TAM AKADEMİ DERGİSİ
JOURNAL OF TAM ACADEMY

e-ISSN : 2822-4493
Yıl/Year : Mayıs/May 2024
Cilt/Volume : 3
Sayı/Issue : 2

Resilience Levels of Care Leavers in Turkey*

Türkiye'de Kurum Bakımından Ayrılmış Bireylerin Paikolojik Dayanıklılık Düzeyleri

Ayşe Şeyma TURGUT ARIKAN[1] Yasemin ÖZKAN [2]

Araştırma Makalesi
Research Article

Geliş tarihi/Received:
17.04.2024

Son revizyon teslimi/Last revision received:
21.08.2024

Kabul tarihi/Accepted:
05.09.2024

Yayın tarihi/Published:
30.11.2024

Atıf/Citation:
Turgut Arıkan, A. Ş. & Özkan, Y. (2024). Resilience levels of care leavers in turkey. *TAM Akademi Dergisi*, *3*(2), 316-337. https://doi.org/10.58239/tamde.2024.02.009.x

DOI:
10.58239/tamde.2024.02.009.x

ABSTRACT

Gaining strength of care leavers in terms of psychosocial health and getting into the life out of an institution may be possible through social support systems' get functionality. This research aims to test the resilience degrees of care leavers. We used the quantitative method in this research. The study sample includes voluntary care leavers registered to non-governmental organizations and the other care leavers that reached by using snowball sampling. To reveal the resilience degrees of care leavers, we used The Resilience Scale for Adults as a data collecting tool in this study. According to the research, we reached 107 care leavers. We used SPSS (Statistical Package for the Social Sciences) 23 to analyze the data collected from the participants. We found that participants who received graduate education, gained higher income, and had a spouse had higher resilience levels than those who received less education, gained less income, and didn't have a spouse. Furthermore, participants who left institutional care at ages 7–17 had significantly higher score averages from the Social Resources sub-dimension, which is related to relationships with friends, the status of receiving social support, and the status of having a contact in case of need, than those who left institutional care at ages 18–22. It can be inferred that individuals who left institutional care at the ages of 7–17 received more social support.

Keywords: Resilience, Social Work, Long-Term Care, Social Policy, Social Work Research

* *A favorable ethical opinion was obtained from the Hacettepe University Ethics Commission (ref. number 8117).*

1. *Kocaeli University, Faculty of Health Sciences, Department of Social Work, Res. Asst., Ph.D., ayseseyma.turgut@kocaeli.edu.tr, ORCID ID: 000-0001-8140-141X*
2. *Hacettepe University, Faculty of Economics and Administrative Sciences, Department of Social Work, Prof., yaseminozkan@hacettepe.edu.tr, ORCID ID: 0000-0002-2968-363X*

ÖZ

Kurum bakımından ayrılan bireylerin psikososyal sağlık açısından güçlenmesi ve kurum dışında bir yaşama geçmesi, sosyal destek sistemlerinin işlevselliği aracılığıyla mümkün olabilmektedir. Bu araştırma, kurum bakımı geçmişi olan bireylerin psikolojik dayanıklılık (yılmazlık) düzeylerini belirlemeyi amaçlamaktadır. Bu araştırmada nicel yöntem kullanılmıştır. Araştırmanın örneklemini sivil toplum kuruluşlarına kayıtlı olan ve kartopu örnekleme yöntemi ile ulaşılan kurum bakımından ayrılmış 107 birey oluşturmaktır. Veri toplama aracı olarak Yetişkinler İçin Psikolojik Dayanıklılık Ölçeği kullanılmıştır. Katılımcılardan toplanan verileri analiz etmek için SPSS 23 programı kullanılmıştır. Bulgular, kurum bakımından ayrılan bireylerin psikolojik dayanıklılıklarının, bakıma alınma yaşına, bakımdan ayrılma yaşına ve zor dönemlerinde sosyal destek alma durumuna göre farklılaştığını göstermektedir. Bulgular, yüksek lisans eğitimi alan, daha yüksek gelir elde eden ve eşi olan katılımcıların, daha az eğitim alan, daha az gelir elde eden ve eşi olmayan katılımcılara göre daha yüksek psikolojik dayanıklılık seviyelerine sahip olduğunu göstermektedir. Ayrıca, 7–17 yaşları arasında kurum bakımından ayrılan katılımcılar, arkadaşlarla ilişkiler, sosyal destek alma durumu ve ihtiyaç halinde birine ulaşma durumu ile ilgili olan Sosyal Kaynaklar alt boyutundan 18–22 yaşları arasında kurum bakımından ayrılanlara göre anlamlı derecede daha yüksek ortalama puanlar almıştır. Bu, 7–17 yaşları arasında kurum bakımından ayrılan bireylerin daha fazla sosyal destek aldığını göstermektedir.

Anahtar Kelimeler: Dayanıklılık, Sosyal Hizmet, Uzun Dönemli Bakım, Sosyal Politika, Sosyal Hizmet Araştırması

Introduction

Resilience enables people to struggle with hardships in their daily lives, which is critical for surviving both emotionally and physically. It is also important for building a meaningful perspective on life that contributes to a person's sense of self and others. Resilience is also the capacity to remain flexible—mentally, emotionally, and behaviorally—when life serves contingencies. It helps people manage their stress and find support if necessary (Webb, 2013). As is known, care leavers have had to spend most of their lives in various residential care systems without or with restricted communication with their parents and siblings. Considering that the very first education is gained in a family environment, it is obvious that children in residential care are deprived of gaining social support from family members, protection by them, conflict resolution skills, budget-keeping skills, and so on. Growing up far from a familial environment makes care leavers more disadvantaged in terms of building trustworthy relationships with others, earning their own living without the help of others, and receiving social support due to a restricted social environment. With higher levels of resilience, care leavers are expected to have the ability to withstand adversity, bend without breaking, and emerge from challenges such as job losses, health scares, and heartbreaks stronger, wiser, and more capable.

Resilience is also important for care leavers in terms of their social functioning, which is defined as an individual's interactions with their environment and the ability to fulfill their role within such environments as work, social activities, and relationships with partners and family. Social functioning contributes to living in harmony with others, boosting the immune system through healthy social connections, and gaining success in a job.

The social services profession and discipline of children requiring protection are based on individuals leaving institutional care, biological, foster, or adoptive parents, friends and relatives, caregivers, service providers, and society. Social workers play a vital role in the resettlement of a child and are tasked with obtaining information regarding the family of the child and health history as well as the needs and reasons for requiring protection at the time of entering protection. From planning interventions and case management to ensuring the social rehabilitation of the child, they perform protective-preventive and therapeutic-rehabilitative functions and follow-up on services provided through monitoring processes. When an individual growing up under institutional care reaches the age of leaving state protection, social workers prepare the individual for life outside the institution, helping them become self-reliant, connecting with their relatives, monitoring them even after they leave, and providing necessary professional assistance. Developing and implementing interventions to prevent social problems faced by the individual or addressing them after they occur is also among the duties of social workers.

This study explores the resilience levels of Turkish care leavers in relation to various variables such as gender, age, marital status, income status, age of taking under care, and age of leaving care. Leaving institutional care at a certain age (depending on the country's legislation) can be the most challenging experience for those who must leave a structured and protective environment to face the "real" and "dangerous" life outside the institutions. However, it is known that not all care leavers struggle to survive, commit crimes, or experience suicide or mental/psychological illnesses after leaving institutional care. To that end, the aim of this study was to explore the differences in problematic post-care experiences among care leavers in relation to their resilience levels. The study's core objectives were:

1. To demonstrate the demographic backgrounds of care leavers.
2. To gain insight into the major and minor problematic post-care experiences (such as lack of accommodation, loneliness, etc.) of care leavers.
3. To learn how resilient care leavers are and how their resilience levels differ in relation to their demographic backgrounds and post-care experiences.
4. To provide key messages for research, policy, and practice.
   This study was guided by the following research question:
   - How resilient are care leavers, and what factors affect their resilience levels?

The hypotheses of the study were:

1. Married care leavers have relatively higher resilience levels than other care leavers.
2. Care leavers with higher educational backgrounds have relatively higher resilience levels than other care leavers.
3. The resilience levels of care leavers vary according to their ages at the time of entering and leaving care.
4. The resilience levels of care leavers vary according to their post-care problematic experiences, such as lack of accommodation, lack of social support, and lack of contact in case of need.
5. Care leavers who have a history of psychological or psychiatric treatment have relatively lower resilience levels than those who do not.

1. It Institutional Care in Turkey

The services provided to children in need in Turkey can be categorized into nurseries, orphanages, children's housing estates, children's houses, children's support centers, financial support in kind (support with family), adoption, and the foster family model. Nurseries are boarding social service institutions where the health, food, shelter, and educational needs of children aged 0–12 are met. Children are brought up as socially beneficial individuals, with rehabilitation activities so that they gain a functional personality, are encouraged toward various branches of arts and sports, and adopt hygiene and self-care habits. Orphanages are environments where the health, food, shelter, and educational needs of children aged 13–18 are met. The accommodation period can be extended for young individuals over the age of 18 with no place to stay after the institution or attending school, and children are aimed to be brought up as self-sufficient individuals who are beneficial for the society and themselves. Children's housing estates are boarding social service institutions located in building complexes with children aged 10–12, 0–12, and 13–18 grouped and placed in two-story villa-type houses to receive care from caregivers in shifts. According to the Social Services Law, children's houses are house-type boarding social service institutions where six to eight children are placed in a maximum of two flats in an apartment under the responsibility of caregivers in shifts without being isolated from the society and neighborhood environments, with priority generally given to children who are unable to benefit from family-based services.

Children's support centers are institutions where the necessary interventions are laid out and implemented for those who are victims of crime or pushed into crime in accordance with their physical and psychosocial needs and are prepared to return to their families or other social service models. Families who are unable to take care of their children because of poverty are provided with financial support and in-kind aid so that children need not be taken under institutional care or removed from their family. This in-kind aid consists of food, clothing, medical supplies, fuel, and stationery equipment, while financial support is a monthly allowance that is determined based on social study reports. Since economic deprivation is the leading cause of children being placed under state protection, social aid ensures that children are cared for while staying with their families. The adoption model is defined as "establishing a child-parent relationship between children and individuals/spouses suitable for adoption through legal ties." Individuals who want to adopt a child in Turkey are required to have been married for at least five years or be over the age of thirty and to have cared for children they are to adopt for a minimum of one year, in accordance with the Pre-Adoption Temporary Care Contract. Additionally, it is required that this period has been successful and healthy for the child, that there is a minimum of eight years and a maximum of forty years of age difference between the adult and the child, that there is no condition in the social study report that would make the individual unsuitable for adoption, and that there is a positive opinion regarding their adoption process (ASHB, 2019). The foster care model is a protection measure provided by courts for children in need of protection and care (Doğan, 2013, p. 146–170). In Turkey, all individuals aged 25–65 years with at least a primary degree education, regular income, permanent residence in Turkey, and T.R. citizenship can apply to be foster parents (Foster Family Regulation, 2012).

In Turkey, services related to children in need of protection are provided by the Ministry of Family and Social Services. According to data from the Ministry's Directorate General of Child Services, 14,075 children were provided with care in 2019. In addition to those under institutional care, 128,827 children were offered support while staying with their families, and 6,833 were provided with care in a foster family (MFLSS, 2019).

Although institutional care appears to be one of the best alternatives for children who are unable to receive care while staying with their families, it can also have negative effects. Children under institutional care may be exposed to labeling and alienation by the institution or school staff and other students, the media, society, employers, and colleagues. Unlike children who grow up in a family environment, children growing up in orphanages stay in buildings located far from the city center and therefore cannot interact with society, effectively preventing the child from learning the cultural structure of society and the social rules they have to follow. A previous study listed the types of attachment experienced by institutional care leavers as fearful, obsessive, and secure attachment based on intensity (Yüksel and Öncü, 2016, p. 63–77). In previous studies on cognitive development of children under institutional care, it was determined that children deprived of maternal care had their physical, cognitive, and social development interrupted, that symptoms of physical and mental illness were observed in the children, and that babies aged up to six months in nurseries were quieter than those cared for by their families and learned to speak later than expected (Bowlby, 1951).

2. Resilience as a Concept and the Factors Influencing It

Every individual is exposed to events that present them with various challenges in some part of their life. The term resilience was first used by American developmental psychologist Emmy Werner in the 1970s (Sims-Schouten & Thapa, 2024). The concept of resilience, which can be used synonymously with concepts such as strength, endurance, emotional soundness, and indomitableness, represents the power to cope with difficulties and bear life events such as war, terrorist attacks, death of a loved one, physical, emotional, or sexual assault, natural disasters, traffic accidents, and economic crisis, which every individual experiences or is likely to experience at least once in their life (Basım and Çetin, 2011). Garmezy (1991, p. 416–430) defines resilience as "the ability to successfully cope with change or disaster or the power to bounce back despite difficult life experiences."

Many factors have been mentioned in explaining resilience. Some of these factors are family cohesion, personal features, and support and external support systems. Family cohesion and support focus on the importance of communication between children and their parents. Personal features define intelligence, educational status, health, effective communication skills, self-sufficiency, and other similar characteristics. External support systems, which have a positive effect on resilience, represent external social support from the individual's friends, relatives, neighbors, etc. (Haase, 2004, p. 289–299; Basım and Çetin, 2011, p. 104–114). Additionally, having social skills also has a positive effect on resilience. An experimental study conducted by Leadbeater et al. (1989, p. 465–472) on the resilience averages of children revealed that social skills had a protective effect against stress and that indomitable children had high social skills.

Another factor that has a positive effect on resilience is social support. Albrecht and Adelman (1987, p. 18–39) defined social support as verbal or nonverbal communication that reduces uncertainty regarding the individual and their environment and increases an individual's control over

life. According to this definition, all forms of communication that make individuals believe that they are in control over their lives, eliminate their confusion regarding the situation they are in, and make them feel good can be regarded as social support. Social support facilitates psychological adaptation, increases effectiveness, makes it easier to cope with unpleasant events, provides resistance and recovery against diseases, and reduces mortality (Heikkinen and Lyyra, 2006, p. 47–152). Low social support, meanwhile, is associated with increased heart rate and blood pressure, as well as the physiological and neuroendocrine indices of increased stress reactivity (Stansfeld et al., 1997, p. 73–81). Therefore, it can be said that social support is related to not only mental but also physical health.

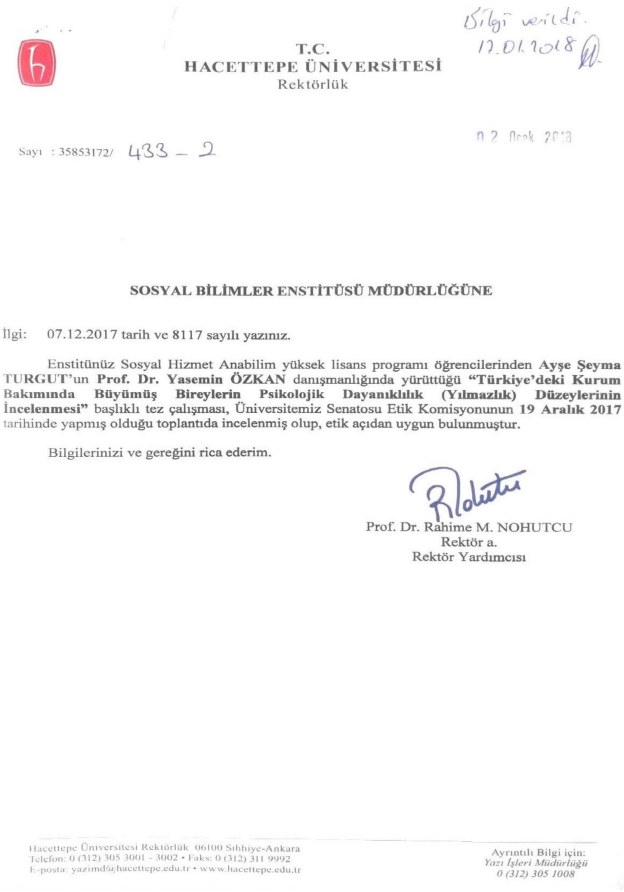
Since the mid-1970s, the challenges faced by care-experienced individuals have gained increasing recognition (Sims-Schouten & Hayden, 2017). With regard to this topic, many studies have been conducted to demonstrate the resilience of care leavers (Ungar, 2004; Munro vd., 2005; Stein, 2006; Cashmore & Paxman, 2006; Stein, 2008; Gilligan, 2009; Duncalf, 2010; Höjer & Sjöblom, 2010; Wade et al., 2011; Cameron et al., 2014; Chambers, 2017; Gilligan et al. 2022; Reuben, 2024; Yin, 2024; Sulimani-Aidan et al., 2024).

3. Methodology

In this quantitative study, the dependent variables included care leavers' resilience. The independent variables were care acceptance age, age of leaving care, fear of not finding accommodation, receiving social support, and psychological/psychiatric support history.

4. Ethics Committee Approval

A favorable ethical opinion was obtained from the Hacettepe University Ethics Commission (ref. number 8117).



T.C.
HACETTEPE ÜNİVERSİTESİ
Rektörlük

Bilgi verildi. 17.01.2018

Sayı : 35853172/ 433 – 2

12 Ocak 2018

SOSYAL BİLİMLER ENSTİTÜSÜ MÜDÜRLÜĞÜNE

İlgi: 07.12.2017 tarih ve 8117 sayılı yazınız.

Enstitünüz Sosyal Hizmet Anabilim yüksek lisans programı öğrencilerinden **Ayşe Şeyma TURGUT**'un **Prof. Dr. Yasemin ÖZKAN** danışmanlığında yürüttüğü **"Türkiye'deki Kurum Bakımında Büyümüş Bireylerin Psikolojik Dayanıklılık (Yılmazlık) Düzeylerinin İncelenmesi"** başlıklı tez çalışması, Üniversitemiz Senatosu Etik Komisyonunun **19 Aralık 2017** tarihinde yapmış olduğu toplantıda incelenmiş olup, etik açıdan uygun bulunmuştur.

Bilgilerinizi ve gereğini rica ederim.

Prof. Dr. Rahime M. NOHUTCU
Rektör a.
Rektör Yardımcısı

Hacettepe Üniversitesi Rektörlük 06100 Sıhhiye-Ankara
Telefon: 0 (312) 305 3001 - 3002 • Faks: 0 (312) 311 9992
E-posta: yazimd@hacettepe.edu.tr • www.hacettepe.edu.tr

Ayrıntılı Bilgi için:
Yazı İşleri Müdürlüğü
0 (312) 305 1008

Figure 1: Ethics Committee Approval

5. Sampling and ethical considerations

All individuals who left state protection in Turkey constitute the population of the study. However, this population cannot be defined because there is no list. On the other hand, certain non-governmental organizations consist of care leavers. Accordingly, support was received from such a non-governmental organization while forming the study group. The data were collected between September and December 2017. The study group comprised 107 individuals who were reached through members of non-governmental organizations operating in the field of institutional care. The first individuals reached provided the addresses of their acquaintances who, like themselves, had left state protection, and the study group was formed through the snowball sampling technique. The Sociodemographic Form prepared by the researchers and the Resilience Scale for Adults were used to collect data. The collected data were transferred to the SPSS 23 program. The distribution normality of the data was analyzed using the Kolmogorov–Smirnov test. Consequently, it was determined that the data were distributed normally.

6. Data collection tools

A questionnaire prepared by the authors and a scale, namely the Resilience Scale for Adults (RSA) (Basım and Çetin, 2011, pp. 104–114), were used to collect the data. Before using the scale, we obtained permission via e-mail.

7. Questionnaire

The first data collection tool is the Sociodemographic Information Form, which includes questions to determine the sociodemographic features of the participants and the problems they face. It was developed by the researchers. In parallel with this purpose, this form comprised questions for obtaining information regarding individuals' age, gender, education, marital status and occupation, current employment and income, age of entering and leaving institutional care, degree of anxiety experienced regarding finding accommodation after care, status of having contact in case of need, and status of having received psychological or psychiatric treatment.

8. Resilience Scale for Adults (RSA)

This study used the Resilience Scale for Adults developed by Friborg et al. (2003, pp. 65–76), which was adapted to Turkish conditions by Basm and etin. They also conducted the validity-reliability studies of the scale. The Resilience Scale for Adults comprises 33 items and five sub-dimensions: Personal Strength, Structural Style, Social Competence, Family Cohesion, and Social Resources. The questions are answered on a 5-point scale. The middle checkbox stands for "undecided," while the fourth or fifth box should be checked if the statement that best reflects the participant is located on the right, and the first or second box should be checked if located on the left. The factor structure, validity, and reliability of the scale were tested, and its Cronbach's alpha value was calculated as 0.75-0.84. The Resilience Scale for Adults consists of six sub-dimensions: Perception of Self, Perception of Future, Structural Style, Social Competence, Family Cohesion, and Social Resources. Items 3, 9, 15, and 21 are related to the sub-dimension of Structural Style; items 2, 8, 14, and 20 to Perception of Future; items 5, 11, 17, 23, 26, and 32 to Family Cohesion; items 1, 7, 13, 19, 28, and 31 to Perception of Self; items 4, 10, 16, 22, 25, and 29 to Social Competence; and items 6, 12, 18, 24, 27, 30, and 33 are associated with Social Resources. If resilience is to be measured in parallel with the scores, the checkboxes should be evaluated in the form of 12345 from left to right. Based on this, questions 1-3-4-8-11-12-13- 14-15-16-23-24-25-27-31-33 will be reverse-scored. If resilience is to be measured in contrast with the scores, the checkboxes will be evaluated in the form of 54321 and questions 2-5-6-7-9-10-17-18-19-20-21-22-26-28-29-30-32 will be reverse-scored (Basım and Çetin, 2011, pp. 104–114). Since resilience is measured in parallel with the scores obtained from the scale in the present study, questions 1-3-4-8-11-12-13-14-15-16-23-24-25-27-31-33 on the scale were evaluated as reverse-scored.

9. Statistical Analysis

After the questions were included in the Sociodemographic Information Form, Information Form on Institutional Care and Problems Experienced After Institutional Care, and the Resilience Scale for Adults, the data were transferred to the SPSS 23 program. The mean Structural Style of the participants was calculated as 12.73(3.85), their mean Perception of Future is 12.93(4.87), mean Family Cohesion is 16.83(5.80, mean Perception of Self is 21.08(5.94), mean Social Competence is 19.04(6.02), mean Social Resources is 22.75(6.17), and mean Resilience is 105.36(24.98). The Resilience Scale for

Adults has a very high level of reliability (α=0.914). Meanwhile, the reliability level of the four-item Structural Style and seven-item Social Resources sub-dimensions remains below 0.700. The other sub-dimensions have acceptable levels of reliability. Because of the Kolmogorov–Smirnov test, it was observed that the numerical variables of Structural Style, Perception of Future, and Perception of Self did not meet the assumption of normal distribution, whereas the Family Cohesion, Social Competence, Social Resources, and Resilience sub-dimensions did. Parametric statistical tests were used for normally distributed variables, whereas nonparametric statistical tests were used for variables that were not normally distributed. The difference between the two independent groups was examined using the Independent Sample t-test for those that met the assumption of normal distribution and using the Mann–Whitney U and Kruskal– Wallis tests for those that did not. Differences between more than two independent groups were examined using one-way analysis of variance (ANOVA) for those that met the assumption of normal distribution.

10. Limitations

This study was conducted with the following:

1. Data was obtained from 107 care leavers who were reached through an NGO that serves care leavers, including its members who wished to participate in the study.
2. The research was carried out between September 2017 and December 2017.
3. The data is limited to responses from a questionnaire developed by the researcher and the data obtained from the Psychological Resilience Scale for Adults.
4. The findings of the study are limited by the scope of quantitative analysis.

11. Findings

10.1. Information About Care Leavers

Males accounted for 50.5% of the participants (n=107) and 49.5% were females. Individuals in the age group of 27–41 constituted 44.9% of the participants, followed by those in the age groups 18–26 (37.4%) and 42–55 (17.7%). In addition, 43.9% of the participants were married, 42.1% were single, and 14.0% were divorced. Based on their educational status, it was determined that 46.7% of the participants had high school education, 20.6% had undergraduate education, and 15.0% were postgraduates. Most of the participants (83.2%) were employed, with only 16.8% of the participants being unemployed. Most participants (76.4%) worked as civil servants, followed by workers at 7.7%, self-employed workers at 6.8%, artists, waiters, and bankers at 6.8%, and casual employees at 2.3%. The higher rate of civil cervants in total participants is originated from care leavers legal right to employ in çivil institutions rigt after the residential care. By the Social Services and Child Protection Agency Law No. 2828, employment opportynity in public institutions were provided to care leavers based on certain conditions. When the distribution of the participants based on their regular monthly income was examined, it was found that 36.4% had a monthly income of TL 2,501–3,000, followed by TL 1,400–2,500 at 25.2%, TL 3,501 and more at 14.1%, and 7.5% had minimum monthly income. In addition, 16.8% of the participants did not have any regular monthly income. Among the participants, 39.3% were taken under institutional care at ages 7–11, followed by 27.0% in the preschool period at ages 3–6, 17.8% during adolescence at ages 12–17, and 15.9% at the age of 0–2. When the distribution of the

participants based on the age of leaving care was examined, it was determined that most of the participants (77.6%) left institutional care in their early adulthood at ages 18–22, 18.6% left care during adolescence at ages 12–17, and 3.8% at ages 7–11.

10.2. Resilience of Care Leavers

Following the analyses, a statistically strong difference was found in the average score of the care leavers from the Family Cohesion, Perception of Self, and Structural Style sub-dimensions and the total score of the Resilience Scale for Adults based on their marital status. In terms of the Perception of Future sub-dimension, a statistically weak difference was found in the mean scores of care leavers according to their marital status. To determine the group that created this difference, the Scheffe test, a post hoc paired comparison, was applied. This test found that married participants had higher levels of resilience than single and divorced participants. It was observed that there was a strong difference in the score averages of the participants from the Perception of Self, Social Competence, Social Resources, and Structural Style sub-dimensions and the total score of the Resilience Scale for Adults based on their marital status and monthly income. To determine the group that created this difference, the Scheffe test was applied, and it was found that participants who received graduate education had higher levels of resilience than those with primary school or high-school degrees, while participants with a monthly income of TL 3,501 and over had higher levels of resilience than all other participants. Having a spouse influence resilience because one of the basic social supports of individuals who are raised without a family environment is their spouse. Income level matters in terms of living standards and mental health. Therefore, the resilience levels of participants with a higher income than others are higher. Educational background is important in terms of occupation, social environment, income status, and individual development. For this reason, we consider the resilience level of the participants who have higher education degrees than others.

A statistically strong difference was found in participants' average scores from the total score of the Resilience Scale for Adults based on the age of being taken under institutional care. It was determined that the participants who were taken under institutional care at ages 7–17 had higher levels of resilience than those who were taken under care at 0–6. The Total Resilience Scale scores differ according to the age of being taken under institutional care. This differentiation was higher among those who were placed under institutional care at their school ages. The latter being taken under institutional care means a higher score in terms of resilience. Turkey has started to change the ward-type model with the house type since the 2000s. In ward-type buildings, the need for individuality is not considered, children in protection need live in crowded rooms, their psychosocial needs are ignored, and only accommodation support is provided (Yıldırım, 2017). Considering the age of our participants, we understand that they benefited from ward-type care. Therefore, it is possible that being in ward-type care at a young age may affect the participants more negatively in this situation.

In addition, participants who were taken under institutional care when they were infants or young children may have experienced problems such as hospitalism (Spitz, 1945; Attepe, 2010) and attachment problems (Bakermans-Kranenburg, 2011). Their families or relatives probably cared for participants who were taken under institutional care between the ages of 7 and 17 until they took them into institutional care. Therefore, this may have affected their resilience levels.

In terms of the age at leaving care, there was a statistically weak significant difference only in terms of the sub-dimension Social Resources. Accordingly, participants who left institutional care at ages 7–17 had significantly higher score averages from the Social Resources sub-dimension than those who left institutional care at ages 18–22. The Social Resource sub-dimension of the scale includes information related to relationships with friends, the status of receiving social support, and the status of having a contact in case of need. Based on this information, it can be inferred that individuals who left institutional care at the ages of 7–17 received more social support. When the physical features and cognitive development of the individuals who left institutional care at ages 7–17 were taken into consideration, they were less likely to be self-sufficient compared with those who left institutional care at ages 18–22. Nevertheless, traditional family ties, kinship relations, and social ties are strong in Turkish society. A study conducted on Turkish society and its domestic values found that individuals most trust in the order of their children, spouses, parents, siblings, and relatives and that they valued relationships with friends (ASAGEM, 2010). Along with powerful family values, the demand for foster care in Turkey is increasing. Therefore, individuals who left institutional care at 7–17 years of age were likely to return to their biological or foster families. These appear to be factors that increase their social resources. Although these two age groups differ in that one represents the school age and the other the youth age, we may have found a weak differentiation because of the similarity of participants' age distributions in the two groups.

A statistically energetic difference was found in participants' score averages from the Perception of Future, Social Resources sub-dimensions, and total score based on the status of anxiety toward finding accommodation aftercare. In terms of Structural Style, Perception of Self, Family Cohesion, and Social Competence sub-dimensions, a statistically strong difference was found in the mean scores of care leavers who experienced the anxiety of not finding accommodation and those who did not. Participants who did not experience anxiety toward finding accommodation had significantly higher score averages from the sub-dimensions Structural Style, Perception of Future, Family Cohesion, Perception of Self, Social Competence, and total score compared with those who were anxious. Unlike other sub-dimensions, the strong differentiation of the Social Resources and Perception of Future sub-dimensions can be attributed to the fact that the Social Resources dimension of the scale includes direct questions such as bond of friendship and support. Individuals who have been under institutional care for years are not expected to integrate with society because the institutions are far from the city center, which limits their social environment. Therefore, their coping strategies may be low and isolated living affects the individual's self-confidence and gaining a supportive social environment negatively. We consider that the inability to gain basic life skills and having a limited social network are important factors in the problem of not being able to find a place to stay.

There was no statistically significant difference between the mean Structural Style of the participants who received social support and those who did not. There was a statistically strong difference in terms of their score averages from the sub-dimensions Perception of Future, Perception of Self, Social Resources, and total score. In terms of the Family Cohesion and Social Competence sub-dimensions, a statistically weak difference was found in the mean scores of care leavers who received social support and those who did not. Accordingly, participants who received social support had significantly higher average scores from the sub-dimensions Perception of Future, Family Cohesion,

Perception of Self, Social Competence, Social Resources, and total score compared with those who did not receive social support. The sense of belonging or finding social support from someone affected the resilience degrees of the participants. Unlike other sub-dimensions, the weak difference between Social Competence and Family Cohesion can be attributed to the questions in these sub-dimensions that are not related to social support.

There was no statistically significant difference between the mean Perception of Future, Structural Style, and Perception of Self of the participants who had a contact to seek help when needed and those who did not. There was a statistically energetic difference in terms of their score averages from the sub-dimensions of Social Competence, Social Resources, and total score. In terms of the Family Cohesion sub-dimension, a statistically strong difference was found in the mean scores of care leavers who had a contact to seek help when needed and those who did not. Therefore, participants who had a contact in case of need had significantly higher average scores from the sub-dimensions Family Cohesion, Social Competence, Social Resources, and total score, compared with those who did not. Unlike other sub-dimensions, the strong difference in Family Cohesion may be because of the lack of strong family ties as the participants were raised in institutional care. Having someone to ask for help in tough times is directly related to social support. Having such support is important for the individual to not feel alone and helpless. Therefore, having someone to ask for help positively affected the resilience degrees of the participants.

There was no statistically significant difference between the mean Structural Style, Perception of Future, Perception of Self, Social Competence, Social Resources, and total score of the participants who received psychological/psychiatric treatment before and those who did not. There was a statistically weak difference in terms of their average score from the Family Cohesion sub-dimension between those who received psychological/psychiatric treatment before and those who did not. Accordingly, participants who received psychological/psychiatric treatment previously had a significantly higher average score from the sub-dimension Family Cohesion than those who did not receive any psychological/psychiatric treatment. Seeking psychological help is a culturally abstained situation because of the fear of being stigmatized as mad in Turkey. Although mental health services have become widespread throughout the country compared to the past, because of cultural prejudices and the fact that these services are not provided to everyone free by the state, they are not covered by insurance, and psychological treatment fees are high, those who need such treatment cannot access them. Therefore, the lack of access to this opportunity among care leavers may have led to a weak differentiation in terms of resilience.

Table 1: Examination of RSA subscales based on socio-demographic characteristics.

	PS		SC		FC		SR		SS		PF		Total	
	Mean (SD)	*P*	Mean (SD)	*p*	Mean (SD)	*p*	Mean (SD)	*P*	Mean (SD)	*p*	Mean (SD)	*p*	Mean (SD)	*p*
Marital Status														
Single	20.11(5.49)	0.003[d]	18.40(5.99)	0.106[a]	15.73 (5.55)	0.002[a]	21.62 (5.68)	0.024[a]	11.86 (3.71)	0.007[d]	12.04 (4.54)	0.038[d]	99.77 (21.50)	0.001[a]
Married	23.02(5.80)		20.31(5.87)		18.89 (5.92)		24.53 (5.94)		14.04 (3.55)		14.19 (4.87)		115.0 (24.50)	
Divorced	17.93(5.98)		16.93(6.02)		13.66 (3.67)		20.53 (7.12)		11.20 (4.05)		11.60 (5.15)		91.86 (26.9)	
Educational Status														
Primary Ed.	18.50 (6.81)	0.000[d]	18.33 (6.75)	0.004[a]	17.33 (3.44)	0.729[a]	17.83 (6.07)	0.001[a]	10.25 (3.95)	0.001[d]	10.41 (4.33)	0.00[d]	92.66 (22.22)	0.00[a]
High School	19.82 (5.70)		17.30 (5.79)		16.52 (6.06)		21.70 (6.32)		11.66 (3.96)		11.68 (4.64)		98.68 (25.50)	
Associate Deg.	20.81 (5.58)		19.87 (5.77)		18.18 (5.85)		24.50 (4.41)		13.81 (2.66)		13.68 (4.45)		110.87(22.15)	
Bachelor's Deg.	23.22 (4.96)		20.68 (5.16)		15.86 (6.03)		25.09 (5.05)		14.68 (2.76)		14.50 (4.54)		114.04(19.37)	
Postgraduate	28.42 (1.51)		25.57 (4.07)		18.14 (6.91)		27.28 (5.55)		16.00 (2.88)		19.42 (0.78)		134.85 (14.25)	
Income Status														
No Income	17.10 (6.12)	0.00[d]	16.47 (5.74)	0.00[a]	14.63 (5.36)	0.191[a]	20.68 (7.25)	0.00[a]	10.42 (3.37)	0.00[d]	10.05 (3.87)	0.00[d]	89.36 (23.47)	0.00[a]
Minimum Wage	19.12 (6.72)		18.37 (7.34)		15.87 (5.91)		20.37 (6.67)		12.50 (4.98)		11.50 (5.90)		97.75 (29.07)	
TL 1,600-2,500	19.29 (5.58)		17.33 (6.22)		17.11 (5.17)		20.37 (5.35)		11.11 (3.60)		10.51 (4.35)		95.74(21.69)	
TL 2,501-3,500	22.23 (4.49)		19.34 (5.21)		16.89 (5.55)		23.76 (5.15)		13.57 (2.99)		14.23 (3.97)		110.05(18.89)	
TL 3,500 +	27.46 (2.85)		24.93 (2.89)		19.46 (7.37)		28.33 (4.32)		16.53 (2.72)		18.33 (2.46)		135.06(14.58)	

RSA: Resilience Scale for Adults; PS: Perception of self; SC: Social competence; FC: Family cohesion; SR: Social resources; SS: Structural style; PF: Perception of future; SD: standard deviation.

[a]One-way ANOVA test. [d]Kruskal– Wallis test.

Table 2: Examination of RSA's subscales based on institutional care characteristics.

	PS		SC		FC		SR		SS		PF		Total	
	Mean (SD)	*P*	Mean (SD)	*p*	Mean (SD)	*p*	Mean (SD)	*P*	Mean (SD)	*p*	Mean (SD)	*p*	Mean (SD)	*p*
Age of Leaving Care														
7–17	21.25(7.01)	0.717[b]	19.58(5.71)	0.616[c]	18.58(6.33)	0.093[c]	25.29(6.20)	0.021[c]	13.46(4.27)	0.289[b]	12.79(5.27)	0.843[b]	110.96(27.40)	0.214[c]
18–22	21.04(5.64)		18.88(6.13)		16.33(5.58)		22.01(6.00)		12.52(3.72)		12.96(4.78)		103.73(24.17)	
Age of Being Taken Under Care														
0–6	20.43(6.92)	0.553[b]	18.32(6.57)	0.218[a]	17.19(6.06)	0.408[a]	22.86(6.50)	0.546[a]	12.15(4.68)	0.234[b]	11.82(5.69)	0.053[b]	102.80(29.49)	0.005[a]
7–17	21.57(5.08)		19.57(5.55)		16.55(5.63)		22.65(5.96)		13.16(3.03)		13.75(3.98)		107.27(21.01)	
Anxiety Toward Finding Accommodation After Care														
Those With	19.28(5.85)	0.001[b]	17.26(5.94)	0.001[c]	15.39(4.73)	0.007[c]	19.98(5.56)	0,000[c]	11.68(3.50)	0.002[b]	11.26(4.78)	0.000[b]	94.86(22.98)	0.000[c]
Those Without	23.14(5.40)		21.06(5.49)		18.48(6.48)		25.90(5.30)		13.92(3.91)		14.82(4.27)		117.32(21.73)	
Receiving Social Support After Care														
Those Who Received	24.21(5.82)	0.007[b]	22.93(4.12)	0.018[c]	21.07(5.18)	0.010[c]	27.64(5.06)	0.008[c]	14.29(4.27)	0.198[b]	16.14(4.55)	0.003[b]	126.29(23.83)	0.001[c]
Those Who Did Not Receive	20.22(5.48)		19.08(5.63)		16.70(5.68)		23.05(5.85)		12.56(3.60)		12.16(4.50)		103.77(22.09)	
Having a Contact in the Case of Need														
Those Who Had	21.51(5.68)	0.336[b]	20.71(5.51)	0.00[c]	18.03(6.04)	0.001[c]	25.13(5.46)	0.000[c]	13.04(3.92)	0.210[b]	13.57(4.36)	0.076[b]	112.00(23.09)	0.000[c]
Those Who Did Not Have	20.27(6.42)		15.86(5.71)		14.57(4.60)		18.24(4.81)		12.14(3.69)		11.70(5.57)		92.78(23.83)	
History of receiving psychological/psychiatric treatment														
Those With	21.28(5.42)	0.952[b]	18.96(6.26)	0.904[c]	15.34(5.61)	0.018[c]	21.47(5.58)	0.057[c]	12.40(3.68)	0.603[b]	12.66(4.74)	0.582[b]	102.11(22.23)	0.236[c]
Those Without	20.93(6.36)		19.10(5.87)		18.00(5.73)		23.75(6.47)		12.98(3.99)		13.13(4.99)		107.90(26.85)	

RSA: Resilience Scale for Adults; PS: Perception of self; SC: Social competence; FC: Family cohesion; SR: Social recourses; SS: Structural style; PF: Perception of future; SD: standard deviation.

[a]One-Way ANOVA test. b Mann-Whitney U test. c Independent Samples t-test

12. Discussion

The large number of participants with graduate and undergraduate degrees in this study can be attributed to the selected study sample. Since the academic success of children raised under state protection is generally low (Murphy, 2011), the large proportion of university graduates is a promising finding in terms of the academic success of care leavers. In a study conducted by Cotton et al. (2014, 5–21) with eight female care leavers studying in university, it was revealed that academic success was influenced by certain protective and risk factors. While growing up in a foster family that values education, having financial support for education, enjoying school, having a supportive partner, and participating in extracurricular activities were categorized as protective factors, while experiencing poor nursery conditions, having an unsuccessful academic life, poor support from the local administration, and mental health issues were determined as risk factors. The fact that state universities in Turkey offer free education explains the high educational level of the participants in this study.

Certain studies have shown that institutional care is related to psychopathology (Fisher et al., 1997, p. 67–82; Smyke et al., 2012, p. 625–634; Gleason et al., 2015, p. 508–514). Gallwey (2013) found that 25.6% of female and 38.1% of male care leavers experienced psychological problems. Quinton et al. (1984, p. 107–124) examined the difficulties faced by female care leavers and found that they experienced more psychiatric illnesses, personality disorders, delinquency, poor social relationships, one or more failed romantic relationships, marital problems, and significant difficulties in love and sexual relations compared with women with no history of institutional care in the comparison group. Buchanan (1999, p. 35–40) reported that children with a history of institutional care experienced more psychological problems in adolescence, lower life satisfaction, and a higher probability of depression in adulthood.

Murphy (2011) reported that being taken under institutional care is most common in the 7–12 age group. According to a study by Dixon et al. (2006), nearly half (44%) of care leavers were taken under state protection in the 14–16 age group. When the findings of the research were considered, it was observed that most of the care leavers were removed from protection at ages 18–22, which is classified as the early adulthood period. According to psychosocial theory, these ages cover a period of "identity confusion against identity" when the young individual either develops a healthy identity or is unable to discover who he is, or the period of "isolation against intimacy" when the young individual is either able to form close relationships with others or isolates himself from them (Yazgın-İnanç and Yerlikaya, 2012). In the period the individual is in, knowing one's biological family, having a sense of belonging toward a place, being directed to business life in accordance with one's talents, and knowing oneself are important in the formation of identity and the young individual adopting this identity. The fact that care leavers are exposed to labeling in business life (Hayat Sende Association, 2014) can cause the individual who aims to, or should be, in contact with people to withdraw from society and develop close relationships.

A study by Coombes (2004) in England found that 40% of care leavers experienced homelessness within the first six months after leaving institutional care. Meanwhile, Gallwey's (2013) study with care leavers and individuals with no history of institutional care found that 4.8% of care givers experienced homelessness, whereas the rate was 1.3% for individuals with no history of institutional care. Hawkins et al. (1992) stated that young adults with no accommodation faced risks

such as alcohol and drug addiction and engaging in antisocial behavior. Stein (2005) stated that it was possible for care leavers to become unemployed and homeless following institutional care and to suffer from loneliness and mental illness. Frimpong-Manso's (2018, p. 52–59) study with adult care leavers in Ghana found that some of the participants settled in a house with a year's rent support after leaving institutional care, but faced homelessness after the rent support ended. During the period up to the Children Leaving Care Act in 2000, care leavers in England faced homelessness (Biehal and Wade, 1999). The implementation of the Act raised the age of leaving institutional care from 16 to 18, with additional provision to extend this age to 24 when necessary, and it was necessary to provide care leavers with personal counselors to help them transition into independent life after leaving institutional care (Tweddle, 2007, p. 15–31). Subsequently, care leavers began to receive support from local administrations in their transition to independent life (Heath, 2008).

A study by Malkoç and Yalçın (2015, p. 35) aimed at measuring the psychological wellbeing of university students found that social support, resilience, and coping had a direct impact on psychological wellbeing. Stein's (2005) study of individuals who left orphanage care determined three groups in terms of resilience. The first being the "Moving On" group, which comprised educated individuals who had developed a career, were able to cope with the difficulties of life, and had high levels of resilience. Individuals in the group "The Survivors" experienced more instability and disruption, with resilience levels associated with the support received after institutional care. Those in the group "The Victims" had traumatic lives before institutional care and experienced significant levels of unemployment, mental health problems, and loneliness. Post-care support was crucial for them. A study conducted by Silva-Wayne (1995, p. 308–323) on the resilience levels of 19 successful young individuals between ages 16 and 26 who were care leavers or under institutional care in Ontario, Canada, found that these individuals had permanent residences, successful academic or business lives, social circles, and positive self-perception.

13. Limitations

The information obtained could have been more comprehensive and generalizable if it had been possible to conduct this study with all care leavers in Turkey. However, the absence of a holistic database and the reluctance of public institutions and organizations to share information regarding care leavers resulted in the study being conducted within the framework of non-governmental organizations. The study was limited to data obtained using a questionnaire developed by the researchers and the Resilience Scale for Adults. The data obtained because of this study are also limited by the power of quantitative analysis.

14. Conclusions and Recommendations

The study identifies key factors that influence resilience in care leavers, such as marital status, education, income, and social support. These insights are crucial for developing targeted interventions to enhance resilience among care leavers, which is a critical factor in their ability to adapt to life outside institutional care. The finding that individuals taken into care during childhood have lower resilience scores than those taken in during adolescence highlights the long-term psychological impact of institutional care. This underlines the need for early interventions and tailored support to mitigate these effects. The study emphasizes the social and economic challenges care leavers face, such as unemployment, lack of income, and anxiety about finding accommodation. Addressing these challenges is vital for their successful transition into independent adulthood. The study reveals gaps in

the current follow-up system for care leavers, such as the lack of a national database and consistent tracking of their needs and living conditions. This is crucial for ensuring ongoing support and protection against social and economic risks.

The present study found that married participants had higher levels of resilience than single and divorced participants, those with graduate education had higher levels of resilience than those with primary and high-school education, and individuals with a monthly income of TL 3,501 and above had higher levels of resilience than all other participants. It was determined that there was a significant difference in the resilience levels of care leavers based on the age of being taken under institutional care. It was found that individuals who were taken under institutional care during childhood had lower resilience scores than those taken during adolescence. A significant difference was found between the age of leaving care and the Social Resources sub-dimension of resilience. It was determined that individuals who left institutional care at school age and adolescence had higher scores from the Social Resources sub-dimension than those who left institutional care after attaining legal age.

It was determined that there was a significant difference between all sub-dimensions of resilience and the status of experiencing anxiety toward determining accommodation after leaving care. It was found that individuals who experienced anxiety toward finding accommodation after leaving care had lower levels of resilience than those who were not anxious. A significant difference was found between the Social Competence and Social Resources sub-dimensions of resilience and the status of having received social support when needed. When the average score from the sub-dimensions Social Competence and Social Resources and the overall score average of resilience were examined, it was determined that individuals who did not receive support from anyone when they experienced difficulty had lower average scores than those who received support. When the participants' opportunity to have a contact to seek help when needed was examined, it was found that those who had a contact in case of need had significantly higher score averages from the Resilience Scale. When the participants' psychological/psychiatric treatment history was examined, it was revealed that those with a history of psychological/psychiatric treatment had a significantly lower score average from the Family Cohesion sub-dimension compared with the participants with no history of such treatment.

Approximately three-quarters of participants were removed from institutional care at ages 18–22. More than half of the participants stated that they were anxious about finding accommodation after leaving institutional care. Training programs for preparing young individuals for social life and providing them with knowledge on economical resource management, survival skills, substance use prevention, and acquiring a profession should be initiated at least a year before they are removed from state protection and continue to be implemented until they leave the institution, so that young individuals who are removed from protection without having acquired the skills necessary to lead an independent life with neither an occupation nor a certain place to stay do not experience future anxiety. Approximately half of the care leavers included in this study had previously received psychological or psychiatric treatment. Therefore, protective/preventive social service interventions that prevent the emergence of psychological disorders are important for care leavers.

Approximately one-fifth of the care leavers included in the study were unemployed and had no income, and they are either dependent on others, living on the hunger limit, or without social security. In the period before leaving institutional care, it should be ensured that individuals under state protection have acquired a profession, and they should be supported through joint projects and

programs in collaboration with the Ministries of Family and Social Policies and Social Security. Considering that having an occupation plays a protective role against mental illness and being pushed into crime, it is predicted that care leavers can also be reintegrated into society in this way.

During the study, it was observed that the Ministry of Family and Social Services had no latest contact list of care leavers, they were not followed up in a consistent and qualified manner in line with their consent, and no records were maintained regarding their living conditions, place of residence, contact numbers, needs, and problems. This hampers the implementation of protective-preventive and curative-rehabilitative social service practices for care leavers. To protect care leavers against various social and economic risks, it is imperative to establish a national follow-up system in line with their personal consent. Establishing a national follow-up system with a regularly updated contact list and records of care leavers' living conditions would allow for more effective protective-preventive and curative-rehabilitative social services. This system could also ensure that care leavers receive ongoing support tailored to their evolving needs.

There are limited studies on care leavers in Turkey on a national scale. Further qualitative and quantitative studies that elucidate the problems, needs, and expectations of care leavers, in addition to potential social policy practices and the views of social workers and other members of the occupation on the subject, are required to reveal the negative effects of institutional care, encourage in-family care models such as adoption and foster families, and develop effective services, policies, and training methods for care leavers. The study's call for more research on care leavers in Turkey is essential for developing evidence-based policies. Further qualitative and quantitative research could provide deeper insights into the specific challenges care leavers face, helping to refine and expand existing social policies and services.

References

AÇSHB [Aile ve Sosyal Hizmetler Bakanlığı]. (2019). Koruma altındaki 14 bin çocuğumuza aile ortamı sağlıyoruz. Aile ve Sosyal Hizmetler Bakanlığı. https://www.aile.gov.tr/chgm/haberler/koruma-alt%C4%B1ndaki-14-bin-%C3%A7ocu%C4%9Fumuza-aile-ortam%C4%B1-sa%C4%9Fl%C4%B1yoruz/

Albrecht, T. L., & Adelman, M. B. (1987). Communicating social support: A theoretical perspective. In T. L. Albrecht & M. B. Adelman (Eds.), *Communicating social support* (pp. 18–39). Sage.

ASAGEM. (2010). *Türkiye'de aile değerleri araştırması*. T.C. Aile ve Sosyal Araştırmalar Genel Müdürlüğü Yayınları.

Attepe, S. (2010). Anne baba kaybının çocuklar üzerindeki etkileri. *Sosyal Politika Çalışmaları Dergisi, 23*(23), 23–28.

Bakermans-Kranenburg, M. J., Steele, H., Zeanah, C. H., Muhamedrahimov, R. J., Vorria, P., Dobrova-Krol, N. A., & Gunnar, M. R. (2011). Attachment and emotional development in institutional care: Characteristics and catch up. *Monographs of the Society for Research in Child Development, 76*(4), 62–91.

Basım, N., & Çetin, F. (2011). Yetişkinler için Psikolojik Dayanıklılık Ölçeğinin güvenilirlik ve geçerlilik çalışması. *Türk Psikiyatri Dergisi, 22*(2), 104–114.

Biehal, N., & Wade, J. (1999). "I thought it would be easier": The early housing careers of young people leaving care. In J. Rugg (Ed.), *Young people, housing and social policy* (pp. 79–92). Routledge.

Bowlby, J. (1951). *Maternal care and mental health*. World Health Organization Monograph Series (Serial No. 2).

Buchanan, A. (1999). Are care leavers significantly dissatisfied and depressed in adult life? *Adoption & Fostering, 23*(4), 35–40.

Cameron, C., Connelly, G., & Jackson, S. (2014). *Educating children and young people in care: Learning placements and educational outcomes*. Jessica Kingsley Publishers.

Cashmore, J., & Paxman, M. (2006). Predicting after-care outcomes: The importance of "felt" security. *Child & Family Social Work, 11*(3), 232–241.

Chambers, J. M. (2017). Resilience in children and young people in care. In M. E. Ungar (Ed.), *The SAGE handbook of social work and resilience* (pp. 192–205). Sage.

Coombes, R. (2004). Falling through the cracks. *The Guardian*. http://society.guardian.co.uk/homelessness/story/0,,1325383,00.html

Cotton, D., Nash, T., & Kneale, P. (2014). The experience of care leavers in UK higher education. *Widening Participation and Lifelong Learning, 16*(3), 5–21.

Dixon, J., Wade, J., Byford, S., et al. (2006). *Young people leaving care: A study of costs and outcomes*. Social Work Research & Development Unit.

Doğan, R. (2013). Bir koruma tedbiri olarak koruyucu aile kurumu ve koruyucu aile yönetmeliği. *Ankara Barosu Dergisi, 2*, 146–170.

Duncalf, J. (2010). *Listen up! Adult care leavers speak out: The views of 310 care leavers aged 17–78*. Who Cares? Scotland.

Fisher, L., Ames, E., Chisholm, K., et al. (1997). Problems reported by parents of Romanian orphans adopted to British Columbia. *International Journal of Behavioral Development, 20*(1), 67–82.

Friborg, O., Hjemdal, O., Rosenvinge, H. J., et al. (2003). A new rating scale for adult resilience: What are the central protective resources behind healthy adjustment? *International Journal of Methods in Psychiatric Research, 12*(1), 65–76.

Frimpong-Manso, K. (2018). Building and utilising resilience: The challenges and coping mechanisms of care leavers in Ghana. *Children and Youth Services Review, 87*, 52–59.

Gallwey, S. (2013). The relationship between attachment and resilience in foster care alumni. *ProQuest Dissertations & Theses Global*. https://search.proquest.com/docview/1314577275?accountid=16382

Garmezy, N. (1991). Resiliency and vulnerability to adverse developmental outcomes associated with poverty. *American Behavioral Scientist, 34*(4), 416–430.

Gilligan, R. (2009). *Promoting resilience: Supporting children and young people who are in care, adopted or in need*. British Association for Adoption and Fostering (BAAF).

Gilligan, R., Brady, E., & Cullen, L. (2022). One more adversity: The lived experience of care leavers in Ireland during the Covid-19 pandemic. Trinity College Dublin, School of Social Work & Social Policy.

Haase, J. E. (2004). The Adolescent Resilience Model as a guide to interventions. *Journal of Pediatric Oncology Nursing, 21*(5), 289–299.

Hawkins, J. D., Catalano, R. F., & Miller, J. Y. (1992). Risk and protective factors for alcohol and other drug problems in adolescence and early adulthood: Implications for substance abuse prevention. *Psychological Bulletin, 112*(1), 64–105.

Hayat Sende Derneği. (2014). *Kurum bakımından topluma geçişte gençler çalıştayı* (1. Baskı) [Broşür]. Hayat Sende Derneği.

Heath, S. (2008). *Housing choices and issues for young people in the UK*. Joseph Rowntree Foundation.

Höjer, I., & Sjöblom, Y. (2010). What makes a difference? Turning points in care leavers' lives in Sweden. *Adoption & Fostering, 34*(3), 84–95.

Humphreys, K. L., Gleason, M. M., Drury, S. S., et al. (2015). Effects of institutional rearing and foster care on psychopathology at age 12 years in Romania: Follow-up of an open, randomised controlled trial. *The Lancet Psychiatry, 2*(7), 625–634.

Koruyucu Aile Yönetmeliği. (2012). *TC Resmi Gazete* (28497).

Leadbeater, B., Hellner, I., Allen, J. P., et al. (1989). Assessment of interpersonal negotiation strategies in youth engaged in problem behaviors. *Developmental Psychology, 25*(4), 465–472.

Lyyra, T. M., & Heikkinen, R. L. (2006). Perceived social support and mortality in older people. *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences, 61*(2), 47–152.

Malkoç, A. T., & Yalçın, İ. T. (2015). Relationships among resilience, social support, coping, and psychological well-being among university students. *Türk Psikolojik Danışma ve Rehberlik Dergisi, 5*(43), 35–42.

Munro, E. R., Stein, M., & Ward, H. (2005). *Outcomes for young people leaving care: Overcoming the odds*. Jessica Kingsley Publishers.

Murphy, R. E. (2011). Psychological needs of young adults leaving the care system. [Unpublished master's thesis]. Cardiff University.

Quinton, D., Rutter, M., & Liddle, C. (1984). Institutional rearing, parenting difficulties and marital support. *Psychological Medicine, 14*(1), 107–124.

Reuben, S. (2024). Networking people for goal attainment: Psychosocial processes facilitating resilience of care-leavers in South Africa. *Children and Youth Services Review, 163*, 107798.

Silva-Wayne, S. (1995). Contributions to resilience in children and youth: What successful child welfare graduates say. In J. Hudson & B. Galaway (Eds.), *Child welfare in Canada: Research and policy implications* (pp. 308–323). Thompson Educational Publishing.

Sims-Schouten, W., & Hayden, C. (2017). Mental health and wellbeing of care leavers: Making sense of their perspectives. *Child & Family Social Work, 22*(4), 1480–1487.

Sims-Schouten, W., & Thapa, M. (2024). "Rocky road" & "brick walls": Multiple meanings of resilience in a social work context through the lens of critical realist informed grounded theory. *Qualitative Social Work, 23*(2), 382–398.

Smyke, A. T., Zeanah, C. H., Gleason, M. M., et al. (2012). A randomized controlled trial comparing foster care and institutional care for children with signs of reactive attachment disorder. *American Journal of Psychiatry, 169*(5), 508–514.

Spitz, R. A. (1945). Hospitalism: An inquiry into the genesis of psychiatric conditions in early childhood. *The Psychoanalytic Study of the Child, 1*(1), 53–74.

Stansfeld, S. A., Fuhrer, R., Head, J., et al. (1997). Work and psychiatric disorder in the Whitehall II study. *Journal of Psychosomatic Research, 43*(1), 73–81.

Stein, M. (2005). *Resilience and young people leaving care*. Joseph Rowntree Foundation. https://www.jrf.org.uk/sites/default/files/jrf/migrated/files/185935369x.pdf

Stein, M. (2006). Research review: Young people leaving care. *Child & Family Social Work, 11*(3), 273–279.

Stein, M. (2008). Resilience and young people leaving care. *Child Care in Practice, 14*(1), 35–44.

Sulimani-Aidan, Y., Achdut, N., Benbenishty, R., & Zeira, A. (2024). Unveiling the role of residential care in care leavers' personal development and life outcomes. *American Journal of Orthopsychiatry*.

Tweddle, A. (2007). Youth leaving care: How do they fare? *New Directions for Youth Development, 2007*(113), 15–31.

Ungar, M. (2004). The importance of parents and other caregivers to the resilience of high-risk adolescents. *Family Process, 43*(1), 23–41.

Wade, J., Biehal, N., Farrelly, N., & Sinclair, I. (2011). *Caring for abused and neglected children: Making the right decisions for reunification or long-term care*. Jessica Kingsley Publishers.

Webb, L. (2013). *Resilience: How to cope when everything around you keeps changing*. Capstone.

Yazgan-İnanç, B., & Yerlikaya, E. E. (2012). *Kişilik kuramları* (6. Baskı). Pegem Akademi Yayınları.

Yıldırım, Ş. (2017). 2000'li yıllarda çocuk koruma sistemi içinde bakım hizmetlerinin genel görünümü. *Celal Bayar Üniversitesi Sosyal Bilimler Dergisi, 15*(1), 87–110.

Yin, S. (2024). Navigating the world of work: Experiences and perspectives of care leavers in China. *Journal of Public Child Welfare*.

Yüksel, Z., & Öncü, B. (2016). Geçmişte kurum bakımında kalmış bireylerin kurum bakımı deneyimlerine ilişkin özellikleri ve bağlanma biçimlerinin incelenmesi. *Journal of Society & Social Work, 27*(2), 63–77.

Appendix 1: Hacettepe University Ethics Committee Approval

Bilgi verildi.
12.01.2018

T.C.
HACETTEPE ÜNİVERSİTESİ
Rektörlük

02 Ocak 2018

Sayı : 35853172/ 433 – 2

SOSYAL BİLİMLER ENSTİTÜSÜ MÜDÜRLÜĞÜNE

İlgi: 07.12.2017 tarih ve 8117 sayılı yazınız.

Enstitünüz Sosyal Hizmet Anabilim yüksek lisans programı öğrencilerinden **Ayşe Şeyma TURGUT**'un **Prof. Dr. Yasemin ÖZKAN** danışmanlığında yürüttüğü **"Türkiye'deki Kurum Bakımında Büyümüş Bireylerin Psikolojik Dayanıklılık (Yılmazlık) Düzeylerinin İncelenmesi"** başlıklı tez çalışması, Üniversitemiz Senatosu Etik Komisyonunun **19 Aralık 2017** tarihinde yapmış olduğu toplantıda incelenmiş olup, etik açıdan uygun bulunmuştur.

Bilgilerinizi ve gereğini rica ederim.

Prof. Dr. Rahime M. NOHUTCU
Rektör a.
Rektör Yardımcısı

Hacettepe Üniversitesi Rektörlük 06100 Sıhhiye-Ankara
Telefon: 0 (312) 305 3001 - 3002 • Faks: 0 (312) 311 9992
E-posta: yazimd@hacettepe.edu.tr • www.hacettepe.edu.tr

Ayrıntılı Bilgi için:
Yazı İşleri Müdürlüğü
0 (312) 305 1008