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Developing resilience at every stage of a young person’s life

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Introduction

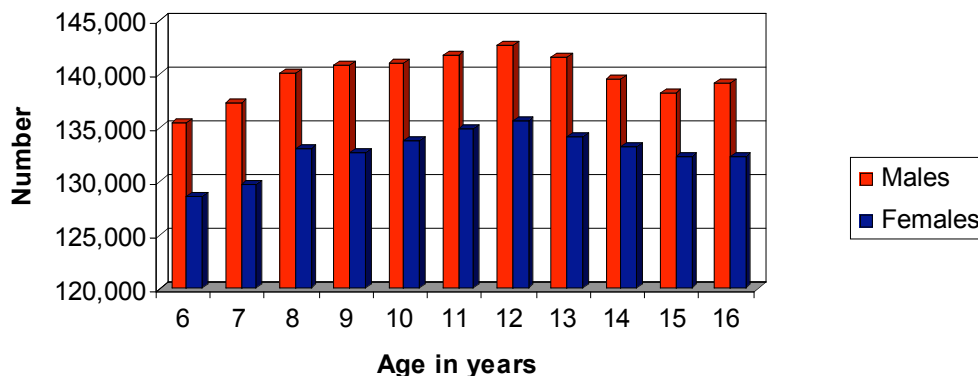
There is now broad and welcome agreement in Australian research, policy and program development of the critical importance of the early years in laying the foundations for long term health and wellbeing. Much less attention however, has been given to the needs of older children (6 to 16 years) and their families. This is a time of significant physical, cognitive, and emotional growth, which takes place within increasingly complex family, school and community environments.

This paper looks at some characteristics of Australians in this age range, outlines new evidence about brain development, key points of effective intervention, and looks at a Mission Australia program - *Project Circuit Breaker* - as a case study for helping develop individual and family resilience.

Australia’s young people

Young people aged 6 to 16 years are very diverse. They roughly equate to the compulsory years of schooling in Australia, but information on this group is hard to gather, as the age range crosses two more commonly used groupings – namely, *children* and *youth or young people*. In 2003 close to three million Australians or 15% of the population were aged between 6 and 16, with over 76,000 more males in this age group than females (Australian Bureau of Statistics, 2003a). Around 4% of Australians 0-16 years were Indigenous (Australian Institute of Health and Welfare, 2003).

Australians 6 to 16 years, 2003, by gender



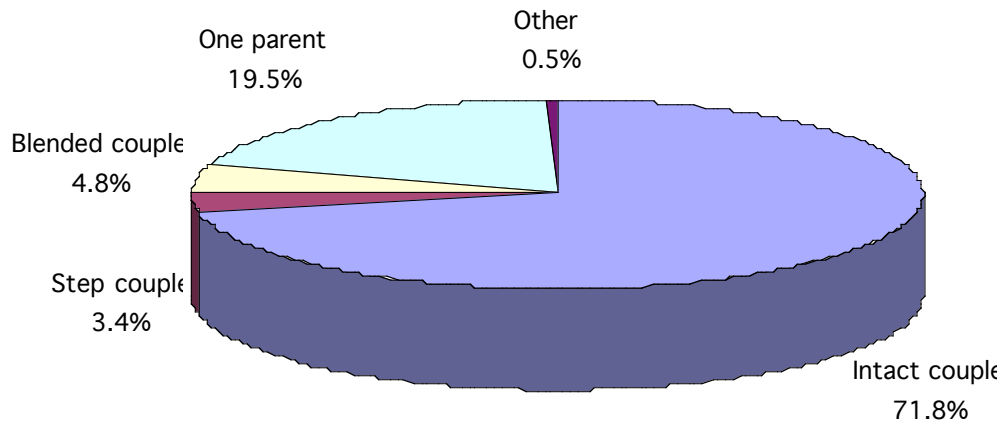
Geographical location

Not surprisingly, the most populous states have the largest number of 6 to 16 year olds, however this group makes up a relatively consistent proportion of the total state/territory population across the country (ranging between 14.9% for South Australia to 16.6% for the Northern Territory, ABS, 2003b). Whilst the majority live in capital cities, a significant proportion (just under 40%) live in other areas, such as other large centres and rural and remote communities (Al-Yaman *et al*, 2002).

Family arrangements and parental labour force participation

Young Australians now live in a diversity of family types including intact couple families, step, blended and one parent families.

Children 0-17 years by family



Source: Australian Bureau of Statistics, 2004.

Parental participation in the labour force increases quite significantly, particularly for mothers, once their youngest child has started school. Less than 60% of coupled mothers and just over 40% of lone mothers with a child aged five are in full or part time employment. By age 14, these figures have increased to over 70% and just under 60% respectively (Commonwealth Department of Family and Community Services, 2003).

Factors impacting on the wellbeing of children and young people

Research shows that a number of factors impact on the wellbeing of children and young people and they can be grouped under five broad headings:

- Child or personal factors
- Family factors
- School context
- Life events
- Community and cultural factors

Factors which increase the likelihood of a poor outcome are called *risk factors*. The potential impact of these factors is complex – the existence of a number of risk factors does not inevitably mean poor child or adolescent outcomes.

Risk factors				
Child factors	Family factors	School context	Life events	Community & cultural factors
<ul style="list-style-type: none"> • Low self esteem • Poor social skills • Poor problem solving • Difficult temperament • Lack of empathy • Homelessness • Early school leaving 	<ul style="list-style-type: none"> • Family violence • Poor supervision • Harsh or inconsistent discipline • Lack of warmth and affection • Abuse and neglect 	<ul style="list-style-type: none"> • School failure • Bullying • Peer rejection • Poor attachment to school • Problem peer group 	<ul style="list-style-type: none"> • Divorce and family breakup • Death of a family member 	<ul style="list-style-type: none"> • Neighbourhood violence and crime • Lack of support services • Social or cultural discrimination • Community norms concerning violence

Source: Adapted from *Pathways to Prevention: Developmental and early intervention approaches to crime in Australia*, 1999

Resilience

Most people, including children, will experience some form of adversity or risk factor/s at sometime in their life. *Resilience* is the ability to bounce back or recover after adversity or hard times (Fuller, 2001). Resilience allows people to overcome adversities that ought to disrupt their development and even build positively on these adversities (Lascano, 2004). The development of resilience in young people is now linked to long term success in life and with the prevention of substance abuse, violence and suicide. Resiliency can arise not only from the characteristics of an individual child but the circumstances they find themselves in, for example having a strong community support network (Smart, *et al.*, 2003).

Protective factors

Factors which increase the likelihood of a positive outcome for children and young people and help promote resilience are called *protective factors*.

Protective factors				
Child factors	Family factors	School context	Life events	Community & cultural factors
<ul style="list-style-type: none"> • Social competence • Attachment to family • Empathy • Problem solving • Optimism • School achievement • Easy temperament • Good coping style 	<ul style="list-style-type: none"> • Supportive caring parents • Family harmony • Secure and stable family • Supportive relationship with other adult • Strong family norms and morality 	<ul style="list-style-type: none"> • Positive school climate • Prosocial peer group • Sense of belonging • Opps for some success at school and recognition of achievement • School norms re violence 	<ul style="list-style-type: none"> • Meeting significant person • Moving to new area • Opps at critical turning points or major life transitions 	<ul style="list-style-type: none"> • Access to support services • Community networking • Attachment to the community • Participation in church or other community group • Community/ cultural norms against violence • A strong cultural identity and ethnic pride

Source: Adapted from *Pathways to Prevention: Developmental and early intervention approaches to crime in Australia*, 1999

Minimising the impact of risk factors, enhancing resilience and maximising the impact of protective factors are therefore important for all children and young people. Strategies and programs aiming to enhance their wellbeing need to take account of the range of individual, family, school and community factors which impact on a child's wellbeing.

New brain research

New research has confirmed that, contrary to earlier theories, patterns of development and structural changes in the brain extend beyond the early years of life, into the teenage years. There is, for example, a growth spurt in the front lobe of the brain just prior to and during puberty. This area is the centre of functions such as planning, impulse control and reasoning (US National Institute of Mental Health, 2004).

Changing developmental pathways

Other important new research by the Australian Institute of Family Studies and Victorian Department of Justice, based on the Australian Temperament Project (ATP), shows that the developmental pathways of young people can change over late childhood and early adolescence (Smart, *et al.* 2003). It also confirms the importance of resilience and protective factors in a young person's life.¹

Analysis of ATP data shows that 100 of the 286 children identified at 11-12 years as being at 'high risk' of antisocial behaviour (eg physical violence, graffiti, suspension from school etc), did not subsequently engage in such behaviour at age 17. This group exhibited many 'personal risks' for anti-social behaviour across their childhood but engaged in little or no anti-social behaviour in adolescence. The group has been identified as *resilient*.

This research shows that developmental pathways can change – that children who exhibit 'difficult' characteristics during childhood do not necessarily become 'problem' adolescents – and that such change is common (Smart, *et al.* 2003). It has major implications for strategies aimed at promoting the wellbeing of children and young people.

Case Study: Project Circuit Breaker (PCB)

Project Circuit Breaker (PCB) is a Mission Australia Early Intervention and prevention service for families with children 10-16 years living in the northern suburbs of Brisbane. Its clients are families experiencing first time involvement with Child Protection authorities or who are at imminent risk of further involvement. PCB offers immediate and continuing support. It was established in 2002 with funding from the Queensland Department of Communities Future Directions fund. Its referral networks include Department of Child Safety, Health, Police, Education, Community as well as self referrals. Currently approximately 80% of referrals come from Government agencies. In 2004 PCB saw 260 clients.

PCB aims and framework

PCB aims to:

- Enhance family functioning
- Improve family resilience
- Reduce involvement and/or need for statutory intervention by the Department of Families.

PCB has a well developed framework:

¹ The ATP commenced in 1983 and is a major longitudinal study following the wellbeing of a 2,400 Victorian children from infancy to young adulthood, and their families. The study involves contact on an annual or bi-annual basis, beginning at 4 to 8 months, through to 19-20 years.

- Strengths based – acknowledging families have the capacity to solve problems that arise
- Solution focused
- Family support
- Narrative
- Mobile and flexible – support provided when and how it suits families, in places such as home, work, school, community venue, office or public space.
- Action research
- Strong partnerships
- ‘Whole of community’ response

PCB offers a range of services for clients:

- Individual and family counselling
- Practical skills development
- Practical support
- Conflict resolution and negotiation
- Group work
- Advocacy
- Referrals
- Active follow up
- Community development

PCB service data, July – September 2004

- No of clients receiving direct assistance: 127
- Monthly average assistance to clients: approx 4 hrs
- Where service provided: home (50%); centre (29%); outreach (20%)
- Who received service: family (45%); parent (33%); child/young person (18%)
- Average time with PCB : 97 days
- Progress on goals at clients’ end of time with PCB:
 - Client assessment (58% well progressed or achieved goal; 16% fair)
 - PCB staff assessment (58% well progressed or achieved goal; 28% fair)

PCB evaluation mechanisms and findings to date

PCB has a strong commitment to client and stakeholder feedback and has recently conducted both Client and Stakeholder Feedback surveys.

1. Client Feedback Survey

A random sample of 55 PCB client files were selected to participate in this survey. The files were almost evenly split between closed and open cases. A phone survey was administered by an individual who had had no previous contact with the respondents. The survey had 18 questions, some of which used a likert-type rating scale of 1 through to 10 and some of which were yes/no and comment type questions.

The key findings were:

- Over 83% of clients scored the level of client – staff trust as 8,9 or 10
- 80% scored their sense of support as 8,9 or 10
- 89% indicated goals had been identified collaboratively
- 53% scored 8,9 or 10 and 38% 5,6 or 7 on the issue of whether the goals were achievable
- The question relating to the amount of change clients had undertaken elicited a range of responses which was close to a ‘normal’ distribution
- 83% had accessed other services since beginning work with PCB
- There was a range of responses when asked if they could deal with similar situations in the future and these were close to a ‘normal’ distribution

- Suggestions to enhance PCB's work included – more male workers; increased frequency of contact; matching of client/staff; and increased marketing/advertising of service.

2. Stakeholder Feedback Survey

A sample of 33 stakeholders were selected from client files. These were mainly individuals and organisations from whom PCB had received the majority of their referrals. A phone survey was administered involving nine questions. These included both likert-type questions and some which were yes/no questions.

The key findings were:

- 73% scored 7, 8,9 or 10 regarding how positive their relationship was with PCB
- 77% scored 7, 8,9 or 10 on the effectiveness of PCB's intervention with clients
- 91% scored 7, 8, 9 or 10 on the transparency of PCB's role
- 75% scored 7, 8, 9 or 10 regarding the accessibility of PCB staff
- Respondents identified the most helpful aspects of PCB as: quick response; flexible working hours/methods; strong client relationships; evaluate client needs; realistic views on clients; involvement in schools & community; good follow up; and practical support.
- Suggestions to enhance PCB's work included – clearer referral guidelines; increased feedback/ information to referrer; work with clients for longer period; and more external and group work.

Learnings and challenges

The work to date of Project Circuit Breaker has identified a number of learnings and challenges. These include that:

- A strengths based and solution focused framework is effective for families with early onset of issues requiring short term intervention.
- Early intervention is effective with this age group and their families. Resilience can be enhanced as evidenced by the few re-referrals of PCB clients.
- The accessibility of PCB to clients (both in terms of time and place) is critical.
- There have been a significant number of referrals to PCB from outside of their catchment area with no opportunity for referral to like services. Demand for PCB services clearly exceeds availability.
- The challenges in running such a service include demands on staff (eg shift work given the ready availability of the service to clients); balancing resources (eg use of cars given it is a mobile service); and the uniqueness of each case, which has implications for evaluation.

Conclusion

There is now compelling evidence to show the importance of later childhood and adolescence in the long term wellbeing of young people. There are key and important transition points during this period and programs such as Project Circuit Breaker show that young people and families can be positively supported to negotiate them successfully. Early difficulties will not inevitably lead to long term poor outcomes. Strategies and programs which address the particular and diverse needs of this age group and their families are required. A range of initiatives do exist to support the needs of this diverse group, however a more concerted national approach which complements major strategies focussing on the early years of life and draws on good practice models for working with this older group is required so that we can support the development of resilience at every stage of a young person's life.

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