

Promoting Resilience in Child and Family Social Work

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Working with loss

On a recent short holiday in Ireland my wife and I stopped at the local garage in a small village for some assistance with our car. The owner was friendly, but subdued. He explained that the whole community was deeply affected by the death of a local 19 year old in a car crash. The young man's funeral was to take place that evening. Together the three of us contemplated the horror for the young man's parents of the loss they had endured. 'They'll never be the same' this garage owner said. 'They'll improve - but they'll never be the same'. This is a very profound comment from an apparently simple, but clearly very sophisticated, man.

Many children known to social services may never be the same – following the enormity of the losses they may endure. To take the example of children in care, they may have to learn to endure the '*ongoingness of withoutness*' to quote the memorable

phrase of a woman writing about coping with life after the death of her eleven year old son (Vincent, 1998). Life may never be the same after a grievous loss.

Losses scar us; the scars may remain long after healing. But with many of the children and families we know in social services, the losses may still be raw, the emotional scar is there - but very little healing has happened. These children carry around the burden of the loss of the love of a parent, the loss by desertion of a parent, the loss by poverty and illness of a dead parent, the loss through addiction of the attention of a parent, the loss through violence and conflict of the harmony hoped for in childhood. The troubles that troubled children carry around are frequently tied to losses that still fester. As one of the characters in the Australian masterpiece, *Cloudstreet*, by Tim Winton puts it

‘That’s one thing you ‘ll learn. The lost will stay with you.’ (p. 303)

Or as John Bowlby puts it

Children are not slates from which the past can be rubbed by a duster or sponge, but human beings who carry their previous experiences with them and whose behaviour in the present is profoundly affected by what has gone before’, p. 114, Bowlby, J. (1951) *Maternal Care and Mental Health* Geneva: WHO

Yet a young person known to social services may face a heightened risk not only of loss, but also of **social isolation**. For example, the young person in care may end up

with a smaller social network than an equivalent young person not in care. A restricted social network may lead to a reduced range of social roles. In the absence of additional or alternative social roles, the young person may develop a consuming and stigmatised master-identity as ‘young-person-in-care’ or ‘young-person-as-client’ that comes to dominate their sense of self. Their in-care or client status may also lead to excessive reliance on formal services which may be both a cause - and consequence - of weaker access to informal social support. The young person may also have a narrower base of positive role models on whom to draw personally for guidance, inspiration and encouragement.

Those of us working with young people in care must be sensitive to the possible risk for these young people of being entrapped in a ghetto populated almost exclusively by young people in care or their carers, a ghetto that may lead onto longer term social exclusion on many fronts. At worst, we must strive to protect young people in care or leaving care from an ‘endless tundra of aloneness and loneliness’ to quote a telling phrase of the Irish playwright, Brian Friel¹. This ‘endless tundra’ of loneliness may be a real risk if we are not very active in promoting and preserving social connections for each young person as they grow up.

I am reminded here of the young woman – let’s call her ‘Annie’ - at a little low-key leaving-care graduation party in her honour². There was a very positive atmosphere and she joined in the speeches to say a few words reflecting on her experience. Looking around the room, she said ‘All my friends are adults’- most of the people present were adults from the services who had helped her along the way. She meant

¹ Sonya in *Afterplay* by Brian Friel

² I am grateful to a workshop participant who shared this story.

the comment appreciatively and affectionately, but there was certainly another very telling way to read it. Her story illustrates the risk of restricted social networks, excessive reliance on formal services and the master identity of being-in-care. Immersion in professional service systems may risk cutting young people off from peers and natural networks.

A young adult who had grown up in the care system in Australia touches on the same issue. He was contemplating marrying the mother of his child, but he said I would have ‘no-one to invite to the wedding’ (Maunder et al, 1999). A challenge for those concerned with the lives of young people in care is to ensure that young care leavers do indeed have social networks that can yield up a potential list of invitees to their wedding. I want to suggest that a sense of ‘belonging’ should become very central in thinking about the needs of young people in care.

Raymond Carver, the great American writer and poet, addresses this issue of belonging – a central question for all of us in his poem *Late Fragment*³

And did you get what

You wanted from this life, even so?

I did.

And what did you want?

To call myself beloved, to feel myself

Beloved on the earth

³ From Raymond Carver (1939-1988) *All of Us: Collected Poems* Harville Press 1996

These are profound questions for every human being, but they seem especially challenging for those of us concerned with young people in care. Can they call themselves ‘beloved’? Do they *feel* themselves ‘beloved’? Is the legacy of our work with them that they are connected into such enduring relationships? Is the legacy of our work with them that they are able to sustain, and be nurtured in, these enduring relationships?

One of my key arguments in this paper is that we must be both humble and flexible in how we go about helping build this legacy of relationships for a young person in care. Humility makes sense because we quickly know how challenging this task is. Flexibility makes sense because one size will not fit all. Youngsters come in different sizes and different circumstances, and need different responses. To quote a mother making a good job of rearing her teenage boy in the unforgiving and violent streets of inner city Philadelphia, *‘you have to be flexible, because life is flexible’*. She was talking to researcher Frank Furstenberg and his colleagues (1999) about her approach to parenting and the dilemmas she found. Her advice seems well suited to the challenges of providing well for vulnerable young people.

Where are youngsters in need of our care and support to find these relationships? Hopefully, they will find them with their parents or their primary carers, or possibly also in their extended family of origin. But they may also find positive and influential relationships in other settings – in school, for example. We should be open to finding such potential relationships wherever they may lie waiting to be tapped. We

should look ‘*wherever life pours ordinary plenty*’ to quote our much loved Irish poet Patrick Kavanagh.⁴

Part of the ‘*ordinary plenty*’ that life may pour may include the example and encouragement of key role models in a young person’s life and indeed of key relationships that the young person may observe. Yugoslav-Australian philosopher Raimond Gaita⁵ has written a wonderful reflection on his life growing up in his migrant family in Australia and his relationship with his father, who for much of the time was a lone parent. His account has a great deal to say about resilient development in the face of much adversity. He was close not only to his father, but also to his father’s best (male) friend. In the book *Romulus My Father*, he acknowledges the debt he owes both men for their influence and for the quality of the men’s friendship and its impact on him as a young boy.

*‘On many occasions in my life I have had the need to say, and thankfully have been able to say: I know what a good workman is; I know what an honest man is; I know what friendship is; I know because I remember these things in the person of my father, in the person of his friend Hora, and in the example of their friendship.’ Raimond Gaita
Romulus , My Father p. 74*

⁴ From the poem ‘Advent’ by Patrick Kavanagh in *The Complete Poems* p. 124-5

⁵ Raimond Gaita is Professor of Moral Philosophy at King's College London and Foundation Professor of Philosophy at Australian Catholic University

I think these powerful and moving lines from Raimond Gaita speak strongly to our work with vulnerable young people whether in care or not . Through our efforts , are youngsters in care endowed with at least some abiding images and experiences that help to steer them through life?

The power of such relationships can reach beyond the grave as Irish poet, Seamus Heaney, reminds us in his short poem '1.1.87'. I suggest that it is in part an acknowledgement to his late father for the sense of being supported that he has inherited.

1.1.87

Dangerous pavements.

But I face the ice this year

With my father's stick

Seamus Heaney, *Seeing Things*

Seeing Children as active agents in their own development

Young people are not passive bystanders in their own development. They are not passive receptacles into which we adults pour experiences. They are not wholly dependent. Children are active players in the search for their own destiny. Children help to shape the relationships they have with the people around them. We must avoid the trap of overlooking the child's capacity, the child's views and the child's concerns.

In a recent workshop I ran, a professional told a very personal story that underlines this point. She spoke of how she is a lone parent and a couple of years ago she received a diagnosis of cancer. Her three children were obviously shocked but they put on a brave face. But what she didn't know, until six months later when the news about her condition was much brighter, was that the children had indeed been very worried. But they had judged it best to shield her from that worry. With better news about the cancer, they were now able to admit to her that they had talked a lot amongst themselves and with best friends about their concerns and fears. They had also discussed at length about who would mind them after she died. These three children were aged between seven and eleven. The woman who told this story said she had learned deep lessons about how much is going on in children's minds beyond what adults can see, and how resourceful children can be. It is a challenge for us to try to anticipate the impact of stress on the child's inner world adults and to respect the child's capacity in so many different circumstances.

Children are not just victims of experience, they can also be resilient authors of experience. In our research in the Children's Research Centre in Trinity College, we focus a lot on the child's experience of different sets of circumstances. What is striking, and inspiring, is the extent to which we find that children facing all kinds of adversity – even young children – bring energy, ideas, understanding, capacity of their own to bear on the problems they face. As adults who aspire to help children and young people, we must avoid short-changing children in terms of not appreciating what they can bring to the table when issues in their lives are being faced and addressed.

But valuing and respecting children's agency and capacity is not a license for adults to abandon their responsibility to children. It is not a license to shift the burden for difficult decisions onto children's shoulders under some mistaken view of progressive practice. In recent research on children's experience of parental separation which was conducted at the Children's Research Centre, the children and adolescents said clearly they wanted to be informed and involved as to what was going in the family's adjustment to parental separation (Hogan, Halpenny and Greene, 2002). But equally clearly the children said they did not want to carry responsibility for deciding with whom they should live. Wisely, they saw this as parental or adult business. The children saw a crucial difference between being involved, and being landed with responsibility for decisions of great enormity. As adults we must listen to and involve children and adolescents, while avoiding shifting our responsibility for key decisions onto their shoulders.

Thinking about Informal Social Support

My wife Mary is in recovery from the fear of flying. Her progress I think offers some interesting insights into the issue of support and how it works. In telling this story , I should assure you that I have Mary's full agreement to share it with you , indeed she is likely to share it with anyone who shows the slightest flicker of interest.

In telling the story of Mary's recovery from fear of flying, I should really declare that, as an avid flier and former 'anorak' in my adolescence about planes and flying, I was not a natural source of support for Mary about her fear of flying, however sympathetic or reassuring I tried to be. My objectivity was somehow in question. How could I possibly understand how dangerous this crazy business of flying actually was since I

was so naïve as to actually enjoy it? Lesson one in social or family support – just because you're close, it doesn't necessarily mean you are experienced as supportive!

So bad did Mary's fear of flying become that on one occasion when we were about to take a short flight to London together she got off the plane just as they were about to close the doors, no doubt convincing my fellow passengers that I was some kind of brute. Anyhow, in the past year Mary has made such progress in flying that she readily boards planes. She has recently enjoyed her first in-flight meal and has actually managed to walk down the aisle in mid flight – trivial steps for you perhaps, but giant steps for Mary.

Support played its part in her progress, support from within her social network. Mary was telling her colleagues in work about her fear of flying and how it limited the type of holidays we could contemplate. One colleague mentioned that her partner was a senior pilot in Aer Lingus and that he often helped people with their fear of flying – it was almost a hobby of his. He offered to help and Mary accepted. He took Mary for half a day or so around every conceivable part of Dublin airport, all around a jumbo and a flight simulator to try to satisfy her questions and anxieties. This did not transform things alone, but it was to prove to be the first positive step forward. The visit to the airport and the detailed 'seminar' involved helped her to contemplate another flight. The incentive of holidays in nice places abroad also helped. Each flight she survived helped. Each forward step helped encourage the next one. Information from her pilot friend, incentives in the form of flights to nice places or to visit family or friends, forward progress at her own pace, and encouragement (or more

accurately a supportive presence) - on the part of her 'anorak' husband - all played a part. Having her anxiety officially validated seemed an important factor.

At the end of the day, it was really Mary's own sense of agency and capacity that began to move things on. Others could respect her anxieties and help to create favourable conditions for change, but ultimately change could come only by her choice, and at her pace, - it could not be imposed. Support cannot force change but it can create conditions where change may become more possible. In a sense the captain in Aer Lingus started constructing the *scaffolding* by which Mary could (re)build her own capacity for change and healing.

Social or family support is often about constructing the scaffolding so that people will feel safer as they risk exploring how to build solutions to their difficulties and find the resources they need. The metaphor of scaffolding (which I borrow from the theoretical work of the great Russian psychologist Lev Vygotsky and his concept of the zone of proximal development) works here in two senses. Firstly, the scaffolding of the Captain's support and information helped Mary to stretch herself in a safe way in dealing with the issue. Secondly as in real life scaffolding, the scaffolder was not necessarily standing there guiding people in how to use it. The captain was not with Mary when she flew her next flight. He was not coaxing her along in some intrusive way.

In a sense his job was done, done quietly in the background using information and confidence-building to change thinking about what was possible. He sought to change the conditions in which Mary might act by a short jab of high quality attention. This

story contains many of the ingredients of social and family support: the right connection being made between someone with a need and someone with an ability to serve that need, support from a trusted member of the network, credible information, support that occurred organically rather than in a ‘processed’ way because of the pilot’s personal interest rather than official duty, low key background helping, a supportive backdrop, safe conditions for learning, certain incentives for change, and crucially a space for the person to use their own capacity when they felt ready.

I want to suggest that, as in this story, most support or help received by people flows naturally between friends or family as part of their conscious wish to help and support each other. But, also, much support may occur unwittingly or unconsciously in day to day living. Person A may feel encouraged, inspired, supported by the actions of person B, despite person B possibly being quite unaware that they are having this effect on person A. Most of the support we seek and truly value comes in either of these ways – consciously or unconsciously. It does not necessarily come in the guise of services or projects or programmes.

Indeed if we think of the actions of the pilot in my story about my wife’s fear of flying, the pilot offered this help *informally* as a favour to someone who was part of his wife’s workplace network. To be effective, it did not have to be a formally recognised or official *service*. In some ways, what the pilot did could be represented as an example of spontaneously occurring informal or ‘organic’ support, rather than, to continue the food analogy, ‘processed’ support, that had to be provided within some kind of formal and organised system, remote from the life and preferences of the person helped. The fear of flying story also shows that support for change does not

always have to involve a long lasting effort. Sometimes good support is the equivalent of a nudge in the right direction, that may help innate capacity and coping to kick in, rather as it did in my wife's story.

An example from medical and nursing care helps to illustrate further what I mean. In wound management, the role of the nurse is to create the conditions where the natural healing power of the person's systems can kick in. Basically assuming the person's systems are in reasonable shape, the nurse must clean the wound, step back and let natural healing kick in. I suggest to you that much of family support is akin to this model of wound management. The professional has a role but it is complementary rather than dominant.

But having said all that, we must recognise a number of realities. There are some limits to how much we can rely on natural or organic helping. Families and friends can be sources of stress and tension as well as help and support. Happily for many people the helpfulness outweighs the awkwardness. Also, some people may not have many people to call upon in their family or friendship network. Another reality is that need is not always responsive to short term help.

To return to medical analogies, we recognise that an amputee will not grow out of needing the constant support of a prosthetic limb, nor is a diabetic likely to grow out of the need or the daily support of insulin. Offering that long-term help or supporting those who give it may be pretty critical as otherwise the attention span or interest of the helper may dip. So we need to work with the reality that support may not always lead to a cure, it may just keep people going which may be a very good outcome

indeed. On the other hand some people may find that a short jab of help produces long acting effects, as in my wife's case.

Our approach to promoting and facilitating child and family support must be versatile. It must recognise and encourage the chance connections of support that may occur in people's social networks. It must appreciate the variability in people's networks – and professionals' deeply ingrained tendency to discount such networks. It must recognise the range of support that may be required from daily intensive to low key once off. It must recognise the subtle skills in child and family support in helping people hook up to the kinds of support that make most sense to them in the context of their needs and circumstances. I have said that help often does not come through services. I am not saying we do not need services in family support, but I think we must reflect on what they are fundamentally about. They have the subtle task of creating conditions that are supportive and tailored to the needs of the particular situation. This requires a lot of understanding and sensitivity.

In **Part 1** of this paper which I have just concluded, I have looked at a number of issues in this paper:

- the significance of loss issues in all our work with children and families
- some key issues in the nature of support and helping
- the importance of viewing a child as an active agent.

In **Part 2** I want to look at some more specific ideas as to how to approach our **resilience-enhancing** work with children and families. rather than passive agent in their own development.

Part 2

Listening Carefully

Hidden behind the surface of a child's life may be much loss that stays with them. It may also be a loss that the child experiences as somehow shaming, and lacking in public acknowledgment or sympathy. But a child carrying that kind of painful loss may not be ready to tell us this directly. We may only begin to see it through their behaviour. In our work with troubled children, we must seek to understand their behaviour as communication. What is this child trying to tell us through their behaviour? In dealing with troubled behaviour we must look beneath the surface.

As practitioners, we will make wiser choices and better decisions if we listen carefully to what children are telling us in their words and behaviour. In many cases it may not be that children are not telling us what is going on, it may be more that we as adults are not listening carefully enough. If we listen carefully we may begin to get the bigger picture. The story of Sarah illustrates this point.

Sarah was suspended from school for disruptive and aggravating behaviour that largely centred around shouting constantly at teachers and other children. Her social worker recognised how important school was for this girl and for her prospects. He sought to find a way of bridging the divide that had emerged between Sarah and her school. As if proof of her interest in school, after she was suspended Sarah hung around outside the school railings all day. This served to further annoy the teachers. The social worker investigated her home circumstances and found that Sarah's parents had broken up, and that the only adult who showed commitment to her was her granny with whom she now lived. It emerged that granny was stone deaf and

could only barely hear, if shouted at. This threw new light on Sarah's own shouting behaviour.

The social worker went back to the school and suggested that the shouting could be seen not as a provocation for teachers, but as flowing from the pattern of precious communication between a frail and loving granny and an isolated teenager. This new evidence transformed the school's approach, and Sarah was soon happily re-integrated. This story underlines two things. Firstly, it highlights the importance of knowing each child as an individual, and striving for a fuller understanding of the particular context of each child's behaviour. Secondly, it shows the importance of the school having access to information from other professionals and from the child's natural social networks to help make sense of the child's needs and issues. It underlines the importance of effective communication between professionals and across systems. Thirdly it underlines the over-riding importance in Sarah's life of the concern of her frail granny.

Work with realities

One of the challenges for professionals working with troubled children and their families is dealing with **resistance**. Children and families may present a front of not wanting help. Children or parents may not engage, they may try to get us to go away. Yet we must try to remember that resistance to help is natural and understandable. Children and parents in touch with our services may have suffered hurt and pain. One can often expect to find grave loss and hurt in the histories of the people who make up these families in difficulty. This hurt and loss has taught these families certain

messages. Close relationships have gone wrong. Getting close in relationships seems often to bring hurt. And this includes relationships with the countless professionals who shuffle, fleetingly, on and off the stage that is the family's life. From the perspective of family members, professionals tend not to stick around, they may come and go, and often they may not have much of a clue of the reality in *that* family home. We must also remember that children and families may try to fend off professional contact as a way of saving face. It is bad enough they are not doing well, but it is even worse to have this highlighted by a professional. One of the most human instincts is the urge not to lose face.

Families may only come clean when they feel safe with, and respected by, the professional or the carer, when they connect with the *person* that is the professional or the carer, when they get to know the person at some human level. Helping requires *proximity* at many levels.

The experience of one of our students working with children on a summer project in a family center helps to illustrate this point. She was to work intensively with the children in one particular family. She seemed to strike up a good relationship with the children and their parents. It soon emerged that the family was a little short on routines such as sitting down to have meals together - ever. As part of her work with them, the student suggested to the family that they would have a summer meal one day at home that she and the children would help to prepare. The family warmed to the idea, but as the planning progressed, the student discovered that the family cutlery stretched to one knife, one fork and one spoon – certainly one practical factor in the lack of family meals together. Many professionals cruised through this family's life,

but I think it is safe to assume that this student was the first to get close enough to make this discovery. Professionals may argue that lack of time distances them from families, but it also seems to be an issue of trying to see and respect the world as seen from inside the shoes of family members. Professional work will have an impact when it engages, respectfully, with the reality of life as lived by the child and family.

It may take some time for families who have become alienated, disaffected, disillusioned, from mainstream services to engage with the service of a social worker, a carer, a family support worker or volunteer and to begin at some level to **trust** the *person* in that role.

Time, and a focus on the building of relationship as an initial end in itself, become crucial (Morrison Dore and Alexander, 1996). Unless a 'therapeutic alliance' is formed, it is unlikely that anything very productive will emerge from the helping relationship. To recall Harris' (1993) metaphor, help may be more valuable coming in the form of a 'milk van' (low key, nurturing, regular, reliable, long term) rather than a 'fire brigade' (sudden, once off, invasive, crisis driven, hyped)

In working with children and families, there are many challenges but there are also many possibilities lying waiting to be tapped in the lives of the children, their families and the natural and organisational systems surrounding them.

Life's 'Ordinary Plenty' to be Found in Many Places

Part of 'life's ordinary plenty' may lie waiting to be tapped in school. And the benefits flowing from different aspects of school may be felt well into adulthood. A major New Zealand study of adult women who were victims of childhood sexual abuse found that positive school experiences in any one of the academic, sporting or social spheres were among the influences which helped those of the women who had largely recovered from the experience (Romans et al, 1995).

Clearly such benefits from school experience extend to those enduring adversities other than sexual abuse, as the story of Debra Fearn testifies. Debra Fearn grew up in care in England and now lectures in a university there. In this quotation, she reflects on the help she received from a teacher, as she coped with life in care.

'.....the intervention of my English teacher has helped shape the person I am today.

She became a 'surrogate' mother to me in many ways, with very little effort it seemed at the time. However looking back, she put in time and energy over and above what could be expected. She saw a 'spark' in me and for the next seven years, ensured that the spark became a flame that did not extinguish itself. She believed in me, and gave me courage and a belief in my self that could have easily been lost along the way.

When I failed Maths and French at ‘O’ Level, she ensured that I received extra tuition after school, and she gave me the belief that I would be successful the second time around. In addition, she gave me extra handwriting lessons, and these were crucial in helping me to pass French especially. My handwriting was neat but very, very small, so these extra lessons made a vital difference.

What makes her stand out in my mind is that she cared for me and she liked me. She was my friend, so even though she did not teach me for two years, she had regular informal chats with me, and kept an eye on my progress. Other teachers were an important influence on me, too, and they played their part in making school an enjoyable experience, but Mrs Hoole walked the extra mile that made the difference.”⁶

I recount this story, not to imply that every teacher lies waiting to play such a role (though quite a few may do so), but more that Mrs Hoole is but one example of the range of adults, beyond those in primary care giving roles, who may play a key role in a young person’s positive development. What is also significant is that such a key role may need only to be played over a selected period. Enduring effect does not necessarily need very long lasting involvement.

- ⁶ Debra Fearn, Senior Lecturer, University of Hertfordshire ‘Protective Factors for a Childhood in Care’ in Enriching Education for Children in Care – Resilience, Potential and Attainment’ Report of Conference held on November 8th 2002

Relationships with other adults beyond home and school may also yield enduring benefits. For example, an adult from a young person's extended family or social network may play a mentoring role in helping the young person to develop a skill or interest. These opportunities often present unexpectedly – and the trick is to not let them pass by. One illustration of this involves a grandfather, who had been a French polisher (specialised polisher of fine furniture). He began to teach his skills to his grandson who was an adolescent living in a residential unit. The Head of Home allowed the youngster to use 'a shed out the back' to practise his new - found skill. He was able to get some work from staff and neighbours. This was an example of the professional – the head of home - using his influence to release positive energy in the grandfather – grandson relationship and add a resource which assisted the fullest exploitation (in the best sense) of what the grandfather had to offer. Lending the shed seems to reflect professional practice of a very high standard, a practice sensitive to the layers of meaning in the grandfather's generosity to his grandson. This transmission of a skill was not only giving the young person a social niche, a meaningful role, a means of enhancing self-esteem and self efficacy. It was also helping the youngster to connect with traditions in his family of origin and thereby assisting his sense of belonging and identity as part of that family grouping. It was also helping the boy ease into the world of work. He ultimately found a niche as a French polisher in adulthood.

The Value of Hobbies / Interest and Associated Social Roles

As the story above indicates, part of 'life's ordinary plenty' may also lie in hobbies / interests and activities that may attract the interest of a young person.

Another nice example of this comes from the story of a young boy who had been in residential care and at the age of 9 or 10 went to a foster family. He was a shy boy and inclined to be a loner in school and at home. It happened that the foster father was interested in tropical fish and soon the boy became interested too. He became so enthusiastic that he got other boys interested in school and they formed a tropical fish club; he began to write to pen pals abroad who were also tropical fish fans; and he also got himself a job over two summers in the local pet shop because he knew so much about tropical fish. After a few years the placement broke down. The social worker collected him in her car to move him to the next placement; and the foster father drove behind with the boy's tank of tropical fish.

If nothing else, the boy had acquired a potential life long interest and had been helped to tap into social relationships and social roles a long way from life in care. Clearly, the boy had gained from the placement in many ways, but the tropical fish seemed an especially important legacy. These fish – and the foster carers - had helped him to escape the ghetto of care. They helped him to shed the master identity of 'boy-in-care', or perhaps more accurately 'depressed-boy-in-care', if the truth were told. These fish and the foster carers also helped him to acquire the experience of roles as part – time worker in a pet shop, pen pal, tropical fish expert, club organizer in school, and friend. This set of new roles may have served to boost his morale, even temporarily, and offered him an important sense of what might be possible in the future. This story of minding goldfish reminds us of the potentially therapeutic power of what, on the surface, may seem simple or mundane experience in children's daily lives.

This story illustrates that even by managing to build on even one positive factor in a child's circumstances, this may prove a turning point onto a more positive pathway or into a positive upward spiral of change (Clausen, 1995) . One thing going well may change a child's perception of themselves, and what is possible (Gilligan, 2001). More importantly even, it may challenge negative expectations of others about that child.

These stories of progress stemming from school, hobbies and part – time work chime with the research findings of Vaillant and Vaillant (1981). They found that what they termed 'childhood industry' was associated with better mental health, better inter-personal relationships and better work experiences for men who had grown up in high crime neighbourhoods in inner city Boston. By this they meant men who as children had showed a capacity to be active on a range of fronts, that is in regular part time work, household chores, school achievement and involvement in extra-curricular activities. So encouraging young people who are in care or who are vulnerable to be active and to display initiative and self-efficacy in some domain of their life, - at home, in school and in the wider world may have an important later pay-off for them.

In thinking about how to help promote protective factors for young people in care, it is worth recalling that people live their lives in a number of domains: home, school, neighbourhood, peer group, recreational activities, part-time work.

Helping

Helping a child is not just about delivering services. It is about a stance that draws out what the child and others can bring to solving problems and meeting needs. Helping is something about creating a space where good things can happen. We may not be able to script or dictate what happens, but I suggest that perhaps we can give things a favourable nudge in the right direction.

When we look at a glass filled half way with water do we say the glass is half empty, or do we say the glass is half full? I would suggest that too often child welfare services are inclined to say that the glass is half empty. In looking to help, they are too ready to look for deficits, pathology, failure, inadequacy when they come to size up a case or a situation.

There is another way, that is to say that 'the glass is half full' and to build on from that positive start. If we can recognise and tap into the strengths and resources of the child and their social context then we have a better chance of mobilising the help they need.

By managing to build on even one positive factor in a child's circumstances, this may prove a turning point onto a more positive pathway or into a positive upward spiral of change (Clausen, 1995) . One thing going well may change a child's perception of themselves, and what is possible (Gilligan 1999). More importantly even, it may challenge negative adult expectations about that child.

Strangely, professionals may be poor at avoiding negative views of clients and also weak at identifying or recognising strengths in the child or family. Despite being highly trained, their assessment skills may be curiously one dimensional, preoccupied with deficits and pathology, at the expense of any attention to strengths. Yet looking for strengths can really turn practice around. As the leading Australian family therapist, Michael Durrant, puts it in his book on residential child care:

‘My experience is that, the more I strive (and, sometimes, struggle) to see my clients as competent and successful so the more they tend to demonstrate these characteristics (and, at the same time, the more I simply don’t notice their deficits or pathology) (Durrant, 1993, 186)

As noted above, children live their lives in a number of domains: home, school, neighbourhood, peer group, recreational activities, part-time work. The challenge for our work in caring is to find and support positives in at least one of these domains. Supportive resources in even one domain may help the person to cope with negative forces in another domain (Brodsky, 1999). Good times in school may, for example, help a child to cope with bad times at home. Doing well in a part-time job may help to counteract negative experiences in school or home. What we have to do is help troubled children to find what have been termed ‘**arenas of comfort**’ in their lives (Simmons and Blyth 1987, cited in Thiede Call 1996). It may well be that at times, the child’s ‘arena of comfort’ may be outside the family or the residential unit or

foster home – and that’s OK. For many children a key ‘arena of comfort’ may be school or some part of school that works well for them.

These different domains or arena of comfort offer opportunities to play different social roles of, for example, neighbour, student, part-time worker, sports committee member. These roles help to generate relationships⁷. Hopefully one or more of these relationships may yield up positive turning point experiences as in Debra Fearn’s relationship with her teacher Mrs Hoole.. The **role identity** associated with each of these roles also helps to dilute any oppressive master-identity such as that of ‘young-person-in-care’ or ‘young person-as-client’.

In many ways the best way to help children may be to help parents. What we might sometimes most usefully do is to help the expand the number of *role identities* a parent plays, the number of ‘hats’ they wear in every day life. There is evidence that physical and mental health benefits from multiple role identities. We need to help people to escape from oppressive master identities such as that of ‘poor lone parent’. That person needs to become neighbour, student, part-time worker, sports committee member or some combination of these. This helps to broaden the person’s social network and lighten the all-consuming burden of their circumstances. It also helps people to move beyond a role of dependency. People need to feel they can offer something as well as taking things. They do want to be trapped only in the role of recipient. Good helping builds in opportunities for some level of reciprocity: you help

⁷ We also know that multiple social roles help to improved physical and mental health more generally.

me, I help you; I get help, I give help. Ordinary people seem to ‘get’ this; often professional services seem not to.

Our task is to find ways to help release the natural powers for healing and development that may lie blocked in the child and family. We have to offer our own commitment to the child and family. But we must also try to help release the healing and commitment which may lie waiting to be tapped in the extended family, in the neighbourhood, in the school community, in spare time activities. What we must try to do is to tap into the positive qualities and strengths that lie within ourselves, within the child, within the parents, within the child’s relatives and friends and within the professional systems that surround the child and family.

Help comes in many forms, it doesn’t just come in white coats or by formal appointment. Therapy does not occur only in clinical settings. Just as everyday life often provides the *physiotherapy* that people may need when striving to recover normal physical functioning after serious injuries and operations, so everyday life often contains many opportunities for *psychotherapy* for children striving to recover normal psychological functioning after serious trauma and hurt. Ordinary everyday living contains many positive opportunities for healing. It may sound corny, but little things can often make a big difference. The British retail company Marks and Spencer apparently have a training slogan ‘retail is in the detail’. Caring, also, is in the detail. It is often the little things that carers do – or the opportunities they create that add up to making a difference. As in the story about the manager of the residential unit who allowed the shed in the unit to be used for French polishing of furniture by a youngster in the unit and his grandfather.

Our supportive relationship with a child is very important, but that relationship needs to be inclusive of other important resources and supports that may lie waiting to be tapped. We also hope the child has an attachment to parents. Or where that does not work out to replacement carers, but that does not have to be at the expense of attachments the child brings from past relationships, or of ones they may form in the future. We now understand that children can have a **hierarchy of attachments** of varying levels of intensity and significance (Trinke and Bartholomew, 1997; Holmes, 1993). All can be meaningful and valuable.

As carers or supporters of a child, we need to avoid embracing the child in a way which blocks space for natural family, friends, neighbours, school to play their part. ‘It takes a whole village to raise a child’ according to the much quoted African proverb. We need to leave space for the village to play its part in supporting the development of children in care or children in need. The social network is influential – for good or ill, but hopefully, mostly for good. It may seem an obvious thing to say. A lot of players count in helping the child make progress.

We need to trust and nurture the natural urge for development

One key player in that progress is the child his or herself. We should not forget, as I have been saying, that children themselves are active agents in their own development. This clearly is not to say that they are solely responsible for their own development, but it is to say that they certainly are not passive bystanders. What we have to learn to do is to trust the natural urge for positive development that lies within

each child. Emotional trauma may have blocked or dimmed that urge. But it is there and in the right atmosphere the natural drive for growth and healing can be restored.

To borrow again that metaphor from the world of nursing, the care of a wound involves creating the conditions which clear the way for the natural healing powers of the body to kick in. In foster and residential care and in family support, we might say that we are about trying to help the healing of emotional wounds by creating the conditions for the natural developmental and healing powers of the child to kick in .

To use again the image borrowed from the work of the great Russian psychologist Vygotsky, our task in looking after vulnerable children or children in care is to place **scaffolding** around the young person as they build their future. Scaffolding allows building to proceed safely. Builders use scaffolding when they need it. Similarly, the young person uses the scaffolding of the adult's support when they need it, but not when they don't . The trick for the adult is to give help when it is needed, and to hold back when it is not needed. The young person develops by a combination of their own effort and the right support when they need it. Like the builder, the young person will only need the scaffolding for a certain time, or for certain critical tasks. We can help young people to be resilient in the face of adversity by helping build their sense of belonging to, and acceptance by, people who value them. We can also help them to be resilient by building their sense of self esteem and self efficacy through their accomplishment of tasks they value. Put simply young people thrive through supportive *relationships*, especially with adults. Care has to be based fundamentally on young people's relationships with committed supportive adults. Those adults may

be at home, in the extended family, in school, in the care setting, or in the wider community.

To benefit from care and to overcome problems the young person needs to experience positive relationships with committed supportive adults. This point cannot be stressed enough. Let us remember that young people who do well invariably do so because of the encouragement and constant support of at least one adult who means a lot to them. Does each young person in touch with our services have access to such an adult in their circle of care?

So whether we think of care as restoring positive energy, healing wounds or providing scaffolding, we must remember that our work in the 'circle of care' involves valuing our own and each other's strengths. It also means our offering each other the right balance of 'space' and support. We all need some space in which to exercise our capacity for own personal discretion and autonomy. But we also need to know that the scaffolding of support is there when we need it. The children need this space *and* support, so do the parents or carers, so does the extended family, so do the social workers. The challenge for agencies and the public authorities is to promote the right degree of space and support for the all the partners in caring.

Promoting resilience

Resilience is about doing well in the face of bad things. Resilience is not so much a fixed trait in a person but a quality which may be displayed when sufficient support of the right kind helps the person to withstand the impact of adversity. Resilience in children and young people grows out of a strong sense of belonging, out of good self

esteem and out of a sense of self efficacy or being able to achieve things and make a difference. Fundamentally these qualities grow out of supportive relationships with parents, relatives , teachers or other adults (or sometimes peers) who offer in-depth commitment, encouragement and support.

Resilience is not some form of moral fibre randomly allocated by some mysterious process to certain fortunate children. Nor is it a quality which can be transmitted by some kind of psycho-social vaccination. There is no one-shot magic bullet of resilience which will inoculate children against the effects of social adversity and social inequality. There are no short cuts in policy terms. There is no resilience-based alternative to policy based on justice and serving needs.

To enhance the resilience of vulnerable children, public policy has to promote nurturing contexts for these children's development. In particular it needs to support measures which respect, nurture and complement naturally occurring supports in the routine contexts of the children's everyday lives. Specifically, this means respecting, nurturing and complementing the contribution made by ordinary parents and carers, ordinary schools, ordinary neighbourhoods. It means recognising that promoting the well being of children is about more than a narrow and bureaucratic vision of child protection. It means working not only with the child, but also with the natural allies of the child in the natural everyday domains in which the child lives.

In assessing the quality of our efforts at providing care and support to vulnerable young people now or at building towards positive futures for them , we should be thinking in terms of the **legacy** that we leave the young person to bring into and through adulthood. I would suggest that most young people would hope that that

legacy includes a pathway into a stable relationship, a stable job, and a stable social network, that offers access to reliable social support. And crucially they would hope for guarantees of connections to people with a partisan commitment to the young person, whether born of kinship ties or otherwise.

In marshalling the resources to respond to these needs, we should be careful to be as inclusive of potential resources as possible.

In striving to promote resilience we should not think of it as some fixed trait or as some magic bullet with guaranteed and pervasive qualities. Life is not that simple, much as we might wish it to be. Promoting resilience seems more about releasing positive energy and processes in the different contexts of a young person's life. In relation to young people in care, any potential resilience is likely to be enhanced by

- A sense of secure base / confiding relationships
- Positive school experiences (academic and non-academic)
- Social support
- 'Childhood industry' and a general sense of competence
- constructive appraisal of self and circumstances

If we look at some of the stories of adults and young people who have come through serious adversity and who have done well, it is clear that there are many and varied pathways for doing well. There are many launching pads for trajectories of positive development. There are many different factors that may lead on to good outcomes.

We certainly need to search for lessons that are common across successful cases. But we need to do so in appreciation of diversity rather than dogma. We also need to

avoid confusing administrative outcomes with outcomes for the child or young person. There are *many pathways to good outcomes*, and in a sense many places that can be called ‘good outcome’.

To quote again that mother making a good job of rearing her teenage boy in the unforgiving and violent streets of inner city Philadelphia, ‘you have to be flexible, because life is flexible’.

Given how difficult it is to engineer positive futures for vulnerable children that prove effective and sustainable, our approach should be to draw on as wide a repertoire of resources as possible. We should be striving to paint the future from a broad palette of existing and new possibilities. Our goal should be to maximise the range of social and emotional assets the young person can call upon.

As I conclude, I want to suggest that we can learn something for our work in child and family social work if we think of how and where we get help in our own lives. I suggest that it more often comes from people rather than services, and more often from people we know and trust. Very often help restores our self belief, our self – reliance, our autonomy, our capacity, our natural urge for healing and development. Our role in social support is less about doing things for or to people, and more about restoring and re-invigorating their own capacity, and re-connecting them to the social solidarity and the natural social systems that may surround them.

I thank you very much for your kind attention.

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