



'I've Always Managed on My Own'—Exploring Resilience Through the Voices of Children in Foster Care

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Abstract

There is a notable lack of resilience-focused research grounded in the perspectives of children currently in foster care. Therefore, the present study explored resilience processes through children's own accounts, guided by two research questions: (1) How do children in foster care describe themselves, their relationships and their different important contexts? (2) How do children cope with the specific challenges they encounter? Twelve children (12–18 years old) were interviewed individually using the semi-structured *Friends and Family Interview*. Reflexive thematic analysis yielded three overarching themes: (1) Transition to foster care, (2) Navigating life, and (3) Trust and comfort in connections. These themes and their subthemes illustrate the complexity of resilience processes in children's everyday lives. Support and the sense of belonging in the foster family, often expressed in 'ordinary' daily activities, seem to play an important role. Meanwhile, a recurring tension between autonomy and loneliness appears central. Not least, the burdening impact of placement disruptions is evident in the children's accounts. Our findings underscore the importance of understanding children's perspectives and inner worlds for informing well-tuned supportive practices. We discuss several practical implications such as access to psychological treatment and supporting children in maintaining connections with friends and adults outside the family. Promoting placement stability remains a key challenge for the foster care system.

Keywords Foster care · Resilience · Participatory research · Adolescence · Placement stability

Joel Hultman and Alma Lamberti Schonfeld contributed equally to this work.

Public relevance: Children's own perspectives and accounts of living in foster care are crucial for understanding their experiences and what processes support their well-being and promote their resilience.

Key findings: Our findings underscore the importance of a sense of belonging with the foster family, access to psychological treatment, and connections with friends and nonparental adults. Repeated placement disruptions and other challenges during foster care render resilience processes complex. A recurring tension between autonomy and loneliness appears central in children's lives.

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Introduction

Children enter the foster care system for various reasons, each child with their own unique circumstances and previous experiences. Yet, many children in foster care face common challenges and are at high risk of poor school results (Stone et al., 2025) or mental illness (Dubois-Comtois et al., 2021). These risks have been consistently associated with histories of maltreatment and adverse experiences preceding placement (Ahmed et al., 2015; Cecil et al., 2017; Wade et al., 2015), a pattern also reflected in the children's own accounts (Steenbakkers et al., 2019). While placement in foster care should promote stability and positive development prospects, it is not uncommon that children encounter further challenges within the foster care system itself. In previous studies, children describe traumatic separations from siblings when placed into care (Mitchell, 2017), being torn by loyalty conflicts between foster and birth parents (Dansey et al., 2018) and placement breakdowns (Skoog et al., 2015; Steenbakkers et al., 2019). Recurring placement disruptions create instability and can affect the children's

sense of security and connection, with negative consequences on development (Liming et al., 2021) and mental health (McGuire et al., 2018).

Despite high risk of mental illness and behavioral problems, many children in foster care exhibit psychological resilience, as indicated by high quality of life, mental health and attachment security, as well as behavioral adjustment, free from externalizing behaviors, misconduct and substance use (Fisher et al., 2023). When resilience is assessed in developmental psychological research, it is often operationalized as “positive adaptation in the context of risk or adversity” (Masten, 2014). From a systemic ecological perspective, resilience is understood as a function of risk and protective factors connected to the individual child, the child’s caregivers, the child’s community or other systemic levels (Ungar et al., 2013). Researchers have highlighted the need for further concretization of the concept of ‘resilience’, calling for a nuanced understanding of what it entails specifically for children in foster care (Ruff et al., 2023; Sattler et al., 2024). In a recent study, Ruff et al. (2023) proposed a multisystemic framework that accounts for individual variation among children and highlights the constrained autonomy and limited agency often experienced by children in foster care, calling for research on how resilience may be enhanced with and for children growing up in these contexts. Research to this end has mostly relied on quantitative methodology. Recent studies have identified individual and interpersonal factors that promote mental health and positive adaptation while in foster care (Kothari et al., 2020), or when transitioning out of foster care as adults (Nuñez et al., 2022). At the individual level, self-esteem, help-seeking coping strategies and emotional regulation have been associated with better school adjustment and mental health (Carrera et al., 2024; Kothari et al., 2020; Lee et al., 2018; Mihalec-Adkins & Cooley, 2019). At the interpersonal level, strong connections with peers, siblings and important adults outside of the caregiving context have been shown to promote resilience (Farruggia & Geramo, 2015; Kothari et al., 2020; Thompson et al., 2016; Yoon et al., 2023). Several studies have focused on the positive effects of safe and warm child-caregiver relationships, mostly acknowledging the foster parents as the primary caregivers (Yoon et al., 2023; Maaskant et al., 2015). Not surprisingly, experienced emotional security in the relationship with the foster parents buffered youths’ symptoms of trauma and other mental illness (Rayburn et al., 2017), while a sense of belonging in the foster family was associated with mental health while transitioning out of foster care (Salazar et al., 2018). At the systemic level, studies show that preparation before transitioning out of foster care, participation in decision-making, placement stability, kinship placements, housing allowance and access to mental health services impact well-being

positively (Greeno et al., 2019; Nuñez et al., 2022; Pepe et al., 2024).

School and preschool are highlighted as important arenas to promote resilience and well-being for children in general (Masten, 2014), and children in foster care in specific (Mihalec-Adkins & Cooley, 2019). In a Swedish study, graduating from elementary school with passing grades was the strongest protective factor against future difficulties (Tordön, 2020), while reading ability and academic achievement have been associated with positive adjustment during transition out of foster care and into adulthood (Nuñez et al., 2022). Adequate mental health services and access to psychological treatment have also been linked to better outcomes (Fisher et al., 2023).

Despite the growing body of quantitative research on resilience of children within the foster care system, scholars call for a more nuanced understanding of how protective factors operate and exert their influence (Fisher et al., 2023; Kothari et al., 2020). Qualitative research on resilience and protective factors for children in foster care is uncommon (Ruff et al. 2023), and a recent systematic review revealed that very few studies have focused on the experiences and perspectives of children currently in care (Hayes et al., 2024). The few studies that have captured children’s reflections on protective factors point out the role of self-determination and of finding ways to create meaning (Dansey et al., 2018), social connections and peer relationships in the school setting (Francis et al., 2021; Hedin et al., 2011) and supportive foster parents (Hedin et al., 2011). Resilience-focused qualitative studies with young adults previously in foster care highlight the importance of relational support from nonparental adults, foster parents and peers (Ruff et al., 2023; Samani & Psouni, 2024), meaningful connection with the birth family (Bowen et al., 2018), as well as strategies such as creative activities, community engagement and future-oriented goals and dreams (Mountz et al., 2018; Rios & Rocco, 2014).

The Present Study

To date, no interview-based study has explicitly explored resilience from the perspective of children currently living in foster care. Existing research has predominantly relied on the voices of adults surrounding the child, such as foster parents or social workers, speaking on the child’s behalf (Ruff et al., 2023), adults who experienced foster care during their childhood (Hass et al., 2014; Samani & Psouni, 2024; Strolin-Goltzman et al., 2016), or young adults soon after transition out of foster care (Bowen et al., 2018; Cheung et al., 2019; Hokanson et al., 2019; Ruff et al., 2023). While such work provides valuable insights into resilience over time, it leaves unexamined the lived, ongoing experiences

of children currently in care. Accessing children's own narratives can offer a vital, developmentally grounded perspective on resilience as it is constructed and negotiated in real time within their present caregiving ecologies.

The purpose of this study was to explore resilience in the everyday life of children in foster care. We specifically focus on what children experience as important for their well-being in relation to challenges they face. Two research questions guide this study:

1. How do children in foster care describe themselves, their relationships and their different important contexts?
2. How do children cope with the specific difficulties they encounter?

Method

The study was conducted in Sweden, where 18 800 children are currently in foster care (Swedish National Board of Health & Welfare, 2024). In Sweden, social services always hold the ultimate responsibility for a placement, while the foster homes themselves may be municipal or privately run. Regardless of this, each placed child has a designated social worker responsible for monitoring the child's development. A recurring challenge for children in foster care is the lack of continuity among social workers, requiring children to repeatedly form new relationships. After a placement has lasted two years, a transfer of custody from the birth parents to the foster parents is considered. If custody is transferred, the foster care placement formally ends, and the child typically no longer has an individual social worker (SFS, 2025:400).

This study is part of a larger project that seeks to illuminate the factors that foster resilience and mental health among children in foster care and evaluate caregiver training interventions across various contexts, incorporating the perspectives of both adults receiving the training and children in their care. The project has a participatory, child-rights based approach guided by the UNCRC principles of ethical and meaningful child participation (Angelöw & Psouni, 2025), that regards children in foster care as right-holders with knowledge of their own life situation. As part of this methodology, a group of six youth (ages 15–17) currently in foster care acted as a co-research group with advisory role. The youth were recruited among members of a child-rights organization for children in out-of-home care, and had advisory input on interview questions, setting and study procedure, to enhance the relevance and ecological validity of the study. The co-research group met the researchers five times in one year and were compensated economically for participating. To enhance the safety and smoothness of our

procedures, we additionally cooperated with an adult reference group consisting of three people with experience from multiple roles in this field—their own history of foster care, being a foster parent, social worker, supervisor, and trauma therapist.

Participants and Recruitment

Twelve children ($N=12$) aged 12–18 ($M\ age=15.58$ years, 4 boys and 8 girls) participated in the study. All participants spoke Swedish. The majority were placed in foster care for the first time before the age of 12, had lived in their current foster homes at least one year and had experienced several previous placements. Most children had contact with their birth parents. Five children had birth parents born in non-European countries. Among these, three children had at least one biological parent who lived abroad. Two children described practicing religion.

Participants were recruited via interest groups for children placed in foster care, foster parents and in collaboration with the social services. The criteria for inclusion were that the child (1) lived in a foster home; (2) was 11–18 years old. Exclusion criteria were (1) living in an emergency home, (2) living in residential care or (3) being in an acute phase of mental illness, as judged by a social worker or a group leader of the interest group. Note, however, that children with neurodevelopmental or intellectual disabilities were not excluded from the study.

Procedure

The study was approved by the Swedish Ethical Review Authority. Interviews were conducted in autumn 2024 and spring 2025. Participants were interviewed in their homes, other preferred locations, or digitally, based on the participants' own wishes. Interviews were carried out by four different researchers with occupational backgrounds in psychology or social work. Interviews lasted between 44 and 79 min, were audio-recorded, transcribed verbatim and coded using the software NVivo (QSR international, 2022). As a gesture of appreciation, participants received a gift card after participating in the study.

To promote safety and transparency (Angelöw & Psouni, 2025), we placed great emphasis on providing participants with age-appropriate information – regarding the study focus, confidentiality, and the right to withdraw – at least two weeks prior to the interview. At the beginning of the interview, the child and interviewer agreed on a stop sign to use for skipping questions or take breaks (Törrönen & Petersen, 2021). We regarded consent as an ongoing process that was revisited throughout the interview, rather than a one-time formality emphasized solely at the outset. We

employed a trauma-informed research approach (Alessi & Kahn, 2022), making sure that researchers had the appropriate skills, experience and preparation to meet children with potentially traumatic experiences. For support, participants received contact information leading to a counsellor independent of the research project and were contacted a week after the interview for a short follow-up with the researcher that conducted the interview.

Instruments

The interview comprised two parts. In the first part, we used the semi-structured interview guide *Friends and Family Interview* (FFI, Steele & Steele, 2005). FFI has a theoretical foundation in developmental psychology and attachment theory and has been adapted to Swedish and other Nordic contexts (Psouni & Apetroaia, 2014; Psouni et al., 2020). The interview is designed to elicit children's thoughts and feelings about themselves and their close relationships and capture potential key resilience areas such as relationships with caregivers, siblings, peers and teachers, school environment, self-image and emotion regulation. The FFI has been widely used in research with birth-parent – child relations and adoptive parent – child relations (Muzi et al., 2022; Psouni et al., 2020). Here it was adapted for children placed in foster care (Psouni & Neander, 2023). During the interview, we did not pose questions about the children's experiences of foster care per se. Hence, any references to experiences, thoughts and feelings related to foster care emerged spontaneously by the children themselves.

In the second part of the interview, participants could give their own reflections on their well-being. Here, we asked participants what advice they would like to give children in situations like their own, foster parents, and birth parents: *Now, I would like to ask if you can give some advice. If you had the chance to offer a piece of advice to a child who is about to experience their first move into a foster home, what would you say to that child?* We also asked what they considered most important for their mental health: *I am curious to learn about the things you usually do to feel good. Is there something special that you find helps you feel good?* Before closing the interview, participants were given an opportunity to reflect on the interview questions and to impact further research. Here, we asked questions like: *Do you have any suggestions for questions I should ask young people that I talk to?*

Data Analysis

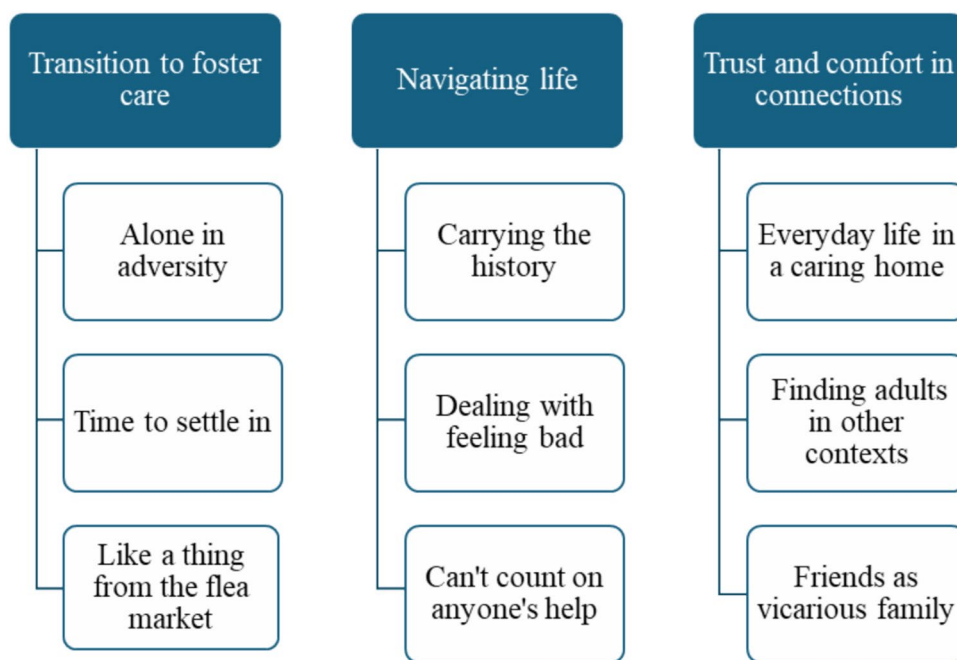
We employed a critical realist epistemological theoretical framework. This perspective allowed us to examine the children's descriptions not merely as a direct reflection of an

objective reality, but instead as representations of their own reality, necessitating the researcher's interpretation for a thorough understanding. We used reflexive thematic analysis in accordance with Braun & Clarke's six steps (Braun & Clarke, 2006, 2022). We chose thematic analysis because of its flexibility and adaptability, and because of the possibility to capture participants' experiences in a rich and nuanced way. Our analysis was deductive, allowed to be directed by the concept of resilience. To get familiar with the data (step 1), all authors listened to or read the interview transcripts. To ensure data saturation we kept notes to observe saturation during data collection, and employed an iterative approach (Ahmed, 2025) in which we analyzed and gathered data in cycles. Hence, the second and third authors generated initial codes (step 2) and searched for themes (step 3) in the first eight interviews. In our pursuit to delve deeper into the themes, we conducted four more interviews. The first author carried out the coding and preliminary thematization (step 2–3) of the data set as a whole. Subsequently, the fourth and fifth authors joined the analytical process, reviewing codes according to how well they reflected the dataset in relation to the research questions (step 4). Themes and codes were then adjusted by merging or removing, to enhance coherence. We then defined and named the final themes (step 5), to accurately and engagingly reflect the content, with inspiration mainly drawn from the codes. We carefully selected and linguistically adapted illustrative quotes, to increase readability without deviating from their original essence (step 6).

The analysis resulted in three main themes (Fig. 1). Participants were assigned an identification number each, used to connect quotes to the participants they came from. In this way, we could also check that selected quotes in results represent the participant group in a balanced way. Because the risk is not negligible that participants could be identifiable by their demographic background or a specific life-event they share, and since we explicitly promised, both to participants and to the Swedish Ethical Review Authority, that data would be entirely anonymized so that no risk of identifying participants, or assigning specific quotes to individual participants would remain, we refrain from reporting quotes, or the demographic background of each participant, tied to their identification numbers.

Braun and Clarke's (2022) criteria were used to ensure the quality of our analysis. To increase transparency and reflexivity, we continuously kept a diary. Throughout the research process, we regularly discussed and reflected on our own position as adult researchers without own experiences of living in foster care, our potential preconceived notions about children placed in foster care and on the analysis process. That said, all authors have practical and theoretical knowledge of working with children and young

Fig. 1 Main themes and sub-themes



people with difficult experiences. The first author has experience of working with children in foster care and educating foster parents and social workers on the developmental and trauma-related needs of those children. The second and third authors have worked with supporting children with adverse backgrounds. The fourth author has extensive experience of working with children in vulnerable situations, including children in foster care. The last author is a clinical psychologist with extensive experience in conducting research in developmental psychology with a particular focus on children with adverse experiences and their caregivers, and specifically interviewing children, not least with the FFI. Thus, during the analysis work and in discussions about thematization, our collective knowledge contributed to a deeper understanding of the data and enabled further reflections. For instance, while the first three authors were close to the child perspective, the fourth and fifth author brought insights from the relevant complexity of the social services, and regarding caregiver-child interactions.

To ensure a trustworthy thematic analysis, we were guided by the criteria by Lincoln and Guba (1985). To achieve credibility, findings were discussed with the youth co-research group and the adult reference group separately. During focus group discussions, the youth co-research group freely elaborated on the thematization and discussed how the subthemes related to their own and their friends' experiences. Additionally, we member-checked the results, including the thematization and illustrative examples, with four study participants. For dependability, we carefully documented all steps of the thematic analysis.

Results

Our results highlight challenges associated with the children's transition into foster care. When we met the children, they were busy navigating life, where their previous experiences affected their well-being. They described trust and comfort in connections with foster parents, other adults and friends.

Transition to Foster Care

The theme conveys the children's descriptions of their life stories, from early in the family of origin to the first foster home and further through the foster system. Many children had experienced maltreatment and neglect before placement and found the transition into foster care overwhelming. Repeated moves between foster homes were common and affected self-confidence and trust in adults negatively.

Alone in Adversity

The children entered foster care for different reasons, but they all recalled insufficient care and adult support in their early childhood: "As far as I know, no one took care of me when I was a child. My parents, no, they didn't really care about me." Some children struggled to take care of themselves: "I was teased at school because I smelled bad. Sometimes I didn't shower for days, because as a small child, I didn't understand when it was time." Many children felt responsible for caring for their parents: "I tried to help her with everything. I paid rent. I tried to get food for us. We

didn't have money." Siblings or friends were important in the absence of adults: "My friend moved in with me and my dad for a while, during the worst period, when he hit me and stuff. When she was there, he didn't dare in the same way." One participant described getting support from her sister:

She was like a mother to me. She took care of me and kind of made sure that I was doing well. One time my mom had been drinking. When I came home from school my sister said, "Can't you go and be with your friends? I'll text you later." She wanted to protect me.

Some children had lost a parent due to illness or suicide. Many had absent fathers, and some described how they unexpectedly found out that they weren't biologically related to their father figure. Several children described physical or psychological violence from parents or stepparents: "My father hit me and threw keys at me. When we went to the hospital, he said I had been fighting at school." Some children witnessed domestic violence and were caught in the middle: "I tried to stop my parents' fights, but I couldn't [...] when I tried to stop a fight, I was pushed and hurt." Many shared stories of parental substance abuse: "My mother promised to not take drugs like my grandmother, but she did anyway." The children described trying to track and prevent their parents' behaviors: "We wanted to keep an eye on our mom because she took drugs and drank a lot of alcohol." One participant described that it felt impossible to get help from an adult: "If I had told social services that my mother was taking drugs or drinking alcohol, they would have moved me straight away, and I didn't trust them to take care of my mother." Another child described:

I had to move out because my dad didn't like me, because I was annoying as a child. [...] I didn't like how my dad treated me, so I went to the social services and told them. Then I had to move to an emergency home, foster care and so on.

Time to Settle in

Many children experienced the transition from the family of origin into foster care as overwhelming. One participant reflected on the anger she felt towards the foster parent: "I was probably not angry at her, but at the situation [...] It is very hard to move away from home." Some children had waited for help for a long time, while for others, the separations from their homes of origin were unexpected. One participant shared thoughts related to moving away:

I felt that everything was the social services' fault. [...] I had thoughts like, 'why do you move us and

why are we so far away and why to this place?' I had so many questions and I felt that it was their fault that I lost all my friends. But it's not their fault that I'm here now, it's because of everyone around me.

Some children described a longing for their homes of origin: "Being at home, seeing my siblings, the animals, things like that." Many wanted to stay in touch with their birth parents, while others described being uncomfortable during visits. One participant expressed: "Sometimes I'm kind of nervous because a few times she showed up drunk or high." Some clearly expressed that they did not want to meet their birth parents: "Well, it's not that I hate her. I just don't want to see her and stuff." One participant described the birth mother's attitude: "The best thing is that she has accepted that I have chosen to stay here now."

The children spontaneously reflected on how their previous experiences affected their attitude towards their foster parents. One participant described what it was like to move in to a 'normal' family: "They have a good life, and I thought that was really hard. Suddenly, they would try to fit me into all that. 'This is not how I am', I thought." Another child stated: "I am not an ordinary child. I am a child with a history, and you have to keep that in mind." Many spoke of how newly placed children need explanations regarding even obvious things: "Children that have lived with a mother or father with mental illness or alcoholism or whatever, may not have heard much about everything else."

The transition to foster care often gave the children new perspectives on past experiences: "While I was in it, I didn't experience feeling so bad. But when I came to the foster home, I started to reflect, 'what the hell have I been through?'" One child expressed a wish that foster parents: "Don't ask too many questions, say 'you're okay now, I'm here and if you need help at night, just wake me up'."

Many children stated that it took time to get comfortable and feel safe enough to talk about sensitive things: "I was very tense and didn't say much at first, but when I could be myself, it felt so much better." They returned to the importance of foster parents giving time to settle in: "Let me take the time I need. You should never give me too little time. If it's going to take a month, let it take a month. It doesn't matter how long it takes, just be patient."

Like a Thing from the Flea Market

Every child's journey through the foster care system was different. Most had lived in several homes, and some had had up to six placements. Only two children lived in their first foster home and had done so for several years. Most children shared stories of many sudden placement breakdowns: "The social services and all the placements... I

really can't take it anymore. It doesn't even get better." The reasons for disruptions varied: "Maybe the school was far away, we couldn't communicate, I didn't like it there, and I asked if I could move, and things like that." Several children described that their foster parents couldn't handle their problems: "She didn't want me to live with her, but it's not that she didn't love me, it's that she couldn't handle me feeling so bad. I needed more help." One child reflected:

I never feel like I belong anywhere. As a small child, I didn't really understand why I was moved so many times. I felt like I had built a great relationship with the family, and they seemed to love me, and I loved them, and then suddenly I was going to move back to my mum. Was I not good enough to stay? Was something wrong with me?

Many children described being treated badly in a former foster home: "The day after I moved in, I got a curfew for two months. But I hadn't done anything." One participant said: "They ate pork, and I don't. That's why it was hard for me. I had to eat at a friend's house every day. I had to bring food from there and stuff." Several children described experiencing violence in the foster home: "They wanted to keep me until I was 18, and it looked like that was how it was supposed to be, but one evening the foster mother had an outburst and broke my things." One participant described how other children in the foster home were subjected to violence: "I needed to protect the four-year-old because I felt sorry for him, because look, he was beaten. The foster father threw toys at him and broke his toys. So, I ran away from them."

The children talked of how placement breakdowns affected them. Some were seemingly hardened by separations: "I have had to say goodbye to so many people. Eventually, I've learned to let it go. It doesn't affect me very deeply." Others described the transitions as very demanding:

I must cope with feeling like a thing from the flea market that is moved between places, and to kind of have the energy to live with that feeling, to have the energy to move once again, change schools, make new connections. It gets hard in the end. [...] I don't have the same self-esteem as before, because I feel so, so much worse after being moved so many times.

Several children reflected on how negative experiences in their foster homes affect their view of adults: "The older I get, I realize how things really are, and it's not like adults always want or have the energy to help you."

Navigating Life

The children spoke about their feelings and thoughts, how they coped when things felt bad, and a shared longing for calm: "I would like to be a bit more, how do I say, peaceful? I would like to have more peace and quiet in my life. I would like to be able to cope with things." Although they sometimes sought support from others, the children expressed a habit of managing on their own and that they had to rely on themselves to secure a better future.

Carrying the History

The children described how previous experiences, in the family of origin and in the foster care system, affect how they feel today: "People don't really understand that my history affects how I feel. Like, my trauma and moving around so much make it harder for me to keep up with school." The transition to the foster home made some feel bad: "I kind of feel guilty because I'm not with my family." Another participant reflected on guilt:

The hardest thing is probably not to blame yourself. That it's not my fault that I live in a foster home. It's not my fault that my mom started doing drugs and stuff. But I can't really stop thinking 'it's my fault, it's me, it's me, it's me.' Like everything happened because of me. Even though I know deep down that it is not like that.

The children experienced difficulties with emotions. Several described uncontrollable anger: "I get extremely angry, and then I just think... 'eh, what happened now'." One participant reflected on how anger affects relationships: "Well, it's not like I scream and fight, but I get easily angry and kind of lose my temper—I can ruin a lot of my friendships like that." Another child described what it is like when the anger hits: "When I'm upset, I get very sad and don't know what to do, and I kind of panic. I feel like being trapped in a bubble." Sadness also appeared, often in the shape of emptiness: "Instead of being sad, I feel empty. Even when I cry, I don't really feel sad, I'm more, like, empty inside."

Several children described constantly high energy: "I'm restless all the time. Even if I hang out with someone, and we don't do anything special, I'm all jacked up." Some found it difficult to let go of things they hear or experience: "I kind of take things personally. If someone says something, like a joke, I get stuck, and even when I feel like I'm letting it go, I just push it down."

Sadness and envy were often triggered in everyday life; "Just seeing a little girl holding her father's hand is hard

for me because I know I will never have it.” or, regarding a friend; “She has a great family, great parents. Her mother and father care about her very much. I get this feeling, ‘god I want it too, god I’m jealous of her’.” One participant reflected about ‘normal’ kids:

They may not be rich, but they have food, they have a home, they have clothes, they have what they need, and their parents take care of them. Then I call them *royals*. It’s really hard to see them with their families, or when they upload on social media. I think, ‘good for you’ [...], but I wish I had it too.

Some children expressed a feeling of being different and to not fit into society: “Even if society doesn’t treat you differently, you will treat yourself differently in society. You know you’re different, so then you treat yourself differently, which makes others treat you differently.”

Dealing With Feeling Bad

The children described a range of efforts to cope, more or less successfully: “I just lay in my room all the time. Didn’t talk to anyone. I could go out, go to the bathroom and eat but I didn’t want to eat together, so I sat by myself. I isolated myself.” Some described an escape into sleep: “I sleep. I don’t like to think, it gives me a headache. I want to sleep. Let it pass, let me have bad dreams, then it passes.” Many engaged in creative activities: “Painting is something I like to do. I can get stuck and kind of float away. I’m in a flow; I feel calm in a special way.”, or literature: “Then I can be different people and feel something. I think it’s good that I can escape from my own reality sometimes.” Others engaged in sport: “I take out all my anger on the ball and after that I feel great actually, tired but great. I don’t think. That’s the best thing. I don’t think, I’m just playing.” Many described meeting friends, in person or digitally: “It’s enough to talk about something else, like our plans for the summer break. Because then I let go of all the thoughts I have when I feel bad.” Several children described being alone with their emotions: “I usually write. I talk to myself quite a lot. Who else should I talk to?” One participant described uncertainty about other people’s reactions:

It’s so hard to describe how I feel. I’m afraid that people won’t understand. [...] I feel stupid. No one will get it. Or I’m afraid they will say ‘It’s not that bad, it’s been worse for me’, something like that. So, I stay quiet.

The children stated that, even though it might be hard to talk to others, they eventually must share their thoughts:

“If I keep too much to myself, I break down.” After being alone for a while, it can be easier to get support from others: “Then, maybe I talk to someone, like, I talk to my foster parents.” Many children expressed that it can be easier if the foster parents notice that something is going on: “Sometimes I just need, like, ‘are you okay?’ or ‘do you need a hug?’.” One participant described communication with the foster mother, without having to use words:

We have a routine. If I don’t feel well, we’ll get into the car because the car makes me feel safe. And then I can play a song that’s about, like, if I’m fighting with my dad and I think he treats me bad [...], then I can play songs with such themes and then she understands what I mean through the lyrics.

Can’t Count on Anyone’s Help

Many children expressed being aware that they must move out of the foster home when turning 18. One participant reflected:

I’ve always known that I can’t stay here, so I thought ‘I have to know this and this’. I have hurried to learn things, things that I may not really need to learn, things that most kids my age haven’t learned yet. Like standing in the housing queue, getting a driver’s license, things I need to prepare to live by myself, but can’t count on anyone’s help.

The children’s thoughts were often directed towards how they would shape their future lives: “Right now, I can’t wait to turn 18 and move out and live my own life. I’ve always wanted to get away and maybe live alone in a small apartment, work, move abroad.” Several children saw school as the key to that life; “I want to do well at school so that I can get into the high school I want and then maybe get the job I want”, and the only way to gain control: “I have to invest in my future, and I do that through school.” Financial independence was often the primary goal: “After graduation, I want to work and save money, so I will focus on that.” Several children said that they wanted to avoid ending up like their birth parents: “I want to have a job, be able to support myself and of course, I don’t want to become like my mother.” Some children believed that the future relationship with the family depended on them: “If I don’t work on myself and my problems [...], I probably won’t have a relationship with my foster parents. I don’t even think I’ll have a relationship with my mom.”

Many children had to take care of household chores from an early age; “I can’t do anything but take care of myself. That’s all I know.” and described feeling older than they

really were and reflected on how their childhood experiences shaped them; “I’m not a child anymore because I had to grow up so fast. I’m a child by law, but in my brain I’m not.” Several children said that it feels strange to be treated like a child in the foster home, or when birth parents suddenly try to enter the parental role: “I feel that I have grown up, or taken care of myself so much that my mother doesn’t even have to do anything. It feels like I am already done with that part.” One participant shared related difficulties with peers:

I had to learn so much on my own. I haven’t had any role models. None of my parents were there. So, I became an adult. And when I was like fifteen, everyone just thought, ‘you are so boring, why are you so serious’. So that is probably my biggest problem, that the others my age are a little behind. Or normal. It’s me who is ahead.

Several children stated that they trust themselves the most. “I’m the only one left for me, so I’d rather develop the relationship with myself than with anyone else”, one participant said. Some children said that they never needed adults or parents: “I have never been a person who needs a mother and a father. I’ve always managed on my own.”

Trust and Comfort in Connections

The children gave examples of how connections and support affected their well-being positively. Friendship often stood out as the strongest and most important relationship. Many children also gave examples of finding trust in adults, in the foster home or in other contexts such as in school or psychiatry.

Everyday Life in a Caring Home

Many children were happy in their foster homes and experienced their foster parents as authentic: “I’ve lived in a few other places and there it was all about money, but here it feels like she really cares.” Some described a ‘real family’ nearness; “They feel like my family. She treats me like real family, I think.”; and related feelings of well-being: “Now, I feel good. I don’t know why, probably because I live in a loving home.” Several children noted that their basic needs were met: “I have a family that cares about me. I have clothes that I want to wear. I have food.” One participant described how the foster mum reacted when the move-out date was approaching: “Actually, I’m going to move out this summer, because I am only allowed to stay until graduation. But my foster mum just said ‘we’ll sort it out, you shouldn’t have to move out’.”

Some children experienced that the relationship with their foster parents grew stronger: “In the beginning, when we had some arguments, I told her that she couldn’t decide over me, but over time she has been more a mother than my own mother ever was.” Many described supportive interactions with their foster mothers: “She helps me, she supports me. I can turn to her.”, “My foster mother talks to me and stuff. She makes me understand what’s going to happen. Then, it feels better”, one child said. Another described: “We were baking the other day, and we had a great time. I didn’t feel well but I was very happy with her because she has a soothing voice, and she comforts me.” Descriptions of foster fathers varied: “I didn’t get to know the foster dad so much because we didn’t talk about deep things, but it was more the foster mum who took that responsibility as well.” For some children, it was about emotional support: “I was quite sad and then I told my foster father the next day. I thought it felt much easier when I started talking about it. And it felt much better afterwards.”

The children appreciated humor; “He is very kind and funny, he usually jokes with us. My dad never did that.” and laughing together; “She has a good sense of humor. And I laugh easily. So, we’re a good match.” Many children appreciated activities together; “We went fishing. It was fun, because I caught a huge fish.”, and learning from the foster parents; “Every Saturday and Sunday, she teaches me the piano.” Generally, everyday activities with the foster parents made the children feel good: “Well, we usually clean together, go out, play ball together, he watches my games, we go outside, go by car, yes those kinds of things. It’s fun... we go shopping and stuff”.

Many children appreciated when it was calm and quiet at home: “And then it was just me and my foster mother at home. I think she was watching TV or something and I was in my room. It was just calm.” Some children found it especially nice to be alone with a foster parent: “We sat down and kind of played cards and had fun together, just the two of us.” Some children reflected on feeling safe: “When I moved here, I felt that I had a safe place. I had somewhere to stay.”

Finding Adults in Other Contexts

Many children talked about friends’ parents as adults they can turn to when they need help. One participant described getting support from a friend’s mother: “If I can’t get hold of anyone else but her, she would drive to pick me up. [...] She would do a lot for me.” One child described feeling obliged to make connections and find support: “Since I haven’t had adults, I sort of had to find my own.”

The children described getting support from adults in the school setting. They described several different qualities

they appreciate in their teachers. Being kind, understanding, fair, pedagogical or committed was mentioned as important. One of the children described her teacher as caring: “She is like our mother. When I come back if I’ve been sick for a day, she comes and checks up.” Some highlighted school staff who weren’t teachers, such as student assistants or social education workers. One participant said:

I used to spend the breaks with the student assistant. Because before I got to know my best friend, I hung out with him because I didn’t want to be alone. He’s the one I talk to the most. He knows my whole life story.

The children emphasized benefits from talking to an adult outside family, like a health care worker or child rights organization’s helpline. Many had good experiences of psychological support: “I talked to a psychologist before, and I thought that was a great thing to do. I thought it helped a lot.”, “It helped that I got to talk to someone, not exactly their advice because I already had my own. But it was nice that they listened. That was all I wanted.” Particularly therapeutic trauma treatment helped: “Then it slowly felt better. Now I feel good. Of course I have difficult days, because I get flashbacks sometimes.”

Friends as Vicarious Family

All participants described themselves as caring and helpful. Some explained that because of their own difficult experiences, they want to help others, in particular their friends: “I care about my friends, that I make them happy. Often, I hear like, ‘Thank you for being there today. Even if you didn’t know I was feeling bad, I needed someone, and you were there without me even asking’.” Some described that they want to help others even when they themselves feel bad. Many experienced a downside of thoughtfulness: “If they would ask me to do something, I would do it. If there’s something that makes them feel better or helps them, I’ll do it, even if I don’t feel like it.” While most children shared happy stories about friendship, some said that their friend could be mean and described being treated badly, even bullied, by peers. Children also highlighted difficulties in maintaining and managing important friendships when changing placements and moving away.

Several children described themselves as sociable, fun, having easy to make friends and having a huge circle of acquaintances. Some thought they had to learn this, since they moved and changed schools so many times:

Before I met my best friend, it was harder in school. Now I have someone I can go to and hang out with. It

is better than sitting alone in the bathroom or having to walk around with teachers. Not everyone wants that. So, it is important to be open to new relationships and kind of be able to discover new people.

Most children had one or two close friends, and described those friendships as a source of support, joy and everyday security. Many children kept in touch with their best friend every day digitally. Some met their best friend regularly in school, others described meeting their friend once a month or during school holidays. Some studied together with friends or described actively choosing to hang out with study-motivated friends. Several valued their friends as siblings they couldn’t manage without: “I don’t know what I would do, I wouldn’t be able to live without them. My friends are more family than my family is.” The children described close and trusting friendships: “If we have a problem with each other, we can say so. I trust her completely and she trusts me completely. There is truth, that’s kind of the most important thing. And trust, there’s a lot of trust.” The children appreciated everyday interaction with their friends, and being able to socialize without having the pressure to do anything special: “I think it’s like having a sister. I don’t always have to have high energy. It doesn’t always have to happen something.”

Discussion

This study explored resilience in the everyday life of children in foster care, with a particular focus on what the children experience as important for their well-being in relation to the challenges they face. Our findings contribute with rich descriptions of how children currently in foster care view themselves, their relationships and their contexts. Their accounts and reflections promote a nuanced understanding of the complexity of resilience processes in their lives.

Children in our study revealed several resilience factors that align with findings from previous research, such as the importance of friendships, mental health services, school, self-determination and the impact of adaptive strategies like, for instance, engaging in creative activities (Fisher et al., 2023; Nuñez et al., 2022; Hedin et al., 2011). Our findings illustrate with hands-on examples how such resilience factors can be manifested in children’s current contexts. For example, the results provide insight into how children, often in the absence of ‘regular’ family life, can have sibling-like relationships with their best friend and how digital interactions sustain peer relationships, particularly when children are moved to new environments. Our findings not only spread light on the importance of school for learning and socializing but also indicate teacher qualities

of importance and highlight the role of non-teaching school staff as important adults (Psouni et al., 2025). In line with previous research (Keane & Evans, 2022; Werner, 1995), our results highlight the importance of supportive relationships with nonparental adults. However, the children in our study perceived themselves as responsible for initiating and sustaining these relationships. This suggests that such relationships do not receive adequate attention within the child's surrounding support system (Neander & Skott, 2006), particularly in the context of placement breakdowns.

Just like previous research (Bergman et al., 2024; Osborne et al., 2021; Stenason & Romano, 2023), our findings reveal how adversities often precede placements and illustrate the negative impact of repeated placement disruptions for children's self-esteem, education, friendships and trust in adults (Chambers et al., 2018; Fawley-King et al., 2017; Skoog et al., 2015). Also in line with recent research (Bergman et al., 2024; Montserrat et al., 2020), placement disruptions were shown to have varied and complex causes. Importantly, the children's own accounts in our study additionally illustrate how placement disruptions could be necessary due to maltreatment in the foster home.

Nonetheless, our results clearly illustrate the profound negative impact of repeated placement disruptions and relocations, as they hamper the child's access to protective factors and contexts that promote resilience. While children with steady and safe placements have a chance to heal and get stronger (McGuire et al., 2018), children who are repeatedly relocated describe this in ways that remind a re-experience of the adversity they were originally removed from, with a never-ending line of untrustworthy adults, that leave the child feeling alone and abandoned.

The Foster Parent and the Foster Family Life from the Child's Perspective

In many ways, our results support the idea of resilience building on 'ordinary magic' (Masten, 2014). Not least, this is manifested in the descriptions of caring foster homes and calming daily routines with foster parents. The children's complicated and often adverse backgrounds appear to make the 'ordinary' even more important. Feeling a sense of genuine belonging and support in the family home appears central, as other studies have indicated (Ruff et al., 2023; Salazar et al., 2018). Just as foster parents previously described (Julien-Chinn & Piel, 2019), humor seems to play an important role when building such authentic connections. To be present and engaged in everyday life appears in children's accounts as a powerful feature in the caregiving environment, one that can promote the learning of trust, even among children who have previous experiences of neglectful caregiving.

Moreover, our research highlights the significance of recognizing religious or culturally based everyday practices in the foster home, for instance in relation to food, social interactions, and prayer – and understanding that security may be fostered by allowing the child to remain connected to their cultural origin and values. Perhaps because of their age, the children in our study did not appear to conceptualize the foster parents as new parental figures. Rather, their accounts were often marked by emotional restraint and a maintained interpersonal distance. At the same time, their narratives reveal the complexity – and at times the impossibility – of achieving the delicate balance required in foster care. On the one hand, foster parents are expected to convey to the child that they now belong to the family; on the other, they must allow ample time and space for the child to gradually settle in. On the one hand, they must be available as potential attachment figures; on the other, they must acknowledge that the child may not be ready or willing to engage in a close relationship, particularly in cases where the placement occurs late in adolescence and the child has a heavy relational history. On the one hand, the child is to be cared for and relieved of inappropriate responsibility; on the other, they must not be diminished or disempowered, especially if they have grown accustomed to assuming adult-like roles. On the one hand, the child should be invited to participate in shared family activities; on the other, their need for solitude and retreat into the privacy of their own room must be respected. On the one hand, participation in household chores may support a sense of normality and inclusion; on the other, such responsibilities must not risk exploiting the child. On the one hand, the child is to be treated as a "normal" member of the family group; on the other, their specific experiences and emotional history must be acknowledged and accommodated. Navigating these seemingly contradictory expectations requires psychological attunement and flexibility over time, but also willingness and capacity – of foster parents – to tolerate ambiguity. The children's accounts highlight that what may appear as emotional distance or reluctance to bond can, in fact, reflect a strategy for self-protection, and that the task of building trust in foster care is neither linear nor uniform, but shaped by each child's unique evolving sense of safety.

Between Autonomy and Loneliness

At the same time, what is perceived as 'normal' family life may in fact evoke strong negative emotions in the child, indicating that the mechanisms underlying resilience processes are even more complex than often assumed. To grasp this complexity, we must deepen our understanding of the specific challenges children in foster care face – not only externally, but also internally. Our findings reveal that stress

and loneliness can emerge not only from exclusion but also from the child's internalized sense of autonomy itself. Many children's accounts appear conflictual between a longing for closeness and belonging, and a simultaneous conviction that they must remain self-reliant.

Even children who appear to have lasting, strong relations in the foster family express often a conviction that they must prepare for life on their own – not allowing oneself to rely on others out of fear of being left alone again anyway. Some speak from the position of 'young carers', feeling they must take on adult responsibilities, even when society claims they are entitled to support (Joseph et al., 2020). There is, at times, a sense of idealization of the self, a defensive pride in one's ability to cope independently. These narratives must be understood within the broader context of growing up in a climate where autonomy is valued and where previous betrayals by adults render dependence emotionally risky.

Limited experiences of steady, lasting relationships may result in unnuanced internalised relational models, reinforcing a belief that acceptance is contingent upon being wholly virtuous. This, together with limited access to models of functional interpersonal dynamics, may also underlie some adolescents' experiences of rejection or exploitation. While they clearly value closeness and trust, our results reveal that many describe difficulties in setting boundaries within friendships. Negative self-representations may also be at play, particularly for children who have experienced multiple placements. Finally, although the children's accounts are rich in self-observation and emotional insight, indicating ability to interpret their own experiences, they may not always have the tools to critically evaluate or reframe those experiences taking into consideration other people's perspectives.

The adolescents' stories and reflections reveal further perspectives of their self-descriptions as caring and protective toward others. Caring for others can be understood as a coping strategy, a way of creating meaning or asserting agency in the aftermath of unmet needs. For a child who has not experienced consistent caregiving, the sight of a parent and child walking hand in hand – an ordinary moment for many – can evoke powerful emotional responses. A history of insufficient care may sharpen one's sensitivity to this very dimension of care in relationships, and a young person in the co-research group articulated poignantly that providing care to others can, in itself, be healing.

Limitations

Children experiencing acute psychological distress were excluded from the study, with the responsibility for assessing such vulnerability delegated to the social workers involved. Unavoidably, this practice raises the question

of gatekeeping, and the difficult balance between securing child safety while at the same time ensuring that all children, regardless of their circumstances, are given the opportunity to make their voices heard (Angelöw & Psouni, 2025). Our priority in the present study was to avoid placing undue strain on children whose current mental state might render participation distressing. Yet this approach inevitably silences some of the most vulnerable, perhaps precisely those whose experiences may be most important to understand.

The dynamics of power and social desirability in the interview context also warrant reflection. Despite our efforts to create a safe and respectful atmosphere, the asymmetry inherent in adult-child interactions remains. As the children's narratives reveal a strong wish to meet others' expectations and an expressed difficulty in setting boundaries, some may have shaped their responses to fit what they believed was 'correct' or desirable. Youth in the co-research group highlighted this possibility, pointing out that participants may have withheld some aspects of their mental health and coping difficulties, particularly behaviours they perceived as negative or socially disapproved of.

While our procedures included consensus coding of the material, we recognise that in reflexive thematic analysis, this is not the primary indicator of analytical quality (Braun & Clarke, 2022). Instead, we sought to enhance quality through in-depth discussion of the thematization process, actively using our disagreements as a resource to deepen and enrich the analysis (Braun & Clarke, 2022). In this sense, intersubjective exchange – between us as researchers and with the subject matter – was employed as a methodological tool (Haavind, 2000), and continuous reflection on these dynamics has contributed meaningfully to the robustness of our analytic process (Elliott et al., 1999).

Aligned with the principle of transparency (e.g., Elliott et al., 1999), we have aimed to describe our coding procedures in detail. Still, while our analysis reflects a belief in the empirical value of the results, we recognise that their transferability ultimately depends on whether they are deemed trustworthy and meaningful enough to inform further knowledge production or practice, particularly those aimed at supporting and empowering children in foster care. Despite the relatively small sample size, we believe that the depth and consistency of the children's accounts, together with the layered insights provided by the co-research group, offer valuable contributions to our understanding of foster care experiences. Quantitative research examining measurable changes in resilience factors may complement this work. However, the types of insights generated here – rooted in the children's inner worlds – are unlikely to be captured by conventional quantitative approaches or standardised instruments.

Implications

Our findings offer deeper insight into how children themselves think about psychological treatment, and it becomes clear that many experience such support as helpful. At the same time, the children's reflections underscore the delicate balancing act required of foster parents, being emotionally present, genuinely interested and authentic without the child feeling "managed" or handled. Therefore, for children facing psychological challenges, professional psychological treatment emerges not just as helpful, but as essential. Furthermore, trusted peer connections contributed to a sense of security, emotional regulation, and even academic motivation. Given the descriptions of stabilizing and enriching roles played by friends and nonparental adults – such as teachers or friends' parents – in children's everyday lives, supporting children in care to maintain such relationships, especially across placement changes, should be a priority for the adults surrounding them. These connections are not incidental but can be critical protective factors.

Preventing placement disruptions remains a key challenge. Providing training and sustained support to foster parents is essential so they are equipped to respond constructively to children's distress and mental health needs. As Fisher et al. (2023) emphasize, interventions and policies must be aligned with both the developmental and trauma-related profiles of children in care, to increase placement stability and promote long-term well-being. At the same time, although rarely explored in qualitative studies, the occurrence of violence in foster homes seem to deserve particular attention. One quantitative study indicates that up to 25% of youth report experiencing physical violence in foster care. Our participants described also being moved due to religious or cultural incompatibilities, pointing to the need for a more nuanced understanding of how values-based mismatches may lead to disruptions. These sources of placement breakdown can be avoided and are thus crucial to investigate more deeply.

Conclusion

Without being directly asked or probed, the adolescents in our study offered narratives that reveal their perspective on their challenging and supportive experiences before, during transition to and in foster care. Their accounts highlighted resilience factors but also specific vulnerability in their inner worlds, such that can guide protective and therapeutic intervention. Understanding the full spectrum of foster children's experiences requires deliberate efforts to include diverse ages and profiles, especially when considering interventions that aim to be developmentally appropriate and

effective. Thus, our study highlights the need for continued research, particularly involving younger children, whose voices are still underrepresented in the literature.

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Data Availability The qualitative data generated and analyzed during the current study are not publicly available due to the sensitive nature of the material and the need to protect participant confidentiality.

Declarations

Competing interests The authors have no conflicting interests to declare.

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