

Building Resilience in Young People within a Residential Care Setting

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The aim of this research project is to investigate the means of building resilience in young people in residential care. Many children enter residential care as a result of their physical or emotional needs not being met by their parents or primary caregiver. It is suggested that, as a consequence of these traumatic and neglectful childhoods, many of these young people present with challenging behaviours and complex emotional dysregulation (Ford et al., 2010; Podgurski et al., 2014 cited in Kisiel et al., 2016). Practical observations have shown that these behaviours have negatively affected many aspects of these young people's lives, including personal relationships and education.

This research project aims to dissect these aforementioned issues through an alternative and restorative view. For all the well-documented negatives that young people in residential care face, multiple sources within the literature suggest that there may be a saving grace- the concept of resilience (Gilligan 2009; Rutter 2012; Fenton 2015; Hornor 2016). The role played by residential staff as positive role models and incorporating resilience building techniques will also be examined. The subject of resilience will be explored in a manner which will address how it can contribute to positive outcomes for young people as they progress towards leaving care. Alternatively, issues that negatively impact the resilience of young people in care will be deliberated upon.

This research project will explore the topic through a life-cycle approach. The literature review will illuminate the concept of resilience and the reasons behind young people entering residential care. It will also consider resilience holistically i.e. the positive impact it can have, how it can be built and the implications of a lack of resilience. An appropriate research method will thus be selected in order to get an insight into the area, with the resultant findings producing themes to be discussed, compared and contrasted to the views garnered within the literature. This will ensure that a well-rounded view of the subject matter is achieved. This is essential in order to accurately ascertain the significance of the study, following this; recommendations will be made with regards to how prominent issues may be addressed and determine if further research is necessary.

Rationale

The reasoning behind the undertaking of this research project has been underpinned by the researcher's practical experience in the area of residential care. Many young people in residential care have displayed incredible resilience to survive an upbringing where abuse and neglect has been commonplace. The main objectives of this research project are to explore how this resilience can shape young people's functioning, whilst also examining the role staff play in building resilience and effective resilience building techniques. This research project has been approached in a manner where the results may act as a valuable framework for the researcher whilst practicing in this area.

Research Questions

The key research questions which shaped the focus of this research topic are detailed below.

1. How does resilience influence the lives of young people in residential care with regards to life in care and outcomes on leaving the care system?
2. What role do staff play in building resilience in young people in residential care?

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3. What specific techniques can be utilised to build resilience for young people in residential care?

1: Literature Review

In order to conduct an in-depth analysis of the topic, a systematic literature review was carried out on research previously completed on the subject matter. This involved searching for, and reading numerous academic and popular sources. Many of these sources were obtained through Dundalk Institute of Technology's Multisearch database. Books, reports and online articles were also utilised within the literature review.

Defining Resilience

In order to explore the concept of resilience, it is important that a relevant definition is sourced. Resilience can be defined as: "the process by which individuals achieve adaptive functioning in the face of adversity" (Hines *et al.*, 2005, p.381 cited in Neal, 2017, p.243). It is possible however, to use simple terms to define resilience in the form of: "competence in the face of adversity" (Hyman and Williams 2001 cited in Ben-David and Jonson-Reid 2017, p.93). The theory of resilience has its foundations in research carried out in the early 1970s which examined children at risk of certain psychopathology (Garmezy 1974, 1985 cited in Rutter 2012). Psychopathology is the study of mental disorders and their development (Fischer *et al.*, 2016). At this time, the research was centred on increasing the use of the strengths-based approach (Masten 2001 cited in O'Brien 2011). The strengths-based approach transforms the mind-set of the practitioner from focusing on the clients' issues, to working towards a viable solution to address their concerns. This is done by means of rousing the client's interest in achieving specified goals and aspirations (Saleebey 2009).

Resilience can also be described as a: "dynamic process of positive adaptation following the presence of a significant risk" (Luthar *et al.*, 2000 cited in Sattler and Font 2018, p.105). While this definition is useful, the use of the word 'significant' is a little imprecise and could be viewed as underplaying the difficulties which some people who live with mental health issues have to engage with on an almost daily basis. Resilience may not always be relevant to overcoming a 'significant risk' but alternatively, it could be the physical or mental strengths people use daily, such as an individual suffering from depression who struggles to complete their daily tasks.

Statistics on children in residential care in Ireland

According to statistics from Tusla (2018), the state Child and Family agency, as of February 2018 there are 6161 children in the Irish care system (see Appendix A for the latest care statistics). Out of this number, six per cent are in residential care, which represents 357 young people (Ibid.). There are many reasons why children end up in the care system, common issues include neglect, child abuse, issues with regards to behaviour and parental absence (Howard and Lyons 2014; Neal 2017). Although parental absence is often associated with abandonment, it could be construed that parents may be physically available to their children but not emotionally.

Trauma and Challenging Behaviour

These aforementioned issues can result in trauma for young people whose personality is still being mapped out. Trauma is the outcome of a devastating occurrence that leaves the young person feeling vulnerable or compromised: this can manifest itself internally and distort their view of the world around them (National Child Traumatic Stress Network (NCTSN) 2012; Maze *et al.*, cited in Vandervort *et al.*, 2012). Multiple sources assert that those who have

experienced a traumatic childhood can present with challenging or maladaptive behaviours with many struggling with emotional maturity (Ford *et al.*, 2010; Podgurski *et al.*, 2014 cited in Kisiel *et al.*, 2016). Challenging behaviour can include attention-seeking, property damage and physical and verbal assault (O'Brien 2011). For those that demonstrate challenging or violent behaviour, it could be argued that where there is fight, there is resilience for staff to build upon.

For young people in care who are living with trauma, being removed from their home may compound or exacerbate their issues. Previous research embraces a story from a young person who surmised how, on entering residential care for the first time, he felt a degree of shame and extreme loneliness after being separated from his alcohol-addicted and neglectful parents (Fenton 2015). However, not all people who experience trauma in their early life are guaranteed negative outcomes. Some will achieve a sense of assurance and capacity whilst accomplishing feats such as educational successes (Liu *et al.*, 2017). Those who attain success despite the risk and adversity faced throughout their childhood are said to possess resilience (Masten 2001; Cicchetti 2013; Luthar 2006; Rutter 2012 cited in Sanders *et al.*, 2017).

Role played by Residential Care Staff

Those who choose to work with children in care often do it for a very purposeful reason. The literature emphasises that it is more of a calling than a career with skills such as being non-judgemental and empathetic essential qualities (Lalor and Share 2013). Residential care staff can have a substantial influence with regards to resilience and positive outcomes for young people through social situations and interactions (Gilligan 2009). Staff can also become positive role models for young people who may not have had any suitable adult present to assume this position. The literature suggests that young people can seek out alternative role models where family or peers are not always available (Ungar 2004). As a result, respectful relationships can grow which can help young people make informed and capable decisions - this can be reinforced by staff instilling positive values in young people (Hornor 2016). Staff's role is one of advocacy, which is essentially arguing on the clients behalf in order to give them a voice (Payne 2014).

The process of building resilience

Daniel *et al.*, (1999), who completed seminal work in the area of resilience, pinpointed six domains which were vital in building resilience: these domains included having a secure base, emphasis on education, friendships, encouraging talents and interests along with incorporating positive values and social competencies. These six domains are still used by the children's charity Barnardo's to build resilience in vulnerable youth (see Appendix B for diagram of these domains) (Daniel *et al.*, 1999 cited in Barnardo's 2017).

Whilst nurturing resilience, it is important to start with the basics, therefore, a healthy, balanced diet can be a solid foundation upon which to build. A good diet can leave young people in care less irritable, improve their concentration within an educational environment and also increase their energy during activities (Food in Care 2018). Exercise goes hand in hand with healthy eating and physical activity can have an extremely positive impact on both physical and mental health, as it burns off excess energy and increases self-esteem and confidence (Mental Health Ireland 2018).

Previous research states that building healthy relationships with parents, siblings, extended family and peers can help promote resilience (Oral *et al.*, 2016 cited in Hornor 2016). It is illuminated within additional literature that it is imperative that young people in care keep in touch with their 'social network' including family members where the

relationship may not have been positive (Gilligan 2009). This is an interesting finding in this review of the literature which could possibly be followed through in future research projects. In cases where feelings of loss and abandonment are present, this may be difficult. This is relevant to attachment theory which suggests that an inability to form secure relationships with one's parents or primary caregivers whilst an infant can affect contentment and healthy functioning in later life (O'Brien 2011). The mother/primary caregiver may act as a 'secure base' - from which the child can explore the world confidently. If the child cannot rely on the mother/primary caregiver to be there on returning, it may result in an insecure attachment which can result in trust issues as they get older (O'Brien 2011).

However, for many children in care, a bond still exists with their parents – regardless of the fact that they may have been the perpetrators of abuse or neglect. Having viewed relationships such as this through practical observation, it is understandable that young people may need to re-ignite relationships should they plan to return home on leaving care. However, where there has been abhorrent abuse present, it is admittedly difficult to stay objective on this matter as a staff member. Encouraging young people to strengthen relationships with family members who have been abusive may help with building resilience. However, it seems that it may be building resilience through default. On reviewing the literature, there seems to be a clear gap in residential staff sharing an opinion on this issue.

Stability within a placement is incredibly important for young people to move towards independence in adulthood (Stein, 2006b; Howe 2005; Maslow 1962; Bowlby 1988 cited in Fenton 2015). The American Psychological Association (2018) address the issue of stability with regards to building resilience and have a contrasting view: they state that accepting that circumstances and goals change in life can in fact build resilience in an individual. From practical observation, it is clear that staff turnover can be very high in residential care. This can affect placement stability and negatively impact the resilience of young people with abandonment and attachment issues.

The role of education and cognitive development is significant with regards to building resilience in young people in care. The results of an English study published in 2017 show that three out of five children in the English care system had special educational needs including learning, behavioural and social complications (Department of Education 2017 cited in Berridge 2017). Research has shown that children in care represent a high number of children excluded from mainstream schools (Cairns and Cairns 2016). Having witnessed the way children in care are treated by teachers within the mainstream education system, these damning figures may not give a well-rounded view of the full story. Whilst discussing educational plans for young people in care, there seems to be a certain unease with regards to teachers within the Irish system.

Young people's education is being negatively impacted by: "school staff sometimes taking unnecessarily or inappropriately punitive action towards children in care, without considering the broader picture of the personal difficulties the child may be experiencing" (Darmody *et al.*, 2013, p.78). This is an extremely negative and prejudiced stance which staff can utilise to encourage the young person to prove doubting teachers wrong, thus improving their educational work ethic. Staff need to stress the importance of education by endorsing that it can broaden their horizons and help build a successful future. The link between educational attainment and resilience is immeasurable and simple tasks like support with homework can encourage learning. Research illuminates the fact that care workers within a residential setting can have a very positive influence on the attitude of young people in their care with regards to education (Darmody *et al.*, 2013). The study also shows that young people are inspired to make a greater effort in furthering their education when greater emphasis is put on educational matters by care staff. Additional research supports this belief

by stating that educational outcomes are improved for young people in care when staff encourage them to raise their ambitions in school (Flynn *et al.*, 2013 cited in Tessier *et al.*, 2018).

Children in care are no different to other children when it comes to hobbies and interests. Attaining skills in sports, arts and crafts amongst other activities can develop both resilience and confidence (see Appendix C for a list of resilience promoting skills) (Block 2016 cited in Hornor 2016). The role that activities such as these can play in building resilience is echoed by Gilligan (2009, p.19) who describes the importance of “multiple social roles.” This ensures that the young person can view themselves not just as a person in care but as a teammate or a sports person. From a staff member’s point of view, it is fair to say that sport is a great asset for building resilience in young people in care. It can present the care worker with opportunities to give genuine praise and also utilise the aforementioned strengths-based approach.

Sport is a wonderful way of growing and learning: receiving advice and constructive criticism from coaches is one of the many positives. Multiple sources suggest that sport and activities can also help young people enhance their social skills by expanding their network of peer relationships (see Appendix D for list of factors contributing to resilience) (Gilligan 2009; Rutter 2012 cited in Hornor 2016). Many of these young people go from having little or no meaningful adult relationships to spending the majority of their time with care workers. Thus, spending time with peers can reduce reliance on staff and ensure balance between dependency and support.

Emotional regulation and coping skills

An ability to regulate their emotions is another factor that is important to building resilience for young people in residential care. It is illuminated within the literature that maltreated children find it extremely difficult to express their internal feelings and emotions (Shields and Cicchetti 1998 cited in Milojevich and Haskett 2018). As a result, many maltreated children are prone to becoming frustrated very quickly, displaying outbursts of anger and removing themselves from emotional settings. Emotional or ‘self’ regulation in traumatised young people is by no means straightforward. Experiencing abuse as a child may have a severe neurological impact on regulating emotions: the left side of the brain that is home to reason, struggles to communicate with the more imaginative and spontaneous right side, resulting in emotional triggering (Vandervort *et al.*, 2012). This view is further supported by additional literature which states that childhood abuse and trauma can lead to neurological dysfunction, resulting in shortfalls in emotional regulation and enhanced reactions to fear (Pitman *et al.*, 2012 cited in Malarbi *et al.*, 2017).

It is suggested that techniques such as writing down one’s feelings or meditating can help express and regulate emotions, thus, relieving stress (Mental Health Ireland 2011). An additional recommended concept is emotional co-regulation, where staff have to possess self-awareness and control their own feelings during sensitive moments in order to help the young person regulate their emotions (Butler 2013 cited in Fenton 2015). Should staff support young people in employing these methods as coping skills, they may seek out staff for a conversation instead of a verbal or physical outburst.

Positive risk-taking

Personal observation has indicated that staff sometimes forget that young people and children will play and take risks - otherwise they cannot learn from their mistakes. It is also evident that risk-taking behaviour is rarely tolerated in any form. Currently, “overzealous professionals” are removing opportunities from young people in care to develop resilience by

inhibiting their exposure to risk (Newman 2002; Luthar and Zelazo 2003; Laser and Nicotera 2011 cited in Fenton 2015, p.141). It is understandable that staff do not want young people to get injured on their shift. However, as long as the behaviour is not too dangerous, or in contradiction of risk assessments, a little more leeway with regards to risk-taking may be healthy for building resilience. The literature proposes that exposure to risk such as this can have a 'steeling' effect, which strengthens resilience (Rutter 2012).

Impact of resilience on outcomes after leaving care

Young people who end up in the care system are essentially survivors, with many enduring horrifically abusive and neglectful backgrounds to emerge on the other side. However, surviving their early life and time spent in care may only be the start. Care leavers are subject to higher rates of addiction, criminality and mental ill health when compared with their peers who haven't experienced care (Cusick *et al.*, 2012; Schiff and Benbenishty 2006; Shook *et al.*, 2011 cited in Refaeli 2017). Resilience can act as a defence against negative outcomes and aid results such as self-efficacy i.e. the ability to regulate one's emotions and the strength to seek support when needed (Fergus and Zimmerman 2005; Prince-Embury 2014; Prince-Embury, Keefer and Saklofske 2016; Prince-Embury, Saklofske and Keefer 2017 cited in Liu *et al.*, 2017).

Within a residential care setting, many opportunities are presented to build resilience. In many cases, it is up to the young person to put trust in staff and seize these opportunities. This can contribute to achieving happiness, autonomy, empowerment and stability. This may come in the form of moving into foster care, independent accommodation or successfully re-integrating into their family. Those who have resilience built into their character may have a greater chance of bouncing back from whatever obstacles they face. The literature shows that, unfortunately, for many, they may have been doing it since they were born.

2: Methodology

This purpose of this chapter is to focus on the methodological approach utilised for this research project. This section will explain the logic behind choosing specific research methods: this includes the reasons for using a particular sampling method and the data collection process. The subject of data analysis will also be reviewed in order to ascertain how the information gathered by the research can best be presented and examined. The challenges faced with regards to conducting research, whilst adhering to Dundalk Institute of Technology's Research Ethics policy, will also be detailed and the chosen approach discussed.

Methodological Approach

Qualitative research was chosen as the methodological approach to be used in this research project as it can provide information through the study of people's experiences; this is made possible by accessing the individual's personal views on the subject matter (McDonald 2014). It was imperative to get detailed opinions of those with first-hand experience of the research topic. Thus, quantitative research was deemed unsuitable as it has its basis in a more scientific and numerical approach (Bryman 2012). Therefore the quantitative approach was considered too impersonal for the subject matter.

Sampling

Sampling lends itself to providing accurate research findings by collecting data from a 'sample' which represents the survey population (Denscombe 2010). The form of sampling chosen was non-probability which affirms that respondents have not been selected randomly but as a result of their knowledge in the research area (Ibid.). Purposive was selected as the sampling technique as it encourages the researcher to seek participants whose experience ensures that they can provide answers that are relevant to the research (Bryman 2012). The research cohort consisted of two professionals employed in mainstream residential care. Both worked for private companies, one participant is a residential care home manager, whilst the other is the operations manager for a residential care provider. Each participant had experienced multiple roles in residential care.

Data Collection

Semi-structured interviews were chosen as the qualitative research method to be used for this research project. Semi-structured interviews are effective in researching social concepts as they allow the interviewee to elaborate on points that they feel are important, whilst also allowing the interviewer to focus the interview on specific issues (Denzin and Lincoln 2018). Whereas structured interviews generally use the same question sequence and wording for each interview: semi-structured gives the interviewer the freedom to modify the order of their questions and use prompts to gather further information (Gilbert 2008). This technique of using prompts was utilised by the interviewer to gain further insight when it was felt that the interviewee had made an interesting point but had failed to elaborate.

The same questions were used for both participants with small variations being used in the prompts, depending on the interviewee's view on a specific topic. Open-ended questions were utilised to reduce restriction within the respondents' answers. Both interviews began with straightforward questions about the interviewee's background in residential care. Beginning with basic questions can gather important data whilst building confidence and essentially 'warming them up' (Jacob and Furgerson 2012).

The questions then became more concentrated on themes which emerged through reviewing literature surrounding the research topic. Formulating questions that have been influenced by the literature review ensures that the interviewer can fill in any gaps that have been shown to exist in previous research on the topic (Ibid.). Both participants were asked at the end of the interview if there was any further relevant information that they would like to add. This ensured that the interviewees had the opportunity to disclose information that they felt was relevant to the research topic yet had not been covered by the interviewer's questions.

Data Analysis

Data analysis can be described as applying statistical methods to data to extract the most relevant information from the larger amount of material collected (Bryman 2008). The previously recorded interviews were transcribed. This is a useful system as the researcher has to listen intently, this ensures that the content of the interviews are beginning to become familiar to the researcher. The data was then analysed using a method known as thematic analysis. Thematic analysis can be defined as: "identifying, analyzing, and reporting patterns (themes) within data" (Braun and Clarke 2006 cited in Castleberry and Nolen 2018, p.2). After applying this method of data analysis, five themes became prominent. These themes were further explored in the findings and subsequent discussion.

Ethical Considerations

The subject of ethics is very important when conducting research. Gilbert (2008) surmises how the researcher must take into account issues including informed consent, confidentiality and the assurance that no harm comes to the respondent in the pursuit of data. At the outset of this research project, Dundalk Institute of Technology made it clear that ethical approval would not be given to those who planned on conducting primary research with individuals or groups deemed vulnerable.

The researcher had met both participants previously, one through employment in the area of residential care and the other whilst attending a course. The researcher thus had both participants' contact details and contacted them by phone call. In this call, the researcher outlined the fact that they were completing research as part of a Final Year Research Project and explored the possibility of the participants lending their knowledge and experience to the project in the form of an interview. When each participant agreed to take part, the researcher informed both respondents that they could choose a time, date and location convenient to them for conducting the interview.

On meeting for the interviews, the researcher presented each respondent with an information sheet and a consent form to be signed. The consent form is an integral element of the research process as it covers the interviewer and interviewee with regards to authorisation of the data use and gives the interviewee a chance to withdraw at any point (Ryen 2004 cited in Silverman 2014). The consent form ensures that the interviewee's rights are upheld throughout the interview process (Cresswell 2009). When both respondents agreed to continue, the researcher notified them that the interview would be audio-recorded and stored as a password-protected file for up to five years. It was also revealed that pseudonyms would be used to protect the respondents' anonymity in the final transcript. The interviews were carried out on separate days which suited the interviewees' work schedules.

3: Findings

This chapter concentrates on the findings that became apparent after analysing the primary data gathered through the semi-structured interviews. As mentioned previously, pseudonyms were used when discussing the content of the interviews for reasons of confidentiality. The residential care operations manager will be referred to as Karen, whereas the residential home manager will be referenced as Lisa. After conducting the aforementioned thematic analysis on the gathered data, five themes emerged which are detailed below.

Theme 1: Trauma and emotional regulation

Both participants discussed the reasons behind young people entering residential care and the effect and legacy that a traumatic background can have on their resilience and behaviours. Lisa elaborated:

“when children are acting out and they’re showing these massive behavioural issues it’s because they feel unsafe so when they come to us they really are terrified and with very little resilience because of the experiences that they have had.”

Karen felt that staff had a positive role to play in enhancing young people's resilience and ability to regulate their emotions by asserting that staff should be:

“able to support a young person so that they can cope and manage with traumas and whatever has happened in their lives.”

Lisa also spoke of the importance of staff in building resilience in young people through teaching them emotional regulation by stating that staff should have the ability:

“to equip them really to manage their own emotions, their own self-regulation and to be able to deal with life.”

Both participants discussed the role that staff can play in adapting behaviour. Karen, however, questions the idea of staff altering young people's emotional regulation strategies and discusses the impact that this has on resilience:

“what we do with their lived experience so far- do we hold on to that resilience or do we... break that resilience down and try and teach them different strategies of managing behaviours when they already have some good strategies coming into residential care.”

Karen adds that she feels staff members need certain characteristics to achieve positive outcomes:

“our staff members have to have self-awareness, they have to have an understanding of themselves and their own emotional competence- their own resilience in order to be able to teach that.”

Therefore, self-awareness can be very important as staff members who struggle to regulate their own emotions in times of crisis may be ineffective in encouraging this trait in others.

Theme 2: Attachment and building relationships with residential care staff

Many young people in care have severe attachment issues and a general distrust in adults. Karen illuminates the fact that this can have an adverse effect on their resilience:

“there's a negative resilience when you have our young people who completely shut down, there's no trust there and they won't form relationships, won't form attachments.”

Lisa makes the point that many children in residential care remove their barriers as attachments and relationships are built with staff which can have a profound effect on resilience. Lisa stated:

“I suppose the main thing... is building relationships, to build on that secure attachment... with the staff team- that really helps promote resilience... they need to feel safe... being there for them, supporting them and guidance from the staff team, also staff acting as positive role models.”

However, within residential care, staff turnover may exacerbate the young person's attachment issues. Karen discussed this issue:

“a huge turnover of staff... is not good for creating a foundation of safety and relationships with young people... being able to have one consistent caregiver and a safety net to support them through difficult times in their lives like puberty so it can have a negative impact on building resilience.”

Lisa also acknowledged that staff turnover had a major impact on young people in residential care; however, she offered an alternative view to Karen with regards to its effect on resilience:

“it has a massive negative impact but, at the same time, it can also build resilience, it builds them up to realise that not all loss is bad, that there is still people here to care for you.”

This emphasises the fact that although resilience can be built through positives in young people's lives, they also need to experience some negatives to build up a resilience to adversity.

Theme 3: Education: pathways and obstacles

Education is a topic that both participants discussed; both illustrated just how many obstacles there were to any degree of educational attainment. Karen discusses the long-term impact that coming from a background where the importance of education may not have been emphasised:

"a lot of our kids through their early experiences would have missed out on a lot of their primary education and this affects their confidence and ability to remain in education."

Lisa felt that a lack of willingness for mainstream schools to enrol young people who are in the care system contributed to inconsistent attendance in education. Lisa felt very passionate about this issue:

"our kids have a really bad reputation in school, sometimes schools will hear, 'aw there in residential care' and they don't really want to work with us."

Lisa added that when school placements do work out they can have extremely positive results with regards to resilience:

"schools that are willing to back up the placements... so that those kids progress and the resilience of being able to go to mainstream school... that has a huge positive impact on resilience and being able to deal with those interactions from their fellow peers, it can build social skills, discipline and boundaries."

When asked how the issue of enrolment could be addressed, Lisa described how she felt schools could become more accessible to children in care:

"more understanding I suppose... if there was some sort of training or... some sort of awareness programme... if EWO's (Educational Welfare Officers) maybe or somebody went round to schools or if we maybe utilise the EWO's more."

It is clear that Lisa feels that the education system needs to refocus the approach they take to enrolling young people from the care system.

Theme 4: The role of sports and extracurricular activities

Karen and Lisa both highlighted the positive effect that partaking in sports and activities had on building young people's resilience. Karen underlined some of the benefits that participating in sports can have for young people:

"the majority of our young people are actively involved in... community sporting clubs... the majority of our females are in boxing clubs and swimming clubs and there is a lot of discipline within those sports as well."

Lisa detailed specific activities that her company had used and deemed very successful:

"extracurricular activities are brilliant... we do use a lot of them... we use our local stables a lot for two of our young people and it's amazing... for helping them regulate their emotions and therefore they're more able to learn how to gain resilience"

Lisa also discusses the fact that activities can help the young people build relationships with their peers and improve social skills. Lisa affirmed:

“we want kids to join extracurricular activities... they’re exposed to their peers and they’re involved in that social interaction then yeah of course it does definitely help resilience, it helps build social skills and peer relationships.”

Activities can therefore provide young people in care with a social outlet, this can help reduce the isolation of being based in residential care and can undoubtedly enhance their resilience.

Theme 5: Risk-taking behaviour and independence

Both participants discussed the issue of risk-taking behaviour and the effect it can have on resilience and independence. Karen added that the continuous presence of risk-management paperwork could affect the young people’s resilience. Karen summarised this:

“in terms of a young person climbing a ladder to take a ball out of a tree- in a normal child’s life that’s just a normal childhood experience... we have to tick the health and safety box and we have to ensure that everything is risk-assessed and risk-managed so there is an element that that could possibly break down some of the resilience in our young people.”

Lisa felt that risk-taking behaviour signified a lack of resilience and a manifestation of fear:

“risk-taking behaviour definitely has a negative impact on resilience, if they were resilient they wouldn’t be risk-taking, they wouldn’t feel the need to take risks... I would very clearly say that children who are risk-taking are doing it because they are trying to meet a need... because they feel unsafe, because they feel anxious and scared.”

Karen shared her opinion that there is a lot of pressure on staff within residential homes with regards to accountability for the young people’s well-being. She alluded to the fact that perturbing positive risk-taking behaviour may restrict resilience but essentially their safety has to be the priority. Karen explained:

“at times it (risk-management) can also really hinder because there’s a huge level of accountability and responsibility for these children”

Lisa addressed the issue of positive risk-taking by looking towards future outcomes for young people in care. Lisa took a realistic stance on letting young people enjoy more freedom and described how important it is to encourage independence:

“children have to learn and they’re going to learn by being with their peers, by being out in the community, it wouldn’t be very good if we kept them in bubble wrap until they were eighteen and then there was a big bad world and they didn’t have a clue how to... get the bus or play in the park.”

Karen discussed the fact that this aforementioned independence can contribute to positive outcomes on leaving care:

“if you have a positive experience in residential care in terms of resilience you are much more able to manage independent living... there definitely can be positive outcomes for our young people”

Lisa felt that resilience had a significant impact on positive outcomes:

“the more resilience you have the better outcomes you’re going to have, you’re going to be more equipped to deal with problems as an adult... from my experience I can think of a few kids that I’ve seen move on and it was those who... had more resilience and who engaged in the service that we were offering are now the ones who are having a better life as an adult”

It is therefore reiterated by both participants how resilience can enrich the lives of both young people in care and care leavers.

4: Discussion

The findings of this research project have shown that possessing resilience is a significant positive for children placed in residential care. Both the literature and the primary data suggest that the strength garnered from resilience is intrinsically linked to positive outcomes in many areas. The findings also allude to the fact that there are many effective resilience building techniques that staff can utilise which contribute to the aforementioned positive outcomes. This research project has made it clear that many issues can negatively impact the resilience of young people in residential care.

Previous research supports the idea that a traumatic background can result in young people displaying challenging behaviour (Ford et al., 2010; Podgurski et al., 2014 cited in Kisiel *et al.*, 2016). One participant corroborated this opinion by stating that young people in care often express themselves through challenging behaviour because they are frightened. The implications for these findings are quite significant; young people in care have an extremely bad reputation with regards to challenging behaviour such as assault and property damage (O’Brien 2011). What is not often taken into consideration is that these actions are driven by fear and mistrust. These young people are survivors who have demonstrated extreme resilience in their past, challenging behaviour may have been a vital attribute in this survival and these traits may be difficult to modify. If the resilience that they have shown to endure these difficult times can be developed, it can be a platform to build a happy, independent life.

Throughout the literature, emotional regulation is a recurrent theme with regards to the influence it can have on resilience. The literature proposes that maltreatment during childhood can lead to an inability to regulate one's emotions (Shields and Cicchetti 1998 cited in Milojevich and Haskett 2018). The findings support this idea as one participant declares that young people coming from a traumatic background may need substantial help in regulating their emotions. The literature states that staff can facilitate a process known as emotional co-regulation where they use self-awareness to regulate their own emotions during sensitive moments with young people who may follow their lead (Butler 2013 cited in Fenton 2015). Both participants agree that staff can play an instrumental role by promoting self-regulation and more positive emotional responses when dealing with adversity.

The findings unearth a point surrounding the issue of emotional regulation that has not been investigated within the literature. One participant urges caution, by asserting that children who had effective emotional regulation before entering care, were often taught new ways by staff which has seen their own approach deemed obsolete. This participant felt that this may break down the resilience that young people had built up themselves. These findings are important; the literature and primary research establish that children in care have been hardwired to become emotionally triggered due to their difficult background. However, the findings from one of the interviews suggest that, although staff can build resilience through the teaching of self-regulation, they can also have a negative influence should they impel the young person to change regulation techniques. This may be viewed as concerning

as young people who have experienced multiple placements may have to constantly adapt regulation techniques; this may be confusing and mentally exhausting.

A key theme within the literature states that many children in care have attachment issues and difficulty forming meaningful relationships due to their upbringing (O'Brien 2011). The literature illustrates the point that young people in care often seek out positive role models (Ungar 2004). Staff can assume this role and a healthy relationship can develop (Hornor 2016). The primary data reiterates this with one participant declaring that, should trusting relationships be built with staff, young people will eventually remove their barriers and regard staff as positive role models. The other participant agreed and suggested that relationships built with staff can make the young people feel safe and enhance their resilience. Although the literature discusses the influence of stability on resilience, it very much concentrates on multiple placements (Stein, 2006b; Howe 2005; Maslow 1962; Bowlby 1988 cited in Fenton 2015). The primary data also focuses on stability but addresses the issue of staff turnover. Both participants felt that staff turnover was common in residential care for reasons including shift-work concerns and people moving on.

One participant focused on the implications of staff turnover, illuminating how it causes inconsistency in the young people's lives. The other participant made an interesting point by stating that staff turnover taught the young people how to deal with loss, which effectively built resilience. This answer was significant as it highlights the many apparent paradoxes inherent within the topic. Many positive aspects are required to build resilience - nevertheless, in many ways; one has to essentially face a certain measure of adversity in order to reinforce resilience.

Previous research has investigated the issue of educational attainment, or the lack thereof, for children in care. Explanations for young people in care not achieving in school are plentiful throughout the literature; specific causes include learning, social and behavioural issues (Department of Education 2017 cited in Berridge 2017). The findings add to the literature by suggesting that a combination of social and learning difficulties can play a part. One participant disclosed that young people in care may have diminished confidence in their academic ability due to missing out on a significant portion of their primary education.

It is acknowledged that a large number of young people excluded from schools are living in a care setting (Cairns and Cairns 2016). The literature does investigate this matter and explains that schools can take inappropriate discipline measures with children in care whilst showing little empathy for their experience (Darmody et al., 2013). The interview findings give incredible insight to this issue and add to the literature by revealing that young people are unfairly punished by schools, essentially, before even getting a chance to attend. One participant aired her opinion passionately, declaring that schools often displayed prejudice towards children in care with regards to enrolment. This participant felt that this was down to their reputation preceding them. She also suggested that this mentality was so rife, that Educational Welfare Officers should intervene and spread awareness about this issue with school staff. These findings are quite distressing as it shows that educational authorities can show pre-conceived judgements towards some of society's most vulnerable people. This can have extremely negative implications by limiting potential future options and positive outcomes.

Building resilience through sports and outdoor activities is explored within the literature; it is recognised as a positive influence which can enhance the self-esteem of children in care (Hornor 2016). Gilligan (2009) asserts that sports can build resilience as it increases the young people's social roles- they are no longer just a 'young person in care' but instead they are a teammate or a player. The literature illustrates that social skills can be improved through sport as they are socialising with their peers (Rutter 2012 cited in Hornor

2016). The research findings mirror this view in relation to building social skills and peer relationships by expressing the positive influence that this can have on building resilience.

Therefore, the literature and the gathered data agree: sports and outdoor activities can be effective in building resilience. However, as this research is a short-term, small-scale project, it has to be acknowledged that there are limitations to the study. The research cohort of two participants confines the findings and these limitations are relevant to building resilience through sport. Although both participants stated that involvement in sport is beneficial to building resilience, it must be recognised that not everyone enjoys sport. In some cases, sport may have the opposite effect - for those who are not in the elite bracket or are regularly picked last for sports teams, this may have a negative impact on their resilience. Therefore, a larger scale study may have found that sporting activities has both positive and negative connotations regarding resilience.

Previous research exposes an issue with regards to risk and children in care - namely, the fact that staff are having a detrimental impact on the resilience of young people in care by removing all sources of risk (Newman 2002; Luthar and Zelazo 2003; Laser and Nicotera 2011 cited in Fenton 2015). It is further expressed within the literature that positive risk-taking can have a reinforcing impact on resilience as it teaches young people to bounce back (Rutter 2012). One of the participants agreed with this point - alluding to the fact that risk-assessments are so commonplace that perhaps, staff are restricted with regards to risk; she also added that this can break down resilience. The findings suggest that risk is increasingly magnified for young people in care, this, coupled with the fact that staff are accountable for any injuries sustained, has left any potential risk eliminated.

The other participant gave two different opinions on this issue; firstly, disagreeing with the literature - specifically, the subject of positive risk-taking. She detailed how young people in care take risks because they are anxious and their actions are subsequently negatively impacting upon their resilience. This participant was then pressed on the subject of positive risk-taking and the emotional bumps and falls that young people experience whilst growing up. She then offered a more supportive view towards the idea of risk in conjunction with the literature. She illuminated the point that staff refusing to let young people experience risk may be doing them a disservice in the future, as they may struggle to live independently.

These findings are noteworthy as the literature and one of the participants agree on the concept of positive risk-taking. It is significant that the other participant's first reaction was to share a negative view of any element of risk, before voicing the potential benefits. This illustrates that accountability and possible repercussions for staff is a primary concern, and arguably justifiably so. However, when staff take a moment to reflect and realise that young people's resilience is being negatively affected by this approach, they state that positive-risk taking may be empowering and progressive for building resilience in young people in care.

5: Conclusion

This research project has explored the subject of resilience with regard to young people in residential care. Many aspects of the topic have been investigated through examining the literature relevant to the subject matter and conducting primary research. The research has shown that possessing or acquiring resilience could be the solution to adapting some of the challenging behaviours with which these young people present. This can allow them to move towards an independent and autonomous future.

The key findings have revealed that staff play a vital role in building this resilience. Staff can prove that trusting relationships can exist by assuming the role of positive role models. The topic of staff turnover has highlighted one of the more ironic and contradictory

aspects of resilience, with the resulting lack of stability building resilience through the experience of loss. Upon reflection, it is recommended that staff address this issue directly but empathetically. This can be done by informing the young person that loss is a part of life which can help them deal more competently with this issue later in life.

The fact that maltreated children struggle to regulate their emotions became apparent throughout the literature. The findings expanded on this by documenting the role of staff in assisting with emotional regulation. The findings further developed this concept by suggesting that a complete overhaul of young people's emotional regulation skills could have a detrimental impact on resilience. Staff can carefully balance this issue by complimenting young people on the regulation skills that they possess, whilst also informing them that they may be able to help them to reinforce and support their personal techniques in the future.

On commencing this project, practical observations had suggested that schools show prejudice towards children in care by often refusing enrolment: the findings of this study support this opinion and add that this can negatively impact resilience. As this was a small-scale project, the limitations were clear including the size of the interviewed cohort. In the future, this finding may be further researched with a larger sample consisting of more varied participants: this may include care leavers, care advocacy groups and educators to investigate why this has become an issue and begin to work towards a solution.

Positive risk-taking has also been a central theme within this study. The literature findings, along with one of the participants, agree that young people in care are not being permitted to take even miniscule risks - this is not conducive to building resilience. After first stating that risk-taking behaviour is detrimental to resilience, the other participant shared this opinion after being pressed on the subject. These findings are important as they illustrate how young people are being removed from the reality of childhood. A solution to this issue is undeniably difficult to create as companies providing care will have different policies just as staff members will have differing opinions. It is recommended that Tusla address this issue and circulate literature to residential homes with regards to clarification. Training may be required for staff in order to be able to adjudicate the 'dos and don'ts' of risk management.

Overall, this project has provided a holistic insight into the issues faced by young people in residential care. It has produced important findings with regards to resilience and the impact that it can have as young people look towards a life beyond care. In conclusion, this study has established that resilience is a unique attribute that residential staff can build upon to empower young people, through both positive and negative experiences- for many, it may be literally essential for survival.

Bibliography

- Ben-David, V. and Jonson-Reid, M. (2017). Resilience among adult survivors of childhood neglect: A missing piece in the resilience literature, *Children and Youth Services Review* [online], 78, pp. 93-103.
- Berridge, D. (2017). The education of children in care: Agency and resilience, *Children and Youth Services Review* [online], 77, pp. 86-93.
- Bryman, A. (2008). *Social Research Methods*. 4th ed. New York: Oxford University Press Inc.
- Cairns, K. and Cairns, B. (2016). *Attachment, Trauma and Resilience: Therapeutic Caring for Children*. London: British Association for Adoption and Fostering.
- Castleberry, A. and Nolen, A. (2018). Thematic analysis of qualitative research data: Is it as easy as it sounds? *Currents in Pharmacy Teaching and Learning* [online], 10, pp. 1-9.
- Cresswell, J. W. (2009). *Research Design: Qualitative, Quantitative, and Mixed Methods Approaches*, 3rd ed. Los Angeles: SAGE Publications Inc.
- Daniel, B., Wassell, S. and Gilligan, S. (1999). It's just common sense isn't it?' Exploring ways of putting the theory of resilience into action, *Adoption and Fostering* [online], 23 (3), pp. 6-15.
- Darmody, M., McMahon, L., Banks, J. and Gilligan, R. (2013). *Education of Children In Care In Ireland: An Exploratory Study* [online], 978-1-907074-24-0.
- Denscombe, M. (2010). *The Good Research Guide: For small-scale social research projects*. 4th ed. Berkshire: Open University Press.
- Denzin N., K. and Lincoln, Y., S., ed. (2018). *The SAGE Handbook of Qualitative Research*. 5th ed. Los Angeles: SAGE Publications Inc.
- Fenton, M. (2015). *Social Care and Child Welfare in Ireland: Integrating Residential Care, Leaving Care and Aftercare*. Dublin: The Liffey Press.
- Fischer, S., Dolitzsch, C., Schmeck, K., Fegert, J., M. and Schmid, M. (2016). Interpersonal trauma and associated psychopathology in girls and boys living in residential care, *Children and Youth Services Review* [online], 67, pp. 203-211.
- Gilbert, N., ed. (2008). *Researching Social Life*. 3rd ed. London: SAGE Publications Ltd.
- Gilligan, R. (2009). *Promoting Resilience: Supporting children and young people who are in care, adopted or in need*. London: British Association for Adoption and Fostering.
- Honor, G. (2017). Resilience, *Journal of Pediatric Health Care* [online], 31(3), pp. 384-390.
- Howard, N. and Lyons, D., ed. (2014). *Social Care: Learning from Practice*. Dublin: Gill and Macmillan.
- Jacob, S., A. and Furgerson, S., P. (2012). Writing Interview Protocols and Conducting Interviews: Tips for Students New to the Field of Qualitative Research. *The Qualitative Report* [online], 17(6), pp. 1-10.
- Kisiel, C., Summersett-Ringgold, F., Weil, L., E., G. and McClelland, G. (2017). Understanding Strengths in Relation to Complex Trauma and Mental Health Symptoms within Child Welfare, *Journal of Child & Family Studies* [online], 26(2), pp. 437-451.
- Lalor, K. and Share, P. eds. (2013) *Applied Social Care: An Introduction for Students in Ireland*. 3rd ed. Dublin: Gill and Macmillan.
- Liu, J., J., W., Reed, M. and Girard, T., A. (2017). Advancing resilience: An integrative, multi-system model of resilience, *Personality and Individual Differences* [online], 111, pp. 111-118.
- Malarbi, S., Abu-Rayya, H., M., Muscara, F. and Stargatt, R. (2017). Neuropsychological functioning of childhood trauma and post-traumatic stress disorder: A meta-analysis, *Neuroscience and Biobehavioral Reviews* [online], 72, pp. 68-86.

- McDonald, B. (2014). *An Introduction to Sociology in Ireland*. 3rd ed. Dublin: Gill and Macmillan.
- Milojevich, H., M. and Haskett, M., E. (2018). Longitudinal associations between physically abusive parents' emotional expressiveness and children's self-regulation, *Child Abuse & Neglect* [online], 77, pp. 144-154.
- Neal, D. (2017). Academic resilience and caring adults: The experiences of former foster youth, *Children and Youth Services Review* [online], 79, pp. 242-248.
- O'Brien, E. (2011). *Psychology for Social Care: An Irish Perspective*. Dublin: Gill and Macmillan.
- Payne, M. (2014). *Modern Social Work Theory*, 4th ed. Basingstoke: Palgrave Macmillan.
- Refaeli, T. (2017). Narratives of care leavers: What promotes resilience in transitions to independent lives? *Children and Youth Services Review* [online], 79, pp. 1-9.
- Rutter, M. (2012). Resilience as a dynamic concept, *Development and Psychopathology* [online], 24(2), pp. 335-344.
- Saleebey, D. (2009). *The Strengths Perspective in Social Work Practice*, 5th ed. Boston: Pearson Education Inc.
- Sanders, J., Munford, R. and Boden, J. (2017). Culture and context: The differential impact of culture, risks and resources on resilience among vulnerable adolescents, *Children and Youth Services Review* [online], 79, pp. 517-526.
- Sattler, K., M., P. and Font, S., A. (2018). Resilience in young children involved with child protective services, *Child Abuse & Neglect* [online], 75, pp. 104-114.
- Silverman, D. (2014). *Interpreting Qualitative Data*. 5th ed. London: SAGE Publications Ltd.
- Tessier, N., G., O'Higgins, A. and Flynn, R., J. (2018). Neglect, educational success, and young people in out-of-home care: Cross-sectional and longitudinal analyses, *Child Abuse & Neglect* [online], 75, pp. 115-129.
- Ungar, M. (2004). *Nurturing Hidden Resilience in Troubled Youth*, Toronto: University of Toronto Press Inc.
- Vandervort, F., E., Henry, J. and Sloane, M., A. (2012). *Building Resilience in Foster Children: The Role of the Child's Advocate*, *Children's Legal Rights Journal* [online], 32 (3), pp. 1-24.

Webography

- American Psychological Association. (2018). *The Road to Resilience*. [online], Available from: <http://www.apa.org/helpcenter/road-resilience.aspx> [accessed 29 March 2018].
- Barnardo's. (2017). *Arch project: What is resilience?* [online], Available from: http://www.barnardos.org.uk/arch/arch_what_is_resilience.htm [accessed 29 March 2018].
- Dundalk Institute of Technology. (2015). *Research Ethics Policy* [online], Available from: https://www.dkit.ie/system/files/Ethics_Policy_2015_1.pdf [accessed 19 April 2018].
- Food in Care. (2018). *Why Healthy Eating Matters* [online], Available from: <http://www.foodincare.org.uk/eating-well/why-healthy-eating-matters> [accessed 13 March 2018].
- Mental health Ireland. (2011). *Building Resilience & Wellbeing* [online], Available from: <http://www.mentalhealthireland.ie/wp-content/uploads/2015/09/MHI-Building-Resilience-Wellbeing-Flyer.pdf> [accessed 29 March 2018].
- Mental Health Ireland. (2018). *Exercise* [online], Available from: <http://www.mentalhealthireland.ie/a-to-z/exercise/> [accessed 13th March 2018].

Tusla. (2018). *National Performance and Activity Dashboard February 2018* [online] Available from: http://www.tusla.ie/uploads/content/National_Performance__Activity_Dashboard_Feb_2018_Final_V1.pdf [accessed 26 April 2018].