, 2008, p. 25). They should have a protective alternative care environment, where they find support to develop their full potential. Research findings indicate that a fair proportion of young people who suffered parental maltreatment, like abuse or neglect, can have resilience processes. They are able to manage to overcome risk factors, adapt well, show coping ability, develop without major emotional problems, and do no less well in life than those who grew up in a more nurturing family (Davidson and Navaro, 2015).

1.1 Colombian context

1.1.1 Human Development and inequality

Ensuring that every child can survive, thrive, and reach their full potential is central to long-term national development. Supporting the most vulnerable families so they can love and care for them is one of the best investments a country can make to eliminate extreme poverty, boost economic growth, and promote a peaceful society (USAID, 2019). During the last decades Colombian economy has had positive results, and great improvements have occurred in many areas. It has improved in most of its socio-economic indicators. Those improvements have a direct impact in the daily life of children and families. That progress allowed it to be part of the selective group of the Organisation for Economic Co-operation and Development OECD in 2020, but there still are many challenges to improve the wellbeing of its citizens.

Development cannot be only understood with economic indicators, it is the result of the improvement in the lives of its citizens. Governments should promote policies that not only raise the GNP (gross national product), but also promote a wide range of human capabilities, opportunities that people should have to function effectively in different areas that are fundamental to a fully human life (Nussbaum, 2009).

> The real wealth of a nation is its people. And the purpose of development is to create an enabling environment for people to enjoy long, healthy, and creative lives. This simple but powerful truth is too often forgotten in the pursuit of material and financial wealth (Ul Haq as cited in Nussbaum, 2009, p. 211).

In a human sense; the "main premise of the human development approach is that *expanding peoples' freedoms* is both the main aim of, and the principal means of sustainable development" (UNDP, 2019, p.1). The Colombian human development index (HDI) value for 2018 was 0.76, which put the country in the high human development category, positioning it at 79 out of 189 countries and territories. During the past three decades (1990 – 2018), the HDI value has increased in 26% from 0.60 to 0.76. Life expectancy at birth improved by 7.4 years, mean years of schooling rises by 2.9 years and expected years of schooling grow by 5.5 years. Also, Colombia's GNI per capita increased by about 74.5%.

However, when the HDI is discounted for inequality, it falls to 0.58, a loss of 23% (UNDP, 2019). According to the Work Bank, inequality measured by the official Gini index declined from 57.2 in 2002 to 51.7 in 2018. Inequality in Colombia remains higher than the region's average that was 50.5 in 2015 (Word Bank, 2019). "If inequalities in human development persist and grow, the aspirations of the 2030 Agenda of Sustainable Development will remain unfulfilled" (UNDP, 2019, p. 1). These indicators show the reality of millions of families, who live in extreme poverty conditions, and are not able to provide the basic needs to their children.

Development of children who experienced adverse life situations, require resilience processes to continue with a healthy development. "Resilience in human development is defined in relation to positive adaptation in the context of significant adversity, emphasizing a developmental systems approach" (Masten, 2002, p. 117). There should be a set of individual, relationship and environment protective factors to enhance good adjustment and development under different threatening conditions. Fostering resilience is possible through policies that promote protective factors, for example supporting effective parenting and the availability of competent adults in the lives of children. "The best documented asset of resilient children is a strong bond to a competent and caring adult, which need not be a parent" (Masten, 2002, p. 127)

1.1.2 Children and young people in Colombia

1.1.2.1   Recommendations of the Committee on the Rights of the Child

During the past years Colombian government has shown its commitment with the development of its children and young people. It has included new legislations and policies to protect them, and it has increased the budget for their wellbeing. Children are healthier, more educated and more protected in law than at any point of its history. Colombian improvements were recognized by the

Committee on the Rights of the Child, through the last Concluding observations on the combined fourth and fifth periodic reports of Colombia that took place in January 2015. The Committee appreciated the measures taken and progress achieved by Colombia but expressed several areas of concern and did some recommendations. One of the main concerns for the Committee was the different types of violence (sexual violence, domestic violence, armed conflict violence and child soldier's recruitment), that children and young people in Colombia live. Another concerning topic was that even though there are several legislations and policies towards the protection of children, they are not sufficiently implemented and there is not independent monitoring and data collection, training and dissemination of the Convention on the Rights of the Child (United Nations, 2015, p.2).

Among the recommendations related to children in alternative care, the Committee recommended the State: a) to ensure in practice that children are not separated from their families because of poverty or financial reasons; b) to provide further support to avoid the separation or abandonment of the children; c) When alternative care is necessary, prioritize foster care and ensure that residential care is used only as a last resource/alternative; d) to strengthen its efforts to provide foster families and *personnel working in institutions with training on children's rights* and the needs of children deprived of a family environment; e) to ensure periodic review of the placement of children in foster care and residential care, and *monitor care quality by providing adequate resources* and accessible channels for reporting, monitoring and remedying the maltreatment of children (United Nations, 2015, p.10). Even though the report did not explicitly mentioned the concept of resilience, the recommendations done to improve the conditions of children in alternative care were based on protective factors they need to overcome difficult situations from their past, and continue with a healthy development. Recommendations "d" and "e" are directly related to enhance resilience processes, as it will be explained in the following sections.

1.1.2.2 Main challenges of children and young people in Colombia

Based on the data of the Colombian National Administrative Department of Statistics (DANE), the multidimensional poverty index in Colombia for 2018 was 19.6%. While for cities represented 13.8%, for rural areas was 39.9%. Children from the poorest families are the most affected by different types of adverse life experience situations. Thousands of children are separated from their parents to guarantee their basic rights. The way they cope with adverse situations might be very different depending on several factors.

In 2019, was the 30th anniversary of the United Nations Convention on the Rights of the Child, and six different international organizations that work in Colombia (Child-Fund Alliance, Plan International, Save the Children International, SOS Children's Villages International, Terre des Hommes International Federation and World Vision International) joined to report the progress on the implementation of the Convention and identified the challenges and pending topics for the future agenda. They reported the situation of the 15.448.285 children (0 to 18 years old) that live in Colombia (Child Rights Now!, 2019).

The report considered inequality as one of the key elements that limit the rights of the child, there is a wide gap among the reality of children in urban and rural areas. Children do not enjoy their rights in an equitable way, this means that depending on the location where the child lives, the

place where was born, gender, ethnic background, any disability condition or capacities of their environment, will define their future as a prosperous one or with scarcity. Some other relevant identified challenges were, low quality of health and education; adolescent pregnancy, child labour, child soldier recruitment, sexual exploitation, and the limitations to find a job when they finish their education (Child Rights Now!, 2019). Sexual violence is another type in which children are victims. It accounts for more than 21.000 cases per year, this means an average 62 children among 0 and 17 years old are abused per day, 80% of those cases stay unpunished and most of the aggressors are family members or close friends. In 2018, there were more than 3.200 domestic violence cases. Finally, the last National Demography and Health Survey (ENDS) showed that 50% of the children in Colombia are the result of non-desired pregnancies (Health Ministry, 2015). These figures and facts are some of the common risk and challenging factors children face and could hinder their development. But many of them can have a healthy development because resilience processes arise through ordinary protective processes, that are common but powerful. Comprehensive strategies (social policies) that reduce risk, build strengths and assets and mobilize adaptive systems are needed to foster resilience and contribute to human development (Masten, 2002).

1.2 Background of Legislation about Alternative Care

1.2.1 International background

Around the world millions of children loss their loved ones or are separated from their families. "Today, an estimated 220 million children, one in ten of the world's two billion children, are growing up without parental care or stand at risk of losing it." (SOS CVI, 2018, P.6). There is an overriding principle that the family is the natural environment for a child to grow, and when a child does not have the care of his or her family, the state has the responsibility to provide suitable alternative care. In the past, children who needed alternative care were often placed in large institutions, but this form of care is no longer seen as meeting the needs of the children (SOS CVI, 2009).

The UN Convention on the Rights of the Child (CRC) adopted in November 1989 is the most ratified human rights treaty in the world. It recognizes children require special safeguards, care, and are subjects of rights. *Article 20* seeks to protect children who are unable to live with their parents, "a child temporarily or permanently deprived of his or her family environment, or in whose own best interests cannot be allowed to remain in that environment, shall be entitled to special protection and assistance provided by the State (…)". As the Convention does not describe what measures should be taken, it was necessary a more detailed, internationally recognised guidance (Cantwell, et al., 2012).

Just about a decade ago, in 2009, the United Nations General Assembly through the Resolution A/RES/64/142 welcomed the *UN Guidelines for the Alternative Care of Children.* It established the conditions that every child and young person have the right to grow up with.

> Where the child's own family is unable, even with appropriate support, to provide adequate care for the child, or abandons or relinquishes the child, the State is responsible for protecting the rights of the child and ensuring appropriate alternative care, with or through

competent local authorities and duly authorized civil society organizations. It is the role of the State, through its competent authorities, to ensure the supervision of the safety, well-being and development of any child placed in alternative care and the regular review of the appropriateness of the care arrangement provided (p. 3).

It is a non-binding international instrument; this means there is no obligation on the part of States. Instead, it is a UN approved set of principles, that set a path that should be followed by the States. They assist and encourage governments to optimise the implementation of the treaty, guide policies and practices at all levels, and encourage the allocation of resources to its implementation. And, they are not just for governments but for all sectors (Cantwell, et al., 2012).

The research is going to use the concept of children in *alternative care* that is how the UN refer to this topic. It is important to mention that there is not an international agreement about it. Munro and Stein analysed this topic because they were aware about the differences of the concepts used among countries, "key terms and concepts are infused with social and cultural meanings that are unique to a given nation" (Stohler et.al., 2008). p. 12). For example, in the UK academics and practitioners refer to "looked after children" or "children in care or accommodation". While in the US the terminology is different, they refer to children and young people in "out-of-home-care" (Stohler et.al., 2008). In Colombia there is not a consensus about the terminology, some people might say "children in protection", "children in welfare", or "children in the ICBF".

Children and young people without parental care should be placed in the most appropriate care setting, considering their best interest and quality care. There are different types of alternative care, it could be kinship care, foster care, other forms of family-like care, residential care or supervised independent living arrangements. "The quality of alternative care is critical to child well-being" (UNICEF, 2011). Even though the Guidelines do not mention the word resilience in an explicit way, they give a comprehensive path to follow to contribute to resilience processes, and to provide a protective environment where children and young people without parental care could develop their potential and overcome any adverse experience of their past.

1.2.2 Colombian Legal background

Most countries have been taking a proactive look at their child protection systems and the quality of alternative care. They are undergoing care reforms processes to try to articulate standards and to formally define the types of care they offer. During the past years, Colombia has done a big effort to integrate the Guidelines for the Alternative Care of Children into the national laws, policies and programs. As the Committee on the Rights of the Child recognized, Colombia has tried to make the required changes and move forward to their fulfilment, but there is still a long path to really implement them, for example the Committee expressed their concern about the high number of cases of abandoned children, the failure to reduce institutionalization, and some institutions and foster homes are not complying with international standards (United Nations, 2015, p.10).

Since 1968 the Colombian government has a specific entity that works for the prevention and comprehensive protection of children and the well-being of families, the Colombian Family Welfare Institute (ICBF). Colombia ratified the Convention on the Rights of the Child in 1991 and within its current *Constitution of 1991*, in Art. 44 it stablished the main rights of the children, life,

physical integrity, health and social security, a balanced diet, their name and citizenship, to have a family and not be separated from it, care and love, instruction and culture, recreation, and the free expression of their opinions. They will be protected against all forms of abandonment, physical or moral violence, sequestration, sale, sexual abuse, work or economic exploitation, and dangerous work. They will also enjoy other rights upheld in the Constitution, the laws, and international treaties ratified by Colombia. The family, the society and the State have the obligation to assist and protect the child to guarantee his/her harmonic and comprehensive development and the full exercise of his/her rights (Colombian Congress, 1991).

Act No. 1098 of 2006 on the "Children and Adolescent Code" was a great progress because it included the main obligations of the CRC. It has important guidelines that stablished the details on how the State protects the rights of the children, prevents threats against them and promotes their "re-establishment" when they were violated. The law represents an important shift among the identification of *irregular situations*, towards an approach based on *comprehensive protection*, where children became subjects of rights. Chapter II of Title II of this Act explains the measures to re-establish the rights of the child when they are violated. It states that the State is responsible to do it through its different public authorities. When the child is separated from the family he/she is located in a provisional home (hogar de paso), then the child could be located in a foster home (hogar sustituto). If it is needed, the child is linked to a specialized program to guarantee the re-stablishing of the violated rights (Colombian Congress, 2006). The Code state general parameters and delegates into the ICBF to design the technical guidelines with the details on the procedures and characteristics of the different specific topics related to the protection of the child.

The previous Act is the main legal document for the protection of the children and young people in Colombia; but there are other laws, action plans, policies, norms and guidelines for different specific topics. For example, *Law 1878 of 2018* modified some articles of Act. No. 1098 of 2006 to improve the procedures to guarantee the rights of the children that are at risk of being separated from their parents, or that are already in alternative care settings, but there still are different gaps to its real enforcement.

1.3 Challenges of young people in alternative care

There are several academic studies about young people in alternative care. They focus on understanding the risk, vulnerabilities, challenges, and problems they face. Some of the common mentioned challenges are: a) a higher incidence of mental-health-related problems; b) an elevated risk of early mortality; c) higher suicide probabilities; d) lower educational attainment; and e) an increased risk of teenage pregnancy (Hojer and Sjoblom, 2013, p.73). Young people leaving care are at hight risk of social exclusion, both in terms of material disadvantage and marginalisation (Stohler et.al., 2008, p.9).

Research demonstrate that children and young people in alternative care have complex mental health needs and often engage in self-destructive behaviours such as self-harm, drug and alcohol use and suicide attempts. They can experience a high level of instability in relationships and frequently live transient lifestyles (Andrew, Williams and Waters, 2014, p. 503). Other authors affirm that this population experience elevated levels of psychopathology, neurodevelopmental disorders and educational difficulties, compared to their non-care experienced peers (Ford, Vostanis, Meltzer and Goodman; and Culhane and Taussing as cited in Lou, et.al., 2018, p. 83).

Also, studies show there is are high level of care leavers among the prison population, homeless and the unemployed (Stein as cited in Berridge, 2017 and Ford, Vostanis, Meltzer and Goodman; and Culhane and Taussing as cited in Lou, et.al., 2018).

Other research show that there are differences among the processes of adolescents who have been cared for in residential settings compared with those that grow up in foster family care settings. The ones in residential settings are more vulnerable and demonstrated more problems when compared to adolescents who have not been in residential care (Lou, et al., 2018). In Colombia, still thousands of children and young people grow up in residential care.

1.4 Child Protection System in Colombia

Colombia has a National System of Family Welfare (SNBF) that includes the public agencies, private actors and the mechanisms that coordinate them. The ICBF constitutes the coordinating arm of the SNBF, it has the responsibility for defining the administrative procedures, road maps and measures for re-establishing rights when there is any type of violation. The ICBF provides care services for children and families, especially those under threat, insolvency or violation of their rights. The ICBF has a specific division that focuses on Child Protection. This division has some subdivisions: Administrative Process of Restoration of Rights, Juvenile Criminal Responsibility System, and Adoptions.

When there is a non-observance, threat, or violation of a child's right an Administrative Process for the Re-establishment of Rights (PARD) is opened, this process is followed through different actors that are involved. The administrative authority takes the measures to provide appropriate services to respond to the violation of rights. In 2019, 39.961 children and young people entered to PARD, the main reasons were sexual abuse (13.594) and negligence (7.096) (ICBF, 2020b). The process has several concerns about overlapping and confusion among the different actors. Also, the lack of clarity in the roles among agencies, caused the referral of cases to different authorities, delaying or denying timely, appropriate care to the child (UNICEF, 2015).

The provision of care services is the responsibility of the ICBF and the municipality, who must guarantee the supply of specialized services for the protection and re-establishment of rights. The ICBF contracts out with private organizations the services related to the re-establishment of rights depending on the needs of the children. If it is possible and it is according to the best interest of the child, the idea is to support the family to overcome the situation that caused the separation, so the child could return, because it is the best place for the him/her to grow. If the close family is not able to take care of the child, the government look for other relatives that could take care of him/her; if this is not possible the child is declared with an adoptability measure and could be adopted. Between 1997 and 2018, 48.254 children and adolescents were adopted in Colombia (Child Rights Now!, 2019).

There are different types of locations in which the children and young people receive alternative care with a comprehensive protection, this depend on the reason why the child entered the system, and their best interest. Those options are called *modalities* and have changed over time. Nowadays, it could be family care that includes foster care (hogar sustituto) and institutional care that includes: a) home house (casa hogar), b) boarding home (internado), c) shelter home (casa de acogida), d)

protection home (casa de protección) or e) university home (casa universitaria) (ICBF, 2019, p. 42). University home is a modality that began in 2018 and there are just 2 of these houses operating in Bogota, 1 in Santander and 1 in Tolima (ICBF, 2020a). There are also specialized programmes based on the specific situation of the child, for example, for sexual violence victims, use of psychoactive substances, street conditions, child labour, disabilities, armed conflict victims, among others (ICBF, 2020c).

1.4.1 Young people in alternative care in Colombia

There are thousands of children and young people that grow up in the protection system. Most of them are groups of siblings, children older than 8 years old and/or children and young people with different types of disabilities. They have an adoptability measure, but figures of adoption in Colombia have decreased during the past years, and many are never adopted. Official data of ICBF, states that by the 29th of February 2020, there were 912 children between 0 to 5 years old, 2.025 between 6 and 11 years old, 3.966 between 12 and 17 years old and *5.943 young people older than 18 years old* that could be adopted (a total of 12.892). As can be inferred, the biggest group are the ones that are older than 18 years old, who keep receiving the support of the Child Protection System (ICBF, 2020b).

There are several factors that have caused this big number of young people grow up in the Child Protection System. For many years, the children stayed in the System without a final decision about their legal situation. They had a measure of re-establishment of rights, while the authorities looked for relatives that could be until the sixth degree of consanguinity, that might be able to take care of them (ICBF, 2013). This process could take a long period, so the child stayed in the system without the possibility to be adopted. Also, judges took way more time than they should in the processes and do not do the required follow-ups of the situation of every child, one explanation for this is that a Family Ombudsman could have more than 200 children to follow-up. Also, there is a cultural problem, in which Colombians prefer to adopt new-born and healthy children, and not the older ones, or with any kind of disability (ICBF, 2013).

Thousands of children and young people enter the Colombian Child Protection System when they are little. They have to face the separation of their family and their environment to be placed in a new house, with new people and everything changes for them. When they are declared in adoptability the new home becomes their permanent home until they are adopted or if they are not adopted, they leave it until they become independent. They are called by different institutions of the government and the media as the *children of the ICBF*. During all the years of development they receive protection, support to overcome difficult situations from their past and the required tools to define what they want to do when they leave the system.

Young people receive a holistic support, so they can adapt to their new environment and continue with their lives. Their development is supported by different professionals, that guide and follow-up the individual development plan that each child has based on his/her specific needs. When they become older, they support them to identify their skills, what they like, what are they good at, so they can build their Life Project and work to achieve it. The Life Project began as a strategy of the ICBF to provide a comprehensive support and quality opportunities to young people's life. The project should consider the unique characteristics of each of the young people. It includes a) self-knowledge; b) personal and social identity; c) decision making; d) life goals; e) leadership; and f)

evaluation (ICBF, 2017, p. 29). The idea is that they receive support from the system until they finish their studies and are better prepared to assume their autonomy and independence. They receive support to develop soft and technical skills to be able to integrate to the society in the future. All these activities to prepare them to leave care contribute to their resilience and at the same time increase the possibilities for their future employment (Groing and Sting, 2019 and Stein, 2019).

The transition to adulthood of this population depends on a combination and interaction of multiple factors such as past experiences, challenges faced in their current life situation, support they received and personal strengths (Haggman et.al., 2018). Transition to adult life is a complex process in which youth start taking steps to achieve financial, residential and emotional independence, and to take adult roles as citizen, spouse, parent and worker (Jekiele and Brown, 2005). In this case, as they do not have parents, the state and society have the responsibility to provide them a comprehensive support to achieve their independence.

The *Guidelines for Alternative Care* state the importance to prepare the children and young people for the transition from the alternative care system to independent living. If they do not receive support, the consequences are negative, they include indigence, homelessness, offending, substance abuse, renewed placement in an (adult) residential facility, or even suicide (Cantwell et al., p. 98) and all the previous effort to enhance their healthy development could get lost. The Guidelines suggest good quality placements, providing young people with stability and continuity of care; a positive experience of education; assessing and responding to young people's heath and emotional needs; and preparation in self-care, practical and inter-personal skills. Achieving these goals is a process that takes time (Cantwell et al., pg. 99). All these suggestions not only contribute to their independence, but also enhance resilience processes.

1.4.1.1 "Dream Project": national initiative to support young people over 18 years

Few years ago, when young people in alternative care turned 18 years old, they stopped receiving support from the State and had to leave the Child Protection System (with some exceptions). Transit from childhood to adulthood is not an easy process, and for young people in alternative care could be more difficult, due to their stories and lack of supportive networks (Bernal, 2016). According to the ICBF, young people in alternative care in Colombia at 18 years old lacked experience and support from responsible and caring adults. They had to assume different challenges at the same time, stop studying, find a place to live, begin to work, leave friends and any emotional support they had in the alternative care setting. At this age they did not have the competences and strategies to continue with their life project, so they were not ready to leave the care system (ICBF, 2017, p. 16).

As it was mentioned before, the increased number of young people that were never adopted has been a new challenge for the care system. To improve this situation, since few years ago, the ICBF provides more options for this population, to keep supporting their development and as a key initiative to enhance resilience processes. Nowadays, there is a national initiative called "Dream Project" lead by the ICBF, through the partnership with different entities (e.g. ASCUN- Colombian association of universities). It is focused on young people among *14 to 25 years old*, with a declaration of adoptability or in the Juvenile Responsibility System. The focus of the initiative is to strength the process of building their Life Project and support their preparation to have an

autonomous and independent life. This project promotes and generate conditions to guarantee their rights through seven components, identity, education, culture, recreation, sports, employment and volunteering.

Through this initiative, young people can have access to higher education (they pay the tuition fees and related expenses), this is a key element for their Life Project and future independence (ICBF, 2017). In 2019, 2.500 young people participated in the project and 402 graduated from higher education (technical and professional) through this project (ICBF, 2020a). This makes a big difference among many other young people in Colombia; based on data of the World Bank, the coverage of higher education in Colombia is just 52% of young people between 17 and 24 years old, and 42% of the ones who enter abandon their studies during the first years. One of the main causes is the cost, Colombian education is one of the most expensive in Latin America, after Mexico and Chile. So, being able to have access to higher education is a great opportunity for this population because this gives them more tools and time to get ready for their autonomy.

1.5 Research questions and objectives

The purpose of the study is to *analyse how individual and contextual resources enabled resilience processes among young people in alternative care in Bogotá- Colombia*.

In order to problematize this general objective, four research questions were created:
1. How international and national laws or guidelines influence the reality of young people in alternative care?
2. What are the main resources that young people in alternative care have found in their context to continue with their development?
3. How individual resources of young people in alternative care and social support from the institutional team have helped them to overcome difficult situations from their past?
4. How individual expectations about the future, social support, access to education, caring relationships, and community opportunities can contribute to have a job?

Based on these research questions, specific objectives arose, guiding the analysis process: a) Analyse how young people living in alternative care have used contextual opportunities to cope with their past; and b) explore how young people in alternative care have used individual resources to continue with their lives despite adversity.

Resilience is a cross-disciplinary concept that has been studied through different sciences. The present study will understand it as a multidimensional and multi-level process, that interacts with its context. Every individual is different, they have had different needs, different opportunities and they have used them in different ways. Previous research has shown that

> resilience of individuals growing up in challenging contexts or facing significant personal adversity is dependent on the quality of the social and physical ecologies that surround them as much, and likely far more, than personality traits, cognition or talents (…). Social ecological factors such as family, school, neighbourhood, community services, and cultural practices are as influential as psychological aspects of positive development when individuals are under stress (Ungar, 2012, pg. 1).

Despite the difficulties they experienced during their childhood, they were able to cope with them and succeed. This dissertation is a qualitative research that will listen to the voices of youths that have resilience processes, to understand and analyse what resources allowed them to thrive. This research wanted to give voice to these "heroes" that no matter their difficult backgrounds, they were able to recover, work hard to achieve their goals and dream about their future.

2. Literature Review

2.1 Resilience: beginning of the concept, evolution, and definition

2.1.1 Early studies of Resilience

The word resilience has its roots in the Latin verb, *resilere* that means to rebound. This concept has been used by different fields. The first use was in physics, to explain the capability of a strained body to recover its size and shape after deformation caused by compressive stress. Later, the use of this concept was introduced in other sciences, medicine began to use it among studies of children at risk of psychopathology and behavioural science began to use it around 1970 (Zolkoski and Bullock, 2012).

Researchers wanted to understand why some children that experience stresses and adversities in life that may challenge their healthy development and successful functioning could manage to cope with it and have good outcomes. At the beginning those children were called stress-resistant or invulnerable, and then, the concept resilient appeared. They were considered to possess certain strengths and have benefited from protective influences that helped them to overcome adverse conditions and thrive (Alvord and Grados, 2005). Pioneering scientist in psychiatry and psychology realized the importance of understanding resilience for practice and policy (Sapienza and Masten, 2011).

2.1.2 Four waves in Resilience Research

According to Sapienza and Masten (2011), there have been four waves in resilience research on children and youth. The *first* wave was descriptive; scientist wanted to understand what makes a difference to prevent the development of psychopathology. The *second* wave tried to understand how protective factors were associated with resilience, they focused on process questions and regulatory systems. The *third* wave was concerned on the promotion of resilience through prevention, interventions and policies that protect mental health and development. They considered as protective factors: positive relationships with caring adult, intelligence and problem-solving skills, self-regulation skills, among others.

Finally, the *fourth* wave focused on the processes of interaction across system levels that influence individual development in context, from generic to neural to behavioural to social levels and beyond. The present research is framed within this wave, as the socio-ecological theory will be used to analyse the reality of the young people to see the interactions of the different systems that contribute to resilience.

2.1.3 Definition of Resilience

There are several definitions of resilience done by different disciplines. Most of them include pre-conditions related to adversity, risk, or challenges followed by adaptation to hardship and a positive outcome.

In the social, behavioural, and biological science, the term resilience is used in a variety of ways and context – sometimes as an individual characteristic, sometimes as a process, and sometimes as an outcome […]. The essence of resilience is a positive, adaptive response in the face of adversity. It is neither an immutable trait nor a resource that can be used up. On a biological level, resilience results in healthy development because it protects the developing brain and other organs from the disruption produced by excessive activation of stress response systems (National Scientific Council on the Developing Child, 2015, p. 1)

Some researchers view resilience as an individual outcome associated with successful personal adaptation (Cornum, Matthews and Seligman as cited in Ungar and Hadfield, 2019, p. 135), but more contextually conceptualisations have shown that resilience is a dynamic process facilitated through interactions between different factors (Ungar and Hadfield, 2019). Michael Rutter was one of the first authors that recognized that resilience does not depend only on the individual, but that the environment had a big impact (Rutter, 2007). Another well-known author about this topic is Ann Masten, who defined resilience as the "capacity of a dynamic system to adapt successfully to disturbances that threaten system function, viability, or development" (2014, p.6). She considers that the context and culture play an important role. Threats could be risk, adversity, and stressful life events. Despite of those threats, there is some people that can have positive adaptations.

Positive adaptations could be understood in different ways, it could be the absence of psychopathology, success in age-salient development tasks, subjective well-being, and relational competence (Theron et al., 2015). Resilience is a process in which several features of the natural and social worlds are called into play. It is a complex and multilevel process through which not only individuals, but also societies and institutions respond to sudden environmental, social and economic shocks (Estêvão et al., 2017). Based on the previous definitions, the research will understand *resilience* as a dynamic and interactive process when young people can use their own strengths and the resources or opportunities they find in their context to adapt successfully and have positive outcomes in their lives, despite of adversities, dis-advantages, or challenges they experienced in their past.

2.2 Studies of Social Work about Resilience among young people in care

Resilience research in social work has focused on healthy development and successful outcomes especially for individuals facing difficult life challenges in their homes, schools and communities, there is a discussion about how it is defined and how it is measured (Benard and Truebridge, 2006). There are several studies that try to find key elements needed to foster resilience. There are authors that have focused on individual resources, others about contextual resources, and some others mixed both perspectives. Like Pooley and Cohen that define resilience as "the potential to exhibit resourcefulness by using available internal and external resources in response to different contextual and developmental challenges" (2010, p. 30).

Social Work field has done several research papers about resilience of young people in care with different topics or themes of analysis. Some of them are: future expectations as a source of Resilience (Sulimani-Aidan, 2017), identity construction in the life narratives of young people leaving residential care (Schofield et al., 2017), social support networks of care leavers (Frimpong-Manso, 2017), school as an opportunity and resilience (Hojer and Johansson, 2013), self-reliance and risk among young adults aging out of foster care (Samuels and Pryce, 2008), benefits of arts-

based mindfulness group intervention for vulnerable children (Coholic and Eys, 2016), comparison of the levels and predictors of resilience among maltreated adolescents in foster care with those in residential and community care (Davidson, 2015), among others. All of them studied a specific topic or dimension that was considered as a contributor to enhance resilience among this specific population.

Jackie Dearden is another author on this topic. She did a research about risk and protective factors from the perspective of young people living in alternative care. Young people aged 13 – 19 were asked to provide their views of what they considered *helpful and unhelpful* from the services they received in enabling them to adapt positively to highly stressful circumstances. She included the analysis of previous research about possible risks or protective factors. These included, stability and continuity, facilities, belonging at home and school, significant adults that offer support, information sharing and involvement in decision and achievements, expectations and aspirations for the future. Based on her interviews, she found out that interest of carers, access to facilities, taking bullying seriously, a clear sense of a positive future and adults who listen were key elements for their processes (Dearden, 2004).

Some other authors have studied this topic through their academic career. Robbie Gilligan began to write about resilience among young people in care since long time ago. He considered that the progress and resilience of some young people in care can be greatly enhanced by mentoring their *talents and interest*. He stablished that culture, sport and other activities had a great value in their lives because they can foster the potential of the young person, build self-esteem, strengthen mental health, open new social relationships and contribute to a successful transition out of care (Gilligan, 1999). In a later research, Gilligan analysed the importance of *education* for young people in public care. He stablished that doing well in care seems linked to doing well in education. Vulnerable people may display resilience thanks to academic or social achievement in the domain of education. Efforts to help young people in care to do well in education must support them to belong to the school community. Therefore, if adults want to influence youth, that influence depends on their relationship, through the trust they have with each other (Gilligan, 2007). Following those ideas, Gilligan later wrote about the relevance of *roles and relationships* in the domains of *recreation and work*. He considered that work and recreation settings could be important sources of resilience for young people in care because they offer opportunities to develop a sense of mastery in a specific activity and broaden social networks (Gilligan, 2008).

Another important author about resilience among young people in care is Mike Stein. He focused his analysis about young people *leaving care*. He suggested that there are three main groups of young people, the ones who move out, the survivors and the victims. Those different pathways are associated with the *quality of care* they experience, the *transition* from care, and the *support* they receive after care. He considered that to promote resilience it is necessary to have more comprehensive services (Stein, 2008). He continued his research about young people transitions from care to adulthood and evaluated the impact of practice to achieve good outcomes. He identified important topics to support the transition, like the provision of *stability and continuity,* to give them the emotional foundations for promoting resilience, and the provision of opportunities for a positive attachment to a carer. He also recognized *education* as a key element for resilience. He considered it was associated with normative social networks (positive relationships), also it gave them new opportunities, and leisure activities. Another important element was involving young people in *individual decision* and policies that shape their lives, so they could plan and be

in control of their lives. The last element that he identified that enhance resilience was *preparing and supporting* them during the process from care to adulthood (Stein, 2019).

2.3 Literature about resilience among young people in Colombia

2.3.1 Resilience studies among young people in Colombia

Resilience processes vary depending on the specific environment where the individual is located. What a community understand for resilience could be different from one place to another. "Until researchers and theorists account for the complex relationship between resilience and culture, explanations of why some individuals prevail in the face of adversity would remain incomplete" (Theron et al., 2015, p. v). Culture and resilience processes intertwine to facilitate and/or hinder youths' positive adjustment to a variety of risk (Theron et al., 2015).

There are some academic studies in Colombia that analyse how the concept of resilience is understood in different contexts. There is an interesting qualitative research that tried to explore and understand the construction of the concept based on the voices of teenage, parents and teachers in a vulnerable neighbourhood of Bogotá. In Colombia, many children and families live at risk, their environment is not safe, and those circumstances could affect their mental and emotional health. According to the National Survey of Mental Health of 2015, 29,3% of teenage (12-17 years old) affirmed they had at least one traumatic experience during their lives. The research revealed that participants identified resilient factors in different levels: internal strengths, social support and social skills and conflict management. They recognize the importance of an ecological perspective to understand resilience, because there are different levels that interact: individual, familiar and community (Bejarano, 2018).

Another important research about this topic took place from 2006 to 2010, through the International Resilience Project (IRP). The IRP used a mixed-methods, culturally sensitive approach to understand how youth from around the world effectively cope with the challenges they faced. They partnered with researchers and community-based organizations from 14 countries, on six continents in over 25 communities. Medellin was one of the studied locations. There they interviewed 82 young people and the study revealed that some of the adversities experienced by youth in Medellin included violence, kidnapping, corruption, lack of working opportunities, unequal access to health and higher education, domestic violence, increasing unwanted adolescent pregnancy and weak social support. The IRP found that despite poverty, stigmatization, violent lifestyle, and drug trafficking, young people in Colombia want to prove their current capabilities and potential (The International Resilience Project, 2006).

There are other resilience research papers in Colombia related to different youth populations. For example, there is a research that compares resilient youth with youth with aggressive behaviour and with those who exhibit sexually risky behaviour and drug use. They concluded that the high ratio of resilient youth calls for a reorientation of public policy towards prevention and control of violence, prioritizing the promotion of resilient behaviour instead of continuing with tertiary prevention actions (Duque et al., 2013). Some other studies have been done with youth at the University. One of them tried to find out if there were resilient factors associated to the academic

performance. They used the Resilience Questioner for university students (RCE-U), and they found that there were significant statistical differences among the students with high and low academic performance regarding the resilient factors (Peralta et al., 2006). Another research analysed the psychometric properties of the Spanish version of the Connor-Davidson Resilience Scale (CD-RISC 10) with youth at the university, demonstrating that the CD-RISC 10 adjusts to the population of Colombian students, in their validity and reliability, which would enables the use of the scale for future research. Some of the dimensions the scale takes into account include: a) high standards, and tenacity; b) trust in one's instincts, tolerance of negative affect, and strengthening effects of stress; c) positive acceptance of change and secure relationships; d) control; and e) spiritual influences (Riveros, et al., 2018). Finally, there is another study that focused on resilience among internally displace people. They developed a model from the family point of view (with young people). It included social and psychological aspects of the family, that enabled them to be resilient, such as: identity construction, bonding and network, transition in parental roles, promotion of values, shared leisure, positive believes and attitudes, and family rituals (Domínguez de la Ossa, 2014).

2.3.2 Resilience among young people in alternative care in Colombia

Specific literature about resilience of young people in alternative care in Colombia is limited. A decade ago, some psychologist researched about resilience in children with abandonment experiences. They analysed resilience as a psychological process and recognized the agency that those children had. Children were able to signify and re-signify (make new meaning) their previous experiences to begin a resilience process as an endogenous activity. The children were able to give meaning to the situation and build new ways to enhance their development. Psychological resources like consciousness, cognition, ethics, and symbolization were present in their resilience processes (Obando, 2010).

One of the most important researchers in this topic is the psychologist Teresita Bernal, who has published different documents related to this population. One of them focused on sources of resilience in teens at the welfare system. This research focused on adolescent girls living in alternative care. The research found out that the biological family had limited contribution to their resilience, the adolescents found support on the professional team of the place where they lived, on the psychologist and with their godparents. Some resilience sources they had were management of institutional resources, humour and ethical sense (Bernal and Melandro, 2014). Another academic article that she wrote focused on conflict resolution from resilience with youth in alternative care. Young people in alternative care face several conflicts within the process of leaving the protection system. That process challenges them to find several ways to solve them, promoting resilience among them (Bernal and Melendro, 2017).

Her PhD thesis in educational theory and social pedagogy was about the transition from youth into adulthood of individuals who have been in the Child Protection System of Colombia. She used a social pedagogy perspective to contribute to optimize interventions conducted with this population. She found 10 sources of resilience in the transit to adulthood life: 1. Young people that leave alternative care are resilient (based on a quantitative scale). 2. Some norms (laws) are hard for the youth, they affect their bonding and the depth of the interventions (they lived in average in 3-4 institutions). 3. The system tries to protect and care, but this could cause problems in their autonomy. 4. Parents and the educational system are not sources of resilience. 5. There is a lack of coordination among the institutions and other entities (education, health) that makes difficult the

inclusion of this population. 6. Youth can find support (institution, friends, sponsors, relatives, colleagues) even though they do not have an active participation in formal networks. 7. They learn from their experience, identifying opportunities, being decision making a key element to face challenges into adulthood. 8. The team from the protection institutions (educators, psychologists, and social workers) are sources of resilience. 9. Work satisfaction, life and education level at the moment of leaving care, facilitate resilience. 10. A factor that was considered as a source of risk, could be re-signified as a resilient factor. (Bernal, 2016).

As it was shown in the previous paragraphs, each author identified some particularities of the concept of resilience. All those related concepts were organized into different dimensions and subdimensions related to resilience processes. The complete table of concepts, dimensions and subdimension in Appendix 1. They gave the base line for the future analysis. As it was mentioned before, the analysis will be divided into contextual and individual resources to understand the different elements that might enhance resilience processes among young people in alternative care. Some of the dimensions that were found among the *contextual resources* included *organization opportunities, community opportunities, relationships, education, and work*. On the *individual resources* the found dimensions were *expectations about the future, skills, personality, achievements, believes and turning points*.

3.Theoretical Framework

The dissertation will have a main theory and a secondary theoretical approach. Socio-ecological theory of development is going to be the main one, and strength-based approach the secondary one. They will be used to understand the complexities, interactions and connections of the key concepts of the study: young people in alternative care, strengths and/or resources, and resilience. "Concepts are the way we make sense of the social world. They are essentially labels that we give to aspects of the social world that seem to have common features that strike us as significant" (Bryman, 2012, p. 8). These theories will guide the analysis to understand and interpret the findings of the research. The researcher will be able to connect the collected data with the main principles of the theories to answer the research questions and objectives. The theoretical framework guides the research, to have a broad and comprehensive explanation of the phenomenon; it determines what could be considered to be within or outside, it defines the boundaries, the language components and structure (Swanson, 2007).

3.1   Socio – ecological theory

Social work discipline tries to understand and respond to people in their environment. Since the 1960's, social work theorist urged social workers to adopt a psycho-social perspective to recognize the social and psychological aspects of assessments interventions. The socio-ecological theory was first described by Bronfenbrenner in 1979. He conceived the ecological environment as a set of nested structures, each inside the next. He used it to understand the interactions between different levels within an individual's life: *microsystem, mesosystem, exosystem and macrosystem.*

The *microsystem* refers to the immediate environment of the child, it includes interactions, activities, social roles and interpersonal relations with the family, school, peers, neighbourhood and the social groups with which the child is engage in a direct contact. The relations on this level are bidirectional. The *mesosystem* represents the links and connections between two or more settings of the microsystem, for example the interaction between the family members and the school teachers. The *exosystem* consists of one or more settings that do not involve the child as an active participant, but in which events occur that affect him/her. This level could include informal and formal settings, like the neighbourhood, government, and cultural institutions. The *macrosystem* includes social beliefs, ideologies, customs, and traditions that influence the child indirectly. It refers to the consistency observed within a given culture or subculture in the different levels micro, meso, exo and macroystem (Bronfenbrenner, 1993 and 1979). This model illustrates how a child's development is affected by the relationships and interactions of the different systems that are interconnected.

This way of understanding the reality of a human being gives us a wider view of the reality and show different factors that might intervene in their lives. "In ecological research, the properties of the person and of the environment, the structure of environmental settings, and the process taking place within and between them must be viewed as interdependent and analysed in systems terms" (Bronfenbrenner, 1979, p.41).

Through a Systemic analysis it is possible to see the interactions within and across multiple systems, which can include the interpersonal system of family, friends, neighbours, organizations, social policy and social structural systems. Also, it focuses on the role of these systems in contributing to individual wellbeing (Healy, 2014). Systems approach discourages the pathologization of either the individual or their environment, instead it encourages social workers to analyse the interactions within and across systems.

> An ecological view helps us appreciate that no theory, concept, model or approach can take everything into account. The complexity of the human condition requires that we develop both a broad perspective as well as specific accommodations and competencies (Germain and Gitterman as cited in Healey, 2014, p. 133)

3.1.1 Socio – ecological theory and resilience

During recent years, researchers have found that resilience is a process and not a trait. It operates throughout the lifespan; before, during and after adverse experiences. It involves a range of individual qualities that include active agency, flexible responses, an ability to learn from experiences and a commitment to relationships. Also, environmental factors like family, school, peer group and community cohesion play a major role (Rutter, 2012).

When the word ecology is used in the present research, it considers a contextualized understanding of the youth reality, opposed to an individualistic approach. Social ecological factors that are different in the specific context of every person, such as the family or in this case the alternative care setting, school, community, friends, social services, work and cultural practices are as influential as psychological aspects to have a healthy development. Even though children are full of strengths and skills, they depend on different systems to develop, recognize, and use them to flourish. If the community does not provide some minimums, they cannot judge them if they fail to integrate to the society. Every child needs a responsible carer that protects, guides and loves him/her, and a community that provides some resources and opportunities to develop all their potential. We should look for the availability and accessibility of the resources that individuals require to do well and are present within their context and how they make strategic use of them (Ungar, 2015).

In socio-ecological resilience frameworks, social and ecological systems are considered linked and interdependent on one another through the connections between well-being, economic activities, and environmental conditions. Through these connections, social and environmental systems can work for mutual benefit or against each other (Cretney, 2014). "The ecological perspective provides a heuristic for understanding how multiple levels of influence contribute to individual development and adjustment in a changing context" (Schoon, 2012, p. 146).

The different dimensions of the context where the child or young person interacts influence his/her development and resilience processes. Identification of multiple levels within a person's ecology that impact resilience enhances the possibility of targeting a variety of context in which to intervene to reduce risk, increase resources and strengthen protective systems (Wright and Masten, 2015).

Recent research focus in a more comprehensive understanding of Resilience. Some authors have proposed a novel model of resilience. Liu et al. (2017), proposed a model that is interactive, dynamic, multi-systemic and multi-dimensional). This model includes intra-individual factors (trait-like characteristics), inter-personal (personality acquired over time through social interactions and experiences) and socio-ecological variables (external factors). This last dimension includes formal and informal institutions that facilitate coping and adjustment. Among the external sources could include access to healthcare, social services, and other resources that interact with the person. Typical socio-ecological aspects of resilience will consider if there are socio political structures and institutions that help to facilitate coping (Liu et al, 2017).

Following the same approach, the Resilience Research Centre uses an approach to define resilience, and include the importance of culture:

> In the context of exposure to significant adversity, whether psychological, environmental, or both, resilience is both the capacity of individuals to navigate their way to health-sustaining resources, including opportunities to experience feelings of well-being, and a condition of the individual's family, community and culture to provide these health resources and experiences in culturally meaningful ways. (Ungar, 2008, p. 225)

Protective factors like individual qualities and contextual dimensions related to available and accessible resources, and how they are use, should be analysed. Also, temporal and cultural factors may also help to understand resilience. "Resilience is predicted by both the capacity of individuals, and the capacity of their social and physical ecologies to facilitate their coping in culturally meaningful ways" (Ungar, 2015, p. 4).

According to Theron and Liebenberg (2015), culture should be understood as intersecting, competing, or complementary macro and microsystemic influences that can explain how social ecologies are shaped in ways that support or hinders resilience processes in different contexts. They defined culture as a socially-constructed and socially-shared ways-of-being and-doing. These ways of being and doing flow from intergenerational legacies of knowledge and values. Cultural practices both shape the behaviours and interactions of people and provide a framework to understand the world.

On the other hand, Panter-Brick and Eggerman (2012) state, understanding social ecology and measuring developmental processes is easier said than done. The challenge for social resilience research is to identify relational processes that really matter, at what point of individual's development, in what context and culture. This implies to identify turning points (where, how and when) to focus policy and intervention efforts in effective as sustainable ways. With the objective of changing aspects of material, social and emotional ecologies that impact health. This means to focus the attention on the social and material context that shape individual trajectories.

Socio-ecological theory will guide the analysis of the results of the research. This approach allows to capture the complexity of resilience through the analysis of the interaction of different elements among the different systems; looking at the individual strengths, the interaction with others, the resources and opportunities that are offered by their environment and the culture. Having a multidimensional analysis of resilience across systems will let us have a broader view of the reality of their processes.

3.2 Strengths-based approach

The strengths-based approach is an ecological perspective that recognize the importance of examining people's characteristics, the environment where they live in, and the multiple contexts that influence them. It stablishes that interventions must be focused on clients' competencies and the resources of their environment. Clients are considered as the experts in their situation, and practitioners as partners whose knowledge must be used to help them achieve their goals (Saint-Jacques et al., 2009, p. 454).

The strengths perspective is not a theory nor a model. "It is a standpoint, a way of viewing and understanding certain aspects of experience. It is a lens through which we choose to perceive and appreciate" (Saleebey, 2012, p. 17). It is an approach, not an outcome or a process. This means that it is not about what the result will be, but of how the things are done (Department of Health and Social Care, 2019).

There is not a concrete definition of strengths, almost anything could be considered as a strength under certain condition. Nonetheless, some capacities, resources, and assets are commonly considered as strengths. For example, personal qualities, traits, and virtues people possess e.g. sense of humor, caring, creativity, independence, spirituality, or patience could be considered as strengths depending on the specific context (Saleebey, 2012).

This perspective considers that all people have talents, abilities, skills, knowledge, strengths, capacities, aspirations and resources (Weick, et al., 1989). It also recognizes the power of optimism and hope, and how they enable to see new opportunities and possibilities to change a situation. They consider people usually are resilient because there is an inclination of healing, and human beings have the capacity to determine what is best for them (Healy, 2014).

3.2.1 Background and problem-based focus

There are several research papers about all the problems, challenges and psychopathologies youth face after they survive in at-risk context, and/or adverse situations. Using a deficit perspective, problem or pathology orientation is very common. In the United States, since 1930's, there was an increasing interest in psycho-analytic theory as the theoretical structure for defining individuals' problems. The strengths perspective emerged in reaction to the tendency of focusing on the human lack or weakness to have a diagnostic, rather than recognizing their strengths and resources (Weick et al., 1989).

There are *two main critiques* of the problem focus approach. First, in a philosophical level, the focus on problems makes it difficult for practitioners to express some of the fundamental values of the profession, e.g. dignity and worth of each person and collective strengths and potential cannot be realized. And second, on a practical level, the concern with the problem places the practitioner in a position of authority, making difficult to clients to trust on their own sense. Also, this cause that they might be tied to the professional for extended periods because they feel dependent on them. Instead, the strength perspective aligns the doing of Social Work with its system of values (Weick et al., 1989).

It is considered that an emphasis of the positive aspects of human capability serve as a stimulus for new growth; the fact that people have lacks is acknowledged, but the best strategy for supporting further gains is an emphasis on the gains already made (Weick et al., 1989). "A strengths-based approach explores, in a collaborative way the entire individual's abilities and their circumstances rather than making the deficit the focus of the intervention" (Department of Health and Social Care, 2019, p.24).

3.2.2 Strength-based perspective characteristics and principles

According to the definition of the International Federation of Social Workers (IFSW) the goal of the Social Work profession is to promote social change and development, social cohesion, and the empowerment and liberation of people. This definition recognize that the social worker has a key role to give back the power that everyone has. They recognize that every human being has prospects, assets and possibilities, finding them is their mutual purpose to begin changes and achieve their goals (Saleebey, 2012).

Strengths perspective, rather than focusing on problems, focus on possibilities, trying to find hope and transformation. *Hope* is a key element for a positive change, it gives the possibility to find visions and dreams of the individual. This in not just positive thinking, it is a very hard work of helping clients and communities to build something of lasting value from the social wealth and human capital within and around them. Also, *collaborative* work is crucial in this perspective. Relationships are the basis for effective, principled work with clients. All participants have an inner drive to push forward despite all the challenges. This drive usually starts in a dialogue with a person they trust, someone who believes in them. It grows and feeds from their own hope and dreams, as they start achieving their goals (Saleesbey, 2012). The recognition of internal and external strengths and resources that comes from collaboration helps to reinforce the client's membership in the community. When individuals recognize that they are interconnected and work together with others, they create not only more resources, but more energy to create more resources (Staudt, Howardw, & Drake, 2008).

The use of this perspective helps to understand resilience processes because after difficult and traumatic life experiences, people have the ability to bear up in spite of those circumstances. Social workers should respect the reality that damage has done, the emotional and physical scars bear witness to that. But despite those wounds, resilience processes are possible (Seleesby, 2012). Research has shown that many more children than ever imagined rebound from adverse live situations. This does not mean they they do not suffer, or don't have problems, but many of them can make conscious life decision and choices that allow them to continue their path to reasonably effective functioning in their lives (Benard; Masten as cited in Rapp et.al, 2006)

This perspective includes six main principles. First, the focus is on individual strengths rather than pathology; second, the community is viewed as a source of resources; third, interventions are based on client self-determination; fourth, the practitioner–client relationship is seen to be primary and essential; fifth, aggressive outreach is employed as the preferred mode of intervention; and sixth, people are seen as being able to learn, grow, and change (Saint-Jacques et al., 2009, p. 454). These principles are used throughout the analysis, sometimes in an explicit way and sometimes implicitly.

These principles can be used as lens to understand the resilience processes of the young people and the key role of the professional team that supported them.

3.2.3 Critics of the approach

Nevertheless, there are some critics of this perspective considering that it does not consider the realities of poverty, injustice, racial and class discrimination, and institutional and interpersonal oppression. "It is in danger of running too close to contemporary neoliberal notions of self-help and self-responsibility and glossing over the structural inequalities that hamper personal and social development" (Gray, 2011, p. 10). Some structural problems cannot be changed by the individual itself, and therefore cannot be blamed because of that. But Salebeey (2012) answered to those critics, explaining that advocating for social justice should never end, but this approach should be done in parallel. The strength perspective is not about ignoring trauma, problems, illness nor adversity; it requires to look at those struggles for hints and evidence of strengths, capacities, and competencies.

> In spite of injustice, inequity, and personal failings, people do have prospects. People do possess a kind of resilience and vitality that, even though it may be quiescent or assume other guise, is within. In some ways, the work of the strength's perspective is a modest form of locality justice: aligning people with their own resources and the assets of the neighborhood or community. In some ways, strengths-based work is also about citizenship: helping individuals, families, and communities develop a portfolio of capacities (…) (Salebeey 2012, p. 283).

4. Methodology

4.1 Research method

The dissertation used a *qualitative method*. This method allowed the researcher to represent the complex worlds of the respondents in a deep, on-the-ground manner. It also encouraged the researcher to explore a topic from the "inside perspective", and it was possible to capture the "lived experience" from the perspectives of those who live it and create meaning from it (Padgett, 2017). The researcher conducted 7 *semi-structured interviews* to young people that lived in alternative care in Colombia to know how they interpret, understand and define the world around them. It was possible to gather data to understand and explore how these young people were able to use the strengths found in themselves and the opportunities their community provided, to cope with adverse life situation they lived during their childhood. The researcher explored and got a better understanding of the complexity of resilience within this specific population, in their specific context. Also, it was possible to know from the young people's voices their experiences, emotions, believes, behaviours and meaning they gave to their reality.

This method favoured the use of the strengths-based approach, because the young people were able to reflect about their lives, the strengths and resources they have had. They could share personal experiences and give enriching insights about why and how they were able to overcome difficult situations of their background, and now they have a life project. This method emphasizes words rather than quantification in the collection and analysis of data. The understanding of the social world was done through an examination of the interpretation of the world by its participants, this is an epistemological position that focuses on interpretation (Braun and Clarke, 2006).

4.1.1 Research tools

Before carrying out the interviews the researcher did and extensive Literature Review of the research topic in databases as ProQuest, Social Sciences, EBSCO, Scopus, and Google Scholar, to get to know what was written before. The searching process included the following key concepts: resilience, young people, and care. When the word Colombia was included, there were no documents or few documents found, even though there were no language restrictions or any year restriction. Most of the documents related to Colombia were found through Google Scholar. As resilience is a topic studied through different disciplines, the main focus were the documents published by social sciences. Through this process it was possible to identify what is already known about the topic, and what research methods and theoretical ideas have been applied in previous studies.

The following step was to identify the key concepts, dimensions, and sub-dimensions of previous papers from different fields. Even though different authors talked about similar topics, they organized the information in many ways and categories. Also, their research focus was very different depending on the field of study and context. All that information was organized in a table that tried to arrange all the key concepts in dimensions and subdimensions that gave an overview of possible answers to the research questions and objectives. This table (appendix 1), is considered

as an important research tool because it helped the researcher to focus and gave an initial framework of the analysis.

Based on that concepts, dimensions and subdimensions the questions of *the semi-structured interview guide* (appendix 2) were formulated, that was the main research tool used for the study. There were 13 open questions that gave interviewees enough freedom to answers in a flexible way, but without deviating from the main purpose. They were inquired about their perspective on what contributed in their lives to have resilient processes, based on the elements that previous authors mentioned in their research, but leaving space to their personal experiences. With this semi-structured interview guide it was possible to collect in-depth narratives. This type of interviews allowed to have an open-ended view of the topic (Bryman, 2012). The young people were able to express whatever they wanted, with less restriction and it was possible to find new elements and concepts that emerged out of the interview.

4.2   Data collection and analysis

4.2.1 Data collection

The data collection was done in Bogotá, Colombia. Due to the Coronavirus Pandemic, only the first 2 interviews were done face-to-face in a private office of the house where the young people lived and the other 5 were done with Zoom Program and they were alone in a private room. The data collection took place between the 11th of march to the 14th of April 2020. The day and time of the interviews was decided by the participants, according to their convenience. The interviews were carried out in Spanish that is the interviewees native language.

At the beginning of every interview, the main purpose of the research was explained and the informed consent (appendix 4) was read, acknowledging that their answers will remain anonymous and confidential. At the end of each interview, participants were asked about their availability to be part of the study and they all confirmed their initial decision. Socio-demographic questions were asked in order to have a participant's basic characterization.

Then the semi-structured interview was conducted, and they were able to talk about whatever they wanted. After they gave their answer, most of the times the interviewer did extra questions to understand what they meant. It was a spontaneous unstructured interaction, were they answered and afterwards we went in depth. The interviews were recorded and lasted between 30 to 50 minutes.

4.2.2 Data Analysis

The data analysis process began using a denaturalized method of transcription were the attention was given to accurately depicting the meanings and perceptions articulated during the data collection (Cameron, Oliver as cited in Guest and MacQeueen, 2008). of the interviews in the language they were done (Spanish). This process helped the researcher to familiarized and reviewed the data, remember the topics they mentioned, and convert the recorded audios into text files. After, the *thematic analysis* technique was used to extract the core themes of their speech using NVivo qualitative software. Thematic analysis is a method for identifying, analysing and

reporting themes within data. It helps the researcher to organize and describe the data set in detail. Using thematic analysis offers an accessible and theoretically flexible approach to analysing qualitative data (Braun and Clarke, 2006).

The software programme NVivo 12 was used to organize the information of the qualitative research. The data was broken down into smaller parts and then each transcription was coded. This method provided a flexible and useful research tool process to look for the consistency of dimensions and subdimensions. A sequential deductive-inductive reasoning was used. In the first place, because some of the dimensions emerged from the literature review (deductive), so concepts, dimensions and subdimensions that were identified before were used. Then, some others emerged from the personal experiences and understanding of interviewees (inductive). Afterwards, the researcher looked for recurrences of these sequences of dimensions and for the links between them to find common themes to analyse, as can be seen in the following diagram. This means that thematic concurrences were searched and links in the interviews.
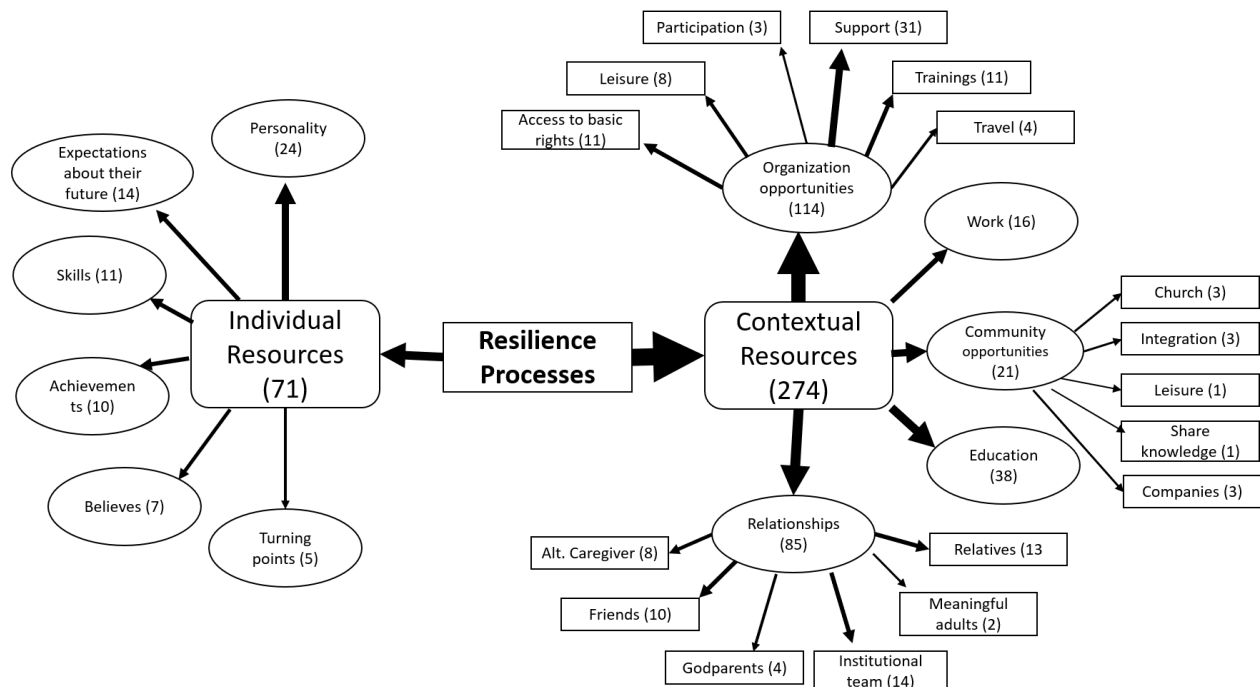
Diagram 1. Code System Representation

4.3   Population of the study

Since the beginning of the study the researcher contacted two well-known organizations that provide alternative care to children and young people in Colombia. They are big organizations, with a good reputation not only among the society, but also the government because of the job they do to protect the most vulnerable children of the country. They provide different types of services (modalities) to their clients. One of the organizations is an international organization present in more than 136 countries and territories, providing alternative care through different family-like

care settings (7 to 10 children/young people per house). The other organization is a national initiative that began protecting and providing alternative care to children that lived in the streets through residential care settings (34 children/young people in the house).

When the organizations accepted to be part of the research, they were asked to identify 2 young girls and 2 young boys that they considered had a good process and would like to participate in the study. A good process means that they have had a positive adaptation during the past years, this is often "based on normative expectations for behaviour or development in the context of age, culture, community, society, and history" (McCormick, Kuo, & Masten; Wright et al., as cited in Wright and Masten, 2015, p. 6). It could include social and academic achievements, expected behaviours for their age, happiness or life satisfaction, and the absence of undesirable behaviour, like mental illness, emotional distress, and criminal behaviour (Masten, 2002). The two basic criteria the participants should have were: being among 16 to 25 years old and have lived in alternative care during at least the past 2 years, to have had enough time to adapt to the new environment. The age range criteria was because between that age they are almost finishing their development process at the alternative care and are close to begin their independency (transition to adulthood). The United Nations define youth or young people as those persons between the ages of 15 and 24 years, without prejudice to any other definitions made by Member States. According to Colombian Law, young people are among 14 and 28 years old.

Purposive sampling was used because this type of sampling puts the research question at the centre of the sampling considerations, as it provides the guidelines about the categories or characteristics the participants should have (Bryman, 2012). The professionals (social workers, psychologists, and pedagogic teams) of the place where the young people live are the ones who know them best, so they better fit as the ones to choose the participants. The contact person of each organization told the researcher they got together with their colleagues, and as a group identified the possible youth that will participate in the study based on their positive adaptation they have experienced. Then, they contacted them to invite them to be part of the study and the young people accepted.

4.3.1 Sample

Considering the limited timeframe within the thesis needed to be finished, and the accessibility to this specific population, the sample size included *7 young people between the ages of 18 to 25 years old*, 4 of them were boys and 3 girls. All of them have been living in alternative care settings for more than 10 years, but most of them have changed of location more than once. Due to the small sample, it is not intended to make any generalization.

Giving voice to this specific population was one of the main goals of the research. The reality of young people in alternative care might be invisible for many people, that's why the objective of the study "is not only to increase the stock of knowledge about different types, forms, and processes of social life, but to tell the story of a specific group, usually in a way that enhances its visibility in society" (Davis and Ragin, 1996, p. 43). The researcher has worked and volunteered with this specific population for several years, and they have shared some of their experience and wisdom before; that's why this was a great opportunity to give them voice to make visible their knowledge; they are the protagonist of the research.

4.4 Trustworthiness

Trustworthiness is a criterion of how good a qualitative study is; it includes 4 elements that must be considered: credibility, that considers the internal validity; transferability, refers to external validity; dependability, parallels reliability (replicated) and confirmability, refers to its objectivity (Bryman, 2012). The research has credibility because the researcher adopted an appropriate and well-organized research method as it was explained in the previous sections, the thematic analysis included dimensions from previous research and some others were included based on the data of the interviews. The study was done in the home country of the researcher to use the advantage of familiarity with the context and to minimize the language barrier. It was possible to collect from the voices of the young people the required inputs that were needed to answer the research questions and objectives. The semi-structured interview guide was formulated based on the research questions, considering key concepts from theories and literature review. The researcher was able to interpret their views considering previous research on the topic, and through their own ideas related to their particular context. When we analyse the transferability of the study, we could say that the research has a thick description, this means that it accounts in detailed the specific conditions of the studied population, so others can make judgements about the possible transferability of findings to other similar milieu (Bryman, 2012).

There is a transparent description of every step of the research, the records of the research path are kept throughout the study (Korstjens and Moser, 2018), and the researcher tried to avoid any possible bias, trying to keep attached to the obtained information and not to her preconceptions to contribute towards its dependiability. Finally, as in the detailed explanation of the findings and analysis section will be explained, the findings of the research study could be confirmed by others researchers because the data and interpretations are clearly derived from the data (Korstjens and Moser, 2018). Finally, this is a relevant research because children and youth without parental care is one of the most vulnerable populations in any society, and it is a field that still has a lot of topics to research about. The society and the government have the responsibility to understand their realities, dynamics and complexities to guarantee the appropriate support and services that enhance their healthy development to be active citizens in the future. The approach used of resilience processes within the research is new compared to previous studies about this population in Colombia.

4.5 Ethical considerations

Social work research usually has important ethical considerations because working with people directly and/or indirectly has an impact on their lives. The researcher's interest in the participants is related to their academic work to obtain knowledge about a specific topic, and interviewees/participants are asked to share information about their personal lives with a "stranger". Working with vulnerable population should be done with responsibility and care, and much more if the research is done with youth. That is way careful attention was paid to ethical considerations, and the best interest of the child principle was always the priority. The International Ethical Guidelines from the International Federation of Social Workers and the Ethical Research Involving Children (ERIC) were followed. The principles that were taken as a priority were, do

not harm, confidentiality, anonymity, self-determination, autonomy and transparency of the information (Graham, et al., 2013).

Thee goal of the research was shared with the non-profits since the invitation to be part of the study, then they chose the possible participants. When the researcher met them, she gave them full information about the research, she explained the informed consent that used simple words for their proper understanding, and they were under no pressure to participate if they preferred not to. Due to the Coronavirus Pandemic, the first two interviews have written sign consents and the other five consents have an oral approval.

There is a dilemma when "ethical issues sometimes become difficult to distinguish from ones to do with the quality of research" (Bryman, 2012). To mitigate this, the researcher made open questions, so participants were able to talk about whatever they were comfortable with. They were informed that they could refuse to answer any question and they could stop the interview whenever they wanted. Because of the topic of the research, it was needed personal information, but respecting their dignity and well-being was the priority.

Even though the researcher speaks the same language as the interviewed, sometimes the way and linguistic forms we used were different. Words like resilience are not very common for them, and sometimes they also used some unknown words/slangs/expressions that needed clarifications. The researcher was aware of using a non-academic/complex language, so she tried to use simple words when she asked the questions. She was also aware of the power unbalance between them, so she did all she could do to make them feel comfortable and in a horizontal relationship. She began presenting herself, sharing some personal information, she was open and honest, and after some casual talk she told them about the research. There was not a compensation for their participation, but after the interview, the researcher sent them a grateful note with some sweets, to thank them their valuable time and the inputs they shared with me.

As part of a reflexive process of the research, and after doing a critical self-reflection as a researcher, it is possible to recognize that there might be some bias and preconceptions about the topic of the dissertation. It is important to mention that the interest about resilience among young people in alternative care and this two specific organizations is due to the great impact they had in the life of the researcher. When the researcher was a child, she read a book written by the founder of one of the organizations. The book shared the causes and challenges hundreds of street children of the city where she lived experienced. That was an eye opening about how privileged she was. Since that moment she began to volunteer with several organizations with vulnerable population, and children without parents became a priority to work with and understand more within her studies and work. On the other hand, her previous job before studying this Master was with the other organization. Even though she never worked directly with the interviewed youth, she knew some of them in advance. Finally, it is important to emphasize that the objective of this research was to analyze good practices that are taking place. This does not mean that the researcher is not aware that there are many challenges, difficulties and opportunities of improvement that could and should be studied and work on; but that was not the focus of the present research.

4.6   Limitations

The major limitation of the study was the Coronavirus pandemic. This situation had several impacts on the research. First, there was a delay on the interviews because the same week the researcher was supposed to conduct them, the Colombian President declared the lockdown of the country, and the contact persons at the organizations had to deal with many challenges and new dynamics that were a priority. Also, most of the interviews has to be done through Zoom; the good thing of using Zoom was that it records video, and it was possible to watch again the interviews and remembers important body language communication aspects. Second, the number of interviews that were planned to be conducted at the beginning, (4 interviews per organizations to have an equitable number of participants from each location) was not possible. Two of the selected young people were under 18 years old, so it was needed an extra authorization from the government and due to the coronavirus circumstances the request was not a priority and was not answered. Third, with the lockdown the researcher had to stay much longer than expected in Colombia and it was no possible to have access to a physical library where she could have more bibliography. The literature review and readings were limited to the documents and materials that were available on-line.

Another limitation was the limited time in which the research had to be finished. If it would be more time the researcher would like to explore the point of view of participants from different organizations and modalities where they live, to see if there are differences based on where they are. Working with only 2 organizations limited the diversity of the sample and having just 7 interviews is a small sample, so this research is considered as an exploratory one that could continue in the future.

5. Findings and Analysis

This chapter presents the findings of the qualitative data collected from the interviews of 7 young people between 18 to 25 years old that have been raised in alternative care settings in Bogotá-Colombia, and their current caregivers and institutional team considered they have good processes. They were abandoned or lost the care of their parents and were never adopted.

The following chart shows the basic information of the 7 young people that were interviewed. All the names were changed, due to protection and confidentiality. I interviewed 4 boys and 3 girls. All of them are over 18 years old and continue receiving the support of the Child Protection System. They entered the System when they were 10 or under 10 years old. All of them have been out of their biological families for more than 10 years, this means that they have lived in alternative care settings all those years. Most have experienced different types of alternative care modalities during the time they have spent in the Child Protection System. Some used to live in Foster Care, but when they turned 18 years old they were moved to the current location, others have lived in residential settings and some others in family-care settings.

All of them have been living at the current organization at least during the past 2 years. Four are studying and three are not; one because he just finished his higher education and is in the process of leaving care, the other one finished her high school the last semester and was supposed to have a medical surgery this semester, but due to the Coronavirus it was postpone, and the other one stopped his studies this semester but will return the next one. Five of them are working; the two youngest ones are not.

	Basic information						Current occupation			
	Name (changed)	Gender	Age	Years out of biological family	# of alternative care locations	Years at the current organization	Studying	Type of Education	Semester	Job
1	Charlie	M	23	13	2	2	Yes	Professional Career	Last semester	Yes
2	Michael	M	25	15	2	4	No	Technologist	Just Graduated	Yes
3	Caroline	F	20	14	3	11	No	No	Finished high school last semester	No
4	Daniel	M	20	11	4	3	Yes	Professional Career	5th semester	Yes
5	Jhon	M	22	14	4	11	No	Technologist	Stopped, missing 1 semester	Yes
6	Maria	F	25	18	2	6	Yes	Professional Career	8th semester	Yes
7	Angela	F	18	12	1	12	Yes	Professional Career	2nd semester	No

Chart 1. Socio-demographic characteristics of interviewed young people (names were changed).

The socio-ecological system theory is the framework that will guide the structure of the analysis and the strength-based approach is the way of viewing and understanding the strengths of the participants and their context. The dimensions and subdimensions identified in the literature review provided the main concepts and themes that were analysed. Through the answers given by the

young people during the semi-structured interview it was possible to confirm the relevance of the dimensions identified in the literature review to enhance resilience processes and it was also possible to learn some other dimensions specific for their context. As it was mentioned before, the analysis used Nvivo 12 qualitative data analysis software to code the answers of the young people. The analysis includes some direct quotations taken form the interviews to support the findings.

The chapter is divided into four main sections. The first section includes some macro and exosystem characteristics to understand the Colombian Child Protection System that have influenced the reality of the interviewed young people. The second will focuses on the specific contextual resources this population has had (mesosystem and microsystem) to cope with their past. The third section includes individual resources this population has used to continue with their lives despite adversity. And the fourth section explains the interaction of individual and contextual dimensions and subdimensions to enhance resilience processes.

5.1 Macrosystem and exosystem characteristics of Colombia

5.1.1 Macrosystem characteristics

There are some *macrosystemic* characteristics that influenced the reality of the young people that were interviewed. The macrosystem refer to institutional patterns of culture, such as economic, social, political factors, customs, and bodies of knowledge. The characteristics of the macrosystem helps to understand the Colombian Child Protection System. International ideas like commitment on children's rights have consequences on the national laws. The effects of this system have a high influence on what happens in the microsystem, and therefore in the lives of the interviewed young people that during the last years have seen improvements in different areas.

Colombia is a democratic Republic, with over 50 million inhabitants, most of them *mestizos* (person with mixed European and indigenous ancestry), around 7% afro-Colombian and around 4% local indigenous. Its population is ethnically and linguistically diverse, with a rich multicultural heritage from local indigenous, Spanish settlements, African slaves and immigration from Europe and the Middle East. The official language is Spanish, and most of the population is Catholic. During the past years, poverty levels decreased to under 30%. Its economy is the fourth largest in Latin America as measured by gross domestic product. Inequality continues to be one of the main challenges to improve the social and economic conditions of the citizens. These general characteristics of the reality of the country, could be perceived in the narratives of the young people. For example, some mentioned they were catholic, others mentioned how poverty and the lack of opportunities affected their childhood, and they live in the capital of the country, Bogotá that is a developed city with different opportunities for its citizens.

Colombia signed the UN Convention on the Rights of the Child and ratified it in 1991. The same year it included those rights in its current Constitution, Art. 44 stablished the main rights of the children. These way of understanding children, as subjects with rights has had a *cultural impact* in families and society perception. Some years ago, children's voices were not very important in the society, they just had to obey what adults said, but more and more their voices are getting heard, they can participate and give their opinion.

However, there still are different topics that have not changed in the law and within the culture; for example, corporal punishment is still a common practice to "educate" children in Colombia, and the law allows it. Nowadays, there is a debate in the Congress to change the law and forbid this practice (Semana, 2020). According to ICBF, physical violence is one of the main reasons that causes children to enter the Protection System. Violence is one of the main challenges of Colombia, it begins at home settings, but it is reproduced in different scenarios. Colombia has endured the longest-running internal armed conflict in the Western Hemisphere, and children have been some of the main victims in several ways, as internal displaced, but also have been recruited and used by illegal groups.

Some years later, Act No. 1098 of 2006 on the "Children and Adolescent Code" included important guidelines that stablished more details on how to protects their rights. This law marked a milestone on how children were treated and protected, and this has had influenced the culture. For example, it was very common to see children in the streets begging for money and many citizens gave them, nowadays that is not very common as before, if you see that is happening you are encourage to report the situation because it is considered as child labour; and child labour is also another common cause why parents loss the care of their children. Cultural changes do not happen quickly, it takes several years to change the mindsets, believes and behaviours of the people.

5.1.2 Exosystemic characteristics

The following system that has influenced the reality of the young people is the *exosystem*. This comprises the linkages and processes taking place between two or more settings, in which events occur that indirectly influence processes within the immediate setting in which the child lives. Some exosystems that affect the development of children and youth indirectly through the influence on their reality are mass media, social services, and local policies.

As it was mentioned before, all the international documents have influenced the way Colombia protects the rights of the children and manage alternative care. After the UN "Guidelines for the Alternative Care of Children", Colombia has shown its commitment to follow them, has allocated resources, and has move forward to change the way of taking care of the children without parents. Before residential homes were very common, and today other types of settings are prioritize, and the quality of the different alternative care settings has improved, as it was recognized by the committee on the rights of the child of the UN.

The State has introduced many of those recommendations in local laws and social services, to have the instruments to enforce them and give the children what they need. In Colombia it is not common as in other countries that they move out of the parent's homes when they turn 18 years old; young people receive the support of their parents almost until they get married. Few years ago, when young people turned 18 years old, they had to leave the Child Protection System. Nowadays many of them can continue receiving support if they meet some requirements. In 2016, there was a new guideline "Dream Project, opportunities to fly", to support adolescents and young people with a declaration of adoptability or in the Juvenile Criminal System, to continue their preparation to have an independent and autonomous life (ICBF, 2017).

This guideline mentions the importance of resilience for the young people's independence. They state that the young people need to develop "competences to integrate the lived experienced to their life project, with resilience factor" (ICBF, 2017, p. 115). They define resilience as competences shown after difficult contexts that require an additional effort to adapt, and allow the person to continue with their development. It includes individual skills that allow the young person face life and move towards his/her life project, and it also includes protective factors from the social environment that are needed to enhance resilience processes (ICBF, 2017, p. 196). With this recent guideline, nowadays many young people can have access to higher education, stay in the System after they are 18 years old, and be better prepared for leaving care.

The reality of the young people that were interviewed has been highly influenced by those international laws and guidelines, that were introduced into the national laws and specific guidelines. As the interviewed participants of the research were among 18 to 25 years old, and all of them entered the Child Protection System more than 10 years ago, they have experienced several of those changes. For example, during the interview, one of them mentioned his parents abandoned him with another family in an informal way, he thought they were his parents for several years, but after 2006 with the changes of the laws, he entered to the Child Protection System.

5.2 Contextual resources (mesosystem and microsystem)

The *mesosystem* comprises the linkages and processes taking place between two or more settings where the young person is part. For example, the relations between home and school, school and workplace. When we talk about this specific population of children and young people in care, the linkages and processes among the different settings is a key element to promote their development and resilience processes. The caregiver, the social worker and the rest of the institutional team are responsible to help to connect and articulate the different settings where the young people participate or must participate. These population might have some special needs that require extra support to overcome different difficulties. For example, they might need extra support with their studies, because most of them are behind compared to other children with the same age. These requires responsible and committed adults who must have constant communication to coordinate the work of different institutions that contribute to promote a comprehensive development of the youth. Some other examples of this, will be explained in the following sections.

On the other side, the *microsystem* is where the child or young person spends most of his/her time. It includes all the activities, social roles, and interpersonal relations experienced by the young person in each face-to-face setting. Common examples include settings as the family, school, peer group, and workplace. In the case of this specific population, the family setting is changed for the alternative care setting that could be provided through different modalities. This place has a great impact on the development of the child. These different settings are also explained in depth in the following sections.

The first specific objective was to analyse how young people living in alternative care have used contextual opportunities to cope with their past. With the literature review and the interview it was possible to identify key dimensions or themes that have been mentioned in several academic papers, that have a great influence for the development and resilience processes of the youth. The following chart shows the five main dimensions that young people have had among their context

to cope with their past, *organization opportunities, relationships, education, community opportunities, and work*.

The chart shows the frequency of each dimensions of the contextual resources identified in the speech of the interviewees. The rows (y) indicate the 5 types of dimensions, the columns (x) indicate the frequency of the coding references, and the colours (YP #) correspond to the interviewed young person (from young person 1 to young person 7). The next sections will analyse each dimension using the information given during the semi-structured interviews. It will focus and have a deep analysis on the dimensions and subdimensions that had a higher frequency and a general analysis of the dimensions with the lowest frequency. Also, there will be some comments about the frequency of young people that comment on a specific topic when this is remarkable. As the following chart shows, organization opportunities is the dimension with the highest frequency and work is the dimension with the lowest frequency.
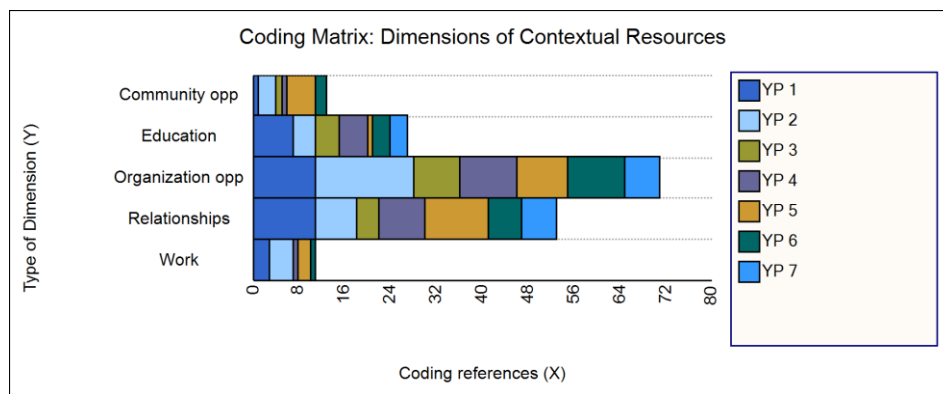
Chart 2. Matrix: Frequency of dimensions of contextual resources (Nvivo 12).

5.2.1 Organization Opportunities Dimension

The previous chart shows that the organization opportunities dimension had the highest frequency among the contextual resources. This dimension replaces the family for a child or young person that loss the care of his/her parents. This is the place where they spend most of their time, learn the main skills to socialize, receive support whenever they need it and the most important receive love and care. The reality of any person depends on the place and opportunities they find in their close environment. The young people expressed how much they valued the different resources they have had within the organization where they live.

Academic studies have revealed that development of resilience may vary according to the type of residential care setting where the child or young person is located. Whether these facilities allow the development of multiple individual strategies for dealing with adversities and the support they provided them (Luksik, 2018). At the beginning of the research it was expected to analyse if there were some differences among the young people in one organization that provides family-like care settings, compared to the other one that provides residential care. But this analysis is not possible because 6 out of the 7 interviewed young people mentioned they have experienced different alternative care settings throughout all the time they have been in the Child Protection System. Four of them were moved to their current location when they began their higher education, and before some lived in foster care settings, and others in residential care settings, so it is impossible

to make any analysis about this topic with this small sample. Each case is unique, for example one young person who was raised in a residential care setting expressed the important bond he has developed with his godparents, that he considers as his parents, so there are other meaningful adults that can support their development.

The opportunities each institution/organization can offer to their participants depend on several factors. There are some basic homogenic issues that are defined by the guidelines of the ICBF for each specific modality. The governmental has some mandatory requirements that all the operators (private organizations) might meet to provide alternative care to children and young people. Those guidelines have changed several times as time goes by; they try to move forward to the implementation of the UN Guidelines, for example improving the quality of the services offered to the children and young people.

Some organizations (called by the ICBF as operators) just receive the funds of the government, so they provide the basic services to the children and young people they take care of, but some other organizations raise funds locally and internationally and they are able to provide better services (with more opportunities) to their participants. As it was mentioned before, the participants of the interviews are part of two of the most well-known organizations, and they receive some extra funds to provide better services:

> *I have seen that this foundation receives many opportunities, I have seen they receive a lot of donations. In December, a lot of companies come here to ask what we need. We have a lot of support, but it depends on each of us how we use it (Michael).*

On the other hand, providing comprehensive services has been identified as a key element related to the development of the children and young people by several authors; "promoting the resilience of young people leaving care will require more comprehensive services across their life course" (Stein, 2008, p. 35). Among the opportunities of the organization, it was possible to identify 6 different subdimensions *support, access to basic rights, leisure, participation, trainings and travel*. The following chart shows the frequency that each subdimension had. The next sections will analyse each of them.
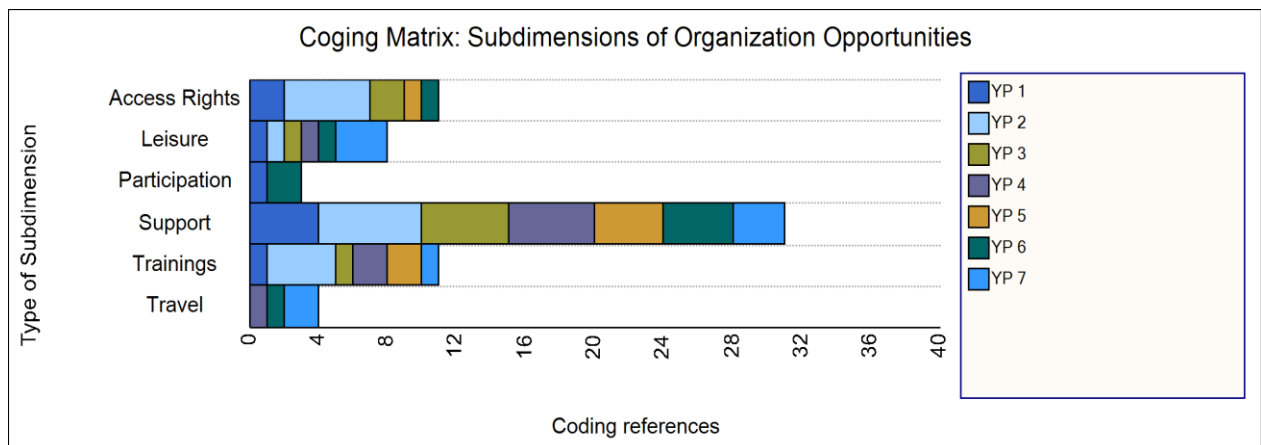

Chart 3. Matrix: Frequency of subdimensions of organization opportunities (Nvivo 12).

5.2.1.1 Support Subdimension

Support is the subdimension with the highest frequency of organization opportunities among the answers of the interviewed young people. All the participants mentioned the importance of receiving different types of support in their lives. Providing support to this population has been studied by several authors due to the importance that it has for children and young people living in alternative care and do not have the support of their parents. There are different kinds of support; it could be formal or informal, and could include material, social, financial, practical, informational, guidance, participation, empowerment or emotional support (Dearden, 2004; Samules and Pryce, 2008, Hojer and Sjoblom, 2013; Paulsen and Berg, 2016; Adley and Jupp Kina, 2017; Stein, 2008; Pooley and Cohen, 2010; Frimpong-Manso, 2017; Haggman et al, 2018; Stein, 2019).

The interviewed young people mentioned they have had a multidisciplinary team that followed up their progress in different areas of their lives. As most of them do not have parents, relatives or any network, they rely on the support given by the organization where they live to have a comprehensive development and to overcome any difficult situation they have had in their past. There is co-occurrence among this subdimension and relationships dimension. Even though support could be considered as part of the relationships dimension they are separated in the analysis because some of the young people have found important relationships among people from outside of the place where they live. This means they have built important bonds with people from their community.

They mentioned they had monthly comprehensive follow-ups with the organization's team, were they could express how they were, and received emotional and practical support in daily life challenges. Practical support is defined by Paulsen (2016) as support that could include different elements like economic guidance, financial support, and other practicalities in everyday life:

> *There is a psycho-pedagogic team, they support us with our studies, follow-up our grades, how I feel with my career, what I want to do in the future. When you are under 18 the social worker is in charge of all our documents, our health situation, but when we turn 18 we have to make the appointments with the doctor. There is also a nutritionist (John).*

All young people mentioned they received constant psychological support to work on difficult situations they experienced during their past. This specific support has a fundamental impact for this population:

> *I was afraid of my past, I experienced horrible things that I was not able to overcome, but what I did was move on. I had the psychological support and the team to overcome this situation. I was able to generate new opportunities, work with my family, and become another person, a grown up, with thoughts of a young adult; forget my past and do things that make me happy and calm (John).*

People have an inner drive to push forward despite all the challenges. As stated by Saleebey (2012), this drive usually starts in a dialogue with a person they trust, someone who believes in them. It grows and feeds from their own hope and dreams, as they start achieving their goals. The interviewed young people expressed that having social support helped them to overcome their past, enjoy and define their present and have dreams for the future:

I was able to overcome all the problems I had in my past, I helped myself allowing other people to help me. Because there are some other youths that do not trust in other people, and they don't want that anybody helps them with their past. But I said, I want to overcome everything, I want to improve myself, and it was very hard at the beginning, but now I am happy, in peace. I feel calm, I am a new girl (Caroline).

Promoting individual decision among this population is very important to enhance their future independence. Support them to plan and make them feel in control of their lives are key elements for resilience. As cited by Stein (2019), all the process of preparing and supporting them during the process from care to adulthood has a great impact in resilience processes. Other authors state that youth should not only give inputs, but also be a part of the decision-making process (Paulsen and Berg, 2016). According to the interviews, they received the assistance and guidance of the adults that take care of them, but they are encouraged to take their own decistions:

They do a process with us to help us to focus on our professional life or being independent when we leave the organization. It is a nice process because it helps you to open your mind, your eyes where you are. They ask us what we want to do, what are we good at, if we feel prepared, and what you want to learn. So, you begin to think by yourself, what I am good at or what I want to do. That has helped me a lot because right now I am at the university (Angela).

They also mentioned the importance of receiving economic support. They not only receive all the basic things like shelter, food and money for their transportation, but they also receive a very small monthly allowance to teach them how to use their own money, and when they began to work they are taught to save money to buy all the things they will need when they become independent. Also, some of them have some savings due to gifts from their godparents:

Every month they give us some money, and sometimes I buy clothes and sometimes no. Every month they give us 6 euros (Caroline).

There is a small monthly allowance that I consider is good, because it helps us to have some personal money for our needs (John).

When you are under 18, you just have to worry about your studies, but when you are over 18 you should also work and save money for your independence. I already save to buy a bed, a tv, music, clothes (Michael).

5.2.1.2   Access to basic rights Subdimension

Access to basic rights was also a sub-dimension mentioned by the young adults as something they valued to recover from their past. In the literature review this dimension was not frequently mentioned, because most of the reviewed studies were done in developed countries, where access to basic rights are guaranteed for almost all citizens. Unfortunately, in Colombia some children do not enjoy them; housing, education or health service sometimes are not accessible to everybody.

Material resources are considered as protective factors, "youth who did well enjoyed access to adequate food, clothing, education, and future opportunities for employment" (Ungar, 2015, p. 39). Young people appreciated being able to have basic things to survive:

Here you have everything for free, study, food, a roof, everything for free! So, it would be ridiculous to go to the street or somewhere else, where you have to pay, because if you move out, you have to pay for everything (Michael).

As it was mentioned in the last section, the institutional team is in charge of the articulation with other institutions to guarantee basic services like health and education.

I have also received a lot of support with my surgeries, my health insurance, and the organization. I already have had some surgeries but am still missing some because of the condition of my mouth, nose, and palate. I was supposed to have one these days, but with the lockdown, it was cancelled (Caroline).

Many poor families must share their house with a lot of people in poor dangerous neighbourhoods. Sometimes they do not have basic infrastructure services such as electricity and running water. Both organizations provide safe, and nice facilities to the young people. The houses are located in middle class neighbourhoods and the young people can enjoy all the public services:

Having internet is a great resource, if you use it in a proper way, it will give you a lot of information and you can learn so many things. I think it is a very important tool (Charlie).

As you can see, here (the house where they live) is very calm, beautiful, you can see the neighbourhood, you can live well here (Michael).

Definitely, I feel safe here at home, when I arrive, and I enter my room I feel in peace (Maria).

5.2.1.3   Trainings Subdimension

The young people mentioned different type of trainings or extra-curricular activities they have received. This subdimension includes activities like workshops, where they could develop soft and hard skills. For example, the preparation for leaving care requires the development of skills in different areas that will equip them with the required knowledge to face life by themselves. As stated by Stein (2008), preparation should be holistic in approach, promoting the development of practical, emotional (like self-care) and interpersonal skills. Providing young people opportunities for planning, problem-solving and learning of new competencies, all of them are considered as resilience-promoting factors (Newman & Blackburn as cited in Stein, 2008; Rutter et al., 1998).

As the resources are limited, the young people that need more help, for example to find a job or the youth that need more encouragement to move-on and do well in the university, they go to special trainings or activities to empower them (Charlie).

They help us to have different tools for the future. For example, being prepared for a job interview, a course to present ourselves, how to make a CV, how to project ourselves with the savings that we have (Daniel).

They also mentioned non-traditional activities. There are some studies about the impact of providing non-traditional classes, for example the benefits of arts-based mindfulness group intervention for the development of vulnerable children (Coholic and Eys, 2016):

Here they have a philosophy called "Being Philosophy", so they teach us to meditate (….). On Tuesday' we have some yoga activities to learn to meditate (Michael).

Two young people said they received many different trainings, but in that moment, they do not really valued them, but they recognized they learned:

There are trainings about sexual orientation, health, in those topics, when I was younger I participated (…) and you learn, but when you are young, you don't value that, you think it is boring (Charlie).

5.2.1.4   Leisure, travel and participation Subdimensions

One of the questions of the semi-structured guide was, *what are some of the happiest moments of your life,* and most of the interviewees mentioned things related to leisure activities or travel opportunities during their childhood. Previous studies have revealed the importance of out of school activities; like being able to practice hobbies, social civic engagements, participation in volunteering, leisure activities, being able to develop their interests, church attendance, specific trainings (vocational), and being members of networks (Gilligan, 1999; Dearden, 2004; Stein, 2008; Ungar 2015; Bernal, 2016; Berridge, 2017; Dolan, 2012), because they contribute to resilience processes and are considered protective factors.

Here you can participate in different activities, you get to know a lot of people. There are different activities that you can attend, you are not in the same routine every day, so you can be very happy (Michael).

As some studies have revealed, those activities had a great value in the lives of children in alternative care because they can foster their potential, build self-esteem, strengthen mental health, open new social relationships and contribute to a successful transition out of care (Gilligan, 1999). Also, those activities offer opportunities to develop a sense of mastery in a specific activity, broaden social networks and this contribute to resilience (Gilligan, 2008). Being able to use those resources or opportunities in meaningful ways help them not only develop some specific skills and being "experts" on specific topics, but also have a good use of their free time, get to know new people, and develop a feeling of belonging or cohesion. Adolescents who reported a sense of belonging within a community of relationships, or at school, those that expressed their spirituality or a religious affiliation, and those that found life meaningful, coped better (Ungar, 2015). This was confirmed by the young people:

During several years I was part of the band team of the foundation, so I know to play several instruments. It was very cool because you can develop different skills that you never thought you had (…). I was able to go out of the foundation because of that, and that was really cool (Daniel).

Traveling opportunities was not mentioned in the literature review, nevertheless 3 out of the 7 young people mentioned it during the interviews. They valued all the experience around traveling. Traveling options depend on the particularities of each organization, in their cases it was linked to some other activities, for example, due to their hobbies or leisure activities that had contests or presentations in other locations:

Some of the happiest moments of my life were when I was able to travel. I used to be part of the Robotics team and we had some contests each year in a different location where the

organization is present. I was able to travel, to know other villages, met other young people like me, and that was very nice (Angela).

The participants also mentioned some activities they have had to promote their integration and to have fun where they live. This is very important because it contributes to their sense of belonging and to build bonds with the people they live.

When I was a child, every year we had the Olympics and a lot of people came to the Village, so we had so much fun. We also celebrated the day of the Child, Mother's Day, gender day, Halloween, Christmas. Now, it depends on every house, they encourage us to plan activities together (Caroline).

Another subdimension that was analysed was *participation*. Participation is something that can be seen in many different ways, from dressing codes and what they eat, to something bigger on how they could be active citizens. As Paulsen and Berg state (2016), this population simultaneously needs social support and at the same time urges for independency. They need to be prepared for leaving care, while they also need responsible adults that support them. Adults that are around should not only support and guide them, but also encourage them to take their own decisions according to their interest, as was mentioned before.

Also, a couple mentioned that they have an active participation at their home doing peer-mentoring with other children that live with them. They tried to guide them and gave them advise. As previous studies have shown, peer-mentoring relationship contributed to change children in care, because that relationship could be protective against risks associated with transitioning to independent living and promoted internal assets and competences (Mantovanyi, 2019):

I try to share with them (other children at the organization) the experience I have. At least a little bit. I know that small things could help them to grow. They are the ones who are responsible about their lives, but the important thing is to have the satisfaction that one or two follow the path I suggested to, and at the end, they end up being good people (Charlie).

5.2.2 Relationships Dimension

Relationships is the second dimension with the highest frequency after organization opportunities. When children and young people enter to alternative care, most of their relationships and bonds are broken. Often, they must change of school and the contact with their previous friends and family members is limited. They need to build new bonds with the new caregivers and people that is around them, and this is not always easy.

Having positive and caring relationships has been identified as a key protective factor that promotes resilience among children and young people that experienced adversity (Gilligan, 1999, 2007 and 2008; Dearden, 2004; Karapatian and Johnson, 2005; Adley, 2014; Mantovani, 2019). "If adults wish to influence children directly, their influence flows through their relationship with them, through any trust they begin to inspire" (Gilligan 2007, p. 143).

For any child and young person, having meaningful positive adults around is a key element to be able to have a comprehensive development. Having positive connections with peers, family and adults is related to children's ability to adapt to life stressors. Every person has the desire to belong and to form attachments with family and friends, this is considered as a fundamental human need

(Karapatian and Johnson, 2005). Having the support of responsible adults is fundamental for their development; and not only the support, but also, they need and have the right to feel cared and loved.

Based on previous research about the situation of young people leaving care in Bogotá, it was found that the youth were able to find support in the institution, friends, sponsors, relatives, and colleagues. Also, it was identified that the team from the protection institutions (educators, psychologists, and social workers) were considered as sources of resilience (Bernal, 2016).

The Child Protection System provides the children a healthy and protective environment where they have support of their caregivers and a multi-disciplinary professional team that support their development, but there are some other important relationships that were identified that do not belong to the place where they live, and that is why it was considered as an independent dimension. Among the *relationships* dimension, 6 subdimensions were identified throughout the interviewees discourse: *alternative caregiver, institutional team, godparents, relatives, friends, and other meaningful adults*. The following chart shows the frequency that each subdimension had; institutional team is the highest and meaningful adults is the lowest.
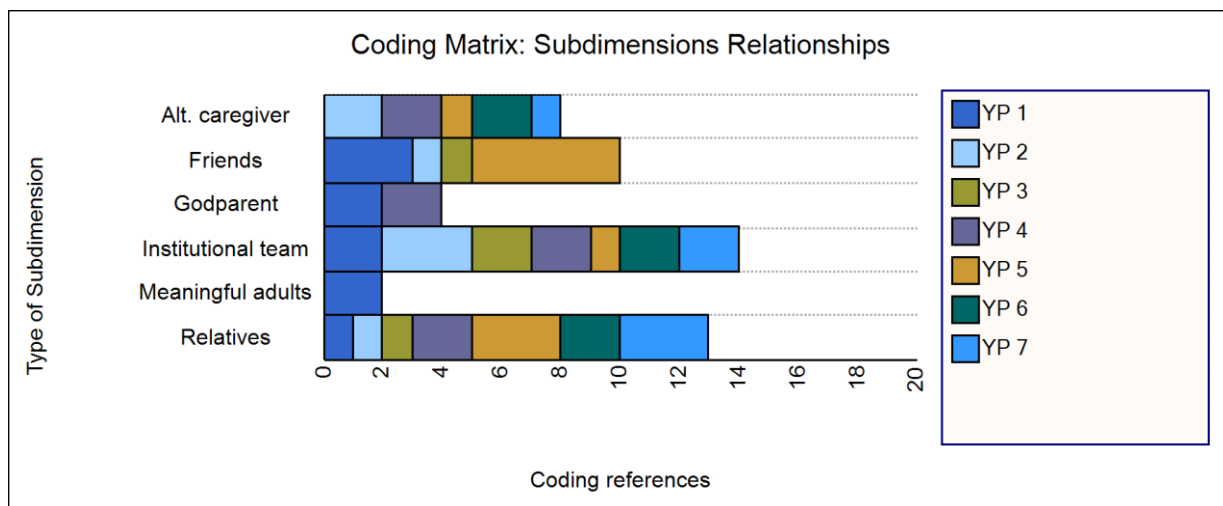
Chart 4. Matrix: frequency of subdimensions of relationships (Nvivo 12).

5.2.2.1 Alternative caregiver, institutional team, and godparents Subdimensions

As it was mentioned before, there are several modalities of alternative care in Colombia. Some of the interviewed young people have experienced more than one type of alternative care settings among foster family care, large residential care, and family-like care. For example, some used to live in Family Foster Care until they began their higher education, and then they were moved to the organizations where they are right now. Three out of the seven interviewed young people have been in the same organization during more than 10 years.

Caregivers and institutional teams working with this population do not have a regular 8 hours job due to its emotional content and the impact on the lives of the young people that requires committed, well prepared professionals that really care for the children. As future quotes will show, the role of the caregivers does not end when the young person is moved to another location; their relationship continues because they build genuine bonds, interest, and love among each other.

Some children and young people developed a deep relationship with their caregivers, they built bonds that are likely to last long, and they considered them as their parents. This depends on many factors and would be interesting to research more about it. One of the questions of the interview was, *if you have a problem what would you do to solve it?* Most of them mentioned they will contact their alternative caregiver or the team of the organization where they live or where they used to live:

> *If it is a problem that I cannot deal with, I will call the mom of the house, that I call "auntie", so she could help me, because she is responsible of me. I can also ask support of the social worker, the psychologist, to try to find the best solution (Daniel).*

It was also interesting to see that some of them keep strong bonds with previous alternative caregivers, with whom they still have a strong relationship even though they moved out. The commitment of the caregiver is not just while it is a paid job, they build lasting relationships. As some studies state, it is very important for the development of every child "having someone who loves you and cares for you. Especially the youths, who have limited support from the informal support network of adults, wants to continue the contact with the employees in the child welfare service" (Paulsen, 2016, p. 128):

> *Most of the times I try to support in people I see as authority, so in this case would be my foster mom, for me is like my mom, even though I don't live with her anymore, about 6 years ago that I arrive to this organization, I always look for her advice (Maria).*

Having godparents and/or sponsors is also common for this population. Some of them mentioned them in their speech as very important referents for their development. For example, one interviewed never mentioned any of his alternative caregivers, he mentioned he was raised in a large residential facility, but he shared the strong bond he has with his godparents:

> *I have a network that we call Godparents, my godfather studied in France, he is very smart. He has contributed a lot to my life, he always tries to share his knowledge with me (…). I call them parents because we know each other since long time ago, around 8 years, they have been with me in the most important moments of my life, like the beginning of my university, when I failed an assignment at the university, it was really hard for me (…) (Charlie).*

5.2.2.2   Relatives Subdimension

In Colombia many children are living in alternative care because their parents did not provided a protective environments for them, and it was necessary to be separated to guarantee their basic rights; some others decided to abandon their children. Most of the interviewees have siblings and they were able to live together in the same alternative care location, but this is not the reality for all the children that enter alternative care in Colombia. For example, if they enter to large residential care, girls might be separated from boys and this is a big break for them.

Some interviewees shared how important the relationship with their siblings was:

> *I have some friends that arrived to the organization when they were very young and they do not have anyone, literally no one! Not even a brother, cousin… they don't have any*

relative, so they don't have no one that supports them, to trust, to talk. So, having my brother with me is very important, and we both share the same thought! (Daniel)

Also, some mentioned they have permanent contact with their biological mom or aunt, and how important is this relationship for them. Even though they know they cannot take care of them, they have strong bonds. This was also mentioned in the literature, "family relationships are often a major dilemma for many of these young people" (Stein, 2008, p. 38). A previous research about young people leaving care in Bogotá, showed that even though they wanted to go back to their biological families, they were aware it was the cause of entering the Child Protection System, and the families still have the same problems. According to that research, young people that went back to their families was because they wanted to help them. The study concluded that parents were not a source of resilience for young people leaving alternative care (Bernal, 2016). Depending on each specific situation, and the cause of the separation, the children are allowed to meet with their parents. The organization that take care of the children are encourage to look for any relative the children or young person might have, to promote that relationship, if it is meaningful and according to the best interest of the child:

One of the happies moments of my life was when I had the opportunity to meet again with my mother, it was the most beautiful moment of my life, because I suffered a lot during my childhood, I was not allowed to meet her before (…). For the future, I have the target to be independent and support my family, we have the goal with my mom to live together in another neighbourhood, different from where she currently lives, to live in a better place (John).

5.2.2.3 Friends Subdimension

Studies revealed that supportive friendship who they can trust on is considered as a protective factor for children in alternative care (Dearden, 2004). This was confirmed in one interview, when the young person directly mentioned his friends as a source of support to cope with traumatic situations from his past.:

I had friends that listened to me talking about my past, I was able to share with them my personal struggles, and that was a very important support. Having good friends, no bad friendships, but good friends that support you, and give you good things, give you advise, and help you to overcome your past (John).

The subdimension friends was mentioned several times when they were asked about memories of their childhood. Some of them mentioned happy moments they had with their childhood friends:

In our case it is funny, because I was very young and I had around 10 friends at school and 20 or 30 at home to play with, so it was really cool. My childhood was really fun (Charlie).

Also, they mentioned their friends as a source of positive influence, and that they tried to be away from peers that had negative behaviours like use of drugs. As the Coding Matrix of the Subdimensions of Relationships shows, this subdimension was a very important resource of resilience especially for two of the interviewed young people, who mentioned the value of their friends in different questions. Finally, it is important to state that none of the interviewees mentioned a partner (boyfriend or girlfriend) among their answers.

5.2.2.4 Other meaningful adults subdimension

The importance of significant adults was mentioned in some of the studies read for the literature review. "An adult who serves in a mentoring capacity to a young person might be a volunteer, a relative or a professional. They might be a coach on a sports team, an uncle, or a teacher (…). Behind every young person doing well there is likely to be someone who consciously or unconsciously is playing a mentoring role" (Gilligan 1999, p. 192). This statement confirms how important meaningful relationships are for any person, and much more for this specific population that do not have the support, love and guidance of their biological parents. However, in our sample it was not a relevant subdimension, just one of the interviewed mentioned a teacher as someone who influenced his life, and encouraged him to think different:

> *I remember I had a teacher that liked philosophical and spiritual topics. She taught us about people that had great influence in the world in different fields, so I knew about Mahatma Gandhi, Martin Luther, all that people that was very important (…). I was influenced by their philosophy, also Steve Jobs, what Bill Gates said, so I tried to find people I could base on to build my life. Many people say, I want to be like my mom or dad, but as I did not have one, I had to find out other "models" that were not in my life to follow, so I said, I don't have a dad but I will focus in another masculine figure (Charlie).*

5.2.3 Education Dimension

Another dimension that was identified in the literature review as an important element to enhance resilience processes and then confirmed through the interviews was *education*. Children and young people spend a lot of time at school/university in their daily lives, they not only go there to have an academic learning, but there they can also develop other social and soft skills, meet new people and develop a feeling of belonging. A lack of education hinders their possibility of a future employment. According to previous studies, school could be a positive and empowering experience, it is seen as a life opportunity and as a resilience factor for young people placed in care, because the school could provide a place of structure and safety, in contrast to a chaotic family life, they can spend time with friends and provides them a sense of normality. It could also constitute a platform for the opening of educational pathways and enhancing future life opportunities (Hojer and Johansson, 2012).

Also, studies revealed that doing well in care seems linked to doing well in education. "They do well in education because their motivation, their imagination, their ambition has been sparked by adults who serve as role models or mentors, or both; adults who may be teachers, carers, or even natural parents" (Gilligan, 2007, p. 143). This was confirmed in the research as one of the participants mentioned:

> *While I was growing, I had people that tough me how to study, to have studying habits, because the situation is not easy outside. They taught me this is just temporal, this is not forever, if I don't take advantage of all the opportunities, I will have to move out. They showed me the reality, so I understood that if I wanted to get ahead, I had to make the most of the things I have here (Charlie).*

The different adversities children experienced during their childhood may affect their educational attainment. When we look at the ages of the participants of the interviews, they show that some are

over aged for their educational level. Some may have changed of school several times, and their personal problems may affect their results at school. Researchers state that "young people with experience of youth welfare need sufficient time to complete educational pathways, as education and training may take longer in their case due to their biographical experiences" (Groinig and Sting, 2019, p. 48). But they could also have a good educational progress with the proper support. "Many young people with experience of child and youth welfare are basically motivated and capable of completing the lengthy educational pathways required by modern society" (Groinig and Sting, 2019, p. 47).

During the interviews, all the young people expressed positive comments about studying. As the socio-demographic characteristics chart shows, three of them are studying or plan to study a technical degree and 4 of them are at the university doing a professional career and all of them expressed how proud they felt about finishing their high school and now coursing higher education. Being able to study at the university in Colombia is an opportunity that not many young people have. Nowadays, in Colombia there are almost free public schools until high school but the quality is not good. Nevertheless, almost all the children and young people have guaranteed their right of education. As stated before, entering to the university is a privilege for few young people in Colombia. Due to the "Dream Project" that began few years ago, the Child Protection System and the organization where they live pay the costs of the university and also support them with all the related expenses.

This project began as a response to support this population after they turn 18 years old, because leaving care at that age without any supportive network, broke all the process that was carried out and the efforts done before to promote their resilience processes. Due to structural conditions of Colombia like the lack of opportunities and labour conditions for the youth it was almost impossible for them to find a job and being independent at that age. In Colombia, it is common that young people receive the support of their parents until they get married. Nowadays, with the new guidelines, after they finish high school they are encouraged to continue studying and the Child Protection System continue supporting them, until they finish their studies (there are some specific requirements that they must follow).

> *I am a son of the State, and I am thankful with the ICBF because they pay my university, and I am where I am due to that. There are many opportunities, the important thing is to take advantage of them, for example I studied English, I am studying in a private university, they give me money for the materials, transportation, once I had to travel and they supported me with that (Charlie).*

On the other hand, the interviewed confirmed the statement that "having a positive experience of school, including achieving educational success, is associated with resilience among young people from disadvantaged family backgrounds and young people living in care" (Masten, 2004; Newman & Blackburn, 2002; Rutter et al., 1998; Sinclair et al., 2005, as cited in Stein, 2008, p. 38):

> *I feel proud of my studies, at high school and elementary school I received an award for being the best. Now I am in the last semester of the university and I feel very proud because it was a great challenge (Maria).*

Furthermore, as Dolan (2012) states, for any individual, mastery relates to being expert on some subject or activity, and is associated with an acquired skill and knowledge, which induces positive self-perception, self-confidence and self-efficacy, and these factors contribute to the process of establishing ongoing resilience. This was confirmed by the young people:

> *I want to finish the university, I have an entrepreneurship project, it is not well developed, because I don't have all the tools yet; but in the seventh semester I hope to have a better vision of what I want. I hope to be able to have my project working and being able to put in practice all my knowledge (Daniel).*

When the young people were asked in the semi-structured interview about dreams for their future, most of them linked them to educational accomplishments. Also, they were asked about what achievements do they feel proud of, and most of them mentioned educational achievements, like graduating from high school and entering the university.

> *Well, for some people could be something without importance, because everybody should do it, but due to the situation in which we are, I feel proud of. I have many friends that they are very old and took bad paths, because of our situation it is easy to lose the path. So, graduating from high school makes me feel good, and being at the university, is also a source to be proud of. And I am not a bad student, in fact I have good grades, that is another plus that I have, I am responsible with my studies (Daniel).*

As studies have shown, being at care or school may open the door for participation in a range of leisure or extra-curricular activities that may lead to new friends and opportunities, including the learning of competencies and the development of emotional maturity and thus promote their resilience (Newman & Blackburn, 2002 as cited in Stein, 2008). This relation among education and friends could be a protective factor; having friends outside care who did well was associated with success (Dearden, 2004). These affirmations were confirmed by some of the young people, they mentioned their friends at their university as positive relationships for them.

> *My best friend at the university has one of the best grades of the class, he is really good in many areas, he is very disciplined (Charlie).*

It is also important to mention that two of them mentioned they experienced difficult situations at school, when they felt different from their peers because they do not have a "regular family". This was also found on research papers with this population (Hojer and Johansson, 2012). "Sometimes the reason that the young people found it difficult to rely on friends was because they felt so different from their peers" (Adley, 2014, p. 102).

> *My classmates did not understand, they saw it weird, and said "why you don't have parents", because the common thing is to have. Those are difficult situations when you are a child, but then you get used (Daniel).*

5.2.4 Community opportunities Dimension

The community is another system where young people can find support to overcome difficult situations from their past. Studies state that community factors, including the availability of supportive relationships outside of the family have a protective influence on children. For example, religious and spiritual organizations may also serve as buffers of resilience, providing services and

social support within the community (Karapatian and Johnson, 2005). Among this dimension two interviewees mentioned they attend to church and they found important support there.

> *The alternative mom with whom I was, used to take me to church on Sundays. I had the opportunity to meet God, and now I belong to the community of the church. With my friends there our mission is to have more youth with us to follow the path of God and share nice experiences together (John).*

Other opportunities offered at the community are leisure activities. They mentioned that when they were younger, they had different hobbies, but when they began their higher studies they stopped to practice them. Now they are busy with their studies and job. Four out of the seven mentioned they practiced some leisure activities, that varied depending on the interest of every child; for example two of them mentioned they played Australian Soccer, where they were able to meet new interesting people from different places and learned a different sport.

> *Some days I play Australian Soccer that is a new sport in the country, I really like it (…). My brother began to play, then he told me, and they realized we were part of an organization. They like to support social activities, so they agreed a partnership with the organization and many more young people are playing it (Daniel).*

On the other side, young people from both organizations mentioned they were recently moved to the specific place where they live right now, and they had some integration activities with their neighbours to let them know who they are and change any negative stereotype they might have about the children in the Child Protection System.

> *We arrived to a new place where the neighbours did not know who we were, they did not knew if we were a family, so we had some activities to know each other, to share with them, we played soccer (…) (John).*

Furthermore, young people from both institutions mentioned their organizations were well known in their context and had different partnerships with companies, they receive donations, work together to promote their employability and also some volunteering activities to share with each other. Having companies committed with the development of these young people is a topic that is closely related with the next dimension.

> *We have had the support of different companies that help us with our independence, and that has been a great help for us, they helped us to have some tools to project ourselves in the future (…) (Daniel).*

Finally, it is important to mention that young people could be active actors in their communities. As Dolan (2012) states, they could be social leaders that contribute to their society. Youth civic actions provides the potential for the enablement of resilience. This was confirmed with our sample:

> *I was part of the Participation Committee of the village and later I Represent the University Students at the ICBF (Maria).*

5.2.5 Work Dimension

Having a job is another dimension that was identified in the literature review and then confirmed (with a low incidence) among the interviews as an important source for resilience among young

people in alternative care. This topic had fewer frequencies than the previous ones, because its importance depends on how close the young people are to leave care. If they are just beginning their studies, it is not a main concern for them, but when they are already completing more than half of their studies, having a job is a priority. As stated by Gilligan (2008), being able to work offers them the opportunities to develop a sense of mastery in a specific activity, and broaden social network. Having an employment opportunity is also a source of self-confidence, and this was confirmed through the interviews:

> *The last year I did my internship in a multinational company, this year I applied to several companies and while I get more experience more and more companies require my services. They ask me if I want to work with them and that makes me feel so cool (Charlie).*

Leaving care is a topic that has had a lot of research, because in some countries as in Colombia was before, when children turned 18 they had to leave the Child Protection System without any supportive network that could helped them, and many young people ended up in negative situations. "Several reviews and studies have reported of poor outcomes for care leavers and indicate that this is a worldwide phenomenon. A lower level of support in the transition process increases the risk for social exclusion, homeless, unemployment, low education, financial difficulties, and behavioural problems" (Haggman, Salikekkila and Karki, 2018, p. 134).

Five interviewees were working with different labour conditions. Three are part-time in study-related jobs (the engineer has a stable job, the lawyer is an intern and the Chef has a non-stable job). The other two young people are working in something completely different from what they are studying. They have a low-paid unskilled job, but with big companies that give them secure working conditions and no exploitation.

> *I want to work as a family lawyer, that has always been my dream, that is why I studied to be a Lawyer, because I grew up in this environment. Right now, I am doing my internship at the ICBF (Maria).*

According to Hojer and Sjoblom (2014), when a young person is in alternative care, the State has a substantial responsibility that includes not only the time in care, but also preparing them for adulthood. Providing a well preparation to be independent is a comprehensive process and it is very important to not lose all the efforts and achievements done during their developmental process. Having a job or an entrepreneurship project is the only way to achieve a successful independence because Colombia does not have a strong welfare system to support the unemployed adults. That is why there is a comprehensive process to prepare them for leaving care (as it was mentioned in the support subdimension, for example to prepare their CV and conduct an interview). It includes the development of several skills (soft and hard) they must have to enter the labour market.

Unemployment in Colombia is high, and informal work is very common. Young people are one of the most affected population. According to DANE, by mid-2019, 18% of young people were unemployed and not studying. Young people living in alternative care face this market challenges when they leave the system and they do not have a supportive network, so their situation could be worse. This is a structural problem of the country that requires the commitment and coordination of different sectors to give them extra support. One interviewee expressed he/she have had support to find their current job:

> *Some companies send the vacancies they have to the ICBF and also to the organizations, they shared them with us, that is how I find my current job (…) (Michael).*

5.2.6 Findings Summary for Contextual Resources

After describing how each dimension and subdimension influenced resilience processes among the interviewed young people, we can systematize the information and highlight the main findings.

The first analysed dimension was *organization opportunities* (frequency 114). According to the inputs given by the young people they have found some of the most important resources to have resilience processes through this dimension. This dimension replaces the family dimension that is why it is so important. The government stablish some basic services that are mandatory for all the organizations that provide alternative care, but there are some extra services/opportunities that depend on the specific characteristics and funds of each organization. As the young people from both organizations stated, their organizations have good partners and they can provide them good services. Different types of *support* were mentioned by all the interviewees and this subdimension had the highest frequency (31). They mentioned how social support has been very important for their development, and it was possible to see how this dimension influenced others e.g. education challenges. All of them mentioned they had the support of an inter-disciplinary team that does monthly follow-ups with them to talk and see their progress in different areas. They also encourage them to know more about themselves, to define a Life Project and take their own decisions. Within this subdimension, they also mentioned the importance of the psychological support to overcome difficult situations from their past.

After this subdimension, the young people mentioned the importance of having *access to different basic rights* (frequency 11), this was a subdimension that was not very important in the literature review, but the young people mentioned how much they valued and felt grateful to have basic things like food, health services, education, internet, a safe and nice place to live. The next subdimension that was mentioned was *trainings;* through these extra-curricular activities they have been able to learn different practical, emotional, and interpersonal skills that are important for their future independence. The young people also mentioned they have had the opportunity to practice different hobbies (subdimension *leisure* with frequency 8), where they have developed different skills in music, sports and robotics, that allowed them to have a good use of their free time and meet new people. This subdimension was connected with another subdimensions that was not mentioned in the literature review, *travel* (frequency 4). The young people expressed how much they valued traveling opportunities, because they were able to know other places, cultures and people. And the last subdimension was *participation (*frequency 3), a couple of young people mentioned they liked doing peer-mentoring with the other children and young people of the place where they lived, because they like to share their experience and knowledge. And another young person mentioned she was part of the "Participation committee" of the place where she lives, that is a space where they coordinate activities and discuss important topics for them.

The second dimension that was studied was *relationships* (frequency 85). To have caring and loving relationships is fundamental for young people without parental care. The interviewed young people shared they have strong bonds with the people that take care of them, but they also mentioned important relationships with people from the outside. That is why relationships was considered as another independent dimension, to highlight its relevance for resilience processes among this population. Without responsible adults that really care for them is difficult to have good outcomes in other areas. The subdimension with the higher frequency was the *institutional team*

(frequency 14). As it was mentioned before, the multi-disciplinary team has had a big influence for their adaptation to their new environment and continuity of their development. Among the *relatives* subdimension (frequency 13), 6 out of the 7 interviewed young people had siblings and they expressed how important they are for them as a source of support and trust. They also mentioned other important relatives as the mom or aunt, but they knew they could not take care of them. However, that did not mean that they do not have a strong love for them and are very important in their lives. *Friends* subdimension (frequency 10), was mentioned as another important source of positive support and happiness for the young people, they have built those friendships at the church, academic environments, and leisure activities. *Alternative caregiver* subdimension (frequency 8), was also mentioned as a key source for their resilience processes, but the bonds with them depend on the type of alternative care setting they have experienced. Even though 6 out of the 7 young people mentioned they experienced different types of alternative care settings, they also mentioned they stayed long periods in at least one of them, and this allowed them to build stronger relationships with the caregivers. Two young people mentioned their previous foster mom as someone very important for their lives. Even though they do not live with them anymore, they still contact them due to the strong bonds they built. Others mentioned the current caregiver as a source of support, in one organization they call her "mom" or "aunt. The two young people that were raised in residential care, mentioned the importance of their *godparents* (frequency 4). One of them considered them as his parents, due to all the support he has received from them in difficult moments. The last subdimension was *meaningful adults* (frequency 2), this dimension was not relevant for the interviewed young people, just one mentioned a teacher who influenced his life.

The next analysed dimension was *education* (frequency 28). Since few years ago young people with an adoptability measure can stay in the Child Protection System after they turn 18 years old if they are studying. This is part of a National Initiative called *"Dream Project"*. Thanks to this initiative the interviewed young people can study a technical or professional career and the State do not only pay the tuition fee, but they also receive support with other related expenses, so the young people expressed how grateful they were to have this opportunity that many other young people en Colombia do not have. If we compare their ages to their level of education, some are over aged. But all of them expressed positive things about studying. When they were asked about achievements, they felt proud of, most of them mentioned finishing their high school and entering to higher education.

Community opportunities (frequency 21) was the fourth analysed dimension. Among this dimension two young people referenced the church as a place where they like to participate, and one mentioned how important this is for his life. Some others mentioned leisure activities where they develop new skills and meet new people. Also, both organizations moved to the place where they currently are few years ago, and the young people mentioned the importance of integrating within their neighbours to prevent any stereotype about them. And finally, young people from both organizations mentioned their organizations have partnerships with different companies that give them donations, do volunteering activities with them and also some provide job opportunities. All these elements helped the young people to integrate to the society and broaden their networks.

The last dimension that was studied was *work* (frequency 16). The low frequency of this dimension could be explained on the moment of the lives where they young people are. Right now, it is not a main concern, but when they are almost finishing their career it becomes a priority. Five out of the seven young people are working, three of them are working in something related to their studies

and two in something that is not. The two that are not studying, recently graduated from high school. The young people that are working mentioned how being expert in some specific topic made them feel proud of, they felt valued and they have big expectations about their professional careers after they finish their studies.

After reviewing all the resources young people in alternative care have had to adapt to their new environment, we could see that providing a comprehensive service with quality is fundamental to have resilience processes. We can state that *support* subdimension influenced many other dimensions. Also, that having caring and responsible adults that support them could have impact in many different dimensions, like education and work. Finally, as it was shown, each subdimension contributed in some way to the development of the young people and helped them to overcome adverse life situations from their childhood.

5.3 Individual Resources

After analysing the different systems around the development of the young people, the next level to analyse are individual characteristics. The research does not pretend to do a psychological analysis and it will interpret personal characteristics from a Social Work perspective. It is important to mention that there are specific neurobiological characteristics that were not considered in the present analysis. Each person is unique, different factors like genetics, age, gender, health, economic status, cognitive, emotional processes, geographical location, among others, define their development and resilience processes. The severity and chronicity of the adversity that this specific population faced before entering the Child Protection System, could have a different impact on how they are and how they develop. "Exposure to more severe and chronic forms of adversity increases the vulnerability of a child to stress (…). Likewise, stressors that occur at multiple ecological levels may burden a child more than less complex adversity that affects single system" (Ungar, 2015, p. 7).

5.3.1 Childhood memories

All the interviewees entered the Child Protection System when they were under 10 years old. Losing the care of their parents is already an adversity; but the specific cause of the separation could also have a great impact on the child. Neglect, abuse, violence, and maltreatment are some of the common adversities they suffered. Due to respect and ethical considerations with them, the research did not focus on those causes. The questions were carefully thought, to not open any emotional episode that could cause them discomfort or suffering just to have more information for the research. Some of them shared they were abandoned, and some others mentioned they suffered horrible things, but none of them gave details of the situations. The semi-structured interview had two questions to open the door for them to say whatever they wanted. The questions about their childhood were, *what memories would you like to share with me about your childhood?* And *what memories do you have about the community where you used to live when you were a child?*

With the first question, one answered he didn't remember anything, and the others answered positive things.

> *We*ll, the most beautiful memories are related to the music, when I was around 10 years old and I was part of the music band of the foundation (Daniel).
>
> *I have a lot of memories, I have really nice memories (…) my childhood was really fun because I had friends everywhere, at school, at the foundation. I remember I was very active, and problematic hahaha and I can say that laughing was constant (Charlie).*

If they answered something when they were already at the alternative care setting, the researcher asked them if they didn't have memories when they were with their biological families. Some said specifically they erase the bad memories of their past, to continue with their lives.

> *When you talk about childhood, I relate it after 7 years old, before being a teenage, because before that I don't have any memory, because they are not happy, so I always try to relate my childhood from 8 to 10 years old (Maria).*

With the second question, if they just mentioned positive things, the researcher asked them about challenges that the children from their community faced. They were more open to talk about that, than talking about their personal situations.

> *I lived in a neighbourhood that was really dangerous, there were a lot of thieves, and also violations and things like that.. that place was terrible. I remember a friend of my dad that abused children (John).*
>
> *I remember it was a vulnerable neighbourhood, with gangs, robberies, with good and bad people, violence (…). My mom told me I should not be with the big guys that were always smoking in the park, they invited me and challenged me to do things (…), we had a lot of needs (Michael).*

As studies have shown, after adversity, there is a huge heterogeneity in the future possible outcomes, some individuals have relatively good outcomes despite suffering risk experiences that would be expected to bring about serious sequelae (Rutter, 2007). Some children and young people can continue with their lives better than others. In this case, the interviewed young people were able to continue with their development despite the adversities they suffered, and now they have a life project to work on every day.

5.3.2 Dimensions of the individual resources

The second specific objective was *to explore how young people in alternative care have used individual resources to continue with their lives despite adversity*. In addition to all the contextual resources mentioned in the previous sections, there are also some individual resources (dimensions) that were identified in the literature review and then confirmed in the interviews that can contribute to have resilience processes among this population. There are several studies related to individual resources among young people that live in alternative care done through qualitative and quantitative research methods with a psychiatrist or psychological perspective. Even though individual resources are not the focus of the research, it will mention some individual characteristics that can be considered as key elements to enhance resilience within this population.

Previous studies state that some of those characteristics include temperament, personality type, neurophysiology, genetic predispositions, cognitive skills, intelligence, positive self-efficacy, self-perception, self-care, self-trust, self-esteem, self-worth, good coping, personal control, problem solving, initiative, optimistic thinking, emotional maturity, identity, endurance, courage, goal setting, independence, persistence, reflection, change, leadership skills, positive attitude, personal agency, active participation, hope, positive future expectations, internal motivation, proactive orientation and future planning (Bernal, 2016; Dearden, 2004; Gilligan, 1999; Berridge 2017; Stein 2009; Liu, 2017; Karapetian and Johnson, 2005; Sulimani-Aidan, 2017; Rutter, 2007; Adley and Jupp, 2017, Ungar 2015).

The following chart shows the main individual resources (dimensions) found in the interviews of the young people, they include *expectations about the future, skills, personality, achievements, believes and turning points*. The focus of the present research is to have a systemic vision of the reality of the young people in alternative care and identify possible conditions that could enhance their resilience processes, so the individual characteristics section will be addressed in Social Work perspective. It will just focus on the two dimensions with the highest frequency, personality and expectations about the future, due to the limited space and focus of the research.
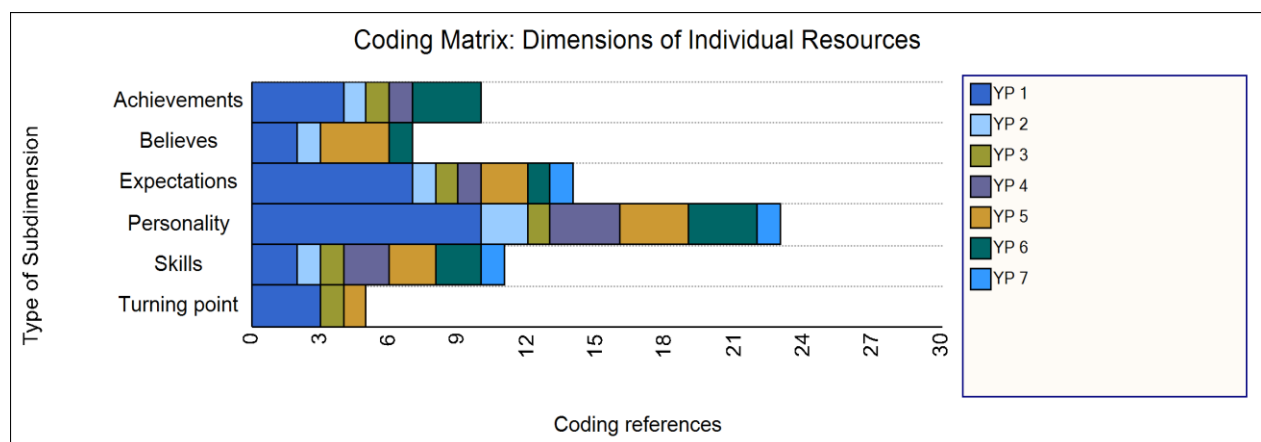
Chart 5. Matrix: frequency of dimensions of individual strengths (NVivo 12).

5.3.3 Personality Dimension

According to the Dictionary of Psychology, personality is the sum of the behavioral and mental characteristics that are distinctive of an individual (Colman, 2008). Each person is a unique world, each has their own personality traits. Some common traits that were identified among the interviewed young people were, optimistic thinking, adaptation, grateful, hopeful, determination, responsible, independence, persistence, like to help others, conflict management and enthusiasm. The following fragments of their speech show some of those traits:

> *There is a strength inside, you say hey I don't want to be one more of the pack, I have to improve myself (Charlie).*

Sometimes you might think you cannot do it alone, but life and experience teach you to keep going (Michael).

The families or institutions I have been living with have shown me the "right" path (…). I consider myself as a disciplined person, I know when I do something wrong, even though I do it, afterwards I regret because I can differentiate what is wrong (Daniel).

You are the only one that can choose which path you want to take. You can stay in the place of a victim, remembering all the bad things that happened, and think I don't have a family or, you can think different and think you can get ahead of the situation. If you do not want to help yourself, no one can help you. If you do not want to change, if you are not willing to do the things different, no one can support you (Maria).

I like to help the other children with Math and English homework (…). I have learned that the best way to learn is when you teach others. When you have some knowledge, you teach others and in that way you reaffirm what you know (Charlie).

5.3.5 Expectations about the future Dimension

Based on the strength's perspective, hope is a key element for a positive change, it gives the possibility to find visions and dreams of the individual (Saleeby, 2012). According to previous research, future expectations is considered as a source of resilience among young people in care. When they are becoming adults, their expectations for the future are very important and could influence their goal setting and motivation to accomplish their objectives.

Having expectations for the future could be a protective factor, because it contributes to have personal goals, motivations, and optimistic expectations about the future (Dearden, 2004). This was expressed in one of the interviewee discourse:

This year I will graduate from the University, so I hope to leave the foundation and begin to live by myself, leave this protection I have always lived in, that is like a bubble, go out to the real life (…). In the future I would like to go out of the country, at least for a while to improve my English, and come back to do a master's in data science (Charlie).

Optimisms is considered as a personality trait linked to the ability to overcome adversity and lead to positive outcomes and better adjustment and this helps them to have positive future expectations. Higher optimism is related to positive expectations of future career and family, better coping with academic demands, lower depression rates and higher well-being (Suliman, 2017). All the interviewed young people had positive future expectations, they were confident they could achieve them, they know they have to work hard because life could be difficult, but they feel they have the tools to overcome the challenges that will appear.

Sometimes it is hard to know you don't have a family, but when you get used to that and learn how to manage it, you also recognized that we are also privileged in some way (…). I am happy to have opportunities that other young people do not have (Daniel).

In the past I was very confused about what I wanted for my life, now I am an adult that knows what he wants. I am scared to face new challenges, but even with that fear, when the moment arrives, I know I can do it! (Charlie)

5.3.6 Findings Summary for Individual Resources

After describing the main individual characteristics found on the interviewed young people, we can state the most important findings.

Every young person that enters the Child Protection System has their own characteristics and history that affects them in different ways. When they were asked about their childhoods, they associated those memories to positive things they lived. Some mentioned they lived horrible things that they do not want to remember. When they were asked about the situation of the children from the community where they lived when they were children, it was easier for them to talk about negative things, and they shared some risks they remembered among their neighbourhoods. This shows how they have managed to continue with their lives, focusing on the positive things and leaving behind the bad ones.

All the young people mentioned they have a Life Project with specific goals in different areas to be independent in the future. They were able to overcome their past due to some inner strengths that helped them to leave their adverse life experiences behind. Some common *personality traits* that were identified among them were: optimistic thinking, adaptation, grateful, hopeful, determination, responsible, independence, persistence, like to help others, conflict management and enthusiasm. Within their discourse they expressed the importance of the psychological support they received to move-on, but they also mentioned that their inner desire to continue with their lives, and adapt to their new circumstances was one of the key elements to have resilience processes, as one of them said "I helped myself, allowing others to help me". And finally, *having positive future expectations* was also a very important dimension that was identified. The young people are more focused on the plans they have for the future and this has helped them to overcome their past, concentrate in their present and work hard to achieve what they want for their future.

5.4 Interaction of individual and contextual resources

As a final summary of the Findings of the chapter, we can state that it was possible to confirm that being resilient is not a personal trait as it is thought by some authors. It is a dynamic process in which individual strengths interact with contextual opportunities to overcome difficult situations. Diagram 2 summarises and shows the complexity of this process, where different dimensions, subdimensions, levels and actors have a constant interaction and influence each other, and these different interactions have allowed resilience processes among the interviewed young people.
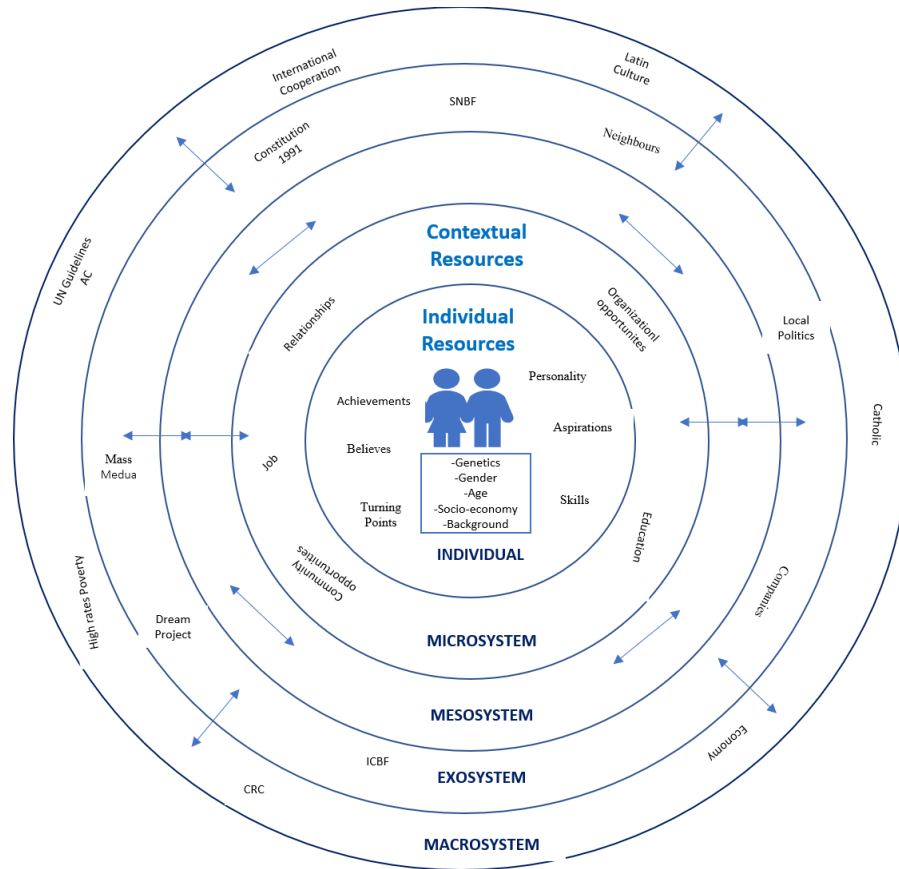
Diagram 2. Socio-ecological Model of resilience among young people living in alternative care in Bogotá – Colombia (Done by the author of the research, based on the Socio-ecological model of human development of Bronfenbrenner 1979).

The macrosystem characteristics of Colombia have influenced the microsystem characteristics of the young people living in care. Colombia has move forward to implement different international guidelines. There have been several changes in the national laws, norms and guidance to improve the quality of the services and conditions of children and young people in alternative care. One of the most important resources they have had in the past years is access and support to study higher education. Now they can stay in the Child Protection System after they turn 18 years old, and they continue receiving the support of the system while they are studying, due to the "Dream Project" initiative.

At the centre of the diagram, the 7 young people that were interviewed are represented. They have some unique characteristics, as their genetics, gender, age and background. They have had some individual resources like their personality, expectations about the future, skills, achievements, believes, among others, and have interacted with the subsystems of the microsystem. Thanks to those individual characteristics they have been able to use different contextual resources like the organizational opportunities (support, access to basic rights, trainings, leisure, travel, and participation), caring relationships, access to education, community opportunities and work and have had resilience processes. This means they were able to adapt to their new environment and continue with their healthy development.

There is a constant and dynamic interaction among the different dimensions. For example, the interactions among a) expectations about the future of the young person, b) social support provided by the organization where the young person lives, c) access to education, d) caring relationships e) community opportunities and f) work. These 6 dimensions were identified as important resources to enhance resilience in the literature review. But most of the studies just analysed one or two of them. There are few studies with a systemic view of the situation, and as it was shown through the research, the interaction of them is what allowed resilience processes.

To understand these complex interactions, the case of Charlie will be explained based on the information he shared during the interview. He was abandoned by his parents, and he entered the Child Protection System when he was 10 years old. He was raised in a residential care setting and he has happy memories of his childhood because he had a lot of friends to play with. When he was a child, he was not very disciplined with his studies, but his carers taught him that life outside of the residential care was not easy, so he had to work hard to achieve his goals.

He wanted to become an engineer (*expectations about the future*). He received the support and orientation of the *institutional team* of the place where he lived to define his Life Project and he had monthly followed ups about his progress. He was able to *study* a professional career, because the "Dream Project" initiative paid the tuition fees of his studies and he also received some extra money for his daily needs. He mentioned he lived difficult moments when he failed some exams, but he had the support of his *godparents* who encouraged him to keep going. The university where he studied had a partnership with a multinational company (*community opportunity*) and he was able to make his internship with them. He learned a lot of things with them and after that internship he was able to find a *job* in his field with another company. Now he is saving money to buy all the things he will need to move out of the organization where he lives. He will become independent the next year, after he graduates from engineering.

Despite being abandon by his parents when he was a child, Charlie was able to use his personal resources and the opportunities offered in his context to continue with his life. Now he is a young person full of dreams about his future. He is an example that resilience processes among young people in alternative care are possible if they receive a comprehensive support.

6. Conclusions

During the past years Colombia has included new legislations and policies to guarantee the rights of the children and young people. They are healthier, more educated, and more protected in law than at any point of its history. But it must continue working towards the enforcement of those laws and the implementation of the CRC, because there still are millions of vulnerable families that cannot guarantee the rights of their children, and children living in alternative care settings that do not meet the standards of the UN Guidelines.

In most cases when children are separated from their parents, is due to different challenges, risks or abuses they experienced within their homes, and then the separation itself is another adverse situation for them. These children loss all known things they had within their family and have to begin a new life. When a child does not have the care of his or her family, the State has the responsibility to provide suitable alternative care. Some of them are never adopted and grow up in the Child Protection System. They require special safeguard and care to grow to their full potential.

There is not a formula or any specific strategy that can predict there will be positive outcomes, but there might be some themes/dimensions that could contribute to enhance resilience processes. Through a thematic analysis of their discourse it was possible to understood how resilience processes occurred among this population. It is difficult to state that there is one dimension that is more important than the others to enhance resilience processes. But based on previous research and the empirical findings, there are 3 contextual dimensions that the interviewed young people mentioned as key resources.

The first one was *organizational opportunities*. The locations where they have lived had a great influence in their development, because that place replaced their family environment. The resources (subdimensions) they found in these new homes had a great impact on their resilience processes. It is important to mention again that the government establishes some basic requirements that all organizations that provide alternative care must meet, but each organization based on their philosophy and available resources can provide extra opportunities to their participants and this could be very different from one place to another. Most of the interviewed young people have lived in different alternative care settings before arriving to the current location. Some lived in foster care, others in residential care, and others in family-like care settings. The organizations where they live now are known as providers of good quality services.

Many studies state that the ideal alternative care setting is a foster care family; but as the research showed, when this is not possible, committed, well prepared, loving and caring staff who support and guide the young people are very important for their development. The young people mentioned the importance of the caregiver and a multi-disciplinary team (psychologist, social worker, pedagogy and nutritionist), who cared and *supported* them. They also guided them, helped them to develop capacities, skills and abilities to adapt to their new home. The psychologist had an important role to helped them to make sense of their past, so they could "move on" and continue with their development. Also, the institutional team encouraged them to have an active participation to plan and build their future (Life Project). The research revealed that thanks to this support many other areas of their lives were positively influenced, for example managing

educational demands. And the most important thing, they know they count on them for anything they might need.

In this new "home" the young people expressed they valued and felt grateful to have guaranteed all their *basic needs*, to have a healthy development. This subdimension was not frequently mentioned in the literature review because most of the studies where done in developed countries, and access to basic rights is common for their citizens. But in the case of Colombia, this could be considered as an important subdimension because in the homes with their parents probably they did not have covered those things. They valued they had nice, comfortable and safe facilities; food access to health services and internet. On the other hand, in the alternative care setting they also had the opportunity to attend to different *trainings and leisure* activities in which they could develop skills, meet new people, and have a good use of their free time. They also mentioned the great impact and how much they valued the opportunity to *travel* (this was a subdimension that was not mentioned in the literature review) to other places, meet new people, and lived unforgettable memories.

The second dimension was *relationships*. According to the interviews, most of the strongest relationships these young people have are within people of the place where they live. But they also mentioned some other important relationships they have with people from outside of their "home". For example, caregivers from previous places where they used to live, godparents, friends, siblings, and relatives that care for them but could not be responsible for them. As these young people do not have the care of their parents, all these relationships were very important for them because they provided them love, care, encouragement, and support whenever they needed it.

The third dimension was *education*. All the interviewees had positive attitude towards education. It was a source to felt proud of (finished their high school) and a source of future expectations (finish their higher education). They expressed how much they valued the opportunity to study at the university or at a technical centre. Because this is not an option for many young people in Colombia. But since few years ago this was possible for them through the national initiative "Dream Project" that supports them until they finish their studies. Being able to have higher education helps them to acquire specific skills, and knowledge. This promotes their self-confidence and not only contributes to their resilience, but also open future job opportunities.

Some of the common *individual resources* that were found in the interviewed young people were adaptation, grateful attitude, optimism and positive expectations about their future. After being separated from their parents, they received a *comprehensive support* from caring adults. This support combined with their own resource, allowed them to leave behind their past and continue with their development. Nowadays, all of them have a Life Project and are working to achieve their goals. The interaction of the individual resources with the different dimensions of the contextual resources allowed them to cope with their past, adapt to their new environment, plan what they want, work hard for their goals and build the future they dreamed of.

7. References

Adley, N., & Jupp Kina, V. (2017). Getting behind the closed door of care leavers: understanding the role of emotional support for young people leaving care. Child and Family Social Work, 22(1), 97–105. https://doi.org/10.1111/cfs.12203

Alvord, M. K., & Grados, J. J. (2005). Enhancing resilience in children: A proactive approach. *Professional Psychology: Research and Practice*, *36*(3), 238–245. https://doi.org/10.1037/0735-7028.36.3.238

Andrew, E., Williams, J., & Waters, C. (2014). Dialectical behaviour therapy and attachment: Vehicles for the development of resilience in Young people leaving the care system. *Clinical child psychology and psychiatry*, 19(4), 503-515. https://doi.org/10.1177/1359104513508964

Bejarano, L. (2018). Tejiendo Redes de apoyo: una mirada a la resiliencia. Salud Pública: un desafío que necesita de todos. *Tribuna Revista de Asuntos Públicos*, *15*.

Benard, B., & Truebridge, S. (2012). A shift in thinking: Influencing social workers' beliefs about individual and family resilience in an effort to enhance well-being and success for all. *The strengths perspective in social work practice*, 203-220.

Bernal, T., & Melendro, E. (2014) Fuentes de resiliencia en adolescentes institucionalizadas. Universidad Santo Tomas and UNED. Revista de psicología y educación 9 (1), 151 – 172

Bernal, Teresita. (2016). El tránsito a la vida adulta de jóvenes egresados del sistema de protección en Colombia: trayectorias, fuentes de resiliencia e intervenciones socioeducativas. Doctoral thesis, Universidad Nacional de Educación a Distancia.

Bernal, T., & Melendro, E. (2017). Resolución de conflictos desde la resiliencia: El caso de los jóvenes extutelados en Colombia. *Revista de Paz y Conflictos*, *10*(2), 65–87. https://doi.org/10.30827/revpaz.v10i2.6277

Berridge, D. (2017). Driving outcomes: learning to drive, resilience and young people living in residential care. *Child and Family Social Work*, 22(1), 77-85. https://doi.org/10.1111/cfs.12198

Braun, V., & Clarke, V. (2006). Qualitative Research in Psychology Using thematic analysis in psychology Using thematic analysis in psychology. *Qualitative Research in Psychology*, *3*(2), 77–101. http://www.tandfonline.com/action/journalInformation?journalCode=uqrp20%5Cnhttp://www.tandfonline.com/action/journalInformation?journalCode=uqrp20

Bronfenbrenner, U. (1979). *The ecology of human development*. Harvard university press.

Bronfenbrenner, U. (1993). Ecological models of human development. *In International Encyclopedia of Education* (Vol. 3, Issue 4, pp. 37–43). https://doi.org/10.2307/3121682

Bryman, A. (2012). *Social research methods.* OXFORD University Press, 4th Edition, 766. https://doi.org/10.1017/CBO9781107415324.004

Cantwell, N.; Davidson, J.; Elsley, S.; Milligan, I.; Quinn, N. (2012). *Moving Forward: Implementing the 'Guidelines for the Alternative Care of Children'*. UK: Centre for Excellence for Looked After Children in Scotland. http://www.unicef.org/protection/files/Moving_Forward_Implementing_the_Guidelines_English.pdf

Child Righ's Now! (2019). *La Niñez Colombiana a los 30 años de la Convención de Derechos del niño.* Child Fund Alliance, Plan International, Save the Children, SOS Children's Villages International, Terre des Hommes International Federation and World Vision.

Coholic, D. A., & Eys, M. (2016). Benefits of an Arts-Based Mindfulness Group Intervention for Vulnerable Children. *Child and Adolescent Social Work Journal*, *33*(1). https://doi.org/10.1007/s10560-015-0431-3

Colman, A. (2008). A Dictionaty of Pshychology (3rd ed.). Oxford University Press.

Colombian Congress. (1991). *Constitución política de Colombia*. *Bogotá, Colombia*

Colombian Congress. (2006). *Código de la Infancia y la Adolescencia*. *Ley 1098 de 2006*.

Colombian Congress. (2018). Ley 1878 de 2018

Cretney, R. (2014). Resilience for whom? Emerging critical geographies of socio-ecological resilience. *Geography Compass*, 8(9), 627–640. https://doi.org/10.1111/gec3.12154

Davidson-Arad, B., & Navaro-Bitton, I. (2015). Resilience among adolescents in foster care. *Children and Youth Services Review*, *59*, 63-70.

Davis, J. A., & Ragin, C. C. (1996). Constructing Social Research. *Social Forces*, *75*(1), 335. https://doi.org/10.2307/2580769

Dearden, J. (2004). Resilience: A study of risk and protective factors from the perspective of young people with experience of local authority care. *Support for Learning*, *19*(4), 187–193. https://doi.org/10.1111/j.0268-2141.2004.00346.x

Department of Health And Social Care. (2019). *Strengths-based approach: Practice Framework and Practice Handbook*. February.

Dolan, P. (2012). "Travelling Through Social Support and Youth: A longitudinal study from Sierra Leone". At M. Ungar. (Ed). *The social ecology of resilience: A handbook of theory and practice*. (pp. 357 – 368) Springer Science & Business Media.

Domínguez de La Ossa, E. M. (2014). *Un modelo teoríco de la resiliencia familiar en contextos de desplazamiento forzado.* 27–49.

Duque, L. F., Montoya, N. E., & Restrepo, A. (2013). Aggressors and resilient youths in Medellin, Colombia: the need for a paradigm shift in order to overcome violence. *Cadernos de Saúde Pública*, *29*(11), 2208–2216. https://doi.org/10.1590/0102-311x00178212

Estêvão, P., Calado, A., & Capucha, L. (2017). Resilience: Moving from a "heroic" notion to a sociological concept. *Sociologia, Problemas e Praticas*, *85*, 9–25. https://doi.org/10.7458/SPP20178510115

Frimpong-Manso, K. (2017). The social support networks of care leavers from a children's village in Ghana: formal and informal supports. *Child and Family Social Work*, *22*(1), 195–202. https://doi.org/10.1111/cfs.12218

Gilligan. (1999). Enhancing the resilience of children and young people in public care by mentoring their talents and interests. *Child <html_ent Glyph="@amp;" Ascii="&"/> Family Social Work*, *4*(3), 187–196. https://doi.org/10.1046/j.1365-2206.1999.00121.x

Gilligan, R. (2007). Adversity, resilience and the educational progress of young people in public care. *Emotional and Behavioural Difficulties*, *12*(2), 135–145. https://doi.org/10.1080/13632750701315631

Gilligan, R. (2008). Promoting resilience in young people in long-term care - The relevance of roles and relationships in the domains of recreation and work. *Journal of Social Work Practice*, *22*(1), 37–50. https://doi.org/10.1080/02650530701872330

Graham, A., Powell, M., N, T., Anderson, D., & Fitzgerald, R. (2013). *Ethic Research Involving Children* (UNICEF).

Gray, M. (2011). Back to basics: A critique of the strengths perspective in social work. *Families in Society*, *92*(1), 5-11.

Groinig, M., & Sting, S. (2019). Educational pathways in and out of child and youth care. The importance of orientation frameworks that guide care leavers' actions along their educational pathway. *Children and Youth Services Review*, *101*, 42-49.

Guest, G., & MacQueen, K. M. (Eds.). (2008). *Handbook for team-based qualitative research*. Rowman Altamira.

Häggman-Laitila, A., Salokekkilä, P., & Karki, S. (2018). Transition to adult life of young people leaving foster care: A qualitative systematic review. Children and Youth Services Review, 95(May), 134–143. https://doi.org/10.1016/j.childyouth.2018.08.017

.

Healy, K. (2014). *Social Work Theories in context: Creating frameworks for practice*. Macmillan International Higher Education

Health Ministry. (2015). Encuesta Nacional de Demografía y Salud (ENDS) Tomo 1.

Höjer, I., & Johansson, H. (2013). School as an opportunity and resilience factor for young people placed in care. *European Journal of Social Work*, *16*(1), 22–36. https://doi.org/10.1080/13691457.2012.722984

Höjer, Ingrid & Sjöblom, Yvonne. (2014). Voices of 65 Young People Leaving Care in Sweden: "There Is So Much I Need to Know!", *Australian Social Work*, 67:1, 71-87

ICBF. (2013). La adopción y el derecho a la familia. *Observatorio del Bienestar de la Niñez.* No. 6. ICBF and OIM partnership

ICBF. (2017). Lineamiento técnico del modelo para la atención de adolescentes y jóvenes, con declaratoria de adoptabilidad o vinculados al sistema de responsabilidad penal, en preparación para la vida autónoma e independiente del "Proyecto Sueños, oportunidades para volar". 16/11/2011 Version 2.0

ICBF. (2019). Lineamiento técnico del modelo para la atención de los niños, las niñas y adolescentes, con derechos amenazados y/o vulnerados. December 3, 2019. Version 7

ICBF. (2020a). Informe de gestión 2019. Directora General Juliana Pungiluppi. January 2020. Available at: https://www.icbf.gov.co/sites/default/files/informe_de_gestion_2019_icbf.pdf (accessed June 2020).

ICBF. (2020b). Respuesta Derecho de petición con número SIM 1761809648. 24th March 2020. Dirección de Protección.

ICBF. (2020c). Programas y Estrategias – Protección – Programas especializados y otras estrategias. Available at: https://www.icbf.gov.co/programas-y-estrategias/proteccion/programas-especializados-y-otras-estrategias/modalidades (accessed March, 2020).

Jekiele, S., & Brown, B. (2005). The Transition to Adulthood: Characteristics of Young Adults Ages 18 to 24 in America. *The Annie E. Casey Foundation, Population Reference Bureau, and Child Trends*. Kids Count. Census 2000.

Karapetian, M., & Johnson, J. (2005). Enhancing Resilience in Children : A Proactive Approach. 36(3), 238–245. https://doi.org/10.1037/0735-7028.36.3.238

Korstjens, I., & Moser, A. (2018). Series: Practical guidance to qualitative research. Part 4: Trustworthiness and publishing. *European Journal of General Practice*, *24*(1), 120–124. https://doi.org/10.1080/13814788.2017.1375092

Liu, J. J. W., Reed, M., & Girard, T. A. (2017). Advancing resilience: An integrative, multi-system model of resilience. Personality and Individual Differences, 111, 111–118. https://doi.org/10.1016/j.paid.2017.02.007

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.

Lukšík, I. (2018). Resilience of Young People in Residential Care. *Journal of Social Service Research*, *44*(5), 714–729. https://doi.org/10.1080/01488376.2018.1479336

Mantovani, N., Gillard, S., Mezey, G., & Clare, F. (2019). Children and Young People "In Care" Participating in a Peer-Mentoring Relationship: An Exploration of Resilience. *Journal of Research on Adolescence*, 1–11. https://doi.org/10.1111/jora.12483

Masten, A. S., & Reed, M. G. J. (2002). Resilience in development. *Handbook of positive psychology*, *74*, 88.

Masten, A. S. (2014). Global Perspectives on Resilience in Children and Youth. *Child Development*, *85*(1), 6–20. https://doi.org/10.1111/cdev.12205

National Scientific Council on the Developing Child. (2015). Supportive Relationships and Active Skill-Building Strengthen the Foundations of Resilience. Center on the Developing Child – Harvard University. Working paper *13*.

Nussbaum, M. C. (2009). Creating capabilities: The human development approach and its implementation. *Hypatia*, *24*(3), 211-215

Obando, O. L., Villalobos, M. E., & Arango, S. L. (2010). Resilencia en niños con experiencias de abandono. Acta Colombiana de psicología 13 (2): 149-159

Padgett, D. K. (2016). *Qualitative methods in social work research* (Vol. 36). Sage Publications.

Panter-Brick, C., & Eggerman, M. (2012). Understanding culture, resilience, and mental health: The production of hope. In *The social ecology of resilience* (pp. 369-386). Springer, New York, NY.

Paulsen, V., & Berg, B. (2016). Social support and interdependency in transition to adulthood from child welfare services. Children and Youth Services Review, 68, 125–131. https://doi.org/10.1016/j.childyouth.2016.07.006

Peralta, C., Ramírez, A., & Castaño, H. (2006). Factores Resilientes Asociados al Rendimiento Académico en Estudiantes Pertenecientes a la Universidad de Sucre (Colombia). *Psicologia Desde El Caribe*, *17*.

Pooley, J., & Cohen, L. (2010). Resilience: A Definition in Context. the Australian Community. *Australian Journal of Psychology*, *7*(1), 30-37. https://doi.org/10.1080/00049535508256098

Rapp, C. A., Saleebey, D., & Sullivan, W. P. (2006). The future of strengths-based social work. *Advances in social work: Special issue on the futures of social work*, *6*(1), 79-90.

RELAF. (2011). Children and adolescents without parental care in Latin America. Contexts, causes and consequences of being deprived of the right to family and community life.

Resilience Research Centre. (2019). Child and Youth Resilience Measure (CYRM-R) & Adult Resilience Measure (ARM-R) Manual 2.2. CYRM and ARM User Manual. http://www.resilienceresearch.org/

Riveros, F., Bernal, L., Bohorquez, D., Vinaccia, S., & Quiceno Sierra, J. (2018). Análisis psicométrico del Connor-Davidson Resilience Scale (CD-RISC 10) en población universitaria colombiana. *Psicología Desde El Caribe*, *0*(0), 161–171. https://doi.org/10.14482/psdc.33.2.72785

Rutter, M. (2007). Resilience, competence, and coping. *Child Abuse and Neglect*, *31*(3), 205–209. https://doi.org/10.1016/j.chiabu.2007.02.001

Rutter, M. (2012). Resilience: Causal pathways and social ecology. In *The social ecology of resilience* (pp. 33-42). Springer, New York, NY.

Saint-Jacques, M. C., Turcotte, D., & Pouliot, E. (2009). Adopting a strengths perspective in social work practice with families in difficulty: From theory to practice. Families in Society, 90(4), 454–461. https://doi.org/10.1606/1044-3894.3926

Saleebey, D. (ed.). (2012). *The Strengths Perspective in Social Work Practice.* Vol. 6th edn.

Samuels, G. M., & Pryce, J. M. (2008). "What doesn't kill you makes you stronger": Survivalist self-reliance as resilience and risk among young adults aging out of foster care. *Children and Youth Services Review*, *30*(10), 1198–1210. https://doi.org/10.1016/j.childyouth.2008.03.005

Sapienza, J. K., & Masten, A. S. (2011). Understanding and promoting resilience in children and youth. *Current Opinion in Psychiatry*, *24*(4), 267–273. https://doi.org/10.1097/YCO.0b013e32834776a8

Schofield, G., Larsson, B., & Ward, E. (2017). Risk, resilience and identity construction in the life narratives of young people leaving residential care. *Child and Family Social Work*, *22*(2), 782–791. https://doi.org/10.1111/cfs.12295Semana, Revista. (2020). "Día clave para que se prohíba el castigo físico de los niños en Colombia" Educación. Published 21st of May, 2020. Available at: https://www.semana.com/educacion/articulo/dia-clave-para-que-se-prohiba-el-castigo-fisico-de-los-ninos-en-colombia/672811#:~:text=Vale%20recordar%20que%2C%20en%20la,contra%20un%20menor%20de%20edad. (accessed June, 2020).

Schoon, I. (2012). Temporal and contextual dimensions to individual positive development: A Developmental–Contextual systems model of resilience. In *The social ecology of resilience* (pp. 143-156). Springer, New York, NY.

SOS CVI. (2015). Child at Risk. The world's most vulnerable children: who they are, where they live, and what puts them at risk. November 2015.

SOS CVI. (2018). International Annual Report 2018.

SOS CVI. (2009). Children and young people in care. Discover your rights! Building a Europe for and with children. Council of Europe. November 2009

Staudt, M., Howardw, M. O., & Drake, B. (2001). The operationalization, implementation, and effectiveness of the strengths perspective: A review of empirical studies. *Journal of Social Service Research*, *27*(3), 1-21.

Stein, M. (2008). Resilience and young people leaving care. *Child Care in Practice*, *14*(1), 35–44. https://doi.org/10.1080/13575270701733682

Stein, M. (2019). Supporting young people from care to adulthood: International practice. *Child and Family Social Work*, *24*(3), 400–405. https://doi.org/10.1111/cfs.12473

Stohler, R., Storo, J., Vincent, D., Wade, J., Schröer, W., Zeller, M., ... & Köngeter, S. (2008). *Young people's transitions from care to adulthood: international research and practice*. Jessica Kingsley Publishers.

Sulimani-Aidan, Y. (2017). Future expectations as a source of resilience among young people leaving care. *British Journal of Social Work*, *47*(4), 1111–1127. https://doi.org/10.1093/bjsw/bcw077

Swanson, R. A. (2007). Theory framework for applied disciplines: Boundaries, contributing, core, useful, novel, and irrelevant components. Human Resource Development Review, 6(3), 321–339. https://doi.org/10.1177/1534484307303770

The international Resilience Project, (2006). Colombia. Research Site: Medellin, Colombia

Theron, L., Liebenberg, L., & Ungar, M. (2015). *Youth resilience and culture*. Springer.[MU].

UN General Assembly. (1989). *Convention on the Rights of the Child*, 20 November 1989, United Nations.

UNDP. (2019). Inequalities in Human Development in the 21st Century. Briefing note for countries on the 2019 Human Development Report Colombia. Human Development Report 2019.

Ungar, M. (2008). Resilience across cultures. *British Journal of Social Work*, 38, 218–235.

Ungar, M. (Ed.). (2012). *The social ecology of resilience: A handbook of theory and practice*. Springer Science & Business Media.

Ungar, M. (2015). Practitioner review: Diagnosing childhood resilience - A systemic approach to the diagnosis of adaptation in adverse social and physical ecologies. *Journal of Child Psychology and Psychiatry and Allied Disciplines*, 56(1), 4–17. https://doi.org/10.1111/jcpp.12306

Ungar, M. (2018). Systemic resilience: principles and processes for a science of change in contexts of adversity. *Ecology and Society*, *23*(4). https://doi.org/10.5751/ES-10385-230434

Ungar, M., & Hadfield, K. (2019). The differential impact of environment and resilience on youth outcomes. *Canadian Journal of Behavioural Science/Revue canadienne des sciences du comportement*, *51*(2), 135- 146

UNICEF. (2011). Children without parental care. Child Protection from violence, exploitation and abuse. 22 march 2011. Available at: https://www.unicef.org/protection/57929_58004.html (accessed June, 2020).

UNICEF. (2015). Building a comprehensive child protection system in Colombia: The architecture, cost and gaps. Econometría. November 2015. Funded by Global Affairs Canada

United Nations. (2015). Concluding observations on the combined fourth and fifth periodic reports of Colombia. Committee on the Rights of the Child. Convention on the Rights of the Child. 6 March 2015.

USAID. (2019). Advancing Protection and Care for Children in Adversity. A U.S. government strategy for international assistance. 2019-2023.

Weick, A., Rapp, C., Sullivan, W. P., & Kisthardt, W. (1989). A strengths perspective for social work practice. *Social work*, *34*(4), 350-354.

World Bank. (2019). Poverty and Shared Prosperity in Colombia. Background paper for policy notes.

Wright, M. O. D., & Masten, A. S. (2015). Pathways to resilience in context. In *Youth resilience and culture* (pp. 3-22). Springer, Dordrecht.

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

8. Appendixes

Appendix 1. Literature Review Table
Key concepts, dimensions and sub-dimensions about Resilience among young people in
Alternative care

Concept	Dimension	Sub-dimension	Author
Resilience	Individual characteristics, process, outcome	Healthy development Positive, adaptive response in face of adversity.	National Scientific Council on the Developing Child, 2004
	Not just an individual trait, process that changes systems. Dynamic process.	Interactions between different factors. Navigate to the resources they need Available and accessible, provided in meaningful ways	Ungar 2008, 2011, 2012, 2015, 2016, 2019
	Not only on the individual, environment has a big impact		Rutter, 2007
	Capacity of a dynamic system to adapt successfully to disturbances that threaten system function, viability, or development	Context and culture play an important role	Masten 2012, 2014
	Positive adaptations, absence of psychopathology, success in age-salient development tasks, subjective well-being, and relational competence	Culture and resilience processes intertwine to facilitate and/or hinder youths' positive adjustment to a variety of risk.	Theron and Ungar, 2015
	Process in which several features of the natural and social worlds are called into play.	Complex and multilevel process through which not only individuals, but also societies and institutions respond to sudden environmental, social and economic shocks.	Estevao et al, 2017
	The potential to exhibit resourcefulness by using available internal and external recourses	Response to different contextual and developmental	Pooley and Cohen, 2010
Adversity	Psychological	Violence Mental Illness of child or caregiver Neglect Family dysfunction	Schilling, 2008
	Physical	Violence, Punishment, Abuse, sexual abuse, neglect	
	Environmental	-Natural disaster	Ungar, 2008 Pooley and Cohen
	Economic	-lack of satisfaction of basic needs -Extreme poverty -Poverty	Dearden, 2004
	Risks	Threat to adaptation or development	Rutter, 2012 Masten, 2001 Lou, 2018
	Severity, chronicity, ecological complexity,		Ungar, 2015

	causality, cultural and contextual relevance		
Contextual resources	Social and Physical ecologies. Capitals (resources)	1.Social Capital 2. Human Capital 3.Financial and institutional capital 4.Natural capital 5. Built capital	Ungar, 2015
	Relationships	Caregivers Relatives Institutional team Legal guardian Teachers Church members Significant adults (Mentors) Partners Friends/peers Role models	Ungar, 2015 Lemus, 2018 Gilligan, Berridge 2017 cite Howe and Stein Stein 2008 Dearden 2004
	Organizational opportunities	1.Acceso to services: Facilities Basic needs Leaving care preparation Networks 2. Social Support: Formal: Material Financial Practical Emotional 3. Interventions Conventional: Therapy Coaching, Counselling Alternative: Arts, Mindfulness Driving lessons	Pooley and Cohen, 2010 Bernal, 2016 Ungar, 2015 Lemus, 2018 Gilligan Dolan, 2012 Gilligan 1999 cited by Berridge 2017 Dearden 2004 Stein, 2008 Frimpong 2017 Adley, 2014 Paulsen, 2016 Caholic 2015
	Community opportunities	Out-of school activities, hobbies Social civic engagements, help others Volunteering Leisure, interests Church attendance Specific trainings (vocational) Networks	Pooley and Cohen, 2010 Bernal, 2016 Ungar, 2015 Lemus, 2018 Gilligan Dolan 2012 (Book Social Ecology) Stein Gilligan 1999 cited by Berridge 2017 Dearden 2004 Stein 2008
	Education		Dearden 2004
Individual Resources	Personality	Positive attitude Strategic use of resources -Self-efficacy (ability to connect) and self-directedness -Coping emotional maturity - Identity - Temperament, -Endurance, Courage, Goal Setting, Personal competence,	Pooley & Cohen 2010 cited Nowicki 2008 Ungar, 2015 Lemus, 2018 Bernal, 2016 Rutter 1985 Dearden, 2004 cited Gilligan, 2000

		Independence, Persistence, Reflection and change Leadership skills Active participation Free play Behavioral rehearsal Humor Consciousness, cognition, ethics, and symbolization	Berridge, 2017 cited Rutter, 1999 Stein, 2008 Karapetian, 2005 Obando, 2010 Bernal, 2016
	Skillls (soft and hard)	Agency Instrumental and social skills Communicate thoughts and feelings Sense of Belonging (connection to something outside themselves) School performance Self-regulation, Personal agengy, coping strategies Self-perception. -Self-care skills -Self-trust Sense of having a secure base - Self-esteem and self-worth Training in relaxation -Make new meaning Learn from experience Decision making	Pooley and Cohen 2010 cited Nowicki 2008 Karepetian and Johnson, 2005 Berridge 2017 cite Rutter 2012 Pooley and Cohen Rutter, 2007 Lou, 2018 Obando, 2010 Bernal, 2016
	Aspirations and motivations	Planning the future, optimism, active participation	Stein, 2009 Yafit Sulimani 2016 Lou, 2018
	Neurophysiology	-Pay attention and focus Cognitions, Intelligence -Genetic predispositions	Ungar, 2015
	Achievements	School performance Adaptation (successful performance on age development tasks)	Pooley and Cohen, 2010 Ungar, 2015
	Believes	Spirituality or morality Faith - Believe in God Expectations for the future	Lemus, 2018 Bernal, 2016 Lou 2018
	Turning points		Dearden, 2005 Gillligan 2000
	Risk factors	Illness physical or mental Depression PTSD Delinquency Psychopathologies	Ungar, 2015
Alternative Care/ Looked after children (LAC)	Informal care Formal alternative care Temporary Permanente	Kinship care Foster care Residential care Group homes Support for aftercare	Andre, Williams Waters, 2014 Berridge, 2017 Lou, 2018
	Dream Project, opportunities to fly	Education, Identity, Employment and entrepreneurship, Culture and sports, Volunteering	ICBF, 2016

Appendix 2. Semi-structured interview guide (English)

Questions
1. What dreams or goals do you have for 5 years from now?
2. Which have been the happiest moments of your life?
3. If I ask one of your friends to describes you, what he/she would say? How would you describe yourself?
4. What resources or opportunities have you had the last years, that you consider have helped you to continue with your Life Project?
5. What do you like to do during your free time?
6. What initiatives or activities does your organization offers you to support your development?
7. Which difficulties have you overcome that makes you feel proud of?
8. When you have a difficulty or a problem, what do you do to solve it?
9. What memories would you like to share about your childhood?
10. What memories do you have about the community you lived when you were a child?
11. Where or when do you feel safe, protected or calm?
12. What achievements have you had in your life that make you feel proud of?
13. What do you think helps you to overcome difficult situations from your past and other youth couldn't overcome them?

Appendix 3. Semi-structured interview guide (Original version in Spanish)

Preguntas
1. ¿Qué sueños o metas tienes para dentro de 5 años?
2. ¿Cuáles han sido los momentos más felices de tu vida?
3. Si le pregunto a un amigo tuyo que te describa, ¿qué diría de ti? ¿Como te describirías tu?
4. ¿Qué recursos u oportunidades has tenido en los últimos años que consideres te han ayudado a seguir con tu proyecto de vida?
5. ¿Qué te gusta hacer en tu tiempo libre?
6. ¿Qué iniciativas o actividades ofrece la organización para acompañarte en tu desarrollo?
7. ¿Qué dificultad que has superado te hacen sentir orgulloso?
8. Cuando tienes una dificultad o un problema ¿Qué haces para solucionarlo?
9. ¿Qué recuerdos me quisieras compartir sobre tu infancia?
10. ¿Qué recuerdos tienes de la comunidad en la que vivías cuando eras pequeño?
11. ¿Dónde o cuando te sientes tranquilo, seguro o protegido?
12. ¿Qué logros has tenido en tu vida que te hacen sentir orgulloso?
13. ¿Qué crees que te ayudó a ti a que te sobrepusieras a situaciones difíciles del pasado y otros jóvenes no han podido superarlos?

Appendix 4. Youth Informed consent (English)

Youth Informed Consent
I will explain you how I will use the information that you will give me in the interview.

All academic research must follow some ethical requirements. I will adhere to the following principles:
• Interviewees will receive the information about the purpose of the research.
• Interviewees have the right to decide whether they will participate in the research, even after the interview has been concluded.
• The interview will be handled confidentially, and I will keep it in such a way that no unauthorized person could listen it or have access.

The interview includes open question, it will last about 1 hour. I will recorded it, as this makes it easier for me to document what you said, with the exact information and afterwards I can make the analysis as part of the research. To protect the identity of the participants, I will anonymize or delete any possible data that might allow your identification, for example I will change the names.

After the final presentation of the research, in the middle of the year, I will delete the interviews from my computer. The data that you will give me I will only use it in this research.

You have the right to decline answering any question or finish the interview without giving an explanation.

You can contact me or my supervisor in case you have any question.

Name and email of the student: Paula Franco
                                      paulafrancom@gmail.com

Name and email of the supervisor: Pablo Álvarez
                                      Pablo.alvarez@iscte-iul.pt

The purpose of the research is to analyse how individual and contextual resources have contributed to young people living in alternative care in Bogota to overcome difficult situations from their past (resilience processes).

Consent

After understanding the previous information, I confirm that I had the opportunity to express my doubts and they were answered in a satisfactory way. I agree to participate in the study and to record the interview.

Name of the participant   _____
Date   _____

Signature   _____

Appendix 5. Youth Informed consent (Original version in Spanish)

Consentimiento Informado Jóvenes

A continuación, se detalla cómo será utilizada la información que usted me diga durante la entrevista.

Todas las investigaciones académicas deben cumplir con unos requisitos éticos. Por tal motivo me comprometo a seguir los siguientes principios:
• El/la entrevistado/a, recibirá información sobre el propósito de la investigación.
• El/la entrevistado/a, tiene el derecho de decidir si quiere o no participar en la investigación, incluso después de que la entrevista haya terminado.
• La entrevista se manejará de forma confidencial y la guardaré de tal forma que ninguna persona no autorizada pueda escucharla o acceder a ella.

Se realizará una entrevista con preguntas abiertas de aproximadamente 1 hora de duración. Dicha entrevista será grabada en audio para que sea más fácil tener la información precisa de lo que se dice y después poder hacer el análisis respectivo como parte de la investigación. Para proteger la identidad de los/las participantes, anonimizaré o eliminaré cualquier dato que haga posible su identificación, como por ejemplo cambiaré los nombres de las personas.

Después de realizar la presentación final de mi investigación, a mediados del presente año, borraré todas las entrevistas de mi computador. Lo que usted me diga sólo lo usaré para fines de la presente investigación.

Usted tiene el derecho de negarse a contestar cualquier pregunta, o terminar la entrevista cualquier momento, sin darme ninguna explicación.

Puede ponerse en contacto conmigo o con mi supervisor en caso de tener alguna pregunta.

Nombre y correo electrónico del estudiante: Paula Franco
    paulafrancom@gmail.com

Nombre y correo electrónico del supervisor: Pablo Álvarez
    Pablo.alvarez@iscte-iul.pt

El propósito de la investigación es analizar como recursos individuales y del contexto han contribuido a que jóvenes que crecen en cuidado alternativo en Bogotá puedan sobreponerse a situación difíciles de su pasado (procesos de resiliencia).

Consentimiento

Una vez comprendido lo anterior, a continuación confirmo que he tenido la oportunidad de expresar mis dudas y se me han respondido satisfactoriamente. Estoy de acuerdo en participar en este estudio y en que mi entrevista sea grabada.

Nombre del Participante   _____
Fecha   _____

Firma   _____