Resilience and Young People Leaving Care

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How do we promote the resilience of young people leaving care? This article explores this question by bringing together research findings on the resilience of young people from disadvantaged family backgrounds with research studies on young people leaving care. These findings are applied to young people during their journey to adulthood: their lives in care, their transitions from care, and their lives after care. It is suggested that three main groups of young people can be identified from leaving care research studies: young people "moving on", "survivors" and "victims". It is argued that promoting the resilience of young people leaving care will require more comprehensive services across their life course. This will include, first, better quality care, providing more stability, holistic preparation, a positive sense of identity and assistance with education; second, opportunities for more gradual transitions from care, less accelerated and compressed, and more akin to normative transitions; and third, the provision of better quality and more extended support.

Introduction

How do we promote the resilience of young people leaving care, a group identified in the international literature as among the most excluded young people in society? In exploring this question the present article will begin by defining resilience and summarising the factors associated with the resilience of young people from disadvantaged family backgrounds. This will provide a framework for reflecting upon research studies of young people leaving care completed during the past 25 years, including those studies that have captured young people's experiences, views and outcomes, at different stages of their journey to adulthood: their lives in care; their transitions from care; and their lives after care.[1]

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What is Resilience?

Resilience can be defined as the quality that enables some young people to find fulfilment in their lives despite their disadvantaged backgrounds, the problems or adversity they may have undergone or the pressures they may experience. Resilience is about overcoming the odds, coping and recovery. But it is only relative to different risk experiences—relative resistance as distinct from invulnerability—as well as age and cultural contexts, and is likely to develop over time (Masten, 2004; Rutter, 1999; Schofield, 2001). Also, as has been shown by a meta-analysis of the effects of mentoring, single causal factors or explanatory concepts, although popular, usually oversimplify complex associations; for example, as discussed below, the close relationship between resilience and attachment theory—and point to the potential of ecological perspectives, recognising the inter-relationship between culture, neighbourhood and family, in promoting resilience (Chaskin, 2008; Luther, Cicchetti, & Becker, 2000; Rhodes & Lowe, 2008).

In the United Kingdom, the resilience of young people from very disadvantaged family backgrounds has been found to be associated with: a redeeming and warm relationship with at least one person in the family—or secure attachment to at least one unconditionally supportive parent or parent substitute; positive school experiences; feeling able to plan and be in control; being given the chance of a "turning point", such as a new opportunity or break from a high-risk area; higher childhood IQ scores; lower rates of temperamental risk; and having positive peer influences (Rutter, Giller, & Hagell, 1998).

A research review of the international literature on resilience factors in relation to the key transitions made by children and young people during their lifecycle has added to this picture. As well as the first three factors identified above, the authors conclude that children and young people who are best equipped to overcome adversities will have: strong social support networks; a committed mentor or person from outside the family; a range of extra-curricular activities that promote the learning of competencies and emotional maturity; the capacity to re-frame adversities so that the beneficial as well as the damaging effects are recognised; the ability—or opportunity—to make a difference, for example, by helping others through volunteering, or undertaking part-time work; and exposure to challenging situations that provide opportunities to develop both problem-solving abilities and emotional coping skills (Newman, 2004; Newman & Blackburn, 2002).

But what of young people from care backgrounds? Although there has been significant innovative work linking theory and practice (Gilligan, 2001), and an important study applying the concept of resilience to adults who grew up in foster care (Schofield, 2001), there has been little exploration of research focusing solely upon the resilience of young people who have been in care and the implications of these findings for promoting the resilience of care leavers (Stein, 2004, 2005). What are the implications of bringing together these two sets of findings—research studies on the resilience of young people from disadvantaged family backgrounds with

research studies on young people leaving care—and applying these findings to young people's lives, while living in care, at the time of leaving care, and their lives after care?

Living in Care

To begin with, young people who experience stable placements providing good quality care are more likely to have positive outcomes than those who have experienced further movement and disruption during their time in care (Biehal, Clayden, Stein, & Wade, 1995; Sinclair, Baker, Wilson, & Gibbs, 2005). Stability has the potential to promote resilience in two respects. First of all, by providing the young person with a warm and redeeming relationship with a carer—a compensatory secure attachment that may in itself reduce the likelihood of placement breakdown (Howe, 1995; Rutter *et al.*, 1998). Second, and not necessarily dependent on the first, stability may provide continuity of care in young people's lives, which may give them security and contribute to positive educational and career outcomes (Ajayi & Quigley, 2006; Jackson, 2002). In promoting resilience, providing stability and continuity may be as important for some young people as secure attachment, depending on their age on entry to care and their history, including the quality of their family relationships and links.

Conversely, instability is a barrier to promoting resilience, and is associated with poor outcomes. For too many young people, their experiences of care, far from helping them overcome the damaging emotional legacy of family problems, had rendered them unable to form the very relationships they needed so much. A consistent finding of studies of care leavers in the United Kingdom since the 1980s has been the 30–40% of young people who experience four plus moves, and within this group the 6–10% who have a very large number of moves—as many as 10 or more (Biehal *et al.*, 1995; Dixon & Stein, 2005; Stein 1990; Stein & Carey 1986).

The consequence of movement and disruption for many of these young people is to leave them emotionally polarised between dependence and independence, and denied through their experiences of family and care the emotional flexibility to find satisfaction in a range of different relationships. An early study of attachment relationships in foster care—but still one of the very few studies applying attachment theory and testing it out in relation to looked after teenagers—suggested many of these young people have great difficulties in using other people's help: either they are only able to fend for themselves or they repeatedly subvert their own efforts to cope and to make satisfying relationships. The study showed the difficulties that young people had in making alliances with helpful adults and peers, and these were likely to put them at a disadvantage when they were trying to make their way in the world as young adults (Downes, 1992).

Second, helping young people develop a positive sense of identity, including their self-knowledge, their self-esteem and self-efficacy, may also promote their resilience. And although not explicitly recognised as a variable in the research literature on resilience, identity could be seen as connected to, as well as a component of, key associations: feeling able to plan and be in control; the capacity to re-frame

adversities so that the beneficial as well as the damaging effects are recognised; personality; or lower rates of temperamental risk (Newman, 2004; Newman & Blackburn, 2002; Rutter *et al.*, 1998). Identity formation is an ongoing challenge for all young people, as society has become more complex in terms of industrial change, more consumerist in its ideals and less certain in class, gender, geographical and ethnic identities. In what has been described as today's "risk society", identity formation is a dynamic and reflexive process, less given and pre-determined (Giddens, 1991; Beck, 1992).

Helping care leavers develop a positive identity will be linked, first of all, to the quality of care and attachments experienced by looked-after young people—a significant resilience promoting factor discussed above; second, to their knowledge and understanding of their background and personal history; third, to their experience of how other people perceive and respond to them; and, finally, to how they see themselves, and the opportunities they have to influence and shape their own biography. Research into young people leaving care has shown that the main barrier to helping them achieve a secure sense of identity, in addition to instability, is the failure of those entrusted with their care to help them understand *why* their parents had abused or neglected them or were unable to care for them and how this had influenced subsequent events—to understand their feelings of rejection and resentment (Biehal *et al.*, 1995).

Family relationships are often a major dilemma for many of these young people. They need and want to have a sense of family, not surprising given the centrality of "the family" in ideology, policy and practice, yet many of these young people have been damaged by their family experiences (Biehal & Wade, 1996). But they also need to be able to commit themselves to their carers and then move on to new relationships (Sinclair *et al.*, 2005). In promoting their resilience, a deeper and more profound story is required by these young people, through skilled professional help, to assist them to make sense of their past, including their fractured family relationships, so they can psychologically "move on" and look to the future.

Third, having a positive experience of school, including achieving educational success, is associated with resilience among young people from disadvantaged family backgrounds and young people living in care (Masten, 2004; Newman & Blackburn, 2002; Rutter *et al.*, 1998; Sinclair *et al.*, 2005). Research studies of young people leaving care since the beginning of the 1970s show low levels of attainment and participation beyond the minimum school-leaving age. Good outcomes are associated with placement stability, gender (young women do better than young men, as reflected in the UK national data), a carer committed to helping the young person, and a supportive and encouraging environment for study. This may also include the foster families' own children providing help and acting as role models (Biehal *et al.*, 1995; Jackson, Ajayi, & Quigley, 2003; Stein, 2004).

There is also evidence that young people who have had several placements can achieve educational success if they remain in the same school, and this also meant that they were able to maintain friendships and contacts with helpful teachers. Also, late-placed young people who may have experienced a lot of earlier placement

disruption can succeed in foster care, although this was seen by young people and their foster carers as more of a service relationship than a substitute family (Jackson *et al.*, 2003). The main barriers to educational success identified by research studies included time spent out of school, placement movement leading to a disruption in education, negative or unsupportive attitudes of teachers and carers, labelling young people as trouble-makers or patronising them as deserving cases (Jackson, 2001; Stein, 1994). In addition, in England there has been increased recognition of looked-after young people's emotional and behavioural problems (Melzer, Corbin, Gatward, Goodman, & Ford, 2003; Social Exclusion Unit, 2003).

Fourth, care or school itself may also provide turning points (Rutter *et al.*, 1998), opening the door for participation in a range of leisure or extra-curricular activities that may lead to new friends and opportunities, including the learning of competencies and the development of emotional maturity—and thus promote their resilience (Newman & Blackburn, 2002). Indeed, resilient young people had often been able to turn their negative experiences at home, or in care, into opportunities, with the help of others.

Fifth, preparation for leaving care may also provide young people with opportunities for planning, problem-solving and the learning of new competencies, all resilience-promoting factors (Newman & Blackburn, 2002; Rutter *et al.*, 1998). This may include the development of self-care skills (personal hygiene, diet and health, including sexual health), practical skills (budgeting, shopping cooking and cleaning), and inter-personal skills (managing a range of formal and informal relationships). Preparation should be holistic in approach, attaching equal importance to practical, emotional and interpersonal skills, not just, as in the past, practical independence training for young people to manage on their own at 16 (Stein & Carey, 1986; Stein & Wade, 2000). Other barriers to positive preparation included care being over-protective, including a lack of opportunity for supported risk-taking and participation by young people.

Young People's Transitions from Care

In comparison with their peers in the general population, most young people leaving care have to cope with the challenges and responsibilities of major changes in their lives, in leaving foster care or residential care and setting-up home, in leaving school and entering the world of work, or, more probably, being unemployed and surviving on benefits, and being parents, at a far younger age. In short, many have compressed and accelerated transitions to adulthood. This represents a barrier to promoting their resilience in that they are denied the psychological opportunity and space to focus— to deal with issues over time—which the empirical validation of focal theory shows is how most young people cope with the challenges of transition (Coleman & Hendry, 1999).

However, there are two related dimensions of transition that impact upon young people leaving care that also need to be considered.

First, as the UK's Joseph Rowntree Foundation's Young People in Transition research programme shows, during the past 20 years patterns of transition into adulthood have been changing fast: the major decline in the youth labour market based on manufacturing and apprenticeship training; the extension of youth training, further and higher education; and the reduction in entitlements to universal welfare benefits for young people. These changes have resulted in young people being more dependent on their families for emotional, financial and practical support, often into their early twenties (Joseph Rowntree Foundation, 2002). In today's "risk" society, parents, grandparents and other relatives are increasingly occupying a central role at different life stages, yet young people leaving care, who are the most likely to lack the range and depth of help given by families, are expected to cope at a far younger age than young people living with their families.

Second, the process of social transition has traditionally included three distinct, but related stages: leaving or disengagement, transition itself, and integration into a new or different social state. However, due to the changes outlined above—especially in relation to education, employment and housing—for many young people the overall process is both becoming more extended, connected and permeable: for example, further education and higher education taking place over a longer period of time, young people returning home after higher education, and the growth in temporary and short-term employment markets.

The second stage, transition itself, is critical to this process, preparing young people for the "risk" society. What anthropologists call a "liminal state" or opportunity to "space out" provides a time for freedom, exploration, reflection, risk-taking and identity search. For a majority of young people today, this is gained through the experience of further and higher education. Yet, as discussed above, many care leavers, as a consequence of their pre-care and care experiences, are unable to take advantage of educational opportunities. Instead, there is too often the expectation of instant adulthood on leaving care, a conflating of the three distinct stages of social transition into the final stage, to be achieved by the preparatory rigours of domestic combat courses when young people reach just 15, 16 or 17 years of age.

The implications of focal theory, and a greater awareness of transitions, point to the need for more recognition of the nature and timing of young people's transitions from care. This will include giving young people the opportunity for more gradual transitions from care; providing them with the emotional and practical support they will need into their early twenties; giving them the psychological space to cope with changes over time; and recognising the different stages of transitions, including the significance of the middle stage, as well as the implications of the increased uncertainties, risks and more fluid nature of social transitions.

Young People's Lives after Care

The resilience of young people after leaving care is closely associated with their care experience and the support they may receive. Drawing upon studies completed

during the past 20 years suggests three outcome groups can be identified (Biehal *et al.*, 1995; Dixon & Stein, 2005; Pecora *et al.*, 2004; Sinclair *et al.*, 2005; Stein, 1990; Stein & Carey, 1986).

The first group, those young people "moving on" successfully from care, are likely to have had stability and continuity in their lives, including a secure attachment relationship; to have made sense of their family relationships so they could psychologically move on from them; and to have achieved some educational success before leaving care. Their preparation had been gradual, they had left care later and their moving on was likely to have been planned. Participating in further or higher education, having a job they liked or being a parent themselves played a significant part in "feeling normal". The "moving on" group welcomed the challenge of independent living and gaining more control over their lives. They saw this as improving their confidence and self-esteem. In general, their resilience had been enhanced by their experiences whilst living in, leaving and after care. They had been able to make good use of the help they have been offered, often maintaining contact and support from former carers.

The second group, the "survivors", had experienced more instability, movement and disruption while living in care than the "moving on" group. They were also likely to leave care younger, with few or no qualifications, and often following a breakdown in foster care or a sudden exit from their children's home. They were likely to experience further movement and problems after leaving care, including periods of homelessness, low-paid casual or short-term, unfulfilling work and unemployment. They were also likely to experience problems in their personal and professional relationships through patterns of detachment and dependency. Many in this group saw themselves as "more tough", as having done things "off my own back" and as "survivors" since leaving care. They believed that the many problems they had faced, and often were still coping with, had made them more grown-up and self-reliant— although their view of themselves as independent was often contradicted by the reality of high degrees of agency dependency for assistance with accommodation, money and personal problems.

There is research evidence that what made the difference to their lives, or promoted their resilience, was the personal and professional support they received after leaving care. Specialist leaving care workers and key workers could assist these young people (Biehal *et al.*, 1995; Broad, 2005). Also, mentoring, including mentoring by ex-care young people (or peer mentoring), may assist young people during their journey to independence, and offer them a different type of relationship from professional support or troubled family relationships (Clayden & Stein, 2005). Helping young people in finding and maintaining their accommodation can be critical to their mental health and well-being. Families may also help, but returning to them may prove very problematic for some young people. Overall, some combination of personal and professional support networks could help them overcome their very poor starting points at the time of leaving care.

The third group of care leavers was the most disadvantaged. They had the most damaging pre-care family experiences and, in the main, care was unable to compensate them, or to help them overcome their past difficulties. Their lives in care were likely to include many further placement moves, the largest number of moves in the different research studies cited above, and the associated disruption to their lives, especially in relation to their personal relationships and education. They were also likely to have a cluster of difficulties while in care that often began earlier, including emotional and behavioural difficulties, problems at school and getting into trouble. They were the least likely to have a redeeming relationship with a family member or carer, and were likely to leave care younger, following a placement breakdown. At the time of leaving care, their life chances were very poor indeed. After leaving care they were likely to be unemployed, become homeless and have great difficulties in maintaining their accommodation. They were also highly likely to be lonely, isolated and have mental health problems, often being defined by projects as young people with very complex needs. Aftercare support was unlikely to be able to help them overcome their very poor starting points and they also lacked or alienated personal support. But it was important to these young people that somebody was there for them.

Conclusion

International research has shown that care leavers as a group are likely to be among the most socially excluded young people in society (Stein, 2006). However, the application of a resilience framework also suggests that there are differences in outcomes between those "moving on", "surviving" and becoming "victims". In general terms, the evidence shows that these different pathways are associated with the quality of care they experience, their transitions from care and the support they receive after care. Promoting the resilience of these young people will require more comprehensive responses across their life-course: by ensuring better quality care to compensate them for their damaging pre-care experiences through stability and continuity, helping them develop a positive sense of identity, as well as assistance to overcome educational deficits; by providing young people with opportunities for more gradual transitions from care, more akin to normative transitions; and by providing ongoing support to those young people who need it, especially those young people with mental health problems and complex needs.

Finally, a connecting theme arising from the body of research findings discussed in this article is that leaving care should be at once with a common developmental journey, from being a young person to becoming an adult. Those looked-after young people who experienced such a common journey are the most likely to find fulfilment in their careers and personal lives, and overcome the damaging consequences of familial problems, abuse or neglect. They are able to become more independent, not in an emotionally isolated way but to "move on" from care into education, employment or parenthood and thus achieve an "ordinary" or "common" identity—

not just coping as "survivors" or, as too many young people are, trapped within welfare identities as "victims".

Note

[1]   The ideas contained within this paper have been discussed and developed in other publications by the author, including Stein (2004, 2005, 2006), as referenced below.

References

Ajayi, S., & Quigley, M. (2006). By degrees: Care leavers in higher education. In E. Chase, A. Simon, & S. Jackson (Eds.), *In care and after, a positive perspective*. London: Routledge.

Beck, U. (1992). *Risk society: Towards a new modernity*. London: Sage.

Biehal, N., Clayden, J., Stein, M., & Wade, J. (1995). *Moving on: Young people and leaving care schemes*. London: HMSO.

Biehal, N., & Wade, J. (1996). Looking back, looking forward: Care leavers, families and change. *Children and Youth Services Review, 18*(4/5), 425–445.

Broad, B. (2005). *Improving the health and well-being of young people leaving care*. Lyme Regis, England: Russell House Publishing.

Chaskin, R. (2008). Resilience, community, and resilient communities: Conditioning contexts and collective action. *Child Care in Practice, 14*(1), 65–74.

Clayden, J., & Stein, M. (2005). *Mentoring young people leaving care, someone for me*. York, England: Joseph Rowntree Foundation.

Coleman, J., & Hendry, L. (1999). *The nature of adolescence*. London: Routledge.

Dixon, J., & Stein, M. (2005). *Leaving care, through care and aftercare in Scotland*. London: Jessica Kingsley.

Downes, C. (1992). *Separation revisited*. Aldershot, England: Ashgate.

Giddens, A. (1991). *Modernity and self-identity: Self and society in the late modern age*. Cambridge, England: Polity Press.

Gilligan, R. (2001). *Promoting resilience: A resource guide on working with children in the care system*. London: BAAF.

Howe, D. (1995). *Attachment theory for social work practice*. London: Macmillan.

Jackson, S. (Ed.). (2001). *Nobody ever told us school mattered: Raising the educational attainments of children in care*. London: BAAF.

Jackson, S. (2002). Promoting stability and continuity of care away from home. In D. McNeish, T. Newman, & H. Roberts (Eds.), *What works for children?*. Buckingham, England: Open University Press.

Jackson, S., Ajayi, S., & Quigley, M. (2003). *By degrees: The first year, from care to university*. London: The Frank Buttle Trust.

Joseph Rowntree Foundation. (2002). *The youth divide, Foundations*. York, England: Joseph Rowntree Foundation.

Luthar, S., Cicchetti, D., & Becker, B. (2000). The construct of resilience: A critical evaluation and guidelines for future work. *Child Development, 71*(3), 543–562.

Masten, A. S. (2004). *Promoting resilience in development, a framework for action*. Paper presented to Promoting Resilient Development in Children Receiving Care, Ottawa, Canada.

Melzer, H., Corbin, T., Gatward, R., Goodman, R., & Ford, T. (2003). *The mental health of young people looked after by local authorities in England*. London: National Statistics.

Newman, T. (2004). *What works in building resilience?*. Barkingside, England: Barnardos.

Newman, T., & Blackburn, S. (2002). *Transitions in the lives of children and young people: Resilience factors: Interchange 78*. Edinburgh, Scotland: Scottish Executive.

Pecora, P. J., Williams, J., Kessler, R. J., Downs, A., O'Brien, K., Hiripi, E., & Moorello, S. (2004). *Assessing the effects of foster care: Early results from the Casey national alumni study*. Seattle, WA: Casey Family Programs. Retrieved March 17, 2006, from http://www.casey.org.

Rhodes, J., & Lowe, S. R. (2008). Youth mentoring and resilience: Implications for practice. *Child Care in Practice, 14*(1), 9–17.

Rutter, M. (1999). Resilience concepts and findings: Implications for family therapy. *Journal of Family Therapy, 21*, 119–144.

Rutter, M., Giller, H., & Hagell, A. (1998) *Antisocial behaviour by young people*. Cambridge, England: Cambridge University Press.

Schofield, G. (2001). Resilience and family placement: A lifespan perspective. *Adoption and Fostering, 25*(3), 6–19.

Sinclair, I., Baker, C., Wilson, K., & Gibbs, I. (2005). *Foster children, where they go and how they get on*. London: Jessica Kingsley.

Social Exclusion Unit. (2003). *A better education for children care*. London: The Stationery Office.

Stein, M. (1990). *Living out of care*. Ilford, England: Barnardo's.

Stein, M. (1994). Leaving care, education and career trajectories. *Oxford Review of Education, 20*, 3.

Stein, M. (2004). *What works for young people leaving care?*. Barkingside, England: Barnardos.

Stein, M. (2005). *Resilience and young people leaving care*. Retrieved March 14, 2006, from www.jrf.org.uk/bookshop/details.asp?pubID=732.

Stein, M. (2006). Young people aging out of care: The poverty of theory. *Children and Youth Services Review, 28*, 422–435.

Stein, M., & Carey, K. (1986). *Leaving care*. Oxford, England: Blackwell.

Stein, M., & Wade, J. (2000). *Helping care leavers: Problems and strategic responses*. London: Department of Health.