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## Promoting resilience in child care practice and policy

Resilience means ‘bouncing back’ - the ability to resist, cope with or recover from serious difficulties. For individuals, resilience may develop at any time in the life cycle. Coping abilities that develop in childhood, however, tend to be more valuable as they can be retained into adult life, and may protect the individual against future problems.

Resilience is promoted by helping vulnerable children to develop emotional or practical skills that build self-esteem and competence. Strategies to help promote resilience may be delivered at the level of the individual, their family, peer group or the broader community. Whatever approach is taken, we can learn more about resilience by paying attention to those people or communities who appear to have succeeded against the odds, identifying what appears to have protected them, and trying to replicate these factors in the lives of the more vulnerable.

### WHAT IS RESILIENCE?

Resilience is a quality that, whether applied to materials, organisations, ideas or people, indicates a capacity to resist stress, cope with adverse conditions and recover from severe difficulties. While we commonly speak of resilient individuals, resilience is not generally thought to be a character trait. It is more useful to think of resilience as residing in the contexts in which people live - a latent capacity that can be released by our interventions or alternatively, by a decision not to intervene.

When applied to children, three broad types of resilience tend to be described.

- The first type is represented by children who, in spite of their high risk status, are not overcome by severe difficulties, for example children born with congenital disorders.
- The second type concerns children who develop coping strategies in situations of chronic stress, such as children of drug-using or alcoholic parents.
- In a third type, resilience may be exhibited by children who have suffered extreme trauma, for example through disasters, sudden loss of a close relative or abuse, and who have recovered and prospered.

The emergence of resilience depends on the presence of two factors: adversities that challenge the child’s capacity to adapt and strengths or assets on which the child is able to draw.

### WHAT IS KNOWN ABOUT RESILIENCE?

Much of what is known about resilience comes from studies which have followed the careers of individuals from childhood to adulthood.

- Firstly, while life chances are diminished by multiple difficulties, the majority of children exposed to severe childhood trauma recover successfully. In general, it appears that that only around one third of ‘at-risk’ children experiences poor long-term outcomes, though recovery may be permanently impaired if early deprivation is extreme and continuous.

- Secondly, there appears to be a common understanding of human resilience in different cultures and countries.
- Thirdly, while genetic factors are likely to play a role, these influence probabilities rather than create certainties, and these probabilities are weakened or strengthened by the environment to which children are exposed.
- Fourthly, individuals may be more resilient when confronted by certain difficulties than by others.
- Finally, children who survive in spite of stressful childhoods tend to have certain qualities, relationships and experiences, as illustrated on the following chart:

The Child	The Family	The Environment
An easy temperament, active and good-natured.	Warm, supportive parents	Supportive extended family
A higher IQ, or an aptitude for a particular skill	Good parent-child relationships	Successful school experiences
Good social skills with peers and adults	Parental harmony	Valued social role such as a job, volunteering or helping others
Personal awareness of strengths and limitations	A valued social role at home, such as helping siblings or doing household chores	A close relationship with unrelated mentor
Feelings of empathy for others	A close relationship with either mother or father	Membership of religious or faith community
A belief that personal efforts can make a difference		Extra-curricular activities
A sense of humour		
Attractiveness to others		
Gender - female prior to, and male during, adolescence		
Age – younger or older depending on the adversity		

#### WHY IS RESILIENCE IMPORTANT TO WORK WITH CHILDREN AND YOUNG PEOPLE?

The importance of resilience is becoming more widely recognised and increasingly comprises part of statutory guidance. The tendency to focus on what is going wrong, rather than what is going right, can lead to our being concerned solely with children who have problems, rather than also noticing children who have adapted successfully. The purpose of studying processes that appear to promote resilience is to find ways of replicating these processes in the lives of children who are more vulnerable.

Most children encounter situations where risk is elevated and this is a developmental process essential for effective adaptation. Benefits have been reported by people who have experienced a wide range of adversities; their value appears to depend on the extent to which the experience can be perceived as an opportunity for learning and growth. The burden of risk, however, is not borne equally. For example, the majority of children permanently excluded from school in England and Wales are neither African-Caribbean nor looked after by a local authority, but both of these groups are at much higher risk of being excluded. Similarly, the risks to children of not being breastfed to three months and being injured in road traffic accidents are significantly greater for the poor.

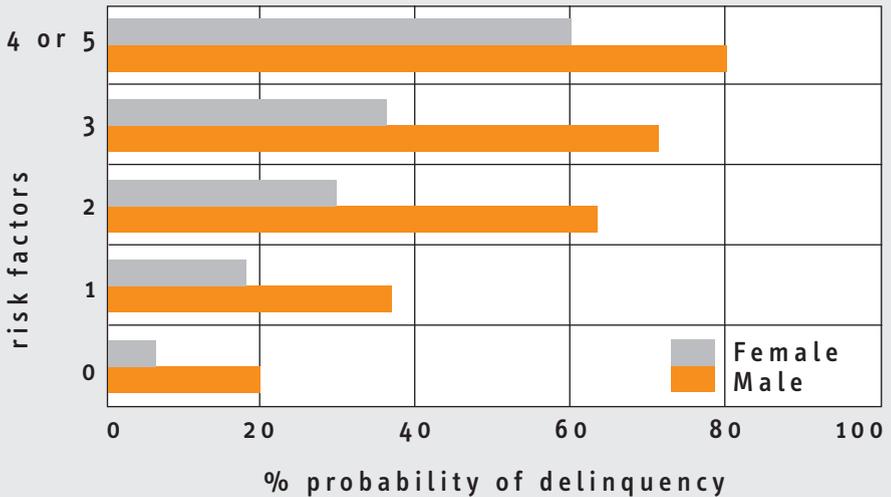
#### RISK FACTORS

Many adversities affect large sections of the child population. Around a quarter of children will experience the breakdown of their parents' relationship before they reach the age of 16 years; the number of children living in one parent families has tripled in the past 30 years; and exposure to drugs and alcohol has substantially increased. Income inequality, thought to be an important contributor to poor health, has grown markedly, with around one in four children living in poverty, compared to around one in ten in the 1970s. While many aspects of children's physical well-being have improved over the past generation, their psychological and emotional health appears to have declined. The overall range of risk factors associated with child psychological difficulties can be summarised as follows:

Child	Family	Environment
Developmental delay	Open parental conflict	Poverty
Learning difficulties	Family breakdown/ family re-constitution	Area low in social capital
Communication barriers	Lack of clear boundaries for child	Homeless/inadequate housing
Challenging temperament	High criticism/low warmth parenting style	High density of delinquent peer groups
Genetic pathways	Abuse	Racism/ discrimination
Physical illness (especially if neurological and/or long standing)	Inability of carers to adapt to child's developmental stages	Dislocation from familiar environment
Low self-esteem	Parental psychiatric illness	Disastrous events
Poor performance at school/exclusion/truancy	Parental drug/alcohol misuse	
Exile/refugee status	Bereavement or loss of significant relationships	
	Child in foster or residential care	

Large numbers of children are likely to be exposed to at least one of these risk factors. However, multiple risk factors dramatically increase the probability of poor outcomes for children and young people. For example, where four or more serious risk factors for delinquency are present, a majority of children will become delinquent in adolescence, as illustrated over:

## Risk factors and probability of adolescent delinquency



As risk factors increase, so the need for a protective web of resilience promoting opportunities becomes correspondingly important.

### THE NEED FOR CAUTION

Resilience theory is not without its critics. The concept of resilience has been accused of being too rooted in a specifically American notion of adversity, of adding little more to other models of human development, such as attachment theory, and being applied in a simplistic and sloganeering way. 'What works' in promoting resilience may differ according to the circumstances of the individual person. Encouraging an open display of feelings may be a protective factor in a number of contexts; in others, it may not. Involvement of children and young people in decision-making may bring benefit in many situations; in some, however, it may be harmful. We may even find some resilience promoting processes distasteful; for example, the stabilisation in male suicide rates from the early 1990s has been associated with the rise of 'lad' culture, and the accompanying opportunities for young males to strengthen their self-esteem. Resilience may also be in the eye of the beholder; a withdrawn and passive young person may be seen as resilient by a youth justice worker and in need of treatment by a child psychiatrist. Effective resilience-promoting processes may sometimes be unpleasant for the participants, and utilise methods that may not have universal approval, such as, wilderness programmes for young offenders. More broadly, some approaches to mental health promotion have been criticised for equating positive adjustment with producing, consuming, succeeding and avoiding risk-taking behaviours, and associating more radical or alternative lifestyles with deviance or psychopathology. Professional judgement based on individual circumstances, as well as knowledge of the evidence base, is essential for sound decision making.

It is also necessary to acknowledge that social care interventions have the capacity to cause harm as well as good. For example, some popular interventions appear to result in increases, rather than decreases, in juvenile offending. Child interpreters may be discouraged from offering help to non-English speaking family members, yet often report improved self-esteem from such encounters. Children who are excessively sheltered from early responsibilities or moderate stress-inducing situations may have difficulty learning coping skills. In social care, as with medicine, children may be better off receiving no intervention than one that is harmful, which has no plausible rationale or has opportunity costs that prevent a more effective response.

## WHAT STRATEGIES HELP PROMOTE RESILIENCE IN POLICY AND PRACTICE?

The best way to build a healthier nation, according to the National Service Framework (NSF) for Children, Young People and Maternity Services, is to enhance the health and well-being of children and those who care for them. This requires a consideration of factors that promote well-being from gestation through to early adulthood. A model for promoting resilience involves a focus on strengths, challenges, adaptation and growth. Strategies may centre on the child, their carers or the community in which the child lives, and may involve prevention or active intervention. The examples below describe resilience-promoting interventions for children facing the kinds of specific difficulties addressed by the NSF.

### EXAMPLES – INFANCY AND EARLY CHILDHOOD

Protective processes appear to have a greater impact on individuals and groups who are at high risk; the well-attested effectiveness of early interventions makes the pre-school years, especially the home to school transition, a prime site for resilience promoting strategies, notably by Early Years and Flying Start services.

- Building resilience begins in the womb. Vulnerability to emotional and physical illness is affected by the environment to which the mother is exposed. Low-birth weight (LBW) is a significant risk factor and is strongly associated with poverty. Mothers with histories of LBW babies who receive enhanced support during pregnancy report lower levels of depression, fewer ante-natal hospital admissions, less smoking and healthier babies. Continued home visiting of vulnerable children in the early years with a strong parent advice and teaching element appears to reduce the likelihood of later abuse.
- Breastfeeding to at least three months has a range of highly important benefits for children and is supported by the Welsh Assembly Government's strategy, Investing in a Better Start: Promoting Breastfeeding in Wales. The lower the maternal income, the less likely a child is to be breastfed. Studies suggest that the biggest single factor affecting a mother's decision whether or not to breastfeed is the attitude of the male partner. This indicates the importance of developing educational material and programmes aimed at fathers as well as mothers.
- Out-of-home day care in the pre-school years, especially where this is combined with parent education, offers clear benefits to health and academic ability to children from disadvantaged backgrounds. A commitment to this is expressed in One Wales: A progressive agenda for the government of Wales. Maternal benefits are also evident, though positive impacts on fathers and children from higher socio-economic groups are less obvious.

### EXAMPLES – THE MIDDLE YEARS

School entry makes increasingly complex emotional and intellectual demands on children. For children facing multiple adversities, the best defence is a network of resilience-promoting processes.

- Serious parental illness may often result in a serious disruption to children's lives, not least in school. Important resilience-promoting levers are often available in schools to increase the likelihood that children will avoid long-term problems, and even use the experience as an opportunity for growth. The availability of a trusting relationship outside the family when parents are distracted by acute problems, the opportunity to excel in study or at play and help to make sense of their experience are all ways in which schools are well-placed to help a child develop resilient responses.

# what can help

- The capacity of children to help other children, even at a comparatively early age, is often under-estimated. In supervised school settings, children assessed as resilient have proved successful in helping maltreated and withdrawn peers through joint play and creative activities. Similarly, where siblings of disabled children have been enlisted in teaching programmes, increased competence in motor activities, personal hygiene, dressing and eating have been noted in the disabled sibling, along with reported increases in family cohesion and increased self-confidence in the well siblings themselves.
- Children typically place more importance than adults on peer friendship, often considering being 'left-out' of activities as their biggest source of unhappiness. This may particularly affect children with particular difficulties, such as children who are disabled or ill, or children who are perceived as 'different'. The introduction of strategies such as friendship schemes, buddy-benches and circles of friends, especially where pupils are involved in their planning and organisation, have great potential in reducing the isolation of children and promoting resilience.

## EXAMPLES – ADOLESCENCE AND EARLY ADULTHOOD

Early adolescence is dominated by puberty, middle adolescence the growth of a distinct youth identity, late adolescence the transition to adulthood. These developmental phases are shaped by earlier experiences and by unexpected turning points, as the individual matures and begins to make personal choices. A range of strategies, environments and social attitudes can help young people navigate successfully through this demanding chronological period.

- Substantial increases in adolescent depression have been noted in recent decades. Depression may often result where children feel unable to influence the difficulties they are encountering in any positive way; they may learn to be helpless. A number of different interventions that teach positive thinking through the use of cognitive behavioural therapy in role-playing, games and discussions, notably in school settings, have achieved substantial decreases in levels of depression, and increased emotional resilience, which appear to be retained over time.
- Overall, the educational performance of looked after children is poor. However, some looked after children perform very well in school. Where the performance of 'high-achievers' is examined, all appear to share common experiences, notably a special relationship with an adult who took a particular interest in their welfare, few absences from school, early support in learning to read and peer groups who were positive about education.
- The results of exposing young people with offending careers to strenuous outdoor activities have a long and mixed history. Compulsory involvement appears to do more harm than good. However, voluntary participation in well-designed, demanding programmes where skills, self-control and the value of mutual help are learnt, and where successful graduates acquire status rather than notoriety, is increasingly well-validated as an effective approach to building resilience in at-risk youth.

## EXAMPLE – RESILIENT COMMUNITIES

Building social capital through effective community development programmes affects children of all ages. Social capital refers to the links that exist between members of a community - expressed through mutual trust and help, confidence in local institutions and supportive networks. Communities strong in social capital reduce the likelihood of children encountering multiple risk factors and provide more protection for children affected by severe difficulties. While building resilient communities require

long-term strategic planning, in some circumstances interventions at the community level, especially where distinct cultural or ethnic groups are affected may be a preferred option for investment.

It is well-established that suicide rates are affected by broader social events. For example, teenage suicide rates doubled from five to ten per week following the collapse of the Argentinean economy in the late 1990s. Teenage suicide rates and self-harm is also typically high in Aboriginal, Native American and First Nation communities in Australia and North America. However, in some indigenous communities, rates are lower than national averages. These communities appear to share a common feature – they have high levels of control over the organisation and delivery of essential services, accompanied by the presence of strong cultural institutions. This indicates a strong link between empowerment of communities and the building of resilience.

## KEY MESSAGES FOR PRACTICE AND POLICY

- The promotion of resilience involves trade-offs. The goal is effective adult adjustment not necessarily eliminating the legacy of all childhood trauma.
- When facing multiple sources of adversity, children need multiple sources of support in order to survive.
- While recovery can take place at any age, effective interventions have the greatest power in the pre-school years.
- When chronic adversities are removed, the majority of children successfully recover – though permanent problems may result from extreme and continual deprivation in the early years.
- For the majority of children, the processes that build resilience are most affected by those who have the closest and most continuous contact, which will usually mean parents and carers.
- Resilience is associated with the exposure of children to situations that make demands on their coping abilities, particularly when their achievements are rewarded and recognised.

Resilience is not a rare occurrence. Processes which promote resilience - early attachment, supportive parenting, effective mastery of skills, healthy environments, good educational experiences, affiliation with cultural, social or faith communities - are the basic pathways through which children are protected from, and enabled to overcome adversities. While services have an important role to play, the most powerful factor determining most children's well-being is the ability of their parents to provide care within the context of a supportive community, and the presence, especially in adolescence, of supportive, non-delinquent peer groups. This places a premium on both pro-active and re-active strategies that improve and sustain parenting capacity, including pre-school provision, parenting programmes and support for parents experiencing conflict, and that recognise the strength and importance of 'non-service' networks.

Strategies to promote resilience in children and young people form a key element of the Children and Young People's Plans produced by the 22 Children and Young People's Partnerships across Wales. The importance of this approach will also be reflected in the forthcoming Welsh Assembly Government Vulnerable Children Strategy and the Public Health Strategic Framework for Wales.

## KEY RESOURCES

### RESEARCH

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