



Child resilience in out-of-home care: Child welfare worker perspectives



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ABSTRACT

The study of resilience and its associated factors is highly applicable to the child welfare population as children living in out-of-home care have often experienced much adversity and are particularly vulnerable to the development of problems in numerous domains of functioning. The use of qualitative research in this area is scarce, and the majority of such studies have been based on the U.K. or U.S. child welfare systems. Therefore, the goal of the current study was to gain child welfare workers' perspectives on resilience and to explore the factors that they believe might influence resilience. Semi-structured interviews were conducted with 11 child welfare workers from Ontario (Canada) to accomplish this goal. The interview was developed using an ecological perspective that inquired about possible sources of resilience from within children themselves, their family, their community, and the child welfare worker and agency. The workers identified a number of factors associated with resilience (e.g., child intelligence, worker communication skills); however, the critical importance of a child's relationships and social support from others underpinned all factors discussed. The findings highlight the importance of including the perspectives of all those involved in the child welfare system in assessing the well-being of children in out-of-home care. In addition, the dynamic interrelationships between the various levels of the ecological model and how these can impact on how a child is doing in out-of-home care were highlighted.

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1. Introduction

The study of resilience and its associated factors is highly applicable to the child welfare population, as children living in out-of-home care have often experienced maltreatment. As such, they are particularly vulnerable to the development of problems across numerous domains of functioning including, but not limited to, behavioral (e.g., aggression), psychological (e.g., depression), cognitive (e.g., attention), and educational (e.g., academic achievement; Boivin & Hertzman, 2012; Cook et al., 2005; van der Kolk, 2005). Among maltreated populations, resilience is most often defined as low frequencies of behavioral problems or as competence in age-salient developmental tasks such as emotion regulation, formation of secure attachment relationships, and academic performance (Bell, Romano, & Flynn, 2013; Jaffee, Caspi, Moffitt, Polo-Tomas, & Taylor, 2007; Walsh, Dawson, & Mattingly, 2010). It is important to note that children who are considered resilient do not necessarily excel in their behavioral functioning but rather they function in the average range, typically operationally defined as scoring at or close to the normative mean on behavioral measures (Luthar, Cicchetti, & Becker, 2000). Also, resilience is recognized as a process and not a fixed attribute. This means that children may not exhibit resilience across

time, and resilience in one domain of functioning (e.g., academic performance) does not necessitate resilience in other domains (e.g., social relationships; Cicchetti, 2013; Luthar et al., 2000; Rutter, 2012; Walsh et al., 2010).

Previous research has identified a number of factors that are associated with child resilience. Quantitative research findings have primarily identified such variables including individual differences such as intelligence, strong connections to one or more effective parents, and community level variables such as effective schools (Masten, 2006). These variables can be organized using an ecological model (Belsky, 1980; Bronfenbrenner, 1979; Lynch & Cicchetti, 1998) in which several levels are nested within one another and have varying degrees of proximity to the individual. These include immediate influences within one's *microsystem* (e.g., family environment) as well as influences related to one's *ontogenic development* (e.g., child-rearing experiences within one's own family of origin). *Exosystem* influences refer to settings that do not involve the individual (e.g. caregiver's workplace), while *macrosystem* influences include broader cultural values and beliefs. Interactions between settings in which an individual is actively involved can also occur, which refer to *mesosystem* influences.

1.1. Qualitative perspectives on resilience

While the majority of previous research on resilience among children in out-of-home care has been quantitative in nature, several qualitative

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studies have been conducted (Drapeau, Saint-Jacques, Lepine, Begin, & Bernard, 2007; Fernandez, 2006; Hass & Graydon, 2009; Johnson-Garner & Meyers, 2003; Schofield & Beek, 2009). Past studies have indicated that the point of view of children and adolescents is important because they are able to provide insight into their own functioning that may not be apparent from the reports of others. Drapeau et al. (2007) conducted interviews with 12 adolescents 14 to 17 years of age living in out-of-home care in Quebec (Canada). Child welfare practitioners identified these adolescents as resilient in at least three out of five domains, specifically scholastic participation or employability, peer relationships, adult relationships, personal characteristics, and behavior. Resilience was determined based on practitioner ratings on several items for each of the five domains, and competence in each domain was considered equal to or greater than that of other youth in out-of-home care. Findings from the adolescent interviews revealed three turning points that were associated with resilience, namely action (i.e., a sense of achievement), self-reflection, and relationships. Turning points were defined as points in an adolescent's trajectory that set them on a path to greater resilience. These turning points reflected four major themes, including an increase in self-efficacy, distancing oneself from risk (e.g., removal from a group of antisocial friends), new opportunities in the environment (e.g., volunteering in the community), and multiplication of benefits in multiple domains (i.e., family, school, social life, and behavior).

Hass and Graydon (2009) also investigated sources of resilience among a U.S. sample of 44 young adults (mean age of 22 years) who were removed from their biological homes as children. Resilience was defined as the completion of a post-secondary educational or vocational program or at least junior standing in a four-year University program. The young adults identified a variety of factors associated with their success, most significantly a sense of competence, goals for the future, social support, and involvement in community service activities.

Finally, a five-year longitudinal study using a prospective, repeated mixed-methods design examined the nature of children's needs, strengths, and difficulties as well as caregiver responses to these needs (Fernandez, 2006). The sample consisted of 59 children 2 to 15 years of age placed with non-relative foster caregivers in Barnardos, Australia. Semi-structured interviews were conducted with children over the age of 10 and their caregivers in order to investigate factors associated with better adjustment. Findings indicated that, from the children's perspective, a stable placement, cohesive relationships with their foster caregivers, contact with biological parents, and friendships were important contributors to their well-being.

In addition to the perspectives of children and youth, foster caregiver views on resilient adaptation among children in out-of-home care have been previously investigated. Foster caregiver perspectives are also of importance given that they spend a significant amount of time with the children in their care, and positive caregiver-child relationships can work to attenuate effects of the adversity and stressors experienced by a child prior to entering out-of-home care (Masten & Shaffer, 2006). For instance, in a U.S. sample, Johnson-Garner and Meyers (2003) investigated factors associated with child resilience through interviews with 30 African-American kinship caregivers. To recruit families for participation, child welfare practitioners were asked by the study authors to identify children between 7 and 17 years of age on their caseloads who they perceived to be either resilient or non-resilient. Practitioners were provided with a definition of resilience that included child, family, and contextual factors. The findings from caregiver interviews revealed that resilient children lived in households where their kinship caregivers had better adjusted to their caregiving role, had more secure relationships with the child's birth parents, and had higher levels of social support in comparison to caregivers of non-resilient children. Features common to both households with resilient and non-resilient children were healthy communication, cohesion, and a sense of loyalty (Johnson-Garner & Meyers, 2003). In a more recent U.K. study, Schofield and Beek (2009) conducted interviews with 32 foster caregivers.

Interview questions focused on the caregiver's view of the child's secure base. This was defined as five interacting dimensions linked with resilient functioning, namely availability (i.e., helping young people to trust), sensitivity (i.e., helping young people to manage their feelings and behavior), acceptance (i.e., building young people's self-esteem), co-operation (i.e., helping young people to feel effective), and family membership (i.e., helping children to belong). Foster caregivers confirmed the importance of each dimension for child development and resilient functioning, with a particular emphasis on the need for continuous and long-term support (Schofield & Beek, 2009).

In sum, the qualitative literature (while limited) illustrates that a number of variables appear related to resilient adaptation across several different domains of functioning. Similar to findings from the quantitative research literature, these variables cut across the various systems identified in the ecological perspective, including a sense of competence and self-efficacy (ontogenic development), social support (microsystem), and opportunities to participate in the community (mesosystem; Klein, Kufeldt, & Rideout, 2006). This information has been derived primarily from children in out-of-home care and from caregivers (primarily foster parents).

1.1.1. Child welfare worker perspectives on resilience

Interestingly, the perspectives of child welfare workers employed in child welfare settings have largely been overlooked as sources of information despite the fact that they have daily contact with children in out-of-home care. While limited, qualitative studies that have interviewed child welfare workers have revealed important findings. In a study by McMurray, Connolly, Preston-Shoot, and Wigley (2008), 19 social workers from the U.K. were asked to review their case lists and identify youth whom they perceived to be at risk for being placed in out-of-home care. Fifty-two children 0 to 16 years of age were identified. Interviews were structured around the three following domains: the child's developmental needs; the caregiver's capacity to respond appropriately to the child's needs; and the wider family and environmental factors. The workers were also asked to reflect upon ways to promote resilience. Findings revealed that workers had difficulty conceptualizing and assessing resilience because of the multiple definitions and meanings that the term held. Despite this difficulty, they indicated that the majority of children with whom they worked were resilient (regardless of whether or not the child exhibited behavioral or emotional problems). They also highlighted the role of professionals, family members, and the educational system in promoting resilience.

A more recent U.S. study utilized both quantitative and qualitative methods (Thomas & Reifel, 2010) to collect data from 102 child welfare workers on their self-reported knowledge and skills in using resilience-based assessment, intervention, and case management within the child welfare system. Results revealed that the majority of child welfare workers identified concepts (e.g., vulnerability, adversity/trauma) as well as risk (e.g., multiple placements) and protective (e.g., sense of being loved) factors associated with resilience. The importance of using a resilience-based approach when working with children in out-of-home care was also highlighted. This was described as an approach that works to identify strengths within the individual and/or family environment in an effort to foster supports that will assist individuals and families in recovering from trauma and adversity. In a similar vein, Daniel (2006) explored the use of resilience as a construct to assist social workers in the U.K. with assessment and planning. Specifically, eight social workers of eight children between 5 and 11 years of age who had experienced neglect were recruited for training on the concept of resilience and semi-structured interviews. Findings from this mixed-methods study indicated that all workers were familiar with the concept of resilience and had incorporated it into their work in some way. Most notable among findings from the interviews was the conclusion that a child's secure base (i.e., positive relationship with an adult) underpinned all other domains discussed (i.e., education, friendships, talents and interests, positive values, social competencies).

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