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Transitions in the Lives of Children and Young People: Resilience Factors

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Transitions in the Lives of Children and Young People: Resilience Factors

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Introduction

This report describes effective strategies, in the fields of health, education and social work, for helping children cope with periods of transition and change through the promotion of resilience. The report draws on an extensive review of the international literature on the promotion of resilience. In examining the literature, the authors have taken a broad view of children's "transitions", taking this to mean any episode where children are having to cope with potentially challenging episodes of change, including progressing from one developmental stage to another, changing schools, entering or leaving the care system, loss, bereavement, parental incapacity or entry to adulthood.

What is resilience?

The concept appears to be understood cross-culturally as the capacity to resist or "bounce back" from adversities. A well-known clinical definition of resilience is '*the maintenance of competent functioning despite an interfering emotionality'*. A resilient child is one who exhibits positive adaptation in circumstances where one might expect, due to atypical levels of stress, a significant degradation in coping skills to take place. The International Resilience Project, which collected data from 30 countries, described resilience as '*a universal capacity which allows a person, group or community to prevent, minimize or overcome the damaging effects of adversity'*. Every country that supplied data drew on a similar range of factors, indicating that resilience, as a concept, crosses national and cultural boundaries. As this report required a common understanding of resilience in non-clinical language, the authors used the following formulation to define and describe resilience:

> ***Resilient children are better equipped to resist stress and adversity, cope with change and uncertainty, and to recover faster and more completely from traumatic events or episodes.***

The concept of resilience has been subjected to a number of criticisms in recent years, notably by those who argue that it differs little from strategies aimed at achieving normal childhood adjustment. In order to find practical applications for resilience theory, it must be subject to promotion or diminution by human agency. In other words, our actions, for better or worse, must be able to *affect* the way in which children cope with adversities during periods of transition. Simply noting child, family or environmental issues that appear *associated* with resilience, but are not sensitive to manipulation, may

The factors that promote resilience are widely understood. However, there is less consensus on how we can move from theory to practice. Are there effective strategies that can be used and replicated in real life settings?

be of theoretical interest but will have limited utility for health, education and social care services, and indeed the lay public. The authors therefore sought to focus on strategies which have some promise for practical application.

The report discusses interventions that fall within the immediate jurisdiction of education, health and social welfare agencies, rather than at the broader social policy level. However, in almost every dimension that is discussed, poverty and inequality are relevant, and sometimes paramount, factors. Better educational and health outcomes are more likely to result for children when they and the families in which they live have an income above the poverty line. All of the strategies described in this report will prove more effective in a social environment committed to the narrowing of health inequalities.

General Principles of Resilience

While the study of resilience has been well developed in psychology, it is less familiar in the fields of education and social care. Nonetheless, resilience has been recently discussed in social work, education and allied journals in relation to sexual abuse; child maltreatment; the children of alcoholics; parenting and child care; child placement and children in need generally; children with emotional and behavioural difficulties; looked after children; family therapy; personal development in schools; adoption; and, more generally, as a conceptual framework for social work practice. Why and how can the promotion of resilience help children and young people cope with the adversities that arise during periods of change and transition?

Our growing concern with risk

Compared to earlier generations, children appear to have become less able to cope with and overcome stressors and obstacles, partly because of their being sheltered from challenging opportunities. Recent trends in health and social care services have tended to emphasise factors that pose risks for children, rather than opportunities for growth and adaptation.

While our growing pre-occupation with the identification of potential risk factors has led to substantial improvements in many important aspects of children's physical health, it has not, unfortunately, led to a similar improvement in many dimensions of children's psychosocial well-being. On the contrary, there is a widespread consensus that a substantial increase in psychological and conduct disorders of children has taken place in most developed countries over the past half century, a trend present even in countries with such highly admired social welfare systems as Sweden. Children themselves have also reported increases in long term illnesses.

Has our preoccupation with identifying risk factors reached a stage where it may be causing more harm than good? Is it possible to achieve a better balance between protecting children from risks and providing them with developmental opportunities?

We are thus confronted with the worrying situation of children being affected by an absolute increase in many serious problem areas, notably conduct, attention and eating disorders, self-injurious behaviours, para-suicides and suicide itself, accompanied by an apparent weakening of a capacity for natural resistance. The promotion of resilience may be an important strategy in attempting to reverse this trend, through placing less emphasis on risk factors, and more on factors that promote well-being.

Risk and resilience

Risk factors heighten the probability that children will experience poor outcomes. Resilience factors increase the likelihood that children will resist or recover from exposure to adversities. Positive child development is not simply a matter of reducing or eliminating risk factors and promoting resilience. The successful management of risk is a powerful resilience-promoting factor in itself. However, risk factors are cumulative. Children may often be able to overcome and even learn from single or moderate risks, but when risk factors accumulate, children's capacity to survive rapidly diminishes. Transitional periods are also periods of heightened risk, illustrated, for example, by the frequent decline in academic performance of vulnerable children on transfer from junior to senior schools. Resilience factors operate in three dimensions: the individual, the family and the external environment.

Resilience factors

The Child	The Family	The Environment
Temperament (active, good-natured)	Warm supportive parents	Supportive extended family
Female prior to and male during adolescence	Good parent-child relationships	Successful school experiences
Age (being younger)	Parental harmony	Friendship networks
Higher IQ	Valued social role (eg care of siblings)	Valued social role (eg a job, volunteering, helping neighbours)
Social skills	Close relationship with one parent	Close relationship with unrelated mentor
Personal awareness		Member of religious or faith community
Feelings of empathy		
Internal locus of control		
Humour		
Attractiveness		

As can be seen, some of these factors are partly bio-genetic and their sensitivity to change or manipulation is limited. Most, however, are familiar variables and present a wide range of possibilities for positive change.

Recovery

Studies of resilience present an optimistic view of the potential for human resistance and recovery. It has been observed for many years in the study of child development that adverse life events have contributed to psychiatric disorders in some children while others, faced with identical precipitating factors, have emerged unscathed. Data suggest that only around one third of an "at-risk" child population experiences negative long term outcomes; up to two thirds appear to survive without serious developmental harm.

However, this observation will be far less valid when applied to children with extreme and continuous adversities, where resilience is likely to be rare.

Why do so many children recover and prosper despite suffering serious adversities in childhood? Can we learn from their experiences and help extend this recuperative ability to more vulnerable children?

Many factors that threaten or protect children are largely inert by themselves. Their toxic or prophylactic potential emerges when they catalyse with stressful events, especially where these are prolonged, multiple and impact on the child during sensitive developmental stages. While it may often be a difficult proposition for those concerned with the welfare of children to accept, meeting and overcoming challenges is necessary for healthy adaptation.

There is, however, no simple association between stress and gain. Some stressors may trigger resilient assets in children, others may compound chronic difficulties. If children are subjected to a relentless stream of multiple adversities, negative consequences are highly likely to follow.

Types of resilience

Three broad types of resilience tend to be described. The first type is represented by children who succeed, or do not succumb to adversities, in spite of their high risk status, for example low birth weight babies. The second type concerns children who exhibit maturity and coping strategies in situations of chronic stress, such as children of drug using or alcoholic parents. Thirdly, 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. Resilience appears to be a dynamic rather than a fixed attribute, having the capacity to emerge in later life after earlier periods of coping problems.

Cohort studies

Studies that follow children over a period of time, especially through to adulthood, are probably our strongest source of information on the relationship between personal, family and environmental variables, and resilience. Early studies of resilience were retrospective accounts. Retrospective studies typically find higher levels of morbidity and clearer relationships between early trauma and later outcomes than are located by prospective studies. Cohort studies, which track the same group of people over a period of time, are more reliable vehicles for estimating cause and effect. A wide range of US and UK cohort studies have given us more insight into the relationship between childhood adversities and adult adaptation. Important findings are:

- Family stressors may promote resilience in children if parents or substitute carers remain supportive, and children are able to assume roles that are socially valued, rewarded and within their developmental capacity.
- Opportunities to participate in household tasks and part time work can result in long term benefits for children by encouraging motivation, confidence and competence.
- Resilience is promoted by strong bonds between child and primary care giver in the early years of life, encouragement for children to be active and independent, availability of alternative care givers, inter-generational bonds and ethnic or cultural kinship networks.

- Between a third and two thirds of children held to be ‘at risk’ in early life grow up to be competent adults.
- Activities such as paid work, domestic responsibilities, helping others through volunteering, sports or cultural pursuits share a common feature – the promotion of self-efficacy and self-esteem through enabling children to exert agency over their environment.
- The most powerful resilience-promoting factor is the attitude and behaviour of parents. Non-authoritarian and child-centred parenting, along with positive attitudes to the child’s education, outweigh the effects of all other variables combined. However, such positive parenting is only likely to occur where the impact of low socio-economic status is mitigated by positive factors, such as good marital relationships or supportive family and friends.
- “Escapees” from at-risk situations are less likely to be children who grow up in lone parent families, in families where there is chronic maternal illness or where the father is unemployed. Important factors associated with “escape” are the role played by fathers, shared religious practice by the parents and encouragement at home for the child’s educational pursuits. Achievers themselves report personal determination and hard work as critical factors in their success.

We can see from this brief summary of some of the more important cohort studies that resilience-promoting factors remain fairly consistent, with supportive families, positive peer relationships, external networks and the opportunity to develop self-esteem and efficacy through valued social roles being of particular importance.

Protective factors

The combination of three basic constructs – personality (specifically cognitive skills and styles), social milieu (absence of chronic life stresses and opportunities for meaningful social roles) and family structure (high warmth/low criticism) – has been consistently identified as the key protective factor for children exposed to a wide range of stressors, including child abuse, parental illness and intra-family strife. Even in such potentially stressful areas for children as parental psychosis, the capacity of parents to promote competency is not necessarily hindered, as long as the parent retains the capacity to express warmth towards the child and to maintain non-familial social contacts.

The ability to make and sustain intimate friendships, and the availability of support networks of friends, siblings and other important social ties have been associated with resilience, both in childhood and later life. A key protective factor for children who have experienced severe adversities is the capacity to recognise any *benefits* that may have accrued, rather than focusing solely on negative effects, and using these insights as a platform for affirmation and growth. The recognition that adversities can be overcome is crucial in developing an approach to life that is active rather than passive, and optimistic rather than pessimistic.

Acuity and chronicity

Serious but short term childhood adversities often receive more attention than apparently more minor but chronic problems, despite the latter being more common and often more damaging to children. Do we need to find ways of shifting resources from acute to chronic child adversities?

The respective dimensions of resilience or vulnerability are primarily related to the accumulation of stressful events over time, their proximity to each other and the longevity of the stressful episodes. It has been argued that greater insight can be achieved into the effect of and adjustment to stress by focusing on "hassles" rather than events that are greater in magnitude but much rarer in frequency. This insight has particular relevance to the study of stress and coping in children. Studies using children as informants have highlighted significant differences in the views of children and adolescents compared to those of adults on the significance of major life stressors. Adults tend to identify acute and major life events as stressful, whereas children emphasise the primacy of daily hassles, for example conflict with peers or between parents, or transitional events such as changing schools. While acute life events *may* result in adverse psychosocial impacts, the available evidence suggests that chronic adversities are more strongly associated with risk.

Compounding factors

Adverse risk for children where, for example, serious parental disorders are present is primarily associated with significant levels of family discord and disruption. Children showing strong continuities in conduct and psychological disorders into adulthood are likely to have been exposed, not just to episodic periods of family illness or other distressing events, but to continually adverse circumstances throughout childhood. Parental *conduct*, rather than the diagnostic condition or economic status, appears to be more closely related to child outcomes. The dominance of chronicity over acuity – of hassles over major life events – explains the strong evidence pointing to serious parental conflict and separation as a potentially more damaging event in the lives of children compared to parental death. While risks derive mainly from adverse events that are chronic in nature, resilience is located not just in sources external to the child but the extent to which the child is able to – or is enabled to – interact with their environment in a way that reduces helplessness and promotes control.

Live now, pay later?

Are we over-estimating children's powers of recovery? Is the promotion of resilience likely to lead to our diminishing the importance and impact of children's suffering?

The extent to which children may pay a price in later life for effective adaptation is unclear. However, enough evidence exists to warn us not to draw simplistic conclusions about the simultaneous development of behavioural and emotional competencies. Studies conducted in a wide variety of stress-inducing situations affecting children note that behavioural competencies are not equally complemented by emotional health. However, the tendency to identify the "price" paid for acquiring resilience to specific long-term outcomes, such as depression, has been challenged. Adult adjustment results from a trade-off of factors – an effective balance rather than eliminating *all* the negative consequences of early trauma is the main requirement. Resilient people may often retain the baggage of sadness and unhappiness, but will also have the capacity to cope with their emotional burdens.

Positive stress

The *salutogenic* model in health care research has paralleled the development of resilience theory in the social sciences and has two key components: internal and external resources that comprise the arsenal of a person's emotional and material defences, and an ability to render the world understandable and hence manageable. Resilience develops through the positive use of stress to improve competencies. Expectations appear particularly important in promoting resilience. Competence, confidence and self-esteem go hand in hand; children develop immune mechanisms when the child grows in an environment which is not less protective but less *anxious.* The key quality needed to trigger resilience and recovery is the ability to see childhood adversities in a new way, and to recognise that one is not a powerless actor in a drama written by others. An excessive focus on what services *do*, rather than an understanding of the source of protective influences that lie within individuals, families or communities, may devalue and diminish the naturally occurring buffers against childhood risk.

The promotion of resilience may, however, present problems to child welfare services in that experiences which improve a child's capacity to deal with stress, or teach competencies that protect against unwanted outcomes, are not necessarily pleasant or socially valued. Child welfare services are under increasing pressure to avoid exposing children to any manifestation of risk. This may result in an unfortunate contradiction when interventions are provided – the consequence of providing support to children encountering adversities may be the insulation of children from the competency-enhancing experiences associated with exposure to risk.

Resilience and self-esteem

The promotion of resilience has been closely associated with gains in self-esteem. While high self-esteem will often be a protective factor and an outcome to be welcomed, in some cases it may be a *risk* factor, especially where it results from "successful" delinquent behaviour. It has been argued that the recent rise in depressive illnesses among young people has been partly fuelled by the popular "self-esteem movement", which has persuaded a generation of young people that a belief in self-worth is sufficient for success, but who are then easily discouraged when success does not occur. These findings indicate the need for a more cautious and critical approach to the promotion of self-esteem than is often indicated in statutory guidance.

The promotion of self-esteem is a crucial component of many educational and social care interventions. Have we under-estimated the need for its promotion to be accompanied by the learning of competencies, and over-estimated its ability to solve all childhood problems?

Child development

Despite compelling evidence to the contrary, there is a continuing belief that success or failure in the developmental process is overwhelmingly weighted towards very early childhood experiences. While early childhood events are indeed important, a more accurate view is that no one developmental stage of childhood is predominant, and that children's life paths can be affected for better, or worse, at any chronological stage. Resilient responses by children will often arise naturally, and may not always need extensive professional encouragement, even in situations where stressors may appear extreme. However, where family, community and educational assets are lacking, poverty and deprivation are a constant factor, and stressors are continuous

and relentless, resilience is likely to be a rare phenomenon. Transitional periods in the lives of children and young people are times of threat but also of opportunity for change. If children possess adequate coping skills, are in environments that protect against excessive demands, but also have opportunities to learn and adapt through being exposed to reasonable levels of risk, then a successful transition is likely. If neither coping skills, nor an environment that is likely to promote them, are present then periods of transition may become points in the child or adolescent life span where serious developmental damage may occur.

Summary

Resilience is a challenging concept for child welfare services. Children living in poverty who experience severe traumatic episodes may be ill equipped to take advantage of any latent positivity in the adversities they encounter. Like risk factors, protective factors are cumulative. They are no less effective if they fail to conform to any ethical or moral considerations. A person does not have to become nice or experience pleasant encounters in order to acquire resilient characteristics. In fact, those most immune to stress often have a somewhat sociopathic aspect to their personalities.

Any review of literature inevitably tends to focus on the strategies that are or could be adopted by professionals in health, education and social care. This runs the risk of implying that the actions of professionals are of a higher order of importance than those of other actors. However, when children themselves are asked what helped them “succeed against the odds”, the most frequently mentioned factors are help from members of their extended families, neighbours or informal mentors, and positive peer relationships, rather than the activities of paid professionals. In developing conscious strategies to promote children’s resilience, we must be careful not to undervalue these non-professional sources, and more importantly, ensure that our actions do not result in such naturally occurring sources of support being weakened. The transient involvement of a professional is unlikely to be a good exchange for a lifetime commitment from family, friends or kinfolk.

Conclusion

The literature on resilience, while being extremely broad based, is characterised by a relatively narrow range of features. Both literature in the clinical field, despite being often inaccessible to non-professionals, and popular accounts written for lay audiences discuss similar constructs of resilience, and suggest similar promotional strategies, albeit in very different language. Key concepts are:

- strong social support networks.
- the presence of at least one unconditionally supportive parent or parent substitute.
- a committed mentor or other person from outside the family.
- positive school experiences.

- a sense of mastery and a belief that one's own efforts can make a difference.
- participation in a range of extra-curricular activities that promote self-esteem.
- the capacity to re-frame adversities so that the beneficial as well as the damaging effects are recognised.
- the ability – or opportunity – to "make a difference" by helping others or through part time work.
- not to be excessively sheltered from challenging situations which provide opportunities to develop coping skills.

It is also widely acknowledged that resilience is most effectively promoted as part of a broader strategy, which is likely to involve a range of agencies and institutions, as well as communities and ordinary individuals.

The limits of resilience

A number of problems have been identified with the application of resilience theory. The personal, familial and environmental features that are associated with resilient behaviour in individuals are well explored. Some are relatively fixed (for example, gender, IQ, a sense of humour), others may be very hard to influence (for example, parental support, a secure neighbourhood), especially where children are confronted with multiple and continuous adversities. The question, however, remains as to whether children become resilient because they have been helped to cope better, or whether they cope better because they are inherently resilient. The literature, taken as a whole, is heavily biased towards theoretical discussion, albeit with a strong empirical base. Actual descriptions of strategies that have been consistently successful in promoting resilience, and which have been validated and replicated, are far fewer in number. Many "resilience promoting" interventions do not appear – in execution if not in intention – notably different from interventions that simply seek to promote positive child development. Many parallels have, in fact, been noted between resilience and the most popular developmental framework for child development, attachment theory. When attempts are made to apply resilience theory, practitioners may recognise its value but find it hard to distinguish its implications from strategies they may already be using. Resilience may also be construed differently by different practitioners – a socially withdrawn non-offending youth may be resilient to a youth justice worker but emotionally disturbed to a psychiatrist.

Is the promotion of resilience any more than the application of sound child development principles? Can it add value to what we already know?

Nonetheless, while acknowledging these points, the weight of evidence currently available suggests that actively incorporating resilience-promoting strategies in services to children and young people can have significant potential. Ultimately, however, the utility of resilience theory will be judged by the extent to which its implementation can bring concrete and lasting benefits to children.

All developmental stages: key resilience promoting interventions	Benefits to children and young people
Opportunities to take part in demanding and challenging activities	Children will become less sensitive to risk and more able to cope with physical and emotional demands
Where children are in situations of conflict at home, contact with a reliable and supportive other	Reduction in exposure to and impact of parental conflict
Facilitating contacts with helpful others or networks who can provide activities or opportunities for work	Helps break the sequence of negative 'chain effects' that occur when children are in highly vulnerable situations
Exposure to manageable demands and opportunities to succeed in valued tasks	Promotes self-esteem and self efficacy
Compensatory experiences – exposure to people or events that contradict risk effects	Helps counter the belief that risk is always present
Opportunities for careers or further education	Greater likelihood of adult stability and increased income
Teaching coping strategies and skills and being helped to view negative experiences positively	Capacity to re-frame experiences and be an active rather than a passive influence on one's own future

Key Messages

What we know about resilience:

- Evidence from longitudinal studies indicates that a large proportion of children recover from short-lived childhood adversities with little detectable impact in adult life.
- An excessive pre-occupation with the identification and elimination of risk factors may weaken the capacity of children to overcome adversities.
- All interventions in health, education and social care may do harm as well as good. Resilience may be weakened by unnecessary or harmful interventions.
- Where adversities are continuous and severe, and protective factors are absent, resilience in children is a rare phenomenon.
- The most common sources of anxiety for children are chronic and transitional events. Chronic problems will usually have more lasting effects than acute adversities.
- While self-esteem is a crucial factor in the promotion of resilience, it is more likely to grow and be sustained through developing valued skills in real life situations, than just through praise and positive affirmation.

- It is necessary to promote children's ability to resist adversities as well as moderating risk factors.
- Resilience can only develop through exposure to stressors. Resistance develops through gradual exposure to difficulties at a manageable level of intensity.
- A supportive family is the most powerful resilience-promoting factor.
- The acquisition of valued social roles, the ability to contribute to the general household economy and educational success are resilience-promoting factors.
- Experiences that promote resilience may not always be pleasant or socially acceptable.
- Poor early experiences do not necessarily "fix" a child's future trajectory. Compensatory interventions in later life can trigger resilient responses.

Problems with resilience theory:

- The literature on resilience promotion, while empirically based, includes relatively few accounts of conscious and specific strategies used to promote resilience.
- Theories that merely describe the relationship between variables, such as poverty and low self-esteem, are an insufficient basis for practice.
- Accounts of resilience promotion can appear little different to familiar models of positive child development, notably attachment theory.

Factors that promote resilience:

Children and young people who are best equipped to overcome adversities, especially those which occur during periods of transition, will have, or be helped to have:

- strong social support networks.
- the presence of at least one unconditionally supportive parent or parent substitute.
- a committed mentor or other person from outside the family.
- positive school experiences.
- a sense of mastery and a belief that one's own efforts can make a difference.
- a range of extra-curricular activities that promote the learning of competencies and emotional maturity.
- the capacity to re-frame adversities so that the beneficial as well as the damaging effects are recognised.
- the ability – or opportunity – to "make a difference" by, for example, helping others through volunteering, or undertaking part time work.

- exposure to challenging situations which provide opportunities to develop both problem-solving abilities and emotional coping skills.

In order to promote resilience in children, services should:

- ensure that well co-ordinated health and social care services are delivered to low income mothers from early pregnancy.
- provide reliable lay or professional support to isolated mothers during the child's infancy.
- encourage the involvement of male partners in child care.
- make available high quality pre-school provision based on sound pedagogic principles.
- seek to identify children's strengths even if they are not directly related to a formal curriculum.
- encourage early mastery of skills and encourage independent thought and action.
- not shelter children excessively from risk.
- encourage problem-solving as well as emotion-coping strategies.
- offer opportunities and support in adolescence for volunteering, part-time work and other situations that enable children to exert agency.

Final report

The full version of this report contains a description of the search strategy used; a comprehensive bibliography; a review of interventions from the foetal stage to transition to adulthood, including practice examples from Scotland, the UK and North America; a survey of practice agencies in Scotland; feedback on the key messages from a Scottish reference group and a list of internet resources on resilience. The full report is available on the Education and Young People Research Unit website at www.scotland.gov.uk/insight/

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