Guide to developing and maintaining resilience in residential child care

Introduction

Residential child care has often been perceived as a last resort for children and young people whose needs and difficulties are such that they cannot remain with their own families or be safely cared for in alternative families. Unfortunately this perspective can serve to endorse the view of young people in residential care as damaged, disturbed or dangerous. This is compounded by a focus on the negative outcomes for young care leavers without exploring their pathways into later adulthood where their lives may become much more successful (Duncalf, 2009). This deficit model affects the way adults engage with young people and emphasises the need to deal with problem behaviour and attitudes rather than identifying and working with strengths. More recent policy statements have attempted to counter such negative views of residential child care and argued the need 'to make residential care the first and best placement of choice for those children whose needs it serves' (Bayes, 2009). This is supported by the voice of care leavers themselves many of whom indicate that their experience in residential care was mainly positive (Duncalf, 2009). In addition the concept of resilience has emerged as a more productive way of supporting children challenged by adversity to become successful and happy adults.

This guide will attempt to provide social workers, residential workers and managers with:
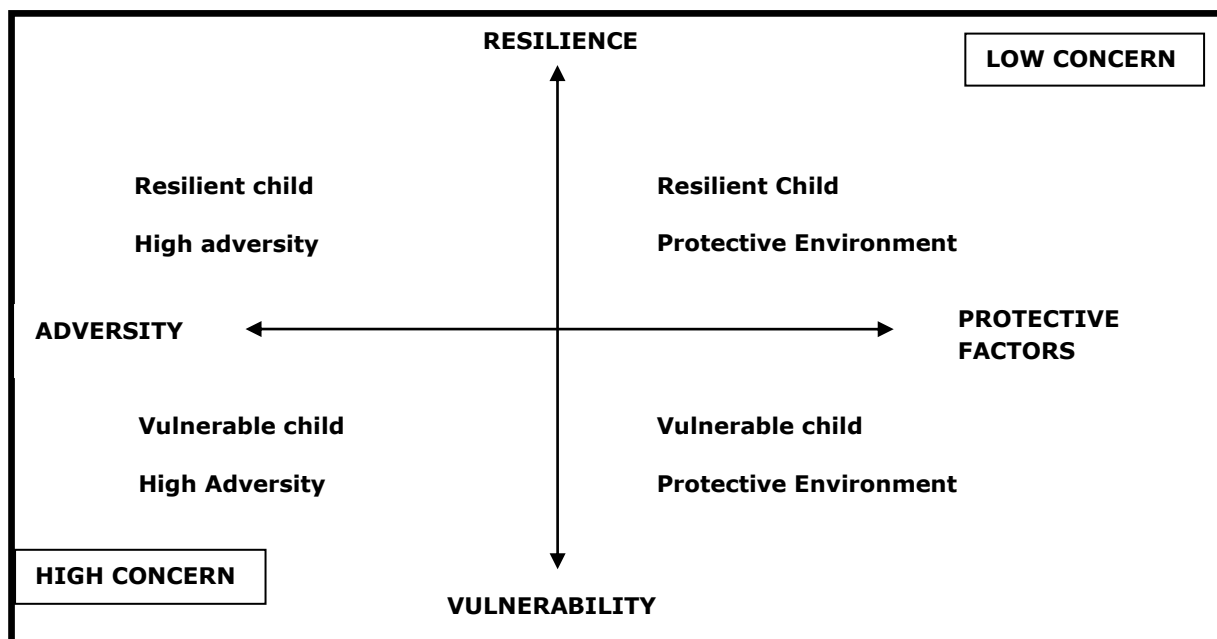
- An exploration of the various definitions of childhood resilience
- An outline of the factors affecting children's resilience
- A framework for recognising and assessing resilience
- Some practice implications for developing and maintaining resilience for children living in residential care
- An awareness of the potentially undermining impact of professional interventions

Definitions

In recent years resilience has become the focus for a great deal of exploration and research. Most people can identify individuals, children or adults, who seem to have managed very difficult situations or events that might have been expected to overwhelm their coping capacities. This phenomenon is reflected in residential child care where some young people with appallingly difficult backgrounds manage to thrive and succeed against the odds. Resilience is not a fixed trait of an individual and can only be demonstrated in conditions of adversity. Three different phenomena have been described in discussing resilience in children.

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 (Newman and Blackman, 2002: 1).

Factors affecting the development of resilience adapted from Daniel and Wassell (2002)

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                              RESILIENCE
                                  ↑                    ┌──────────────┐
                                  |                    │ LOW CONCERN  │
                                  |                    └──────────────┘

        Resilient child                    Resilient Child

        High adversity                     Protective Environment


                                                          PROTECTIVE
ADVERSITY        ←─────────────────────────────────→      FACTORS


        Vulnerable child                   Vulnerable child

        High Adversity                     Protective Environment

┌──────────────┐                  |
│ HIGH CONCERN │                  ↓
└──────────────┘          VULNERABILITY
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The effort to identify factors associated with resilience has concentrated on four main areas: positive attributes of the child, pre-existing vulnerabilities, adverse experiences and protective factors. The internal factors of resilience and vulnerability interact with the external problematic experiences and protective factors in the environment to affect the level of resilience of any individual child at a particular point in time. Although some of the individual attributes associated with resilience persist over time it is crucial to recognise that a child or young person's capacity to cope successfully with adversity is dependent not only on their personal qualities but also the level and type of challenge they face and what type of environmental support exists for them at that time. Moreover children vary in their responses to different challenges and an individual may display resilience in one situation but be overwhelmed by challenges that others are able to manage well. Similarly a child may demonstrate considerable resilience at one point in their developmental trajectory and very little at a different time. Within these constraints, however, a number of factors have been identified that seem likely to affect the resilience of children when exposed to extreme adversity. They will interact in different ways over time and in response to different challenges and children may move between points on the resilience scale over their childhood and adolescence. Young people entering residential care are likely to have experienced serious adversity and in many cases this will involve multiple types of difficulties over a protracted timescale. Resilience emerges in response to adversity and it is important to understand what individual attributes in looked after children might affect their resilience and what might constitute protective factors.

Resilience creating attributes in children

These include both the attributes a child is born with and those they acquire as they grow up

- Being loveable/endearing /easy temperament
- Emotional competence- the capacity to understand their own and others emotions and to self regulate
- Sense of competence and self-efficacy- this includes having an internal locus of control, a capacity to plan and a repertoire of problem solving skills
- Intelligence, reflective and communication skills and in particular the capacity to identify positives even in adverse experiences

- Self esteem and a positive self concept
- Capacity to identify and engage in trusting relationships with adults and peers.
- A commitment to educational achievement and in particular an enjoyment of reading for pleasure
- Talents and interests
- Meaningful roles- this includes the opportunity for employment, achievement and responsibility for others
- A positive value base and belief and hope in other people and the future
- Sense of humour-particularly the capacity to laugh at one self

Pre-existing vulnerabilities in children

To some extent the vulnerabilities a child may have are often the reverse of the positive attributes outlined above. Many of them limit the potential resilience of children across a range of attributes or competencies.

- Difficult temperament, irritability
- Factors that interfere with reflective capacity- learning difficulties, some disabilities, communication problems, attachment difficulties
- Factors that can affect competence and self efficacy such as physical illness, academic failure, physical disability, lack of opportunity, or poverty
- Factors that affect self esteem and capacity to manage relationships such as family difficulties, discrimination or compromised parenting (Through illness, criminality, substance misuse or the impact of their own trauma)

Protective factors in family or community

- Absence of severe parental discord
- At least one good parent child relationship
- Affection and warmth
- Positive role models
- Support for education
- Structure and authoritative supervision
- Wide support network
- Positive school environment (high academic and non academic opportunities)
- Opportunities for sport and leisure
- Access to good health care

There has been some criticism that many of the factors that have been identified as developing resilience are rooted in Western white middle class culture and are not necessarily applicable across all situations. The International Resilience Project has studied resilience across fourteen research sites in five different continents and emphasises the importance of recognising the cultural context of resilience. They have identified seven tensions that individual young people facing adversity need to resolve to display resilience. Crucially the investigators emphasise that every young person will find their individual resolution in a way that is culturally meaningful for them and navigate their own pathway to health.

Youth who experience themselves as resilient, and are seen by their communities as resilient, are those that successfully navigate their way through these tensions. Resilient youth find a way to resolve all seven tensions simultaneously according to the strengths and resources available to the youth individually, within their family community and culture (Ungar et al., 2007: 294)

Although this research challenges the predominantly Western view of resilience and draws on examples from developing countries the researchers also highlighted that young people from disadvantaged communities in more developed countries may also have radically different solutions to these tensions than their more privileged peers. Young people in residential care may for example find a sense of identity, relationships and power and control through a resistance to their caregivers rather than through embracing their perspective and values. Recognising that some difficult and defiant behaviour may be evidence of a young person's resilience is a challenging concept for residential workers but one that needs to be considered.

Table 1 The Seven Tensions adapted from Ungar et al (2007)

1. Access to material resources	Availability of financial, educational, medical and employment assistance and/or opportunities, as well as access to food, clothing, and shelter
2. Relationships	Relationships with significant others, peers, and adults within one's family and community
3. Identity	Personal and collective sense of purpose, self-appraisal of strengths and weaknesses, aspirations, beliefs and values, including spiritual and religious identification
4. Power and control	Experiences of caring for oneself and others; the ability to affect change in one's social and physical environment in order to access health resources
5. Cultural adherence	Adherence to one's local and/or global cultural practices, values, and beliefs
6. Social justice	Experiences related to finding a meaningful role in community and social equality
7. Cohesion	Balancing one's personal interests with a sense of responsibility to the greater good; feeling a part of something larger than oneself socially and spiritually

Recognising and assessing resilience

A number of different frameworks have been developed to enable practitioners to assess resilience in looked after young people and identify potential protective and risk factors in their environment. Psychologists in South Lanarkshire undertook research on the factors that were associated with those young people looked after away from home that displayed high educational resilience (not just good attainment but doing well across all areas of the school or educational setting). On the basis of this research they developed the Framework for Assessment and Intervention in Resilience (FAIR). This uses the model developed by Grotberg (1997) which is outlined in Table 2and identifies resources in the child's external world (I haves), emotional and social skills that a child has (I cans) and internal strengths (I ams). The framework provides a systematic approach to working with the young person to assess resilience, identify areas for development, plan and implement an intervention and finally review the success of the work. Identifying and developing resources in the external world is often the most effective starting point as this can have a powerful impact on the skills and strengths a child may go on to develop.

Daniel and Wassell provide an alternative model which identifies six domains of resilience- a secure base, education, friendships, talents and interests, positive values and social competencies. They argue that these domains need to be assessed at three different ecological levels, the individual, family and wider community. They provide detailed workbooks for assessing and intervening to promote the resilience of children and young people taking account of the differences in chronological age. Again targeting change in other ecological levels rather than the child is as important as directly developing resilience attributes in the child.

Table 2: Promoting resilience – action model (adapted from Grotberg 1997)

I have	I am	I can
Trusting and loving relationships with others: parents, siblings, teachers, friends.	*Loveable*: the child possesses, or is helped to develop, qualities that appeal to others.	*Communicate*: the child is able to express feelings and thoughts, and listen to those of others.
Structure at home: clear rules and routines, comprehensible and fair sanctions when breached, praise when followed.	*Loving*: the child is able to express affection to others, and is sensitive to their distress.	*Solve problems*: the child can apply themselves to problems, involve others where necessary, and be persistent.
Role models: parents, other adults, peers, siblings, who model good behaviour and morality.	*Proud of myself*: the child feels they have the capacity for achievement and resists discouragement.	*Manage my feelings*: the child knows and understands emotions, recognises the feelings of others, and controls impulsive behaviour.
Encouragement to be independent: people who offer praise for growing autonomy.	*Responsible*: the child accepts and is given responsibilities, and believes that their actions can make a difference.	*Understand my temperament*: the child has insight into their personality and that of others.
Access to health, education and social care: consistent direct or indirect protection for physical and emotional health.	*Hopeful and trustful*: the child has faith in institutions and people, is optimistic for the future and is able to express their faith within a moral structure.	*Seek out trusting relationships*: the child has the ability to find people – peers or adults – in whom they can confide and develop mutual trust.

Developing and maintaining resilience in children and young people in residential care

An important aspect of resilience theory is that enhancing a particular protective factor or reducing a vulnerability factor may have a positive cascading impact on other aspects of a child's life. In discussing some of the areas that are particularly important within the residential setting it will become clear that it is the interactive and mutually reinforcing characteristics of these that are particularly striking. The effort expended in enhancing resilience can have much greater effect than other interventions because of this interactive process.

Attachments

When children enter residential child care they are removed from the places and people they know best and that underpin their sense of themselves. Although most young people who live away from their own families within a residential setting are likely to have suffered some form of very serious adversity in their lives this does not mean that they have not developed important attachments that need to be acknowledged and respected. Even if children have been subjected to extreme abuse from their own parents, some of them may still have important attachments to them that they may wish to maintain, although it is also important not to insist on a continued relationship if this is against the interests or informed wishes of the child. Moreover most children are likely to have found some source of safety, protection or comfort that has enabled them to survive and it is important that this is identified and where possible continued once they enter residential care.

Members of the extended family, siblings, neighbours, teachers, adults involved in organised leisure activities with young people and friends may all have been important attachment figures for young people. Some young people may also have found places in their wider environment where they have been able to feel safe which may have great emotional meaning for them for example a local library or a church or a special play space. The uncritical acceptance and affection from a family pet may also have been very important for some children. Young people have a range of different care pathways before arriving at any particular residential setting. During that time important attachment relationships may have been developed with foster carers, befrienders, residential workers or any of the ancillary staff in residential homes. Without understanding the complexity and importance of a young person's previous attachment history residential workers can actively undermine existing resilience. All too often the only relationships that are considered to be of current importance are those with birth parents and if other adults are interested in continuing relationships this can be treated with suspicion and viewed as inappropriate. Wherever possible young people should be enabled to remain in one placement as close to their previous environment as possible and continuity of school, friendships and leisure pursuits be supported unless there are strong safety grounds for not doing so. While clearly the safety of children should not be compromised it is unhelpful to make decisions about the continuation of and support for relationships based on over intrusive or risk averse assessments.

In recent years residential care has become increasingly professionalised and this has to some extent been confused with a need to avoid becoming emotionally involved. In particular residential workers have been discouraged from seeing themselves as parental figures for the young people they care for. Although it is clear that residential workers cannot take the place of the actual parents of the young people there is no doubt that they are effectively parenting the children in their care and for some young people they will be the major source of support and care for many years. Good residential child care practice provides the emotional and social conditions for the development of secure attachments. The provision of reliable, consistent, warm and affectionate care that creates a feeling of safety and relaxation and that encourages exploration and independence is central to high quality residential care. This means that for many young people residential workers can become important attachment figures. Secure attachments provide the context in which a number of key emotional and social skills that are associated with resilience can develop. The number of adults involved in a residential unit can also offer a better possibility of a good match between child and adult than in foster care though some of the routines and structures of residential care such as shifts, holidays or training may also interfere with developing attachments. It is important that residential workers are enabled to accept their role as attachment figures for the young people in their care. Managers should ensure that they are provided with emotional support to undertake this where necessary and that agency policies promote the development of secure attachments and do not undermine them. Young people may also form strong attachments to the actual residential unit itself and many care leavers return to the place they grew up even when staff they knew or with whom they had particularly close relationships have left. The importance of such attachments should also be acknowledged and wherever possible, without disrupting the care of young people currently living there, former residents should receive a warm welcome. Moreover the attachment implications for previous residents should be considered when homes are scheduled for closure and ways found of including them in any ending and ensuring that a pictorial and written record of the home be created by the responsible agency that could be available for people to view. This type of respectful acknowledgement of the importance of a secure base founded on relationship and place provides a continued promotion of resilience into adulthood.

Emotional regulation

Many young people in residential care have had traumatic and neglectful experiences in their earliest years that have profoundly affected their emotional development. Infants growing up in good enough social and emotional environments learn techniques to regulate their own stress

during their first year of life. This is the foundation of many later developmental tasks. If babies are exposed to hostile, dangerous and stressful environments with caregivers who exacerbate stress rather than help them to mange it they are unlikely to develop emotional skills such as recognising and understanding their own and others' emotions, empathy and the control of rage or impulse. These skills underpin many of the factors associated with resilience. It is extremely difficult to maintain friendships even as a young child without these skills being in place, the development of positive values depend to some extent on an empathic understanding of and concern for others and without the capacity to control impulse or rage many social competencies remain undeveloped. As indicated above for most people these skills develop in the context of the attachment relationship between a child and their caregiver. For those young people in residential care who do not have these skills in place the relationship between adults and young people is crucial for their development. Helping young people to identify a wider range of emotions in themselves and others and enabling them to develop empathy and remorse are essential tasks in residential care. Residential workers need to be comfortable with their own emotions and able accurately to identify emotions in others. Young people can learn to develop their own capacities in this area through strong relationships where they are treated empathically, through modelling from others of positive ways of dealing with stress and anger, through discussion and reflection and by active encouragement of empathy and other relationship skills. Many young people benefit from learning how to regulate their stress at a physiological level through developing self soothing skills such as breathing exercises, yoga, having warm baths, rhythmic activity such as drumming or dancing or physical exercise. Appropriate touch from other people with whom they have close relationships can be particularly important in this process and it is important that risk averse policies which inhibit touch do not interfere with such important developmental opportunities.

Siblings

The relationship with siblings is usually the longest of our lives. Many looked after young people shared their early experiences, negative and positive, with their siblings and these relationships are very important to them. Unfortunately admission to residential care often involves the disruption of these relationships as it can be difficult to find placements that are able to accommodate whole sibling groups. Even when siblings are admitted to the same residential unit, being part of a wider group of young people can distort the sibling relationship. The potential for maintaining and developing resilience by supporting sibling relationships is high. Siblings may be important attachment figures for each other, they share memories and some important aspects of their identity with each other and can co-create a coherent narrative of their lives, they can act as role models and may be a continuing source of emotional and practical support for each other throughout their lives. Allowing appropriate levels of responsibility from older siblings for younger ones within a residential setting without overburdening them can be very helpful and contribute both to the security of younger siblings and the self worth of older ones. Ensuring that the special relationships between and among brothers and sisters are recognised by planned separate outings and treats maintains a focus on the special identity and shared narrative of the family. Where young people are separated from their siblings there should be an equal focus on maintaining frequent and regular contact between them as there is with parents. Children and young people are often dependent on their adult caretakers to support them in maintaining such contact and failure to prioritise it is unacceptable.

Responsibilities

All frameworks for conceptualising resilience emphasise the importance of having responsibility for oneself and others in developing resilience. Exercising effective responsibility for oneself enhances self esteem and a sense of capacity and control both of which are building blocks of resilience. Many young people in residential care have had experiences that adversely affect their self esteem and leave them feeling that they have little or no control over their own lives. Providing real opportunities for young people to make choices about their lives and to develop the skills to carry

these through is an essential task for residential workers. Having the encouragement and opportunity to undertake part time work or to become involved in tasks such as planning and organising a holiday for example can help young people develop important problem solving skills. Young people also need to be allowed to make mistakes and to use these to learn from rather than being over scrutinised and over protected. It is for example more important that a young person learns how to navigate their way safely through their social relationships with their peers before they leave care, even if they have occasions of risky behaviour, than to remain safe and protected but without the capacity to manage such experiences when they leave the security of the residential unit.

Many young people in residential care have had to undertake important responsibilities for others before they became looked after. Sometimes this involved caring for parents or siblings and they continue to have concerns and anxiety about their safety and well being. Often this is seen only as evidence of problems within the family and children may be given the message that this care is no longer their responsibility and that they need to become children again. Although it is obviously true that these children have often been given, or have taken on, responsibility far in excess of what is reasonable for their level of development it is still an important source of resilience and needs to be nurtured and treated with respect. Within residential settings there is often a suspicion about relationships between the young people. Ruth Emond undertook research into the peer group within residential child care by living as a resident within a children's home for several months. She discovered that in fact the peer group was an important space in which young people were able to be supportive of each other by drawing on a range of competencies and experiences. Many residential workers are anxious about the potentially damaging impact of these relationships without recognising the potential for such support. Rather than discouraging such relationships residential workers should support the positive and therapeutic potential of the group of young people for each other by actively encouraging a sense of responsibility and accountability. Opportunities for exercising responsibility for others can also include volunteering work, acting as a buddy for younger children in school or taking responsibility for the care of animals. Sometimes residential workers refuse to allow young people such opportunities because they believe that this might pose a risk to the young person or others. Clearly for some young people this might be true but the majority of young people in residential care are likely to thrive when offered such opportunities particularly if support to manage them is provided by important adult attachment figures.

Talents and strengths

Every young person has unique talents and strengths that can be nurtured. Developing particular skills or knowledge is resilience strengthening in many ways. Young people's sense of self esteem and self confidence is enhanced as they become more competent, opportunities for developing a new social network around the interest can emerge and often increased skill or knowledge require the practice of self regulatory abilities and pro social behaviour. It is important that residential workers remain alert to possible skills or interests in the young people and encourage and nurture their development. Sometimes young people discover a new interest through the enthusiasm of a residential worker who shares their own passion for a particular activity with them and can provide encouragement and support particularly in the initial stages of engaging in such activities where anxiety about failure may overwhelm the young person. Many young people already have a particular skill or talent before they enter the residential unit and it is particularly important that such interests are maintained as they may be core positive aspects of a child's identity and important sources of resilience. Within residential child care there are limited consequences available for difficult behaviour and at times residential workers may use withdrawal of participation in such activities as a sanction as they know this will have an effect on the child. It is important, however, that withdrawal of such resilience building experiences is not used in this way and that these activities are not confused with treats. Residential workers may at times feel that children are being rewarded for bad behaviour if they are allowed to continue with activities they

obviously enjoy but the emotional and social benefits of continued involvement needs to be understood and valued.

Education

Success in school in both academic and non-academic aspects, is closely associated with resilience. Educational attainment has unsurprisingly been shown to affect outcomes for young people when they leave care making them less likely to be homeless, unemployed or in prison. Young people who do well in school often have someone in their family who is supportive of education. Children who are able to attend school regularly have regular contact with their peer group and the opportunity to develop friendships. They also have access to other adults who can be a source of encouragement and support. Going to school exposes children to a whole range of different coping methods and styles that may enhance their own problem solving skills. They also have to manage the daily expectations of routines, learning, conflict resolution and enjoyment in a relatively protected environment. For many years social workers and residential workers believed that for young people in residential care the demands of mainstream school were often too difficult and that their main focus should be on dealing with their family or personal problems. This attitude led to a culture of low expectations and tolerance of poor attendance. Although it is true that many young people in residential care can struggle in school the responsibility of all the professionals involved is to identify strengths and difficulties the young person has and work with them to develop an effective way to engage with and succeed in school. Within the residential setting care workers have a particular responsibility to maintain an educationally rich environment where there are plenty of material resources such as books, magazines, pens and paper but also a focus on the importance of education through supporting homework, educational visits and modelling continued learning themselves. For some individual young people there are particular educational difficulties that may be a result of earlier school difficulties and ensuring that young people receive targeted support for this is crucial. Other young people may be particularly talented in some academic area and it is important that they are supported to excel rather than be satisfied with a mediocre level of achievement.

Friendships

Most young people value their friendships very highly. Friendship is an area largely outside adult control where children are able to make choices and have power in their own lives. They can experiment with different roles and explore their own identity without adult interference or expectations. For many young people their friendships last over many years and they derive considerable emotional and social support from them. The peer group also provides strong attitudinal and behavioural influences that can help promote positive values. When a young person enters residential care existing friendship networks can easily be disrupted particularly if the placement has also involved a change of school. Encouraging the maintenance of existing friendships and supporting young people to develop new friendships are important in enhancing resilience. Residential workers can provide direct financial support to allow young people to visit friends or undertake shared activities together. They can also help young people to develop and practise the skills required to manage friendships as well as helping them to reflect on and make sense of difficulties that might emerge in social interactions with peers. Unfortunately in many cases friends are perceived only as bad influences on young people and the potential support available even from peers who are engaged in some unacceptable behaviour is not recognised. Multiple school and care placement changes also affect children's capacity to manage peer relationships easily. Some young people develop considerable skill in making superficial connections but are unable to maintain relationships as their expectation is that they will move. Residential workers and social workers can help to strengthen young people's friendships by ensuring that there are no policy constraints – such as enforcing police checks for overnight stays in friends' houses-that can impede the development of normal friendships.

Potential dangers of professional interventions

Many young people have sources of resilience that are viewed with suspicion or concern by professional workers. There is always a potential danger that professional interventions in children's lives serve to undermine such resilience. Some examples have already been alluded to in earlier sections. These included the taking away of responsibility from children who have been primary carers for their siblings or the mistrust of friendships between young people. Young people may also have survival skills that have enabled them to manage situations of extreme adversity that can be interpreted as anti social in a residential setting. Sometimes young people experience the authority of residential workers or social workers as pushing them into a powerless position and respond by behaving in deliberately defiant ways. This may be experienced by workers as very challenging but may in fact be evidence of the young person's resilience and capacity to exercise some control of their own life in an adverse environment. Being able to reframe some challenging behaviours as potential strengths (for example recognising the leadership qualities of the young person who always seems to be at the centre of the group's more difficult behaviours) rather than escalating a hostile situation can be a useful way of engaging in a more mutually productive dialogue with a young person. Other ways in which professional interventions can undermine young people's resilience is by imposing a particular view of their life or family experiences on them. One important aspect of resilience is the ability to identify positive outcomes or aspects of adverse experiences. In some cases the message that young people receive is that they are victims rather than survivors or human beings with the capacity to make choices or influence their own lives. While it is important to help young people let go of inappropriate guilt or blame it is unhelpful to impose our own story and explanation on their lives particularly where they have found a way of making sense that allows them to feel capable and strong rather than weak and victimised.

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