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1. Contextualising the research at Mkombozi

Mkombozi envisages a world where all children and youth are prioritised and can access opportunities to become well-rounded, inquiring and productive people who are working towards a more just and democratic society. In a country where children and young people constitute 50% of the population, development cannot advance when the needs and realities of families and children are sidelined from national policy and practice. Children's issues thus give us an entry point through which to address issues of Tanzania's development. Mkombozi engages in research as a tool for organisational reflection that builds an evidence base for the organisation to answer the question “do our interventions with children and communities build their resilience?”

Currently capitalism and macro economic development are the accepted current paradigm for international development. Mkombozi's experience is that this pathologises African communities by labelling people by their deficiencies (E.g. poor person / single mother / street child) rather than by their potential. The principles of social constructivism encourage us to look at how our language is the tool by which we make meaning of our world and thus creates our psychological reality (Kegan, 1982). The negative labelling of poor people creates a 'reality' of disempowerment. Resilience is an important and useful construct for Mkombozi and the wider development community because it encourages a language of positive attributes towards people who are usually labelled as passive victims. This paper explores the concept of resilience and how it can be used to both inform programming for children and communities in Tanzania and also be used as a tool to measure the effectiveness of these programmes.

This review of the literature is intended to help us build a conceptual framework of resilience that will help Mkombozi and to learn more about the assets and situation of vulnerable children and communities with whom we work. From a philosophical perspective resilience frames children and the poor as actors within their lives and not victims, and as such enables Mkombozi to link the ethereal concept of empowerment with a practical framework whereby this can be charted in children's developmental growth. Mkombozi hypothesises that our engagement with children and communities has an impact on their individual and communal resilience. This literature review will ask 'What is this concept 'Resilience'? What are its attributes? What tools are used to measure it? What processes can build it?' This study will also propose both a conceptual model of resilience and a newly developed tool 'the Resilience Competencies Scale' which will be used by Mkombozi to collect data. During 2009 Mkombozi will build on this foundation by collecting and analysing data from the children and young people with whom we work in an effort to answer the following questions:

- What is the nature and extent of resilience amongst children in our communities / care - what does resilience look like in Tanzanian children? Are the same variables and processes applicable in Tanzania as those described in the literature on Resilience in the West?
- What is the impact of Mkombozi's interventions - for example pre and post training, pre and post pairing with a mentor, pre and post matching with foster carers - on a child's resilience?
- Do an individual young person's chances of life success improve as Mkombozi strengthens its interventions? This will involve conducting a long term tracking study of young people who have been involved in Mkombozi's programming.
- What are the tests that most accurately measure resilience in Tanzanian children?

2. Differences between “risk” and “resilience” research

“Resilience refers to a dynamic process encompassing positive adaptation within the context of significant adversity. Implicit within this notion are two critical conditions: 1. Exposure to significant threat or severe adversity; and 2. The achievement of positive adaptation despite major assaults on the developmental process” (Luthar, Cicchetti, & Becker, 2000).

Resilience research focuses on assets, competence and protective factors, but it does not ignore the existence of risks, threats or vulnerability in children and young people. Indeed it could be argued that protection and vulnerability are part of the same continuum, not qualitatively different. What resilience research does is to focus on children who are facing substantial threats to their well-being, with a goal of illuminating what shapes their adjustment (Luthar, 2003). Three sets of factors are implicated in the development of resilience:

- ① Attributes of the children themselves,
- ② Aspects of their families, and
- ③ Characteristics of their wider social environments.

Resilience research explores how underlying protective factors contribute to positive outcomes and tries to identify what are the underlying mechanisms (Luthar, et al., 2000). The importance of this lies in the fact that a child’s life is not static and that new vulnerabilities and/or strengths often emerge with changing life circumstances. As a result a person’s resilience process is also dynamic. What is clear from the research is that achievement in any form can promote competence across multiple areas (Luthar, 2003; Wolkow & Ferguson, 2001). From the perspective of national development the benefits accrued to society from well functioning adults start as the foundations for resilience (processes and trajectories) are built in childhood and youth. If we can identify interventions and processes that build resilience we would hope to see a consequent reduction in social dysfunction in later years.

There is a tendency amongst researchers of poverty to focus on vulnerabilities. This seems to be because one of the key aspects of poverty is to reduce the person’s adaptive capacity. But identifying vulnerabilities in isolation does not necessarily lead to answers in terms of building protective factors. The relationship between vulnerability and protective factor is not always linear. For example; being born to a teenage mother is associated with various vulnerabilities, but being born to an older mother does not imply unusually positive adjustment (Luthar, 2003). Many children face multiple risks that can be attributed to themselves, their families or the wider environment. What resilience research investigates is whether increasing protective factors will have the same effect as reducing risks. Much current research on issues around poverty alleviation centres on reducing risks, rather understanding the protective factors or the resilience that abides within individuals or communities.

It is evident that the more risks a child faces the worse their outcomes, but protective factors modify the effects of risk in a positive direction and provide an opportunity for policymakers, practitioners and families to support the development and functioning of children and young people. The concept of sustainable livelihoods (Glavovic, Scheyvens, & Overton, 2003) provides a helpful parallel in understanding the distinction between risk research and resilience research. Whilst our understanding of the vulnerability context can be enhanced when conceptualised as “waves of adversity” with multiple factors that limit sustainable livelihoods (access to credit, skills deficit etc) we can also look at the livelihood system that provides people with “layers of resilience” to cope with various “disturbances”. In this way many agencies working in sustainable livelihoods look at the livelihood assets and the institutions that provide access to these assets, together with livelihood strategies people can draw upon.

According to Glavovic, Scheyvens and Overton (2003), these “layers of resilience” can be strengthened to enable people to cope with change. Rather than focus on barriers to sustainable livelihood (which is common) the Sustainable Livelihood approach is interested in the agency of communities and their potential, competence, capacities and strengths (rather than weakness / need). A livelihood comprises the capabilities, assets (including both material and social resources) and activities required for a means of living. A livelihood is sustainable when it can cope with, overcome and even recover from stresses and shocks, and maintain or enhance its capabilities and assets. This is in effect what resilience is, the ability to recover from stresses and shocks and to maintain or enhance personal capabilities and assets.

3. Deepening our understanding of “resilience”

The term 'resilience' is used across professions - including organisational development, counselling, leadership - and it may well be defined differently both within and between these professions. For example Mary Coutu describes resilience as a characteristic tied to one's levels of hopes and optimism (Coutu, 2002), whilst Goleman would link resilience to the concept of Emotional Intelligence and the ability to be self-aware and to self regulate (Goleman, 1995). At root is the debate about the difference between resilience and well-being. The distinction is between regular everyday well-being and resilience, identifying resilience as a response to a shock, shocks or ongoing adversities (Luthar, 2003; Luthar, et al., 2000; Luthar & Cicchetti, 2000; Masten, 2000, 2001; Masten, Best, & Garmezy, 1990; Masten & Obradovic, 2008; A. Masten, 1997). Thus they argue that resilience does not manifest itself in the absence of adversity.

For the purposes of this study we follow the physics theory that resilience is based on; namely that resilience is the ability to bounce back from a stress or pressure (and not break or get weakened). Whilst we may all have latent resilience, how well we access it only becomes obvious under the stress of an adversity, and not everyone does access resilience or responds resiliently. So the external events that precipitate the need for resilience are a critical factor. So 'resilience refers to a dynamic process encompassing positive adaptation within the context of significant adversity. Implicit within this notion are two critical conditions: 1. An exposure to significant threat or severe adversity; and 2. The achievement of positive adaptation despite major assaults on the developmental process.' (Luthar, et al., 2000).

Luthar's research demonstrates that through the achievement of positive adjustment in the face of significant adversity, resilience encapsulates the view that adaptation can result in a child experiencing new life "trajectories" that defy "normative" expectations (i.e., significant positive changes can occur in ways not expected). For Mkombozi and other agencies who work with vulnerable groups it is an exciting finding that "The effects of supportive school staff may be more pronounced for poor youth, because facing more multiple adversities and fewer supportive experiences outside of school, makes the positives gained in that setting more powerful" (Luthar, et al., 2000).

“It is important that, when we talk about “resilience”, this term must be used exclusively when referring to the maintenance of positive adjustment under challenging life conditions. And we should keep in mind that even if a child shows improved resilience, new vulnerabilities and/or strengths often emerge with changing life circumstances, so the process is not static but is ongoing”(Luthar, et al., 2000).


4. Resilience as a layered concept - from individual to global

Resilience represents the manifestation of positive adaptation despite significant life adversity and resilience researchers pay attention to the strengths of risk-exposed individuals - both in terms of adjustment outcomes, and in terms of characteristics that promote positive adaptation (Luthar, 2003; Luthar, et al., 2000). The question for agencies researching resilience with populations in Africa is whether the life adversity that they face is comparable to that of the populations studied elsewhere. For example, whilst the victims of the Beslan school massacre (Henley, 2005; R. Henley, Schweizer, de Gara, & Vetter, 2007) evidently experienced significant trauma, and the children living in the Palestinian territories (Loughry, et al., 2006) experience daily stress, does the experience of poverty in itself constitute significant life adversity?

Luthar, Cicchetti and Becker (2000) remind us that when starting research on resilience it is important to be careful when defining "adversity" and "competence". They ask whether when defining "positive adjustment" - must a child excel in multiple adjustment domains to show positive adjustment in the face of adversity? Or is it enough that a child shows excellence in one sphere of activity only, along with average performance in other areas? Or is it still resilience if a child shows excellence in one area but have problems in other areas? If the child experiences events in their life that are catastrophic in nature, then isn't maintenance of near average performance sufficient? At root they are asking how we operationalise "successful adaptation" within particular 'at risk' samples and the importance of being clear in any study both about defining the risks faced and the adaptations expected from the sample group.

Adversity (aka, risk) encompasses negative life circumstances that are known to be statistically associated with adjustment difficulties. Positive adaptation is usually defined in terms of behaviourally manifested social competence or success at meeting developmental stage tasks (development of secure attachments with primary caregivers, or for older kids, good academic performance and positive relationships with classmates and teachers). (Luthar, et al., 2000)

Adversity is multi-dimensional and context specific (Glavovic, Scheyvens, & Overton, 2003). There is no universally applied checklist of what constitutes adversity, but "layers of resilience" enable people to overcome "waves of adversity", so people can cope with change and even transform adversity into opportunity. Across the world, people are exposed to a variety of social, economic, political, ecological and other "disturbances" that vary in intensity, scale, location, duration and character. Coping with change is therefore a normal part of life. In human systems, the ability to cope with change is influenced by institutions, norms and networks that enable people to access resources, learn from experience and develop constructive ways of dealing with common problems. Risk factors typically co-occur with others, usually in a sequence of stressful events, which leads to cumulative risk or adversity.



So whilst vulnerability is the antonym of resilience; the two are not mutually exclusive. One can experience both or be faced by vulnerability and express oneself resiliently at the same time. Many individuals and communities build layers of resilience to enable them to absorb sudden change, chronic stress and to deal with surprises or cope with disturbances. These layers of resilience not only enable people to cope with change, but create the potential to translate adversity into opportunity (Glavovic, et al., 2003). What is significant is that resilience is a layered concept - from individual up to global (Ibid) and that whilst an individual is resilient the environment (family, community, country) in which s/he exists can also be resilient. This links very much to the idea of social capital, whereby the norms and networks that enable people to work together on common challenges are the "glue" that binds together the human dimensions of the livelihood system. Social capital is therefore pivotal to building social resilience.

The Resilience project (www.resilience.com) defines social resilience as the "the ability of groups or communities to cope with external stresses and disturbances as a result of social, political and environmental change". In this way resilience is defined as: a) The amount of disturbance a system can absorb and still remain within the same state; b) The degree to which the system is capable of self-organisation (versus lack of organisation, or organisation forced by external factors); c) The degree to which the system can build and increase the capacity for learning and adaptation.

The Resilience project demonstrated that it is possible to thicken the layers of resilience by (1) retaining ecological resilience, (2) building social capital (3) and reinforcing cultural capital. For Mkombozi's work with communities where children and young people are considered vulnerable, there is a real opportunity to look at communal development through the lens of resilience. Mkombozi's efforts are to build both individual and ecological resilience and we need to recognise the role of social and cultural capital, especially that based on customary and communal cultural systems, which build layers of resilience that can deal with shocks, threats, and changing circumstances (Glavovic, et al., 2003).

Mkombozi seeks to catalyse the transformation of individuals, groups and systems - all for the best interest of the child. It is our belief that true change in people is a process that comes from within - from gaining information and knowledge, challenging our assumptions and then developing a new consciousness that feeds changes in our individual behaviour and that of the wider system. Our Community Engagement programme facilitates and capacitates processes of change in attitudes and systems so as to strengthen communities so that they can take responsibility for the protection, and in the best interests of, children and youth.. (Mkombozi Community Engagement Strategy, 2008-2011)

Increased attention needs to be given to the nature of social capital and how it might be strengthened to build social resilience. Possible ways to do this include studying the nature of:

Trust: Which is integral to systems of reciprocity. Trust allows people to draw on a wider body of support.

Social need: This need not focus on horizontal relationships, but can be links between individuals and groups. Linkages with strong regional or national organisations could help communities to defend their resource rights, gain access for government services, lobby for changes in governmental policies, etc.

Culture: How it encapsulates the myriad of social rights responsibilities, norms and protocols that help shape individuals and communities. This includes paying attention to gender, age, ethnicity and class and how these relationships sustain social capital or not (Glavovic, et al., 2003).

From the perspective as advocates for children and young people, Mkombozi is particularly keen to explore how these young people experience these variables and the extent to which they can benefit from social capital, as an element of building their resilience.

In conclusion, resilience can be understood both as an individual and a communal response, and for the purposes of programming it makes sense to engage with vulnerable individuals, communities and the systems and ecologies in which they live, in order to influence as many of the layers of adversity being faced as possible.

5. Is resilience a trait, behaviour or pattern?

A key challenge in resilience research is how to measure resilience - what are we measuring? Are there critical indicators? What is being studied? It is important to reach consensus on pivotal terms we use in the new area of resilience research. Scientists should be responsible for conveying their knowledge about resilience in ways that policymakers and lay people can find easily understandable and so to ward off misunderstandings or misinterpretations. This is critical in areas that touch on social policy and planning, because of the tendency of donors, governments and agencies to want quick fixes and to externalise and blame the challenges of poverty alleviation to the poor. There is a risk that such agencies could view resilience as a trait and believe that "resilience implies invincibility" or "if only children tried hard enough, they could be resilient" (Luthar, et al., 2000).

Resilience can be misinterpreted as representing a personal attribute of the individual. Such perspectives can pave the way for "blaming the individual" for not possessing the characteristics needed to function well, and can lead political leaders to justify limited protection to children from conditions of poverty, maltreatment and distress. (i.e, the idea that "children should be responsible for forging their own pathway through risk and toward success"). Resilience does not consist of attributes that are indelibly implanted in children (or not), but are rather processes that are (and can be) shaped by life circumstances. (Ibid)Luthar et al (2000) recommend averting such potentially damaging misunderstandings in the following ways:

- Every research report should have a clear operational definition, specifying at the beginning that resilience is a process (of positive adaptation despite adversity), and explicitly clarifying that it is not a personal characteristic of the individual.
- Avoid the term "resiliency" since it implies a personality characteristic (even more than the term resilience does).
- Avoid the term "resilience" as an adjective to characterise children - instead, apply it to profiles of adaptation, or trajectories of adaptation because resilience is a state, not a trait. Luthar suggests staying away from using terms like "resilient youth" or even "fostering resilience in youth", and refer instead to "resilient adaptation", "resilient profiles" or "resilient trajectories".

When looking at resilience we are making two fundamental judgments: (1) is that a person is "doing okay", and (2) is that there is now or has been significant risk or adversity to overcome. When a person is called "resilient", this judgment comes into play. (Masten & Powell, 2003). Resilience is not an attribute that can be measured directly - it is rather a process or phenomenon that is inferred from the dually co-existing conditions of high adversity and relatively positive adaptation in spite of this. (Luthar, 2003). It is not a diagnosis, because resilience describes a general pattern, whereas a diagnosis requires a person to fit a specific pattern - thus it is more appropriate to say "this person has a resilient pattern" or "this person shows the features of resilience". (Masten & Powell, 2003). People who meet the criteria for "resilience" may differ in many other ways. Resilience is not a trait of an individual, though individuals manifest resilience in their behaviour and life patterns. So resilience should be defined unequivocally as a process or phenomenon and not a trait. We should avoid using "resilience" as an adjective for individuals, and instead apply it to profiles or trajectories. (Luthar & Zelazo, 2003). It is important to emphasise that is a state that is dynamic and changeable, and that can consequently be influenced by the individual's context, experience and relationships.


6. Methodology

6.1 Methodological considerations for resilience research

The first task confronting all researchers is the operationalisation of the term resilience itself. This is particularly challenging given that resilience is never directly measured, but is rather based on the direct measurement of the two component constructs: risk and positive adaptation. In short, resilient processes exist where positive adaptation is substantially better than would be expected given exposure to the risk circumstance being studied. (Luthar & Zelazo, 2003).

Key things to consider when assessing competence and positive adaptation are that multi-method, multi-informant strategies should be used to assess the population being studied. Luthar, Cicchetti and Becker recommend that studies should include measurement of all competence domains investigated on at least three or more occasions, and spaced far enough apart. They also suggest two or more informants and multiple methods be used (Luthar, et al., 2000). The Zigler-Philips Social Competence Index also recommends the use of multi-method, multi-informant strategies of assessment, but asks how stringent should the competence criteria be set? For example, what degree of stress / adversity and competence should be considered as a resilient process being in place? What would be the cut-off? For example, he posits that if the event is catastrophic, then maintenance of near average performance should suffice as demonstrating a resilient trajectory. It is also important to identify the critical domains of positive adaptation.

The continued study of resilient trajectories carries substantial potential for ongoing refinements of existing theories of normal human development and there are many areas for future study. A review of the literature outlines the following methodological areas that should be explored more extensively so that researchers can engage in meta learning about findings and themes that reoccur across methodologically diverse studies. Rutter (Rutter, 1999) advocates understand the processes that contribute to positive adjustment under conditions of adversity (as well as understanding cases that do not succumb to negative impacts of risk). It is insufficient to identify protective factors in isolation, because they do not create resilience in all cases. Resilience is created when these protective factors initiate certain processes in the individual, either by building a positive self image or by reducing the effect of the risk factors. Protective factors can also break a negative cycle and open up new opportunities for the child. (Gunnestad). Notably, this is the core of Mkombozi's work in learning about which of our interventions with children and young people support resilient trajectories, which not and whether changes in our practice has an impact on these trajectories.



There is also value in cross-disciplinary research that integrates insights from developmental psychology, with expertise from anthropology, sociology, cultural psychology, etc. Such research can augment our knowledge of context-specific protective and vulnerability processes in human development (what is unique to particular sub-groups). One proviso here is that clarity on operationalising key constructs (risk, adversity, protective factors etc) is shared across these disciplines so that meta learning can take place from comparing like with like. Interestingly, resilience can be achieved at any point in the life cycle, yet most research until now has been on children. Similarly, there has been little research to date on the strengths of risk-exposed individuals - both in terms of adjustment outcomes, and in terms of characteristics that promote positive adaptation.

6.2 Methodology and rationale for this study

This study seeks to understand the significant risks of adversity and the protective factors experienced by adolescents who have 'de-linked' from their families and have spent time on the streets in the past or currently. Secondly it seeks to identify and understand their current resilient patterns and to discover whether those youth who receive an integrated package of care services from Mkombozi demonstrate more positive resilience trajectories than those who receive ad hoc services and remain on the streets.

An additional aspect of the study is to seek to understand the role of community support (Wolkow & Ferguson, 2001) in providing caring interactions towards such youth. The study will give us an insight into the processes and interactions that are embedded in the relationship that these youth have with unrelated adults.

The study will seek to understand whether it is the social support that youth receive or the activities within the care-package that influences the nature of their resilience pattern. We will correlate the various resilience 'scores' with the types of care interventions each youth receives. We will quantify 'care' by the number of different interventions and services that a child has access to.

Additionally we will identify the sources of positive support youths receive from unrelated adults and the specific behaviours and processes implicated in these meaningful child / adult interactions. We hypothesise that it is these relationships that foster a 'sense of acceptance' amongst the youth and that it is less the nuts and bolts of the sport, play, education activities that a youth is engaged in and more the nature of the relationship with significant other adults that are involved in these activities that leads to self esteem, self efficacy and buffer the youth in adverse circumstances (Wolkow & Ferguson, 2001).

Sampling:

The literature contends that an integrative, community based approach to service delivery for at risk children and youth is critical, rather than responding only once such young people reveal their maladjustment (Luthar, et al., 2000). Consequently, this study will sample two groups of street or former street youth. One will be those who continue to live on the streets, with little apparent social support from unrelated adults, facing discrimination and a daily struggle to cover their basic needs. The other group are former street youth who are in care at Mkombozi's residential centre, engaged in sports, play, educational and psychosocial care activities, with a dedicated social worker assigned to their case.

Since only 10% of children on the streets are female (McAlpine, 2007) and there are no female children in care at the residential the focus of this study will be on male adolescents. As far as possible we will strive to gather data for girls on the street, but anticipate that the numbers will not be sufficient for us to be able to generalise from any findings related to gender.

60 children will participate in the study (30 from the residential care program; 30 from the street program). Initially we considered using a control group of 20 children who were enrolled in primary schools, but given the significance in the literature of unrelated adults as potential protective forces and the reality of Tanzanian schools of classrooms with over 100 students per teacher (Research and Analysis Working Group, 2007) we considered that in fact these children may be receiving less social support than their colleagues at Mkombozi's residential centre. The number 60 is suggested because this is a pilot study that needs to be kept manageable, and will be used to inform more in-depth future studies. Plus in the Moshi residential centre there are only 70 children, so we believe that 35% is a high enough percentage to enable Mkombozi to generalise from the findings.

Data collection and tools:

We will be collecting data about the type of adversity faced by the youth and their current protective factors, as well as testing two Resilience based questionnaires that have been developed by Western academics. We will also be developing with children more field-friendly tools and testing those for efficacy. In order to develop culturally and context specific tools that describe the dimensions of adversity faced by this population we will spend time using participatory and child-centred methods with a smaller focus group of youths. This opportunity will provide source information for us on the type and longevity (one-off, sporadic or persistent) of adversity that they have faced and on the type of individuals who offer social support and the nature of that support. This focus group discussion will use a combination of art, drama and discussion to generate categories of adversity and protective factors that will be synthesised into a tool that will be used to collect baseline data about the situation (adversity & protective factors) of the participants.

The second area of data will relate to the youth's current resilience trajectory and will be collected using the Strengths and Difficulties Questionnaire (SDQ; Goodman, 1997) and the Resilience Competencies Scale (RCS; Henley, 2010). (See <http://www.socialresilience.ch/resources/> for permission to use the RCS.) Whilst the SDQ has been validated across a number of different cultures, it has not been used in Africa and the RCS has yet to be tested in the field. This will be an important opportunity to discover tests that most accurately measure resilience in Tanzanian children. Because resilience data needs to be collected both over time and from multiple sources we will collect the data at three intervals:

- At the start of the study in January / February 2009,
- After a month's involvement in their regular activities whether on the street or at the residential centre,
- Again after three month's have lapsed.

In addition to completing the questionnaires the participants will be asked of any specific successes, challenges or adversity that they have faced during each interim period and this will be recorded. Additionally a behaviour observation tool will be completed by the youth's social worker (the Strengths and Difficulties Questionnaire, teacher's version) at the same interval. For those youth who remain on the streets we will request the youth to identify an unrelated adult or peer with whom they have a regular relationship to complete the questionnaire.

As the focus of this study is to focus on self-reported and observed strengths, as opposed to a more pathological focus on illness or weaknesses, we won't be focusing on the amount of intensity of traumatic or stressful events in a child's life in this study. Further, it would be difficult to assign a value to the amount or severity of stressors or traumas, as those experiences tend to be subjective and are not responded to in a lineal manner (i.e., some children can have apparently more severe stressful events in their lives, but report higher levels of resilience than children who hadn't had the same severity).

Anticipated constraints:

Due to the challenge of working with children who are highly mobile, there is a concern about being able to maintain the same subjects throughout the whole study. In response we will collect data at three relatively proximate intervals of time in order to avoid the loss of study participants.

An important protective factor amongst children and youth is their family. Street children have 'de-linked' from their families and thus the support of an unrelated adult becomes even more significant in supporting their resilient trajectories. This study will not seek out the youth's families, but will rather be creative in asking other unrelated adults who are in regular contact with the youth to complete the resilience questionnaires. For youth in care at the residential centre this will be the Social Worker assigned to their case. For those youth on the streets it will be an unrelated adult who they trust or in the absence of that person a peer with whom they share a sense of solidarity.

Information on Resilience Data Collection Tools:

The Strengths and Difficulties Questionnaire (SDQ; Goodman, 1997) is a behavioural screening tool created for children and youth ages 3-16, and includes version filled by children, and versions filled by parents and teachers. This questionnaire assesses children's views of their behaviours, and the views of others, involving emotional, conduct, hyperactivity/inattention, peer relationship and pro-social behaviours. This questionnaire has 25 questions that are ranked 0-3, which provides a score of strengths and difficulties plus has follow-up questionnaires that enable before and after comparison scores. This test is starting to be utilised in international studies with children, as it is useful as a behaviour focused observation tool.

7. Unpacking the attributes of resilience

Given the multi-dimensional nature of resilience (Luthar, et al., 2000) and its contextual specificity it is challenging to identify universal indicators of whether a person is on a resilient trajectory. How do we operationalise "successful adaptation" within particular at risk samples? How do we operationalise the idea of "doing okay"? Doing okay is essentially a psychosocial competence that is manifested both internally and in the person's interactions with the external world and so competence must be defined across multiple spheres. But is 'Doing okay' also a cultural concept informed by socially constructed ideas of acceptable behaviour and achievement of developmental milestones?

Protective factors that support a child to cope in difficult circumstances and to re-establish normal life include those within the child, in the child's environment and the interaction between these factors. Intellect, physical robustness and emotional stability may be seen as the raw material for resilience. (Gunnestad). Garnezy (Garnezy, 1985) concurs that when looking at the protective factors that constitute resilient processes we look at those that are manifested internally within the child / person and those that are manifested in his / her relationships and interactions with the wider world.

Werner and Smith (Werner & Smith, 1992) identified three broad sets of variables that have been found to operate as protective factors in stress-resistant children. These are:

- 1 **Protective factors within the individual:** Characteristics of the child, such as temperament, cognitive skills, and positive responsiveness to others,
- 2 **Protective factors within the family:** Families marked by warmth, cohesion, and positive responsiveness,
- 3 **Protective factors within the community:** The availability of external support systems.

Kumpfer (1999) presents these factors as 1. External Environment Risk and Protective Factors and 2. Internal Self Resiliency Factors; emphasising in the first group mainly the risk factors. Grothberg (1995) divides the sources of resilience in 1) I have (external support), 2) I am (the child's internal strength such as feelings, attitudes, values and faith) and 3) I can (interpersonal skills such as communication, problem solving, management of feelings and temperament, social relationships).

Gunnestad categorises the protective factors slightly differently, but helpfully, as:

- 1 **Network factors:** external support. Gunnestad does not separate family support from that of other people, as friends, neighbours, teachers etc often substitute close family when necessary. This is particularly relevant for the population in this study who have de-linked from their families.
- 2 **Abilities and skills:** internal support. This represents the inner strengths, partly from inborn qualities and partly from learnt skills making use of these qualities.
- 3 **Meaning, values and faith:** existential support that a child has from his / her values, attitudes and faith.

FIGURE: GUNNESTAD'S (2003) MODEL OF RESILIENCE DEVELOPMENT



7.1 A protective factor or an outcome of resilience?

Because resilient processes are not black and white it is often difficult to identify whether something is a positive outcome of resilient trajectories or a protective factor itself. For example, one researcher considers good peer relationships as an outcome domain, and another researcher considers peer and family relationships among major predictors of resilience amongst children facing traumas. It is important to pay careful attention to context-specific vulnerability and protective effects - for example, intelligence is generally beneficial, but in the context of adverse psychosocial forces such as limited opportunities to apply talents towards legal pursuits, intelligence can exacerbate adaptation problems (i.e. illegal behaviours) (Luthar & Cicchetti, 2000). When communities carry a high risk for anti-social problems, can socially conforming behaviours be considered as protective factor or as an indicator of a resilient pattern? For children living on the streets can avoidance of drug use and other high-risk behaviours be considered a protective factor or an outcome of a resilient pattern within the young person? When defining "positive adjustment" - must a child excel in multiple adjustment domains? Or is it enough that a child shows excellence in one sphere of activity only, along with average performance in other areas? Or is it still resilience if a child shows excellence in one area but has problems in other areas? (Luthar, et al., 2000). When there are serious life adversities, such as exposure to war, the absence of psychiatric distress can be a more logical outcome indicating resilience than excellence in school.

Despite these questions, it is certain that a systematic, consistent, unifying conceptual framework of resilience is essential to facilitate the work of researchers and practitioners. If we consider protective factors as synonymous with competence-enhancing factors and we remain aware that there may be no universal protective factor for all children it is helpful to unpack the dimensions of resilience so that interventions can be tailored with the objective of supporting these competence enhancing factors.

7.2 Attributes of Resilience

The literature identifies the following attributes of resilience. I have broken these down by those that are demonstrated in the attitudes and behaviours of the individual and those that are expressed in their relationships with others. Resilience is associated with inner resourcefulness and high levels of human capital. This includes the capacity to solve problems, to overcome difficulties, and bounce back from setbacks. Such children tend to have highly stable conduct over time, which is often an outcome of cognitive abilities, such as IQ, attentional skills and executive functioning skills. Again this expresses itself in academic performance and attainment and self-regulation skills (impulse control, affect and arousal regulation). (Masten, Powell & Luthar, 2003). An individual who is on a resilient trajectory would tend to have self-perceptions of competence, worth and confidence. They may have a temperament and personality that makes them adaptable and sociable. They may be characterised by a positive and optimistic outlook on life, demonstrated by hopefulness and a belief that life has meaning.

Resilient people are associated with positive emotions, are optimistic, zestful and energetic approached to life, their curiosity and openness to new experiences. Notably they explain that resilient people find more positive meaning with daily life stressors and are skilled in eliciting positive emotions in others. They note that whereas crisis can be expected to deplete people's psychological resources, resilient people thrive, showing a paradoxical increase in psychological resources. They add resilient people who thrive in the face of crisis may learn new skills and knowledge, gain confidence and mastery in their abilities to cope with future events (Fredrickson, Tugade, Waugh, & Larkin, 2003). This is an important point, which moves beyond the schema presented above - beyond coping to pro-active adaptation.

Resilient trajectories are enormously influenced by processes arising from the family and the wider environment. (Luthar & Zelazo, 2003). Parenting quality indicated by warmth, monitoring, cohesion, structure and clear expectations and involvement by the parents is considered to be a protective factor. This is because key 'protective factors in the development of resilience are: close relations with supportive adults, effective schools, and connections with competent, pro-social peers and adults in the wider community.' (Luthar, et al., 2000). These key relationships need to be with both competent adults such as parents, relatives or mentors and connections with pro-social and rule-abiding parents, the latter being particularly important among older children. The population that Mkombozi works with have often de-linked from their families and typically would not have relationships marked by warmth and cohesion. This study is particularly interested to explore whether positive attachments to older people and peers can offer an equivalent protective support.

An important realm of protective factors are the relationships that a person has with the wider world; particularly their ability to access community resources and opportunities. This includes enrolment and participation in good schools and connections to pro-social organisations such as clubs and religious organisations. The quality of the social services and health care that a person can access is significant in building resilient trajectories as is neighbourhood quality as demonstrated by public safety, collective supervision, libraries and recreation centres. The importance of these resources is that they have the potential to counter-balance adversity.

7.3 Do different cultures generate resilience in different ways?

The literature is markedly lacking in international perspectives and there needs to be greater consideration of cross-cultural variations in the resilience process. Significantly there is little data that helps to illuminate the types of risk modifiers that are highly robust across widely disparate cultural contexts and it remains unclear what is the best criteria for "good adaptation or adjustment", particularly in different cultural contexts (Luthar & Zelazo, 2003). How do contexts influence positive development? Whilst we should remain attentive to the fact that processes that are beneficial to children in one context may be neutral, or even deleterious in another.

This study looks at resilience in youth currently or formerly living on the street in Tanzania. Not only do these youths live in an African culture that has yet to be fully studied through the lens of resilience, but they also live outside the mainstream Tanzanian culture; having in many cases adopted their own sub-culture. (McAlpine, 2007). Culture can be defined as the condensed human experience and insight, that expresses itself in a set of values, ideas and norms and which manifest in artifacts, attitudes and behaviours.

Culture is dynamic, changing over time and over place; so it comprises of the values, norms and ways of life that we get from the generations before us and how every new generation interprets and adapts these to their own situation and lives. Children and youth, particularly, are in the process of accepting and recreating their culture (Gunnestad).

Culture is people's 'unquestioned reality' (Trompenaars & Hampden-Turner, 1998, p. 7) and when that 'reality' is shared by a number of people it forms a 'culture.' This could be at a national level, but in reality is most often experienced at a micro level. In fact 'there can be as much variation within a culture as there is between cultures.' (Fontaine, 2006, p. 10).

Culture is not static and is largely a response to the current 'ecology,' our current situation, task or environment. 'Our perceptions are the "gifts" of our culture, they exist in our minds and though some of our perceptions may be universal at home that does not make them absolute.' (Fontaine, 2006, p. 39). An individual both forms and is formed by this culture that often evolves out of the dynamics and demands of a particular group, task or situation.

Culture is an “unquestioned reality” that is shared by a group of people. It is dynamic and changes over time, and yet it provides the values, norms and ways of life passed on from generations before us. For this study, an awareness of both Tanzanian culture, as well as the culture of youth who spend time on the street, is vital.

For this study an awareness of both the Tanzanian culture and that of the youth who spend time on the streets is important. This will assist us in identifying both the cultural strengths that can be of value in building the resilience of young people and whether cultural factors that are no longer working and are making young people more vulnerable (Gunnestad).

In operationalising 'Doing okay' it is important to achieve clarity on whether protective factors universal. Are they the same and do they work in the same way in rural Norway and in urban Swaziland? (Gunnestad). We have chosen to align this study with Gunnestad's model of the Development of Resilience (2003) because he argues plausibly that his three categories are universal. Network is important for human beings because we are social beings. We need to belong to someone and mean something to somebody. People are born with different abilities that they have to make the best of. Skills are important for survival in all societies. Man's search for meaning in life is universal. We want to have a purpose in life. We want to understand our lives and ourselves.

All people need values, norms and rules to guide them, their ways of interaction and living. But in different cultures the relative importance of these protective categories and the way they are expressed and the way they work to create resilience may differ greatly. Clearly culture is infiltrated into all three categories of protective factors. Culture affects how we form networks and the importance we assign to them. Culture decides what skills and activities are appreciated. Meaning, values and faith are expressions of culture. Different cultural values may tap different resiliencies (Gunnestad).

This study then will examine the important cultural beliefs and values that determine whether a young person is 'doing okay' in another's eye, the beliefs of the youth participants' in the study about whether they perceive themselves as 'doing okay' or as 'doing better than expected'. We hope that this will offer us data to identify in a Tanzanian context what are universal protective factors and how they are operationalised and what are outcomes of resilient trajectories.

8. A resilience framework for policy and practice

“As long as the balance between stressful life events and protective factors is favourable, successful adaptation is possible. However, when stressful life events outweigh the protective factors, even the most resilient child can develop problems. Intervention thus must be conceived as an attempt to shift the balance from vulnerability to resilience, either by decreasing exposure to risk factors and stressful life events, or by increasing the number of available protective factors.” (Werner & Smith, 1982)

Children typically experience multiple risks in multiple social contexts. Consequently a resilience framework is not a magic bullet for prevention or intervention. But its added advantage is that it shifts developmental discourse in more positive directions. It examines and names competence and health as well as dysfunction; assets as well as risk factors; protective factors as well as vulnerabilities. This is a paradigm shift that is overdue within the African context where the focus has been on pathology, and macro-economic development as a cure for poverty. The emphasis has been on inputs and outputs, rather than on building human capital through the investment in relationships and social protection. (McAlpine, 2007)

The resilience framework implies a focus on positive outcomes (and their antecedents), not just negative ones. So we assess strengths in the child, family, relationships, school and community and evaluate change on positive as well as negative indicators. In terms of risk we strive to reduce risk exposure and prevent adversity, and in terms of assets we endeavour to boost the child's resources or enhance access to key assets in child's life. In terms of process a resilience framework mobilises the power of human systems by enhancing key relationships and traditions in families, schools and communities. This implies a shift of emphasis to encompass primary prevention, rather than attempting to ameliorate serious maladjustment after it has already crystallised. (Luthar & Cicchetti, 2000). There are fiscal implications to this early intervention.

Firstly investing in prevention is a sensible precaution when children who face multiple adversities have a high probability of developing serious difficulties as they move along their developmental trajectories. It has been discovered that children facing 2 co-existing risk factors may face a 4-fold increase in adjustment problems. (Luthar & Cicchetti, 2000) Children facing 4 or more co-existing risk factors can have up to a 10-fold increase in adjustment problems. However, children with multiple protective factors present can demonstrate greater resilience to developing behavioural problems, and can even be unaffected. Secondly preventive programmes efforts do not have to be expensive, especially with the creative and careful use of existing resources. Carefully conceived preventive interventions can be vastly more cost-effective than attempts to reduce maladjustment after it has become entrenched. (Luthar & Cicchetti, 2000).

Prevention efforts must utilise combinations of protective efforts to target multiple risk factors because it is an accumulation of adversity that reduces developmental competence. Typically it is not the quality of the risk, but the quantity of risk factors that effects the development of children. (Luthar & Cicchetti, 2000). The literature argues for multiple interventions to counter multiple risks. This study examines the patterns of resilience amongst youth receiving a package of services and those receiving 'ad hoc' services. It seeks to identify the scope of interventions that support a young person who has faced multiple adversities, both past and present, on a resilient trajectory. The study also examines the sources of community-based support that youth who remain on the street may be accessing. In this way Mkombozi hopes to advance practice in Tanzania and to challenge the stigmatisation of young people and children in Tanzania as either passive victims or social pariahs (McAlpine, 2006).

Different aged children have different developmental needs and there is value in learning about interventions that support resilient patterns at all developmental transition times within a young person's life. Such key points could include entry into school, or advancing to new levels of school, moving from childhood into adolescence, and from school into the workforce, and from youth into adulthood. These periods of developmental change are unique opportunities for promoting positive adaptation. Prevention research can be viewed as positive attempts to alter the course of a child's development for the better. (Luthar, Cicchetti & Becker, 2000).

Interventions can endeavour to change social circumstances or change the characteristics of the children themselves. Aspects of the community may play an important role as a buffer where the positive qualities buffer the adverse factors that a child may face in their family. Wolkow (2001) is a proponent of community based support that alters the social circumstances of the young person. It is often not possible to create warm and cohesive families, whilst a child's attributes are innate or evolve over time. Social support, on the other hand, can be introduced at any stage of a child's life and may compensate for a lack of other protective forces. A rationale for focusing on community-based support is that its basic mechanism appears to be preventive.

Compassionate social interactions may prevent disruptions in the development of young children who have not fully matured. But social support may also benefit older children and adolescents who have already been exposed to and adversely affected by long-term hardship, by intercepting their negative life trajectories and preventing further exposure to high risk situations. (Ibid). Children in stress-laden environments encounter relatively few experiences in their everyday lives that engender a positive sense of well-being, so that when such experiences do occur they can have a marked (positive) effect on children's adjustment. (Luthar & Cicchetti, 2000). What this means is that apparently innocuous social interactions with key individuals and experiences may have a disproportionately positive effect on a child. In this vein Luthar and Cicchetti (2000) recommend making concerted efforts to use existing resources and personnel within given classrooms, schools or communities.



FIGURE: SUGGESTED INTERVENTIONS FOR VULNERABLE CHILDREN & YOUTH

WITHIN FAMILIES

Interventions that:

- Address the quality of parent-child relationships, and more generally, the well-being of caregivers.
- Promote secure attachments.
- Encourage effective parenting - when high-risk mothers are helped to cope effectively with stress and to develop supportive relationships, children's adjustment improves.
- Promote self-sufficiency.

WITHIN COMMUNITIES

Interventions that:

- Promote neighbour cohesion and involvement.
- Connect youth to neighbourhood supports.
- Organise groups of families to meet regularly and provide peer support.
- Organise school clubs, including community youth organisations - often cited as urban sanctuaries for inner-city youth.
- Important in intervention & prevention - children can be protected if they are connected with the neighbourhood, and this connection may even help improve the family situation.

WITHIN SCHOOLS

Interventions that:

- Promote student well-being.
- Encourage teachers to remain involved with children over multiple years.
- Creatively re-assign teacher and administration staff's responsibilities so that they can offer continuity of support to children.

Importance of increasing connection between families, community groups and schools and thereby addressing children's emotional needs for belonging and support

APPENDIX: ACTIVITY SCHEDULE

- Complete literature review on resilience as a concept & write up proposed approach to methodology - 2 days - Complete by 30th December 2008.
- Identify 2-3 Research Assistants within the Mkombozi Staff Body; introduce them to the concept of resilience, the data collection tools and engage them in jointly developing the data collection methodology - 1 day - Complete first week of January.
- Facilitate focus group discussion with selection of youth at the residential centre and on the streets to identify types and longevity of adversity that they have faced, and sources and nature of social support offered by unrelated adults - 1 day.
- Discuss with Mkombozi social workers and educators strategy for collecting data; finalise methodology rationale and sampling and arrange logistics for collecting data - 1 day meeting - Proposed date 8th January.
- Finalise translation of SDQ and Resilience Competencies Scale and gain approval from SDQ author for its use - Prior to end of December.
- Write interim progress report - To be submitted to REPOA on 18th December 2008.
- Identify research population and brief them as to the purpose and nature of this research - gain their consent - Week of 19th Jan
- Collect data:
 - 1st Round of Questionnaires - Feb 2009
 - 2nd Round of Questionnaires - April 2009
 - 3rd Round of Questionnaires - September 2009.
- Analyse data with Dr Bob Henley and the University of Zurich - On an ongoing basis throughout March, May and October 2009
- Write report on initial baseline resilience findings - First 2 weeks of April 2009
- Write up report on comparison of resilience trajectories over time - First 2 weeks of October 2009.
- Debrief findings with Mkombozi Senior and Programme Management Team and separately with the children / youth involved. Identify possible future research directions relating to resilience. - Week of 13th April.

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