

Family Resilience and Good Child Outcomes

A Review of the Literature

Ariel Kalil





Family Resilience and Good Child Outcomes A Review of the Literature

Ariel Kalil

Acknowledgements

I would like to thank the Ministry of Social Development, and in particular Ross Mackay, who read several drafts of the report, offered invaluable critiques and guidance and edited the final text for publication. I would also like to thank two anonymous reviewers for extensive helpful comments. Kathleen Ziol-Guest and Deborah Rhee provided valuable research assistance. Funding for this research by the Ministry of Social Development, Wellington, New Zealand is gratefully acknowledged.

Ariel Kalil

Family Resilience and Good Child Outcomes: A Review of the Literature

ISBN: 0-478-25131-9

was published by

Centre for Social Research and Evaluation, Ministry of Social Development, Te Manatū Whakahiato Ora
2003

Copies of this report can be obtained from:

Ministry of Social Development, Bowen State Building, P.O. Box 12-136, Wellington
Information@msd.govt.nz, (04) 916 3300, or it can be viewed on: www.msd.govt.nz

Design and print management by Skulduggery Design Ltd

Disclaimer

Any opinions expressed in the report are those of the author.
They do not necessarily represent the views of the Ministry of Social Development.

Contents

	Page
About the Author	4
Foreword	5
Overview	6
1 Introduction	7
2 Background and Key Definitions	9
2a Risk Factors	12
2b Protective Factors	12
2c Vulnerability Factors	14
2d Validity of Resilience as a Construct	14
3 Theoretical Underpinnings and Conceptual Models Relevant for Family Resilience Studies	17
3a Psychological Models	18
3b Sociological Models	19
3c Distal vs. Proximal Factors	20
4 Empirical Evidence	21
4a Resilience in the Family as a Unit	22
4b The Family as a Protective Environment	35
4c Family Resilience in Disadvantaged Ecological Circumstances	37
5 Resilient Communities	53
5a Measuring Social Capital	54
5b Social Capital and Family Functioning	55
5c Resilience at the Community Level	55
6 Policy and Intervention	57
6a General Principles	58
6b Programme Exemplars	60
7 Summary	67
References	71

About the Author

Ariel Kalil is an Assistant Professor in the Harris School of Public Policy Studies at the University of Chicago, where she is also a Faculty Affiliate of the Northwestern University/University of Chicago Joint Center for Poverty Research. Kalil received her Ph.D. in developmental psychology from the University of Michigan. Her work focuses broadly on child development in disadvantaged social circumstances. Previously, she has studied the impact of welfare reform on children's development; the school, work and psychological status of teenage mothers; and the influence of multigenerational living arrangements and non-marital cohabitation on family processes and parent and child well-being. Her publications have appeared in journals such as *Child Development*, *Demography*, the *Journal of Adolescent Research*, the *Journal of Marriage and the Family*, and the *Journal of Social Issues*. At the Harris School, she teaches graduate courses in child development and public policy. She is currently conducting research on the consequences of parental job loss for adolescents' school performance and educational attainment.



Foreword

This report is the third volume in the Ministry of Social Development's new research series *Raising Children in New Zealand*. The series was established as a means of disseminating the results from the Ministry's "Family Dynamics/Family Effectiveness" work programme, which has been funded out of the Cross-departmental Research Pool administered by the Ministry of Research, Science and Technology. This work programme has been primarily aimed at the goal of increasing understanding of factors that contribute to good children's outcomes, with a particular focus on family characteristics and processes that operate within families.

The report – commissioned from Ariel Kalil of the University of Chicago – is focused on the issue of family resilience. The central question in this field of enquiry is why it is that some families manage to cope well when facing stress or confronted with a crisis, while other families in similar circumstances fail to do so. The report draws on a wide range of literature to examine how the concept of family resilience has been defined and applied by scholars in this field and to document the research findings about how family resilience manifests itself.

There is little empirical evidence available in New Zealand on such matters. For this reason, the report largely draws on the results of overseas studies, especially those based on analyses of longitudinal data sets which follow children over time as they grow and develop in the context of their family environment. While the lack of New Zealand data limits our understanding about how resilience might manifest itself among New Zealand families, the high-level findings are likely to have considerable relevance to New Zealand. Nevertheless, it is clear that there is a need for increased investment in local research on family functioning and how this is linked with trajectories of child development.

The report draws a number of important lessons about what distinguishes resilient families. It shows that processes that operate at the family level – including a sense of connectedness and cohesion, patterns of communication, the use of coping strategies and problem-solving techniques, and family belief systems, especially those based on spiritual or religious values – are important means by which families manage to master challenges. It affirms the importance of positive parenting as a key influence on children's development, especially in adverse financial circumstances. It also identifies the way in which wider family involvement can assist families in straitened circumstances. In particular, non-resident fathers and other father figures have an important role to play in promoting the development of children in single-parent families, while the burden of teenage parenthood can be eased by multigenerational co-residence. Drawing on evidence from a range of recent evaluations of intervention programmes, the report also shows that approaches that work best are those that involve early intervention, that are sensitive to families' cultures and values, and that assist in relieving families' ecological stresses.

While these findings provide a useful basis for policy to promote the positive development of children, it is clear that questions about what makes for resilient families, and to what degree it is possible to teach families to become resilient, are far from answered. It is hoped that the report will stimulate further research into these important questions. In particular, given the dearth of local research on such issues, it is hoped that New Zealand scholars will become interested in investigating how resilience might manifest itself among New Zealand families.

I would like to thank Ariel Kalil for her dedication and collegiality in preparing this comprehensive and insightful report, and Ross Mackay for supporting the development of the report through thoughtful and detailed review, advice and editing work.

Nicholas Pole

General Manager

Centre for Social Research and Evaluation



Overview

One of the enduring mysteries that confronts those who work with families and children – and those who are concerned with child and family policy – is why some families respond positively to serious threats and challenges to their well-being, while other families in similar circumstances do not manage to cope well. The concept of resilience was originally developed by researchers studying the positive adaptation of children under adverse circumstances. More recently its application has been extended to the study of families. This report surveys the literature on resilience, with a specific focus on how the concept has been applied at the level of the family.

Resilience has been defined as “a dynamic process encompassing positive adaptation within the context of significant adversity”. This implies not only that families have been exposed to adversity, but also that they have demonstrated competence in the face of this. A key component of the concept is the notion of resilience as a dynamic process, rather than a static trait.

Empirical evidence on family resilience is rather sparse. Researchers who have mounted studies have generally adopted one of two approaches. The first approach treats resilience as a property of the family unit and is primarily concerned with processes that operate at the family level. Important processes that have been identified in this work are family cohesion, family belief systems (including religious beliefs) and coping strategies (including patterns of communication and problem-solving). The second approach focuses on the family as the setting in which children are raised and is primarily concerned with the way the family creates a protective environment that fosters the development of children. This work has focused primarily on parenting practices and has highlighted the importance of nurturance, consistent discipline and appropriate provision of autonomy in producing beneficial outcomes for children.

Because the notion of resilience is integrally related to the concept of risk, the report also examines the context in which resilience is manifested, with a specific focus on selected family-level circumstances that pose a salient risk for children’s development – low socioeconomic status, single parenthood, and teenage non-marital childbearing. The paper identifies factors that have been identified as adaptive in these contexts and that are associated with better outcomes for children – positive parenting practices, active involvement by non-residential fathers or other father figures, and multigenerational co-residence can afford protection against poverty, single parenthood and teen pregnancy respectively. The report also briefly examines how the concept of resilience might apply at the level of the community, drawing on work on social capital.

The report concludes with a review of the results of recent evaluations of a range of intervention programmes aimed at changing families’ modes of functioning. This work converges on several key themes. First, early intervention is key to obtaining positive results. Secondly, different programmes are needed for different types of family environments and programmes must be sensitive to families’ cultural beliefs and values. Thirdly, it is important not only to build the factors that protect families, but also to reduce the ecological risks that threaten family functioning. Taken together, the available research suggests that it may be possible to boost the resilience of families, but that much still remains to be learned about how best to do this.



1



Introduction

Researchers and clinical practitioners have long sought to understand why it is that some individuals and families, faced with serious threats and challenges to their well-being, manage to cope well, while others faced with similar circumstances do not manage to do so. Scholars interested in this question have developed the concept of resilience – originally applied to individuals and more recently extended to families – to denote the quality that allows people to cope well under threats and challenges to their well-being.

The questions that this report addresses are *how the notion of resilience has been applied to families* by scholars in this field and what has been learned, from empirical studies, about *how family resilience is manifested*.

Resilience refers to “a dynamic process encompassing positive adaptation within the context of significant adversity” (Luthar et al. 2000a, 2000b). This definition implies not only that individuals are exposed to adversity or significant challenges to their well-being, but also that they demonstrate competence in the face of these challenges. Historically, researchers interested in resilience have focused on attributes of children that have been associated with positive adaptation under adverse circumstances (e.g. academic competence or a sense of self-efficacy) (Masten and Coatsworth 1998). In more recent years, researchers have devoted greater attention to processes that occur within families that can also foster resilience.

This report reviews the evidence on resilience with a specific focus on processes that occur at the family level. Because the concept of resilience is integrally related to the concept of risk, the paper also presents information on relevant family-level risk factors that can negatively affect the course of family functioning and child development. These include low family socioeconomic status, single parenthood and non-marital teenage childbearing. Within this discussion, the paper identifies factors that have been found to help produce good outcomes for children despite adverse circumstances such as low income and single parenthood. The review also briefly discusses how the notion of resilience might apply at the community level. Finally, the review discusses the implications of

the research for social policy and presents evidence on whether family processes known to foster resilience are amenable to intervention. Throughout the different sections, individual differences – especially in race, culture and ethnicity – are discussed in terms of their role in family resilience and good child outcomes, as reflected both in theoretical frameworks and in empirical evidence from research studies.



2



Background and key definitions



Resilience has numerous definitions that encompass biological, psychological and environmental processes (Rolf and Johnson 1999). Generally, resilience is characterised by the presence of good outcomes despite adversity, sustained competence under stress or recovery from trauma (Masten and Coatsworth 1998). Resilience is not a static trait, but a dynamic process that may change with time and circumstances (Cicchetti and Toth 1998). Initially, researchers used the terms “invulnerable” and “invincible” to describe at-risk children who adjusted well (Wyman et al. 1999). These terms connoted the idea of a special but static trait or characteristic found in exceptional children (Wyman et al. 1999).

More recently, researchers have discussed individual resilience within the context of general developmental processes and have moved away from notions of invulnerability and invincibility to a more dynamic view of resilience (Luthar et al. 2000a, 2000b). Defining resilience as a process instead of a trait paints a fuller, multidimensional picture and helps us to understand that certain attributes might produce resilience in one social context, but not in another. It also helps in thinking about the design of effective interventions and leads to the idea that to be effective interventions may need to teach or support context-specific skills or attributes.

Although resilience as a concept emerged from research whose focus was on successful individual development, the relevant theoretical concepts have recently been adapted and applied to the study of family functioning. Families can respond to risk in ways that can be characterised as resilient and they can marshal protective factors to assist in successful engagement with a range of stressful circumstances. Families might be considered resilient when they cope successfully with significant adversity or stress or when they successfully re-orient their patterns of functioning to face future challenges (Mangham et al. 1995). According to one recent definition, family resilience:

“describes the path a family follows as it adapts and prospers in the face of stress, both in the present and over time. Resilient families respond positively to these conditions in unique ways, depending on the context, developmental level, the interactive combination of risk and protective factors, and the family’s shared outlook” (Hawley and DeHaan 1996, p. 293).

As with individual resilience, family resilience is time- and culture-specific and may change over time as families face different challenges and life events. And, as at the individual level, families can display resilience in one realm of functioning and not others. Resilience goes beyond simply avoiding negative outcomes (Cowan et al. 1996). Instead, it entails adequate or more than adequate adaptation in the face of adversity. Rutter (1987) argued that resilience results from a successful engagement with risk, rather than the evasion of risk. Many researchers have agreed that resilience occurs only with exposure to risk and adversity (e.g. Cicchetti and Toth 1998, Dekovic 1999, Luthar et al. 2000a, 2000b, Masten 1999).

McCubbin and his colleagues (1991, 1997) were among the first to ask the question: “What does resilience mean for families?” They adapted the definition of resilience in Webster’s dictionary to produce a definition of family resilience incorporating two components: (1) the family’s ability to “maintain its established patterns of functioning after being challenged and confronted by risk factors”, which they characterised as *elasticity*; and (2) “the family’s ability to recover quickly from a trauma or a stressful event causing or requiring changes in the organisation of the family”, which they characterised as *buoyancy* (McCubbin et al. 1997).

In the view of McCubbin et al. (1991, 1997), resilience at the family level can promote the resilience of children via a set of processes, rituals and belief systems. In particular, they view resilience as comprising two distinguishable but related family



processes: (1) *adjustment*, in which the family draws on *protective factors* to allow it to maintain its integrity, functioning and fulfilment of developmental tasks in the face of risk; and (2) *adaptation*, in which the family draws on *recovery factors* to promote its ability to “bounce back” and adapt in situations of family crisis (McCubbin et al. 1997).

McCubbin et al. (1991, 1997) did not specify a comprehensive set of parenting behaviours or modes of family interactions that they explicitly deem to be indicative of resilience. Rather, the factors they deemed important were culled from different investigations of families facing different crises. The most prominent family protective factors they identified include family celebrations, family time and routines and family traditions, while the most prominent recovery factors include family integration, family support and esteem building, family recreation orientation and family optimism.

The difficulty inherent in this endeavour is that these behaviours might be so situation-specific, or so dependent upon the family’s specific characteristics, that no common themes could be found. However, McCubbin et al. also posited a third set of characteristics – which they called “general family resilience factors” – that serve families by playing multiple roles as protective and recovery factors. These included such things as family problem-solving strategies, effective communication processes, equality, spirituality, flexibility, truthfulness, hope, social support and physical and emotional health. The existence of a set of factors which serve multiple functions suggests that the various factors that contribute to family resilience are highly interrelated and not necessarily domain-specific. One must assume that, just as the research on individual resilience has converged on a shared understanding of a common set of characteristics associated with resilience, the same process is likely to occur for the field of family resilience as it

Families must be conceived as developmental units, observed over time and in their unique contexts, to understand how they adapt and change in the face of stress.

continues to grow. Nevertheless, this suggests that much of the important work in this domain will involve not only theory building but also explicit testing of the theories in carefully designed empirical studies.

Several key concepts characterise the field of family resilience, reflecting both similarities to and differences from characterisations of individual resilience. First, family resilience is conceived not as a static, categorical trait, but rather as falling along a continuum. In other words, all families are resilient, but to varying degrees in different circumstances. Secondly, family resilience cannot be adequately

observed in a cross-sectional study.

Rather, families must be conceived as developmental units, observed over time and in their unique contexts, to understand how they adapt and change in the face of stress. Parke and Buriel (1998) argued that families as units change and develop in response to changes in the individual family members’ life circumstances and in response to scheduled and unscheduled transitions. It is

necessary to observe how families cope in the short term as well as the long term. Thirdly, it is evident from the emphasis on the functioning of the family unit that family resilience is by definition an interactive process; family resilience cannot be demonstrated by the behaviour of individual family members alone and family resilience is not simply a result of the aggregated behaviours of resilient individuals within the family. According to Walsh (1996, 1998), family resilience can be conceived in terms of “relational resilience” within the family as a functional unit. This view draws on family systems perspectives that characterise development as resulting from the transactional regulatory processes of dynamic systems. In this theoretical framework, families are viewed as organised wholes with organised and interdependent sub-structures.

However, compared with studies of individual resilience, research on family resilience remains



sparse and there are numerous unanswered theoretical and empirical questions. Perhaps most importantly, a full account of what family resilience entails, how it can be measured and how it can be instilled or learned has not yet emerged (Hawley and DeHaan 1996). In addition, the field of family resilience has not fully incorporated relevant concepts from the developmental psychology literature, for example by utilising a theoretical framework that specifies development as a bi-directional, transactional interchange among family members. Moreover, longitudinal studies are needed that track families' responses to stressful situations over time, as are in-depth observational studies that can help illuminate families' unique social and cultural circumstances. Finally, in contrast to investigations of individual resilience, studies using a framework of family resilience are relatively rare among investigations of poverty, single parenthood and teenage childbearing. Given the prevalence of these social conditions and the risks they present for family functioning and child development, this remains a pressing area for future research.

2a Risk Factors

Throughout the risk and resilience literature, researchers have employed varying definitions of risk. Kaplan (1999, p. 36) defined risk as both an “early predictor” of later unfavourable outcomes and something that “renders the person vulnerable” to unfavourable outcomes. Discussing individual risk, Rutter (1987, 1990) defined a risk factor as a variable that leads directly to pathology or maladjustment, although he also suggested that risk factors represent underlying processes and mechanisms leading to problematic outcomes. Luthar (1999) similarly argued that risk factors are “mediators” or variables that facilitate the occurrence of problem behaviours. Friedman and Chase-Lansdale (in press) suggested that, whereas acute life events could be viewed as aberrations, risk factors or “chronic adversities” are pervasive and persistent. In the family resilience literature, a variety of circumstances have been identified as risk factors. These risks exist at the level of the individual, the family, the community and the wider society. The main risk factors that have been examined in the literature include job loss, poverty, divorce, death, chronic illness and infertility.

2b Protective Factors

In contrast to the emerging consensus on the definition of risk factors, there is less agreement over the definition of protective factors (Dekovic 1999). It is important to define and identify protective factors because of their potential utility for the design of effective prevention and intervention programmes (Hogue and Liddle 1999, Masten and Braswell 1991). In a discussion of individual resilience, Garmezy (1991) identified a set of categories of protective factors that have since been widely cited: (1) dispositional attributes of the child (including temperament and intelligence); (2) family cohesion and warmth; and (3) availability and use of external support systems by parents and children. Rutter (1990) proposed four potential routes through which protective variables act to alter the adverse effects of risk variables: (1) reduction of the impact of risk variables; (2) reduction of negative chains of events; (3) development or maintenance of self-esteem/self-efficacy; and (4) opening up of new opportunities.

Protective factors are commonly viewed as acting in a compensatory fashion (by directly reducing risk) or a buffering fashion (by interacting with risk or outcomes) (Cicchetti and Toth 1998, Freitas and Downey 1998, Pollard et al. 1999). The majority of researchers have adopted the latter perspective, viewing protective factors as “buffering” variables that interact with risk to change or moderate the predictive relationship between risk factors and outcomes (Fraser et al. 1999, Hetherington 1989, Hogue and Liddle 1999, Jessor 1993, Kalil and Kunz 1999, Luthar 1991, Pollard et al. 1999). Cowan et al. (1996) suggested that resilient individuals draw on protective factors to cancel the negative impact of risk. Werner's (1989) longitudinal study of Hawaiian youth alluded to a “balancing act” between the dual presence of risk and protection; resilience, Werner argued, was reflected in an individual's ability to cope with and manage the balance between risks, stressful life events and protective factors. Windle (1999) concurred, arguing that resilience arises from significant interactions between risk and protective factors; in this view, successful adaptation results from the influence of protective factors. Rutter (1987) elaborated on the interactive quality of protective factors, arguing that their impact is evident only in



combination with a risk factor and only when the supportive resource is actually engaged – i.e. the mere presence or availability of a protective factor is not enough.

While the notion of protective factors originated out of theoretical conceptions of individual risk and resilience, the concept has been extended to the field of family resilience as well. Specifically, Walsh (1996, 1998) argued that family resilience resides in processes that foster families' ability to cope effectively with persistent stressors and emerge hardier from crises. In other words, resilience is demonstrated by successfully overcoming challenges. In this view, protective factors are those family processes that facilitate families doing so.

Family resilience is a flexible construct that encompasses different family strengths in different contexts and at different points in the family life cycle.

In her theoretical overview of family resilience, based on a clinical orientation to family functioning, Walsh (1998) outlined key family processes that operate as protective factors. These include belief systems, organisational processes and communication processes. Family belief systems are further organised into three areas: (1) making meaning of adversity (e.g. normalising or contextualising adversity and distress, seeing crises as meaningful or comprehensible, achieving a sense of coherence); (2) affirming strengths and possibilities (e.g. maintaining courage and hope, remaining optimistic); and (3) transcendence and spirituality (e.g. seeking purpose in faith, rituals, creativity).

Family organisational processes are organised into three sub-areas: (1) flexibility; (2) connectedness; and (3) mobilisation of social and economic resources. Flexibility refers to families' ability to rebound and reorganise in the face of challenge and to maintain continuity through disruption. Connectedness is demonstrated in family members' commitment to each other, while maintaining a balance with respect for individual needs and differences. It might also be demonstrated in co-operation in caregiving and other types of family partnerships. Social and economic resources are made available through processes such

as the mobilisation of kin and community support networks in times of need, provision of support to vulnerable family members through the creation of multigenerational or multifamily groups and building of financial strength while balancing work and family life.

Family communication processes involve the concepts of clarity, open emotional expression and collaborative problem solving. Effective family functioning is achieved when messages are clear, true and consistent, when family members share a wide range of feelings and tolerate differences, using humour and avoiding blame, and when problems are identified creatively and decisions are shared responsibly, with a proactive focus on goals and building on success.

In Walsh's view, family resilience is a flexible construct that encompasses different family strengths in different contexts and at different points in the family life cycle. Thus, while this framework is meant to reflect the "core" components of the concept of family resilience and the protective factors that contribute to it, it does not imply that to be deemed "resilient" families must demonstrate all of these characteristics at all times and in all situations. Perhaps for this reason, Walsh did not suggest a "hierarchy" of protective factors; it is not clear whether she deemed any one (or any set) of these to be more or less important than the others. As will be discussed in a later section of this report, the empirical research base is strongest on the specific protective factors of family connectedness (also referred to in the literature as family cohesion) and coping strategies; therefore specific attention will be devoted to these constructs.

As mentioned above, the influence of protective factors depends on context. In a discussion of individual risk and resilience, Luthar (1991) observed that, although a putative protective factor such as academic competence may help a child to overcome risk in one realm of life, this may not be the case in other realms. For example, Luthar noted that high levels of intelligence were associated with higher



levels of loneliness in a group of urban low-income children. Also noting that a protective factor's influence may vary depending on the context, in terms of either developmental period or socioeconomic circumstances, Cicchetti and Toth (1998) stressed the importance of evaluating the effects of both risk and protective processes in light of those contexts. In an example drawn from the family resilience literature, it may be that multigenerational household structures are beneficial for teenage mothers in some circumstances and detrimental in others, such as when high levels of conflict occur over childrearing and household responsibilities. It is especially critical to consider the importance of context in developing interventions and policy solutions that aim to counteract challenges to successful development in high-risk environments, as well as in designing programmes that aim to ameliorate risk and promote protective factors in cross-cultural settings.

2c Vulnerability Factors

In theory, vulnerability factors are those that “amplify” or “increase” the probability of negative outcomes in the presence of risk (Cowan et al. 1996, Weist et al. 1995). Others have described vulnerability factors as “enhancing” risk, such that a person becomes more “susceptible” to negative outcomes (Hetherington 1989, Kaplan 1999, Masten 1999, Werner 1989). Kaplan (1999) referred to vulnerability as “psychosocial proneness”. Another way to view this concept is as an individual's or a family's stress reactivity (Masten 2001). Vulnerability factors exacerbate (in an interactive fashion) the effect of risk and the effect of vulnerability is seen only in combination with risk (Rutter 1990). For some researchers, risk is used to refer to environmental factors, while vulnerability is used to describe individual (or, by extension, family) dispositions (Kaplan 1999). Relatively little attention has been paid to identification of specific vulnerability factors. Kaplan (1999) referred to these as “the absence of resources which are required to meet emotionally significant expectations, and the absence of prior experiences regarding how expectations may be met” (p. 50). Some studies have treated emotional alienation, cognitive distortions, a history of depression and external locus of control as vulnerability factors (Kaplan 1999, Weist et al. 1995).

Researchers have also used the term vulnerability factors to describe genetic predispositions to disorder; however, the term has not been limited to such conditions (Cowan et al. 1996). Cicchetti and Toth's definition (1998, p. 495) incorporated the element of longevity: vulnerability factors are “typically regarded as enduring or long-standing life circumstances or conditions that promote maladaptation”. As Masten (2001) noted, significant interaction effects between risk factors and putative vulnerability factors have not been reported very often in the resilience literature.

Because the focus in the field of family resilience has been on identifying family strengths, in part to challenge a prevailing focus on family dysfunction and pathology (Walsh 1996), little attention has been devoted to identifying family-level vulnerability to risk. Hawley and DeHaan (1996) criticised this orientation, arguing that identification of risk and vulnerability factors is necessary in order to understand how earlier behaviours link to current maladaptive behaviours so that we can better demonstrate how patterns of resilience are (or are not) demonstrated over time.

2d Validity of Resilience as a Construct

In recent years, a growing body of literature has emerged which critiques the validity of the resilience construct. For the most part, this literature has been directed at research on individual risk and resilience and so will be only briefly summarised here. However, as the field of family resilience develops, it may become apparent that criticisms from the field of individual resilience also apply to the notion of family resilience. A question which is directed specifically at the concept of family resilience is whether it is distinct from the concept of individual resilience. This issue will be discussed at the end of this section.

At the centre of the critique is a lack of clarity over fundamental definitions of key concepts such as risk, protective factors, vulnerability and resilience, and over how these concepts differ from one another (Kaplan 1999, Luthar et al. 2000b, Windle 1999). This is problematic because it engenders a lack of coherence throughout the field and increases the difficulty of comparing the results of different studies. On a related note, researchers have pointed out the inconsistent ways in which the concepts are used (Kaplan 1999).



Kumpfer (1999), for example, noted that researchers have used the term resilience to describe almost any variable that correlates with or predicts positive outcomes. Similarly, Kaplan (1999) found that researchers frequently apply the same terms to describe a direct influence on an outcome as well as a factor that moderates the influence of other variables on the outcome. In their review of the literature, Glantz and Sloboda (1999) found no consensus on measurement, use, interpretations or findings; resilience was used interchangeably as a trait, a process and an outcome. Another problem, noted by Luthar and her colleagues (2000a, 2000b), is that researchers have conceptualised resilience as both a personal trait and a dynamic process without distinguishing between the two uses. When resilience is viewed as a personal trait, criticisms arise that this implies a static quality rather than a dynamic process that varies across time, place, developmental stage and situational context (Kaplan 1999). However, when resilience is conceived as a dynamic, multidimensional construct, some researchers have questioned the concept's usefulness because of a lack of uniformity in effects: some high-risk children may show competence in some areas but not in others (Luthar et al. 2000a).

Preferring to discard the concept of resilience altogether, Tarter and Vanyukov (1999) criticised researchers for applying the label “resilience” on a post-hoc basis. They also noted that researchers “discover” resilience wherever a positive individual outcome occurs under conditions considered adverse based on population data. Tarter and Vanyukov (1999, p. 99) argued that the concept of resilience has, at best, “dubious” heuristic and practical value. They also contended that using resilience studies to predict future outcomes is problematic because this requires an assumption that resilience has stable and lasting effects throughout the lifespan. This assumption is most certainly flawed because development occurs in a non-linear fashion and because, as discussed above,

In their review of the literature, Glantz and Sloboda (1999) found no consensus on measurement, use, interpretations or findings; resilience was used interchangeably as a trait, a process and an outcome.

the expression of resilience is context-specific. At the same time, the results of several important longitudinal studies support the argument that resilience is not necessarily a transient or ephemeral phenomenon (Werner 1993, Egeland et al. 1993, Cowen et al. 1997, Masten et al. 1999). A major challenge for the field (in the areas of individual and family resilience) is for

researchers to acknowledge and document the context-specificity of their data and to make it clear that success in the domains of interest in one particular study does not necessarily indicate competence despite adversity in other domains. This is especially important in the fields of developmental psychology and human development, where small samples of convenience are

often used and where random-assignment studies are rare. The effects of local conditions, although often an important part of the research question itself, render many such studies unable to generalise beyond a particular sample and context.

Finally, Tarter and Vanyukov (1999) claimed that studying resilience as a construct is counter-productive because it leads to a “blame the victim” mentality by attaching negative labels to children who score low on a measure of resilience. This argument echoes criticisms of the use of the term resilience to denote a character trait that can be ascribed to individuals; doing so implies that children either have it or they don't and hence that interventions to boost or support resilience would not be worthwhile. At the same time, identifying children as resilient can be misinterpreted as their being “invulnerable,” “invincible” or impervious to stressful circumstances. Walsh (1996) argued that this has perpetuated a myth of rugged individualism, or even of biological hardiness to stress, that fails to account for interactions between nature and nurture. Others have noted that the concept of resilience is “heavily laden” with subjective and unarticulated assumptions (Glantz and Sloboda 1999, p. 110). Luthar et al. (2000b) disagreed, arguing that scientific attention to child attributes associated with resilience and vulnerability is important for the purpose



of identifying patterns of successful development in high-risk circumstances that illustrate broad behavioural profiles of adaptation. Doing so can provide clues for interventions in a variety of populations of interest.

A major question facing the field of family resilience is whether it makes a new and distinct contribution to the literature on resilience in general and whether resilience can legitimately be considered a family-level construct (Hawley and DeHaan 1996). Hawley and DeHaan (1996) suggested that although the label “family resilience” is relatively new, the concept itself is not. Instead, it builds upon an established body of work on family stressors and strengths. Therefore, they argued, this literature represents a refinement of the existing literature, with a limited number of clear examples of new or distinct contributions. If any one conceptual contribution could be identified as new, they argued, it is the development of the construct of a family ethos (i.e. a world view or sense of coherence) encompassing shared attitudes and values held by a family that are at the core of its “resilience”. This sentiment echoes the emphasis placed by Walsh (1998) on coherence and connectedness as a critical component of family resilience.

3



Theoretical underpinnings and conceptual models relevant for family resilience studies



This section briefly summarises relevant aspects of theoretical models adopted from two fields – psychology and sociology – and applied in the resilience literature. Many studies in the family resilience literature draw from (or call for others to draw from) these theoretical fields. It should be noted that this section does not discuss another important theoretical orientation in the risk and resilience literature – the epidemiological or medical model – because of that field’s primary focus on risk and resilience at the individual level.

3a Psychological Models

To a greater extent than other disciplines, psychology has the individual at the centre of its focus. Psychology literally means “the study of the mind” and is generally defined as the science of individual or group behaviour. Before the introduction of developmental concepts, it was believed that each psychological disorder had an underlying organic basis with direct connections between cause and symptoms, regardless of age (Sameroff and Seifer 1990). Developmental theories have helped us understand that the salience of risk factors may be age-specific and that factors that indicate risk at one age may not be relevant at a later age. Developmental psychopathology introduced the notion that there are multiple pathways for disorders. That is, different combinations of risk factors may lead to the same disorder and no single cause may be sufficient to produce a specific disorder (Weissberg and Greenberg 1998). Developmental theories also hypothesise that the origins of many adult mental disorders can be discerned in behavioural characteristics that appear already in the first years of life, drawing on the notion of developmental continuity over the life course (Caspi et al. 1996).

The following section presents three theoretical frameworks drawn from developmental psychology that have relevance for family resilience studies. Although family resilience studies draw from these general theoretical frameworks, they also depart from traditional developmental approaches in one important respect. Specifically, the family resilience focus on strengths and positive adaptations, particularly under circumstances of stress and deprivation, contrasts with the long-standing emphasis in developmental psychological research on problematic outcomes and the predictors of such outcomes (Sugland et al. 1993). Indeed, as Masten

(2001) stated, resilience is an ordinary phenomenon, arising from normative functions of human adaptational systems. These ideas underscore the central themes of the relatively new positive psychology movement – one that aims to measure, understand and then build on human strengths (Seligman and Csikszentmihalyi 2000). Whereas most researchers in the field of developmental psychology have typically focused on disorders for the purpose of measurement and treatment, others proposed trying to identify the “sanities” that are the opposite of these disorders (Seligman and Csikszentmihalyi 2000). This new development may reflect the influence of theoretical advances and research findings in the field of family resilience (Hawley and DeHaan 1996), which has historically focused on strengths and positive adaptations.

Structural-organisational Theory of Development

Structural-organisational perspectives on child development hold that there is general coherence in the unfolding of competence over time, such that achieving success at particular stage-salient developmental tasks lays the foundation from which children approach future developmental tasks (Cicchetti and Toth 1998, Sroufe and Rutter 1984). This has led developmental psychologists to an interest in identifying resilience at specific life stages, with the idea that these patterns of adaptation will carry over to later stages of development. This idea has been incorporated into the study of family resilience, particularly in its emphasis on the passage of time. As Hawley and DeHaan (1996) stated, “the ability to ‘bounce back’ implies a former and a later state of being” (p. 292). From the family resilience perspective, this implies a focus on long-term patterns of adaptation and also a consideration of patterns of adaptation that have preceded the current challenge.



Transactional Theory of Development

In the transactional theory of development, development is viewed as an ongoing interplay between the child's inherent predispositions, the family's characteristics and the wider environment (Bronfenbrenner 1986). Contexts (e.g. family, neighbourhood, culture) are conceptualised as consisting of a number of nested levels varying in proximity to the individual. A variety of influences at these various levels interact with each other to shape development and adaptation over time and across contexts and take on differential levels of importance at different life stages. Importantly, patterns of influence within families are seen as reciprocal and bi-directional; for example, children's characteristics elicit and influence parents' behaviour as much as parents' behaviour shapes that of their children. Clearly, the family systems perspective on family resilience has this theme at its core.

A central aspect of family resilience entails parents' ability to promote good outcomes in their children by shielding or buffering them from ecological stresses.

Developmental Psychopathology

Considered a special discipline within developmental psychology, developmental psychopathology examines adaptive and maladaptive functioning from the perspective of developing systems over the lifespan (Kazdin et al. 1997). Much like the transactional theory of development, this theory views developmental outcomes as a function of the interaction of genetic, biological, psychological and sociological factors in the context of one's environment (Egeland et al. 1993). Thus, there can be multiple pathways to disordered functioning. This theory also holds that competence in resolving problems in one developmental period does not predict later competence in a linear deterministic way; rather, competence at one period is thought to help the individual adapt to the environment and prepare for competence in the next period (Egeland et al. 1993). The emphasis on relational and ecological contexts in the family resilience framework reflects these concepts. Resilience evolves over time within the context of myriad influences on development and can change over time as a function of changes in the context (Sroufe 1997).

3b Sociological Models

A simplified definition of sociology is that it is the study of groups and macro-level influences on human behaviour. As such, the analysis and assessment of environments or ecological contexts have fallen more in the domain of sociology than in that of developmental psychology. Sociology differs from psychology in that psychology tends to focus ultimately on the individual, whereas sociology tends to focus on society as a whole, often underscoring the importance of families' connections to institutional resources and social

networks. Clearly, the family resilience emphasis on ecological and cultural contexts reflects this orientation. The sociological theory of social capital has particular relevance for the study of family resilience.

Social Capital

Studies of child and adolescent development within sociology have focused on the impact of families' access to social and community resources. The theory of

social capital suggests that parents can enhance their children's opportunities for success by investing in social relationships (Furstenberg and Hughes 1995). Social capital can exist within the family (through parents' social investment in their children) and outside the family (through families' links to the community). The notion of social capital provides a way of understanding how development differentials arise among children and youth by assessing the supports and ties that families are able to create and draw upon in their own social contexts. Furstenberg and Hughes (1995) found that most measures of social capital are related to markers of socioeconomic success in early adulthood. Moreover, the concept is related to dimensions of successful interactions that can occur at a neighbourhood level and that can foster resilience within that neighbourhood – notably through the process of collective efficacy (Sampson et al. 1997). A central aspect of family resilience entails parents' ability to promote good outcomes in their children by shielding or buffering them from ecological stresses (Hawley and DeHaan 1996). The social capital model provides a useful lens through which to view these behaviours.



3C Distal vs. Proximal Factors

According to Baldwin et al. (1990) distal risk variables are those that do not directly impinge on an at-risk individual but rather act through mediators. In contrast, proximal risk variables are those that are directly experienced by the at-risk individual and thus mediate the relation between distal risk variables and maladaptive outcomes. These concepts are also reflected in the family resilience literature. For example, a macro-level distal factor, such as a social policy that mandates employment for recipients of government cash assistance, might affect family functioning through some proximal factor in the family's social ecology, such as a parent's ability to obtain gainful employment and mobilise resources to make sure that adequate child care is provided for children in the parent's absence.

Distal risk variables can be conceptualised as being at a greater "distance" from the child – for example, the family's socioeconomic status does not directly impact on children but exerts an indirect influence through a range of mediating variables. The aim in resilience studies is often to identify the pathways through which distal risk operates; in the case of low income, the effect on children's adjustment might be through more proximal risk factors such as parents' psychological distress or disruptions in parenting practices (McLoyd 1998). Other distal environmental forces (e.g. access to jobs and employment, receipt of child support, access to health care, funding for education, patterns of immigration) are transmitted ultimately to the child's life space by their impact on the proximal contexts of daily life experience (Jessor 1993). In developmental psychological studies these are often represented by measures of the quality and types of interactions children have with their parents, peers and other important adults and institutions.

The concept of distal versus proximal risk is critically important in studies of family resilience owing to the hypothesis that a child can grow up in a "stress-resistant family" and be shielded from many of the risks of the environment by a protective family that creates a low-risk proximal environment despite living in a high-risk distal environment (Baldwin et al. 1990). This is a core concept in the field of family resilience (Hawley and DeHaan 1996). Previous studies have attempted to identify the important proximal family

characteristics that may mediate the effect of environmental risk on children. For example, two key measures of parenting in the poverty and family functioning literature are parental warmth and control (Conger et al. 1994, McLoyd 1990, 1998). One theoretical perspective on poverty and family functioning, which is supported by a wide array of empirical findings, suggests that poverty and its co-factors diminish parents' capacity for warm and supportive interactions with their children and increase the risk of harsh or punitive disciplinary behaviours. These parenting behaviours have been identified as important mechanisms through which poverty exerts an influence on children's development (Dodge et al. 1994). Unfortunately, important distal variables, such as socioeconomic status, operate through so many different proximal variables, and important proximal variables, such as parenting, are affected by so many distal variables, that it is almost impossible to establish with any certainty how the various proximal variables are related to the various distal risks (Baldwin et al. 1990). Nevertheless, studies of the interaction between proximal characteristics and distal risks are critical for understanding why some families are able to buffer the stresses of distal risk and are thus able to produce good child outcomes despite high-risk circumstances.

4



Empirical evidence



Researchers have taken two general approaches to the study of family resilience. The first approach is primarily concerned with processes that operate at the family level. In this view, family resilience is considered as a property of the family as a unit. The second approach focuses on family as the setting in which children are raised and is primarily concerned with the way the family provides a protective environment that fosters the development of its individual members, and especially the children.

Both approaches reflect the core concept of resilience, which is the coping and adaptation process of the family as a functional unit. In the first approach to family resilience, emphasis has been placed on family processes, belief systems and organisational patterns (Walsh 1998). Most studies of this type have been conducted in the fields of clinical psychology or social work and, as Walsh (1998) cautioned, many have been based on samples of white middle-class families. In the second approach to family resilience (family as a protective environment), emphasis has been placed on parenting behaviour and also on the living arrangements of families. These studies have been conducted primarily in the field of developmental psychology and have not usually been cast as studies of family resilience. Nevertheless, the results of such studies are of central relevance to the topic of family resilience. In many cases, these studies have adopted a contextual, ecological approach, used diverse samples and employed longitudinal designs. They therefore meet many of the important criteria for “good” studies of family resilience.

This section presents empirical evidence on family resilience using three different approaches. First, evidence is presented on three core aspects of resilience at the level of the family unit – namely, family cohesion, family belief systems (especially religion) and coping strategies. Secondly, evidence is presented illustrating the second concept of family resilience (family as a protective environment). As noted above, in this work emphasis has been placed on parenting and, in particular, on aspects of parenting that can shield or buffer children from challenging circumstances to help ensure good child outcomes. The third approach focuses on families in three different circumstances widely viewed as stressful and challenging for family functioning and child development. These are poverty, single parenthood and teenage non-marital

parenthood. The risks to family functioning inherent in these circumstances are described, along with evidence on selected protective factors that have been found to buffer against these risks. The protective factors that are described include aspects of family resilience that apply at the family level as well as aspects of resilience that afford a protective environment for children’s development, such as parenting behaviour and the living arrangements of the family.

4a Resilience in the Family as a Unit

This section provides evidence on three processes that help families to cope with adversity and stress, which can be regarded as aspects of family resilience – family cohesion, family belief systems (especially religion) and coping strategies. These were chosen as the focus of attention owing to the preponderance of empirical evidence in the literature on these specific topics and because they illustrate key dimensions of resilient family processes according to Walsh’s (1998) framework.

Family Cohesion

Family systems research highlights family cohesion as an interactional process important for daily family functioning as well as for ensuring the well-being of individual family members (Walsh 1998). Although the underlying construct of family cohesion has been endowed with multiple names and definitions, each version of the concept conveys the central notion of an emotional connection between family members. For example, Olson (1993) defined family cohesion as “the emotional bonding that family members have towards one another” (p. 105). In her work on family resilience, Walsh (1998) preferred the term “connectedness” over the term cohesion and described it as “the counterbalance of unity, mutual support, and collaboration with separateness and autonomy of the individual” (p. 85).



A number of family process models employed in both research and clinical practice not only treat family cohesion as an important element of daily family functioning, but also posit its importance to families' ability to rebound from stresses or crises. Each of the four models described below includes emotional connections between family members (which is at the core of the concept of family cohesion) as a determinant of healthy family functioning, although the models do not all refer to this dimension as family cohesion. None of the models treats family cohesion as the sole determinant of family health. Rather, cohesion is one dimension among many that has an impact on the manner in which a family functions. Additionally, all four models convey the idea that achieving a counterbalance between family connections and individual autonomy is an important aspect of families' attempts to navigate the demands of everyday life and to weather the challenges imposed by unexpected stressors – that is, to be resilient in the face of challenges to family functioning.

The Circumplex Model of Marital and Family Systems (Olson 1986, 1993) treats cohesion as one of three dimensions important to family functioning (the other two being *adaptability* – the ability to change power structure, role relationships and relationship rules in response to situational and developmental stress – and *communication*, a facilitator of family functioning). According to the model, cohesion has four levels ranging from disengaged (very low) through separated and connected to enmeshed (very high). The extreme levels of cohesion (disengaged and enmeshed) are considered problematic for family functioning, while the middle levels (separated and connected) are considered optimal for family functioning and constitute the model's *balanced* region. According to Olson (1993), balanced families can simultaneously support connections between family members and autonomy of individual family members. This simultaneity facilitates healthy family functioning. Olson further asserted that families can modify their level of cohesion to deal with situational stress and developmental changes across the life cycle (Olson 1993).

The Beavers Systems Model (Beavers and Hampson 1993) introduces the notion of family style – the degree of *centripetal* or *centrifugal* qualities in a family – which is closely related to the idea of cohesion or

connectedness of family members. Centripetal family members look for satisfaction within the family and centripetal families tend to have children who leave the home later than developmental norms prescribe. Centrifugal family members seek satisfaction in the world beyond family boundaries and centrifugal families tend to have children who leave home at an early age. Highly centripetal and highly centrifugal families sit at either end of a continuum of family style and, according to the model, often produce dysfunctional offspring (e.g. schizophrenic or sociopathic). Healthy families blend centripetal and centrifugal qualities. Family style interacts with family competence – “how well the family, as a unit, performs the necessary and nurturing tasks of organising and managing itself” (p. 74) – to determine the overall health of the family system. Healthy families tend to have clear emotional boundaries between members, who take responsibility for their own feelings and respect those of others. This requires a capacity to maintain autonomy, while experiencing joy and comfort in relating to one another. They also have an ability to bring positive experiences from beyond the family boundary to share within the family. Like the Circumplex Model, the Beavers Systems Model postulates that a healthy family style (with a blend of centripetal and centrifugal qualities) will enable a family to adapt its behaviour as the needs of the family and its members change over time.

The McMaster Model of Family Functioning, developed in Canada (Epstein et al. 1978, Epstein et al. 1993), includes a cohesion-like dimension called *affective involvement*, one of six dimensions of family functioning seen as important to a family's physical and mental health. Epstein et al. (1993) defined affective involvement as “the extent to which the family shows interest in and values the particular activities and interests of individual family members” (p. 150). Family members' levels of investment and interest in one another determine their level of affective involvement. Affective involvement ranges from the absence of involvement (very low investment or interest) to symbiotic involvement (extreme or pathological interest or investment). Both extremes indicate unhealthy functioning. Empathic involvement – defined as “interest and/or investment in one another for the sake of others” (Epstein et al. 1993, p. 151) – characterises the healthiest level of family functioning, although variations within a healthy range are possible.



The Process Model of Family Functioning (Steinhauer et al. 1984) has origins similar to those of the McMaster Model and also refers to its cohesion-like dimension as affective involvement. However, this model offers a slightly different definition: “Affective involvement refers to the degree and quality of family members’ interest and concern for one another” (p. 81). “Degree” (the intensity of family members’ relationships and involvements with each other) and “quality” (whether relationships are nurturant/supportive or destructive/self-serving) are “critical aspects” of affective involvement. That is, the degree and quality of the relationships family members have with each other together determine which of the following five types of affective involvement a family experiences: uninvolved, interest devoid of feelings, narcissistic (nurturant only when family members’ own needs are met), empathic (high affective involvement while respecting each others’ autonomy) or enmeshed (intense, stifling relationships). The process by which family members develop and maintain their autonomy and security (ensuring their emotional needs are met) is closely related to their affective involvement. The family’s affective involvement influences its ability to accomplish a variety of necessary tasks, including basic day-to-day survival tasks that support its members’ continued development, and dealing with crises as and when these arise.

A key issue facing scholars working in the field of family resilience is whether the concept of family resilience can be operationalised. A number of instruments exist for assessing family cohesion within the frameworks of the aforementioned models, many of which have proved useful for training, research and clinical work. In addition, many adopt observational methods which are deemed most appropriate (as compared with self-report or survey methods; Hawley and DeHaan 1996) for assessing family cohesion. The Family Adaptability and Cohesion Evaluation Scales III (FACES III) (Olson 1986, 1993, Olson et al. 1986) is a self-report measure assessing whether families fall within the balanced or extreme regions of the Circumplex Model. The Clinical Rating Scale (CRS) (Olson et al. 1986) is an observational measure based on the Circumplex Model. The Beavers Interactional Style Scale (Beavers and Hampson 1990, 1993) is an observational measure of family style and the Self-

Report Family Inventory (SFI) (Beavers and Hampson 1990, 1993) documents family members’ perceptions of the family’s style. Three measures exist for assessing functioning within the McMaster Model (Miller et al. 2000): the McMaster Clinical Rating Scale (to be used by a trained rater; Miller et al. 2000); the Family Assessment Device (a self-report clinical screening instrument; Epstein et al. 1983, Miller et al. 2000); and the McMaster Structured Interview of Family Functioning (Miller et al. 2000). Finally, the Family Assessment Measure (Steinhauer et al. 1984, Skinner et al. 2000) is a self-report measure associated with the Process Model of Family Functioning.

Research validating the aforementioned models has demonstrated that a relationship does exist between family cohesion and family functioning. However, the research has not been able to link particular types of families to a particular family style and none of the studies speaks directly to family resilience. For example, a study of over 1,200 families from across the US examined the Circumplex Model’s conception of balanced families (i.e. those displaying mid-range levels of cohesion and adaptability). Families with higher levels of cohesion within the balanced range experienced fewer intra-family strains and higher well-being relative to families with lower levels of cohesion (Olson et al. 1988). In addition, this study found that balanced families are able to change their level of cohesion over the life cycle, perhaps as demanded by the family’s stage in the life course. A majority of families with younger children tend to be *connected* (i.e. higher on cohesion), whereas families with adolescents and older couples tend to be *separated* (i.e. lower on cohesion). Although this study was based on a predominantly white sample of intact, two-parent families, all of which fell within the balanced region of the Circumplex Model, other studies have validated the extreme regions of the model as well. For example, both the families-of-origin and current families of sex offenders tend to include higher rates of extreme families than families which do not contain a sex offender (Carnes 1989). Families of non-offenders are more likely to be balanced. Similar studies comparing clinical and non-clinical families also exist within the framework of the McMaster (see Epstein et al. 1993) and Beavers (see Beavers and Hampson 1993) models.



The assumptions underlying these four models of family functioning, together with the research results outlined above, imply that there is a curvilinear relationship between family cohesion and family functioning. That is, families with extremely low or extremely high levels of cohesion exhibit low levels of healthy behaviour, while healthy behaviour peaks for mid-range levels of family cohesion (e.g. empathic involvement, balanced cohesion, mixed family style). However, some research has also shown a linear relationship between family cohesion and family functioning (e.g. Barber and

Buehler 1996, Farrell and Barnes 1993): in these studies higher levels of family cohesion are related to better family functioning. Other studies report mixed results depending on the measurement tool employed. For example, using one sample of families, Thomas and Olson (1994) documented a curvilinear relationship using the CRS and a linear relationship using FACES III.

Clearly, the hypothesis of a curvilinear relationship between family cohesion and family functioning requires further testing. Moreover, this is an area where it is essential to look at the research in light of predominant family and cultural values and contexts. In some cultures, families emphasise goals of connectedness and collective identity, while in other cultures families are more individually oriented. The extent to which independence and autonomy are valued culturally will make a great deal of difference to how these factors affect children's outcomes. The applicability and interpretation of such theoretical constructs as "cohesiveness" are likely to depend very much on family and community values, the influence of culture and family history, and how these things influence families' aspirations for their children.

Despite its prominence in theoretical models (e.g. Walsh 1998), relatively little empirical research exists on the role of family cohesion in family resilience among low-income families or families in other adverse circumstances. For example, no studies examine the role of family cohesion in confronting the challenges of poverty or adolescent pregnancy. However, a number of

studies have explored the relationship between family cohesion and family functioning in the context of changes in family structure. In a comparison of remarried and first-married families (n=108 and n=106 respectively; 100 percent white) using the Circumplex Model, Waldren et al. (1990) found that first-married families tend to have significantly higher levels of cohesion (and adaptability) and lower levels of stress than remarried families. In addition, the relationship between cohesion and functioning appears to differ for the two family types. For remarried families (but not

first-married families), lower levels of family stress are associated with higher levels of cohesion (and adaptability). Cohesion and adaptability may be more important for remarried families attempting to achieve healthy family functioning. Similarly, in a small sample (n=29) of non-clinical stepfamilies, Pill (1990) found that although the families tended to experience low levels of cohesion

overall, higher cohesion was related to greater family satisfaction. In other words, stepfamilies benefit when they can attain higher levels of cohesion. Finally, a study of approximately 200 Australian families with either elementary or secondary school children (Amato 1987) showed that intact families experienced higher levels of cohesion than single-parent families.

Although a number of studies indicate positive relationships between intact family structure, family cohesion and family functioning, other research shows that the relationships might not be so straightforward. For example, Smith (1991) found relatively similar levels of cohesion between the FACES III norm group (over 1,000 non-clinical families sampled from across the US; Olson et al. 1985) and a random sampling of 68 remarried families, except when remarried families contained an adolescent. Remarried families with adolescents had lower cohesion scores than those without adolescents. This is consistent with the finding that a higher proportion of families with adolescents score lower on cohesion scales than families with young children (Olson et al. 1988).

Families with extremely low or extremely high levels of cohesion exhibit low levels of healthy behaviour, while healthy behaviour peaks for mid-range levels of family cohesion.



The theoretical models of family cohesion described above have been tested and found to be valid in the international literature as well. The Melbourne Family Grief Study (Kissane et al. 1996a, 1996b), for example, examined patterns of family functioning in 115 families during the bereavement state following the death of a parent from cancer. Using the FACES III and a similar measure, the Family Environment Scale, the authors identified five types of families based on their responses to questions about cohesiveness, conflict and expressiveness. These typologies were derived using cluster analytic techniques. Approximately one-third of the families were considered supportive and had high scores on cohesiveness as well as good scores on conflict resolution. Two types of families were identified as dysfunctional – “hostile” families and “sullen” families. The remaining two family types fell in the mid-range. Of the different dimensions of family functioning assessed, the authors highlighted family cohesiveness as being especially good at discriminating functional and dysfunctional families. In contrast, family adaptability was not a useful discriminator of family types. A useful contribution of this study is its suggestion that families can be screened using a relatively simple instrument so that targeted, family-centred interventions can be delivered to help prevent the complications of stressful life events such as the death of a parent.

In summary, despite its prominence in theoretical discussions of family resilience, the empirical findings concerning family cohesion are concentrated in the area of family structure and have tended to exclude other ecological contexts (e.g. poverty and teenage parenting). In addition, samples have tended to be small, ethnically homogeneous and non-representative. In particular, much of the research has been based on samples of white, two-parent families. Moreover, as Walsh (1998) suggested, a family’s functional style should not be taken as indicative of its level of functioning. Different family and cultural norms entail different levels of closeness and separateness. And, as has been emphasised earlier in this review, different types of family processes might be relevant at different stages in the family life cycle. The absence of longitudinal research in this area makes it difficult to judge the empirical findings. Thus, although this is a promising area for future research, much work remains to be done.

Family Belief Systems

Belief systems play an important role in family resilience. In Walsh’s (1998) view, belief systems “are at the core of all family functioning and are powerful forces in resilience” (p. 45). According to Walsh (1998), belief systems include “values, convictions, attitudes, biases, and assumptions, which coalesce to form a set of basic premises that trigger emotional responses, inform decisions, and guide actions” (p. 45). The dominant beliefs within the family system shape how the family as a unit copes with crisis and adversity, while shared beliefs mould family norms. These norms are most visible in the rules that govern family life. Family rituals and traditions serve to express a family’s identity and much of a family’s belief system is rooted deeply in culture and social norms.

Walsh (1998) organised the key beliefs in family resilience into three areas: a capacity to make meaning out of adversity; a positive outlook; and transcendence and spirituality. The ability to make meaning out of adversity points to the importance of relationships, where crisis is viewed as a shared challenge and where family members are loyal and faithful to one another and operate under a common foundation of trust. Well functioning families are also constantly growing and changing as time passes and as members progress through the life cycle. In this framework, resilience involves accepting what has happened in the past and looking toward the future, while maintaining a shared construction of crisis experiences. Making meaning of adversity also involves a sense of coherence that is “a global orientation to life as comprehensible, manageable and meaningful” (p. 56).

The second key belief area in family resilience, according to Walsh, is having a positive outlook. Having a positive outlook is crucial for resilience. A positive outlook is characterised by active initiative and perseverance, courage and “en-courage-ment”, sustaining hope and an optimistic view, confidence in overcoming odds, focusing on strengths and potential, mastering the possible and accepting what can’t be changed. Resilient families are able to view crises or setbacks as challenges and approach these in an active way. Perseverance, embodied in the ability to “struggle well” and persist despite tremendous adversity, is a key element in resilience. High-functioning families hold more optimistic, rather than pessimistic, views. At the same time, it is important



that families continue to maintain a realistic viewpoint. Resilient families also show confidence throughout an ordeal. A positive orientation operates like a self-reinforcing process: confidence in oneself and in one another “builds relational resilience as it reinforces individual efforts” (Walsh 1998, p. 66). Seligman and Csikszentmihalyi (2000) contended that techniques to build positive traits will become commonplace in the future, although further research is needed to understand how this can be done.

According to Walsh (1998), all studies of resilience point to the integral importance that humour plays in coping with hardship. Humour can help family members to cope with crises and accept limitations as well as reducing tensions in the family. High-functioning families are characterised by members who “accept that people have the capacity to envision perfection and yet are destined to flounder, make mistakes, get scared, and need reassurance” (p. 67). Finally, maintaining a positive outlook involves making the most of one’s options. For this, both active mastery and acceptance are required. To be resilient one must accept one’s limits and understand what cannot be changed, while putting all efforts into what can be changed.

Finally, transcendent beliefs are those that supply meaning in people’s lives, which is often accomplished through spiritual beliefs or cultural heritage. Walsh maintained that “[t]ranscendent beliefs offer clarity about our lives and solace in distress; they render unexpected events less threatening and enable acceptance of situations that cannot be changed” (p. 68-69). In this view, families function best when they are connected to larger systems and take note of larger values and purposes. These belief systems are often rooted in religion and spirituality. Walsh described spirituality (which can exist either within or outside formal religious institutions) as a key process in family resilience, as it “involves an active investment in internal values that bring a sense of meaning, inner wholeness, and connection with others” (p. 70). Because of the prominence placed on religion in theories of family resilience, attention is focused below on the empirical evidence linking this to family and individual well-being.

Families’ emphasis on religion is often invoked in theoretical frameworks of resilience. However,

although religious belief and practice may play a dominant role in the behaviours, feelings, interactions and overall well-being of many families, the links between religion and family functioning represent a somewhat neglected area in the empirical study of family relationships and processes. As Mahoney et al. (2001) pointed out in their recent meta-analysis, this may derive from a sense that religion is a taboo topic in the field of psychology. Walsh (1998) suggested that such topics have been neglected in the mental health field because they have not been considered the province of secular or scientific therapies. Case studies and other qualitative research have enriched and guided the direction of studies of religion, but the field has lacked representative data upon which to base firm conclusions or generalisations about religion’s role in family processes. Moreover, Mahoney et al. (2001) pointed out that researchers have, for the most part, relied on global (often single-item) measures of religiousness as proxies for religious beliefs and the ways in which beliefs may affect family life. Finally, Mahoney et al. suggested that, although theory offers many plausible links between religion and family functioning, most of these have yet to be tested empirically.

Interest in the role of religion in families has increased during the past decade in the areas of adolescent sexuality, marriage and fertility, childrearing, gender roles, health behaviours and various measures of social and psychological well-being (Sherkat and Ellison 1999). The studies most pertinent to the links between religion and family functioning tend to focus on either the marital relationship or parent-child relationships. Researchers in this field, however, consistently note the gaps in knowledge and the need for continued exploration of the interactions between religion and well-being of families.

Researchers have studied the relationship between religion and marriage for several decades. Research from the 1970s and 1980s (e.g. Glenn and Weaver 1978, Hunt and King 1978, Scanzoni and Arnett 1987, Schumm et al. 1982, Shrum 1980) linked religion to marital stability, adjustment and happiness. For example, Scanzoni and Arnett (1987) examined the connections between marital commitment and religious devoutness. The sample included 164 urban married couples and 61 rural married couples. The sample was 90 percent white, with a mean education level of 14 years for wives



and 15 years for husbands. Religious devoutness was measured by an eight-item scale that encompassed both religious activities and religious feelings. The findings suggested that religious devoutness was significantly and positively related to marital commitment. Devoutness of wives was also associated with the use of positive conflict-resolution tactics. Finally, religious devoutness was associated with a greater likelihood of attributing locus of control over the relationship to the self rather than to fate. A sense of internal locus of control has been identified as an important aspect of resilience by other researchers in both the individual and family resilience literature (Walsh 1988, Werner 1989). A more recent study by Ellison et al. (1999) examined the role of religion in severe marital dysfunction, specifically in relation to situations involving domestic violence. They found that regular church attendance was negatively associated with spousal domestic violence.

The authors theorised that religious activities may cultivate a sense of values centred on loving and caring and may promote a more altruistic approach to family relationships. They also suggested that religious commitment may encourage more positive patterns of conflict resolution.

Importantly, the associations between religion and personal or family functioning may be either positive or negative and this may vary by culture, ethnicity, denomination and other key characteristics. For example, Bjorck et al. (1997) examined the relationships between negative life events, locus of control attributions and psychological distress among 93 Korean American and 80 white American Protestants. One of the control attributions was “God Control” of negative life events (the others were internality, powerful others and chance). Results from this study showed different correlations in the two populations. Among whites with higher levels of God Control beliefs, a negative relationship was found between negative life events and depression. The opposite was true among the Korean Americans. The

Religious activities may cultivate a sense of values centred on loving and caring and may promote a more altruistic approach to family relationships.

authors suggested that whites’ strong God Control beliefs are adaptive and speculated that perhaps whites holding high God Control beliefs might have viewed negative events as opportunities for growth and testing of their faith in God. Conversely, even though Koreans’ God Control beliefs were stronger than whites’, these exacerbated the association between negative life events and depressive symptoms (i.e. they operated as a vulnerability factor). The authors speculated that the Koreans’ perspective on God Control might be mixed with an Eastern view of fatalism and submission to authority; this might lead Koreans to believe that negative life

events are a judgement upon them from God which could produce depression and anxiety. A limitation of this study is that it did not gather participants’ actual conceptions of God. However, it highlighted the importance of accounting for cultural differences in the study of religion and measures of individual or family functioning.

Perhaps more relevant to the present report is theory and evidence linking religion to parenting and to children’s adjustment. In proposing a general conceptual framework linking religion to family relationships, Mahoney et al. (2001) distinguished between the functional elements of religion and its substantive elements. The former refers to the psychological or social purposes it may serve, whereas the latter refers to the content of belief systems and practices linked to particular religions. Each offers potentially different links to family functioning. The functional elements of religious participation may serve to augment families’ social capital. For example, church involvement can offer social support, instrumental or financial assistance, child care and help with unexpected crises through links to other members of the church community. Church attendance might also augment social capital within the family by providing opportunities for the family to engage in activities as a unit or by promoting shared value systems, thus facilitating family cohesion. The substantive elements of religion might offer parents a framework for coping with difficult family situations or



children's problems. Religious institutions and leaders also offer messages about parenting that could shape parental beliefs and attitudes (Mahoney et al. 2001).

The evidence from Mahoney et al.'s (2001) meta-analysis suggests that religion may facilitate positive family interactions and that it may also lower the risk of child maladjustment (including externalising and internalising behaviour problems) and adolescent drug and alcohol use, in part by promoting effective parenting skills such as emotional supportiveness. Notably, Mahoney et al. located only 13 studies published since 1980 that link religion to parent-child relations or global family functioning and eight that link parental or family religiousness to child mental health outcomes (some of these studies were counted in both groups). The two studies elaborated on below were singled out by Mahoney et al. as particularly noteworthy: the Pearce and Axinn (1998) study because it is the only longitudinal study in the area of religion and parenting; and the Brody et al. (1996) study because it is one of only two studies to examine the pathways through which religion affects children's adjustment.

Pearce and Axinn (1998) examined the effect of religion on parent-child relationships in a population of urban, white mothers and their children. This study used longitudinal, intergenerational panel data to assess the effects of various dimensions of family religious life on both mothers' and children's perceptions of the mother-child relationship. The study included 863 families, spanned a 23-year period (1962-1985) and drew on interviews with mothers and later with their adult children.

The authors constructed a framework based upon a characterisation of religion as integrative and encouraging of shared values, interaction, social bonds and protection from anomie. They suggested three sets of mechanisms through which religion may strengthen family relationships. First, religion promotes the idea that positive relationships among family members are desirable. The second mechanism involves the formal support that religion provides to families through services and family activities. The third mechanism involves the creation of social ties that link persons with similar family values.

The authors tested several hypotheses, including the following: that there is a positive association between mothers' church attendance and affective relationships with their children; that there is a positive association between mothers' ratings of the importance of religion and affective relationships with their children; that there is a positive association between increases in the emphasis that mothers place on religion over time and affective relationships with their children; that families with multiple religious members have more positive relationships; and that congruence between the importance that mothers and children place on religion promotes positive affect. They found that the importance that mothers place upon religion was a significantly better predictor of positive affect than religious attendance (although the two were highly correlated). Furthermore, mothers' emphasis on religion was significantly related to both their own and their children's perceptions of the relationship, but the association was stronger with the mothers' perceptions of mother-child affect than with the adult children's perceptions. Congruence in the emphasis placed on religion by mothers and children was also found to produce a significant increase over time in both parties' perceptions of positive affect.

Brody et al. (1996) focused on the links between religion, family processes and the development of children and adolescents. They hypothesised that parental emphasis on religion would be directly and positively related to family cohesion and also that parental emphasis on religion would be directly and negatively related to inter-parental conflict. These intermediate variables were hypothesised to affect children's developmental outcomes. The authors theorised that parental emphasis on religion gives rise to a belief system that fosters norms that are both directly and indirectly linked to youth competence. Furthermore, they hypothesised that religiousness promotes conventional values, facilitates interaction and establishes strong social bonds and family cohesion. The sample consisted of 90 rural, low-income, two-parent African-American families with children aged nine to 12 years. Brody et al. (1996) argued that it is particularly important to assess religion in this population because African Americans tend to manifest greater emphasis on religion than whites and because of evidence that religious belief



and church attendance form an important mechanism for coping with the stresses that rural African Americans face.

In this study, emphasis on religion was measured by frequency of church attendance as well as by ratings of the importance of the church. Family cohesion was assessed by behavioural observation of two components: harmony and engagement. The findings showed that mothers' emphasis on religion was positively associated with family cohesion and negatively associated with inter-parental conflict. Mothers' emphasis on religion was also directly and negatively related to youth externalising problems. For fathers, emphasis on religion was also positively associated with family cohesion and negatively associated with inter-parental conflict, youth externalising problems and youth internalising problems. The links were generally stronger for fathers' emphasis on religion than for mothers'. These findings support the prevailing theory that African Americans' religious involvement promotes supportive and responsive family relationships and that these relationships facilitate coping with the economic and social stresses of rural life.

In sum, although research on the role of religion in promoting positive family processes or family resilience is relatively thin, there is some evidence to suggest that religion may promote marital happiness, adjustment and commitment. It may also act as a protective factor against marital dysfunction, as evidenced by the negative association with domestic violence. A family emphasis on religion may promote family cohesion and parent-child affect and reduce intra-family conflict. Finally, it may also serve as a coping mechanism in times of stress. Spiritual or religious capital, in the form of meditation, prayer or participation in organised religious congregations may provide therapeutic strength for families. This strength

Although research on the role of religion in promoting positive family processes or family resilience is relatively thin, there is some evidence to suggest that religion may promote marital happiness, adjustment and commitment.

may alternatively be found through connections with nature or through artistic expression (Walsh, 2002). Theory in this area is well developed, but more empirical work is needed. Interestingly, Mahoney et al. (2001) supported a call for further research in this area in part by pointing out that the effect sizes obtained in their meta-analysis, although relatively

small (with values of r in the range .07 to .20), are not trivial and in fact are comparable with the predictive power of other global risk factors for negative child outcomes – such as parental divorce – that have received far more attention.

Coping Strategies

Coping behaviours within the family are manifested in the actions taken by the family in response to stressors and strains. These behaviours represent a different domain from the psychological, economic or social resources held by the family. From a resilience perspective, coping can be seen as the effort to organise resources, while resilience can be seen as the successful outcome that results from these actions (Compas et al. 2001). Lazarus and Folkman (1984) defined coping as “constantly changing cognitive and behavioral efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of a person” (p. 141). Lazarus (1993) noted that coping is a goal-directed process whereby individuals seek to lessen the effect of stress and to manage emotional reactions. Coping is a continuous lifelong process that involves variable responses to different stressful events. Coping is often invoked to represent competence and resilience; however the terms are distinct. According to Compas et al. (2001) coping “refers to processes of adaptation, competence refers to the characteristics and resources that are needed for successful adaptation, and resilience is reflected in outcomes for which competence and coping have been effectively put into action in response to stress and adversity” (p. 89).



Lazarus and Folkman (1984) distinguished between two types of coping strategies – problem-focused coping and emotion-focused coping. Problem-focused coping involves confronting the problem to reduce the effect of the stressor, whereas emotion-focused coping focuses on dealing with the emotional distress associated with the occurrence of the stressor. Most coping efforts involve a combination of the two strategies (Folkman and Lazarus 1980). According to Seiffge-Krenke (1995), coping strategies can be either functional or dysfunctional. There are two types of functional coping styles – active coping (which involves active support-seeking) and internal coping (which involves internal reflection on possible solutions). In contrast, withdrawal and denial are characterised as dysfunctional coping styles.

A variety of related points of view on coping among children and adolescents in particular have appeared in the research literature. Eisenberg and her colleagues suggested that coping among children is best conceived in terms of self-control in the face of stressors (Eisenberg et al. 1997, Eisenberg et al. 1996). They distinguished between three facets of self-regulation – namely regulation of emotion, regulation of the situation and regulation of emotionally driven behaviour. These researchers also argued that coping involves both involuntary and intentional reactions to stressors (Eisenberg et al. 1997).

Compas and his colleagues regarded coping as a broader group of behaviours performed in response to stressors (Compas 1998, Compas et al. 1997, Compas et al. 1999). They defined coping as a conscious, intentional response to emotion, behaviour and cognition in a stressful environment. An individual's level of development plays a crucial role in the resources that are available for coping, as well as placing limitations on the types of coping responses the individual is able to employ. Compas and his colleagues regarded coping behaviour as a subset of self-regulation behaviours, where self-regulation includes responses in non-stressful situations that do not require coping.

Phelps and Jarvis (1994) identified four types of coping behaviour among adolescents in contrast to the two types (problem-focused versus emotion-focused) typically identified in research on adults.

The four behaviours included active coping, avoidant coping, emotion-focused coping and acceptance. Active coping consists of seeking social support and planning alternatives. Avoidant coping includes denial, behavioural disengagement and alcohol and drug use to escape stressors. Emotion-focused coping encompasses venting of emotions, e.g. by crying, and seeking out emotional support. Acceptance involves mentally disengaging from the situation, reinterpreting or redefining the situation or accepting the situation.

Various techniques have been employed to measure coping in childhood and adolescence, drawing on data collected by means of self-report surveys, semi-structured interviews, behavioural observations and reports from parents and teachers. Compas et al. (2001) listed and discussed commonly used questionnaires. Different measures tap different components or dimensions of coping, such as coping strategies and coping goals.

One of the most often-used measures, the COPE (Carver et al. 1989), exemplifies the importance of moving beyond a simple distinction between emotion-focused and problem-focused coping and looking at more complex processes. Carver et al. (1989) developed the COPE by dividing problem-focused and emotion-focused coping into theoretically and empirically distinct coping strategies. The reliability and validity of the COPE measure was established on the basis of a large sample of college students. The 60 items of the scale are divided into 15 sub-scales measuring different aspects of coping. The 15 sub-scales are: active coping, planning, suppression of competing activities, restraint coping, seeking social support for instrumental reasons, seeking social support for emotional reasons, positive reinterpretation and growth, acceptance, turning to religion, focus on and venting of emotions, denial, behavioural disengagement, mental disengagement, alcohol-drug disengagement and humour.

Another widely used coping scale is the Coping Responses Inventory-Youth Form (CRI-Y; Ebata and Moos 1991). The CRI-Y is a 48-item self-report measure with eight coping strategy sub-scales focusing on both approach coping and avoidance coping. The sub-scales operationalise the concepts of cognitive approach and behavioural approach, and cognitive avoidance and behavioural avoidance. Respondents rate the



frequency with which they use 48 different strategies to cope with a stressor on a four-point Likert scale. Finally, an example of a coping questionnaire developed in an international setting is the Coping Across Situations Questionnaire (Seiffge-Krenke 1993). This measure consists of 20 items assessing responses to several different situations or stressors. Analysis yielded three sub-scales of coping: active coping, internal coping and withdrawal.

Coping research has primarily relied on self-report questionnaires for measurement. Compas et al. (2001) reported that observational measures of coping have proven to be quite reliable and have shown significant promise. Such methods are used extensively in studies of children's coping with medical procedures. However, Compas et al. suggested that while observational methods may be useful in validating self-report questionnaires or interview tools, they may not be the best means of determining underlying coping processes. Reports from external observers, such as parents and teachers, have not been used in assessing coping, in contrast to their common use in other areas of research.

The most active area of empirical research on coping among children and adolescents has been on the associations between coping and a variety of psychological adjustment factors, social and academic proficiency and symptoms of pathology. In a recent survey of the literature, Compas et al. (2001) reviewed findings from recent studies that used a range of different approaches to the measurement of coping. Because the various studies examined used different measures of coping, the studies were classified according to their use of problem-focused coping versus emotion-focused coping, and engagement (or approach) coping versus disengagement (or avoidance) coping. Additionally the results of the studies were grouped according to the measures of psychological adjustment that were examined, using three broad categories – internalising behaviours/problems, externalising behaviours/problems and social and academic competence. Specifically, the authors reviewed 63 studies conducted since 1988, excluding those with sample sizes smaller than 100 and those that did not include reliability or validity assessments of the coping measures used. Smaller-scale studies were

included in the analysis when they involved samples with underrepresented youth, clinical stressors or use of multiple informants on coping. Overall, data from 60 of the studies indicated that coping is significantly associated with the psychological adjustment of children and adolescents who are exposed to stress. Generally, problem-focused coping and engagement coping have been found to be associated with greater adjustment, while emotion-focused coping and disengagement coping have been found to be associated with lesser adjustment. Significant associations were found both for internalising and externalising behaviours and for social competence in samples of children and adolescents. Compas et al. (2001) noted, however, that good studies that assess the causal role of coping in adjustment have not been accomplished and much needs to be done to address this gap in the coping literature.

Although much of this literature is grounded in the concept of individual behaviour, the theoretical framework and measurement tools described above can be easily extended to the level of the family unit. The concept of effective family coping is important because of its role in facilitating positive family functioning and adaptation. Family coping is broadly defined as an effort by which either individual members of the family or the entire family endeavour to lessen or manage the effects of a stressor or set of stressors on the family (McCubbin and McCubbin 1991). In response to a stressor or crisis, family coping strategies serve to facilitate positive family adaptation by helping to unite the family and promote individual growth. McCubbin et al. (1982) distinguished between different coping strategies that families use in response to stress, such as seeking social support, seeking spiritual support and organising the family to get outside support. Strong communication skills and access to external resources both promote the ability to adapt or cope with various stressors (Krysan et al. 1990). In addition, positive family functioning is facilitated by collaborative problem-solving, as well as an ability to manage conflict well. In this literature, families who engage in these strategies or display these skills are often labelled “resilient”.

Compas et al. (1992) also discussed coping within a family systems framework. In this view, families operate as systems: coping efforts by one individual



within the family may affect other family members; conversely, the coping of an individual might be affected by the behaviours of other family members. Lohman and Jarvis (2000), using a sample of 42 adolescents ranging in age from 11 to 18, analysed information on the stressors that affected adolescents, the coping strategies they used to deal with these and their psychological health within the family context.

They introduced a construct they labelled *congruence*, which was measured by obtaining reports from adolescents, and their mothers and fathers, on the stressors that affected them personally and the coping strategies they used, as well as on the stressors and coping strategies of other family members. The key focus of their study was to “understand the processes of family environments including

one another’s stressors and coping mechanisms and how they are related to the cohesive and conflictual nature of the family” (p. 23). The results imply that intergenerational congruence predicted better family environments when parents reported accurately on adolescents’ coping, but not vice versa. Furthermore, adolescents’ perceptions of the family environment were correlated with their use of different coping strategies. In particular, adolescents’ perceptions of high family cohesion were correlated with active coping, while perceptions of greater conflict were correlated with avoidant coping.

Family coping strategies have also been the focus of much attention in the health literature. Many of these studies address the coping patterns of families dealing with the chronic illness or death of a loved one. For example, Kissane et al. (1996a, 1996b) evaluated psychological states and family coping strategies among 115 families over the course of 13 months following the death of a parent. Family coping was measured using the F-COPES sub-scales of social support, religion, community resources, reframing and positive appraisal. Families which were classified as adaptive (i.e. supportive and conflict-resolving) made greater use of all of these coping strategies.

Effective communication is especially critical at times of sudden crisis or prolonged stress, as these are the times when communication is most likely to fail.

Communication and problem solving, in particular, are two key coping strategies identified in the literature on positive family functioning (e.g. Compas et al. 2001, Krysan et al. 1990, Werner 1995). According to Walsh (1998) well functioning families are characterised not by an absence of problems, but rather by the presence of skills that enable them to overcome these problems. Communication and problem solving are two sets of

skills that are important both for effective family functioning and for families’ capacity to overcome problems. These processes are often invoked together to enable families to overcome stressful situations.

Effective communication is especially critical at times of sudden crisis or prolonged stress, as these are the times when communication is most likely to fail. Epstein et al. (1993) defined communication

generally as the exchange of both socio-emotional and proactive/instrumental problem-solving information (Walsh 1998).

Communication has both a “content” function and a “relationship” function, where the former involves the conveyance of factual information and feelings while the latter involves the conveyance of messages about the nature of the relationship between the communicators. Walsh (1998) suggested that in every communication, contributors support or contest the nature of their relationship.

Similarly, Patterson (2002b) identified two primary types of communication: affective and instrumental. Affective communication patterns correspond to the ways in which family members show each other love and support and are crucial for fulfilling the nurturing family function. Feelings and emotions may be expressed through gestures, words and behaviours. Exposure to considerable risks can have an impact on a family’s usual methods of affective communication. Such risks include the chronic illness or loss of a family member, which is discussed in more detail below. Instrumental communication patterns correspond to the ways in which family members inform each other regarding things that need to be done. These patterns can be assessed in terms of clarity, directness and



coherence, as well as who talks with whom and who initiates the conversation (Patterson 2002b).

Walsh (1998) suggested that there are three components to effective communication that are key to family resilience: clarity, open emotional expression and collaborative problem solving. Clarity refers to the sending of clear and consistent messages, in both words and actions, as well as awareness of the need to clarify ambiguous information. Clarity implies that communication in healthy families is “direct, clear, specific, and honest” (p. 107). When communication is unclear it can lead to misunderstanding and uncertainty between family members. Clarity is important in defining roles, rules and relationships within the family. Walsh (1998) pointed out that clarity is especially important in times

of crisis. Open emotional expression refers to the sharing of a wide range of feelings and emotions, in relationships characterised by mutual empathy and a tolerance for differences. Feelings are expressed in a considerate way, with little blaming of others. Furthermore, open emotional expression is characterised by a sense of responsibility for one’s own feelings, as well as by pleasurable interactions such as shared humour. Collaborative problem solving involves identifying problems, stressors, options and constraints. Communication processes that are clear, involve open emotional expression and make use of collaborative problem solving are crucial in promoting family resilience (Walsh 2002).

Effective communication serves to facilitate all family functioning, so “intervention efforts to strengthen family resilience focus on increasing family members’ abilities to express and respond to needs and concerns, and to negotiate system change to meet new demands at crisis points” (Walsh 1998, p. 107). In Patterson’s view, communication skills function as vital family-level protective resources (Patterson 2002a). Specifically, “the patterns of communication within a

family are the facilitating dimension for arriving at shared expectations about cohesiveness and flexibility as well as for accomplishing the core family functions” (Patterson 2002b, p. 242).

Communication plays a particularly important role in cases of chronic illness or loss. Patterson (2002b) suggested that in the case of chronic illness, family members may suppress negative affect in an effort to deal with the illness; however, if negative affect is repressed over a period of time it may “contribute to behavioral disturbances and thereby undermine other family processes” (p. 242). Patterson (2002b) adduced this as an example of the way exposure to risks can undermine protective processes (such as communication). Furthermore, management of a substantial risk can assist families to develop successful communication processes, both affective and instrumental. Patterson (2002a)

cited her own work in a literature review of resilience in families with children with disabilities, where developing communication competence is one of nine family coping processes that are identified as protective processes for families. Development of effective communication skills within the family also transfers to relationships with the professional world, for example in dealings with service providers.

Resilient families are also distinguishable from non-resilient families in that they have the ability to manage conflict well and management of conflict depends crucially on communication and problem-resolution skills. Families need to develop ways to solve daily problems as well as problems arising from unexpected crises. According to Patterson (2002b) many methods of communication can be protective for families, but poor communication can increase vulnerability to risk. Communication is recognised as being central to the process of meaning-making in families – that is how they judge the demands they are faced with and their capability of meeting these demands, how they see themselves internally as a unit

Resilient families are distinguishable from non-resilient families in that they have the ability to manage conflict well and management of conflict depends crucially on communication and problem-resolution skills.



and how they see themselves in relation to the outside world. Communication is also important to the development of a sense of shared decision-making, achieved through negotiation (by discussing points of view and working toward a shared goal), compromise and reciprocity. Together, these processes help to strengthen the family as a protective environment for children, a topic that will be elaborated upon in the next section.

In summary, the research results in this area show that coping is significantly associated with the psychological adjustment of children who have been exposed to stress. Coping predicts lower levels of internalising and externalising behaviours and higher levels of social competence among children. In particular problem-focused coping and engagement coping have been found to be associated with better adjustment, while emotion-focused coping and disengagement coping have been found to be associated with lesser adjustment. At the level of the family unit, communication and problem solving are two key coping strategies that help families to manage stresses. Effective patterns of communication allow families to make sense of the challenges they are facing and develop a sense of shared decision-making as they attempt to resolve these challenges. Effective communication is also crucial to the management of conflict.

4b The Family as a Protective Environment

Researchers generally have viewed the family as an important context in which much of children's socialisation takes place. In recent years, there has been a surge of interest in family-based prevention, fuelled in part by an increased awareness of the crucial role played by the family in shaping the development of children (Hogue and Liddle 1999). Most importantly, there is growing recognition that the family is the primary proximal setting through which community influences on children's development are transmitted. As Baldwin and his colleagues (1990) noted, because the family is the seat of so many of the direct proximal variables in a child's life, the family may be able to provide a protective environment for the child, despite a high-risk distal environment. Research on this aspect of

family resilience focuses on the ways that parents, often in partnership with other adults in the household or extended kin network, cope with adversity and stress and develop their collective strength to respond to challenges at different points in the family life course. These studies focus on how successful engagement with risk benefits the well-being of adults in the family as well as that of the children.

Numerous studies in developmental psychology have identified family-level protective factors that are associated with adaptive outcomes in at-risk children. Oft-cited factors include having a supportive family and a positive relationship with at least one parent or other relative (Baldwin et al. 1990); warm, supportive parenting practices (Wyman et al. 1991); and the availability of useful and positive social support from extended family and adults outside of the family that fosters positive ties to the wider community (Garmezly 1991, Werner and Smith 1982). Similarly, mothers of more resilient children are less psychologically distressed, use less rejecting parenting strategies and are able to mobilise their families and their social networks more effectively to seek and obtain support (Myers and Taylor 1998).

The literature on family-level protective factors can be classified into two broad categories: (1) parental attitudes and behaviours (often dealing with issues of intra-familial processes); and (2) family socioeconomic characteristics (often dealing with issues of access to extra-familial resources). The following section takes up the issue of parental attitudes and behaviours and their impact on children's well-being. This will be followed by a consideration of socioeconomic factors – specifically by examining resilience among families facing the challenges of poverty, single parenthood and non-marital teenage childbearing.

Parenting Style

Within the family environment, parents create a micro-context that affects children's development (Bronfenbrenner 1986). According to developmental psychologists, the triumvirate of "good" parenting behaviours consists of parental nurturance, consistent discipline and appropriate provision of autonomy (Maccoby and Martin 1983). Six specific dimensions of



effective parenting include parents' (1) warmth and responsiveness; (2) limit-setting and supervision; (3) provision of cognitive stimulation; (4) modelling of attitudes, values and behaviours; (5) management of the world outside the home; and (6) creation of family routines and traditions (Chase-Lansdale and Pittman 2001). These aspects of parents' behaviour help infants and young children to develop secure attachments to their caregivers, which lay the foundation for children's successful emotional development and self-regulation, and promote social competence, positive behaviour and academic success in middle childhood and adolescence (Conger et al. 1994, Connell et al. 1994, Sampson and Laub 1994). For example, warm and supportive parenting, positive parent-child relationships and developmentally appropriate levels of parental monitoring and involvement in children's lives predict high self-esteem, positive psychosocial development, low levels of behaviour problems and academic competence (Steinberg 2000). Parents' ability to organise and monitor their children's social and extra-familial environments has important implications for children's exposure to dangerous and risky situations (Furstenberg et al. 1999). These findings have been demonstrated repeatedly in the developmental literature.

An effective parenting style is a general advantage for children's development that may be particularly important for overcoming serious chronic adversity (Masten et al. 1999). In a study of 205 urban children, Masten and colleagues (1999) found that parenting quality was significantly related to conduct in childhood and was longitudinally predictive of three competence domains (academic, conduct and social) in adolescence, even with IQ and socioeconomic status controlled. The hallmarks of successful parenting – parental warmth, appropriate provision of psychological autonomy, and consistency and clarity in use of discipline – are collectively deemed the

Simple conclusions that certain methods of parenting lead to better or poorer adjustment overlook the possibility that the effectiveness of certain parenting styles differs depending on the context.

“authoritative parenting” style (Steinberg 1990, 2000). Family environments characterised by authoritative parenting (high on control and high on warmth), as opposed to authoritarian (high on control and low on warmth), indifferent (low on control and low on warmth) and permissive (low on control and high on warmth) parenting, are, on average, the optimal ones for positive child adjustment. Interestingly, there is some evidence to suggest that the relationship between parental control and youth well-being may be non-linear. Parental intrusiveness, at one extreme, is associated with poor functioning, as is parental leniency at the other (Gray and Steinberg 1999). Thus, excessive parental monitoring may also affect children

negatively. This finding echoes the earlier findings of non-linearity in the relationship between family cohesion and family functioning.

However, in discussing the positive or negative influence of different parenting behaviours, it is important to specify under what conditions and in relation to what outcomes these behaviours play a role (Cicchetti and Toth 1998). For example, Baldwin et al.'s (1990) study of cognitive success in 152 children from high-risk and low-risk families found that the families of successful high-risk children were more

restrictive and authoritarian in their policies and were more vigilant in monitoring their children's compliance than those of their low-risk counterparts. In contrast, success was related more to democracy of policy and warmth among low-risk families. Baldwin et al. suggested that the nature and seriousness of some of the risks faced by high-risk children (drugs, delinquency, early pregnancy) might necessitate the higher restrictiveness of the successful high-risk sub-group. Similarly, Brody et al. (1998) discussed a style of successful parenting observed among low-income, rural, African-American single mothers in the southern US. This type of parenting was called “no-nonsense” parenting by the researchers and consisted of high levels of parental control, including the use of physical punishment, along with high levels of warmth and affection. This style of parenting deviated from parenting methods traditionally described as effective in that it incorporated physical restraint and punishment.



Thus, simple conclusions that certain methods of parenting lead to better or poorer adjustment overlook the possibility that the effectiveness of certain parenting styles differs depending on the context.

Finally, the cultural context of parenting, in addition to the environmental context in which that parenting occurs, must also be accounted for. For example, Chatters and Jayakody (1995) asserted that explicit cultural norms and values inform conceptions of family among black Americans. Some researchers hypothesise that black mothers in the US socialise their children from an “Afrocentric” perspective that emphasises group sameness and family loyalty, in contrast to the “Eurocentric” perspective that emphasises the individual (Cauce et al. 1996). This suggests the potential for race and ethnic differences in normative role expectations and behaviours (see also Tolson and Wilson 1990). As Parke and Buriel (1998) noted, in the recent past, cultural deficit models were popular explanations for the socialisation and child outcome differences observed between ethnic minorities and whites. An assumption inherent in many of the conclusions of these studies was that ethnic minorities needed to assimilate or become “like whites” to correct deficiencies in their development. But more recently, the focus on ethnic minority families has shifted away from majority-minority differences in developmental outcomes toward an understanding of the adaptive strategies ethnic minorities develop in response to both majority and minority cultural influences on their development.

In particular, the effect of physical punishment in different environmental or cultural contexts has been the subject of much debate. Some have suggested that the use of physical punishment predicts behaviour problems in children (e.g. Baumrind 1996). However, other researchers have suggested that the magnitude of the influence of physical discipline on behaviour problems depends on the severity of the discipline, the cultural group in which the discipline occurs (and the meaning it conveys in this cultural context), the parent-child relationship context in which the discipline occurs, and the gender of the parent and child (Deater-Deckard and Dodge 1997). In fact, Deater-Deckard and his colleagues (1996) found that the use of physical discipline that was non-abusive (i.e. spanking) in African-American families led to

lower aggression and externalising scores in children. Baldwin et al. (1993) also argued that African-American families have developed childrearing techniques that are different and more effective in combating disadvantaged circumstances. Deater-Deckard and Dodge (1997) suggested that rather than the use of physical discipline per se, the major environmental construct implicated in the development of externalising behaviour problems has been poor-quality parenting, especially capricious, harsh and punitive discipline. This conclusion was reinforced by their finding that physically abused children, regardless of race, exhibited higher levels of externalising problems than their non-abused counterparts (see also Dodge et al. 1990 for similar findings).

4C Family Resilience in Disadvantaged Ecological Circumstances

Poverty, single parenthood and early childbearing are known demographic risk factors for family functioning and children’s development. This section focuses on what is known about these risk factors as they affect family functioning and child development. The discussion also includes an examination of factors that could serve a protective function for family and child well-being in the face of these risks. In the case of poverty, the role of parenting as a protective factor is discussed. (Later sections of this report discuss family-level interventions to help support parenting and also to improve families’ economic circumstances.) In the case of single parenthood, the protective function of involvement of non-resident biological fathers and the role of “father figures” (i.e. men who act like a father to a child but who are not themselves the child’s biological father) are highlighted. In the case of early childbearing, the focus is on the role of multigenerational co-residence as a potential protective factor. As Pool et al. (1998) pointed out, an absence of survey data on family formation and family structures of the sort available in Europe, North America and Australia has impeded New Zealand research on these demographic issues. This lack of data has impeded comprehensive analyses of the causes of family change and the socioeconomic consequences of new family forms, in particular. Therefore, much of the empirical evidence



in these areas is drawn from research conducted in the US.

Poverty and its Effects

Although there has been significant public debate about poverty in New Zealand over the past decade and a half, there is no official poverty measure in New Zealand and there is no strong consensus about what an appropriate measure might be, if a single measure of poverty were to be adopted. For this reason, researchers have tended to use a range of figures when reporting on the incidence of poverty. One important study gathered focus group opinions about the amount of money needed to achieve a minimum adequate standard of living and used these to set a poverty threshold (Stephens and Waldegrave 2001, Stephens et al. 1995, Waldegrave et al. 1996). The resulting figure equated to approximately 60 percent of median equivalent household disposable income.

In 1998, 15 percent of all households were poor according to this measure and 20 percent of children lived in households that were poor. Single-parent households were at particular risk of poverty according to this measure (45 percent). Stephens and Waldegrave (2001) also reported the incidence of poverty using a lower threshold – 50 percent of median equivalent household disposable income. On this measure, the incidence of poverty was significantly lower: four percent of all households, seven percent of all children and 13 percent of all single-parent households were poor in 1998. On all measures Māori and Pacific Island people have significantly higher rates of poverty.

Researchers and policy makers have long been concerned with the deleterious consequences of growing up poor for numerous developmental outcomes (Duncan and Brooks-Gunn 1997). The research has consistently documented negative associations between poverty and children's physical,

Research has consistently documented negative associations between poverty and children's physical, cognitive and social-emotional development.

cognitive and social-emotional development. For example, poverty and its correlates have been linked to children's academic achievement and emotional and behavioural adjustment as measured by school achievement, grade retention and school drop-out (Campbell and Ramey 1994), peer difficulties, conduct problems and psychosocial adjustment (Dodge et al. 1994, McLoyd 1990, 1998), and delinquent or problem behaviours (Sampson and Laub 1994). These findings will be elaborated below. As in New Zealand, ethnic minority families in the US are over-represented among those in poverty and also experience more persistent and extreme forms of poverty (McLoyd 1998). Importantly, with the exception of some very recent experimental programmes (described in a subsequent section on interventions), much of the extant literature either adopts correlational techniques or utilises regression models to control for as many observable confounds as possible in order to partial out the discrete effects of income itself. However, it is important to bear in mind that results from non-experimental studies cannot demonstrate causality.

One of the fundamental building blocks of normal cognitive development is proper nutritional care in infancy and early childhood. Malnutrition interferes with children's learning ability and school performance. Children born into poverty are subject to significant negative nutritional and developmental effects and these adverse effects are significant even when controls are used for other family background characteristics such as family structure, maternal age, low maternal academic ability and educational achievement, and minority race. For example, children born into poverty are more likely to have a low birth-weight or to be short at birth owing to either premature birth or inadequate intrauterine growth (Korenman et al. 1995). Korenman et al. (1995) also showed that poor children are at heightened risk of wasting (i.e. low weight-for-height), stunting (i.e. low height-for-age) and cognitive impairment, and experience reduced



rates of physical growth in early childhood. Long-term, or chronic, poverty is more strongly associated with stunting than wasting and children from chronically poor families have a slower rate of height change than do children from higher-income families.

Other scholars have documented a host of additional health risks to children in poor families (e.g. Brooks-Gunn and Duncan 1997, Children's Defense Fund 1994, Gershoff et al. (in press)). Poor children are twice as likely as non-poor children to have health problems, including increased rates of diarrhoea, colitis, asthma, iron deficiency, anaemia, oral health problems and partial or complete blindness or deafness. Additionally, rates of injury from accidents are higher among poor than non-poor children.

Korenman et al. (1995) assessed the cognitive development of poor children in a national US sample using a variety of standardised tests, including the McCarthy Scale of Children's Abilities, the Peabody Picture Vocabulary Test Revised (PPVT) and the Peabody Individual Achievement Tests – Math, Reading Recognition and Reading Comprehension Subscales (PIAT-M, PIAT-RR and PIAT-RC respectively). In their analyses, low income was associated with poorer scores on all outcomes, especially on the PPVT, PIAT-M and PIAT-RR indicators. For example, children from families with average incomes greater than three times the poverty line had PPVT scores that were on average six times those of children from families with average incomes below half the poverty line. Moreover, poor nutritional status (as measured by degree of stunting at the time of measurement) affected scores on four out of the seven measures of cognitive development. For example, children who were stunted scored on average four percentiles lower on the PIAT-M than comparable children who were not stunted. All of these results were more dramatic for children whose families were poor in all years of their childhood than for children whose families were poor in some, but not all, years.

In similar research, Duncan et al. (1994) examined the effects on child development of persistent poverty (poverty in all years since birth) versus transitory poverty (poverty in only some years since birth) in a sample of 895 low birth-weight and pre-

term infants followed longitudinally from birth to age five. They found that children who were persistently poor had higher deficits in IQ and more behaviour problems at age five than children who had experienced only transitory poverty. The children in the latter group in turn experienced higher IQ deficits and more behaviour problems than children who were never poor. These results remained significant even when controls were used for family structure and maternal schooling. The associations with IQ scores were stronger for black children than for white children, although much of the difference was found to be due to differences in family structure, income levels and parents' education. Duncan and Brooks-Gunn (1997) also reported that poor children are more likely than non-poor children to experience both developmental delays and learning disabilities and that they are twice as likely as non-poor children to repeat a grade or to drop out of school.

Finally, children from poor families are at greater risk of suffering from behavioural or emotional problems, including higher rates of antisocial behaviour, depression and difficulties with self-regulation and impulsivity, although the effects of poverty on children's emotional well-being and behaviour are generally less strong than the effects of poverty on children's cognitive development and academic achievement (Duncan and Brooks-Gunn 1997, McLoyd 1998). These emotional and behavioural difficulties may exacerbate the cognitive disadvantages described above.

Pathways Linking Economic Hardship to Child Outcomes

In general, although adverse outcomes associated with economic hardship are widely recognised, much less is known about the mechanisms by which economic conditions are linked to children's well-being, the factors which moderate these links and the complex ways in which these processes interact. Economics, developmental psychology and sociology all offer useful frameworks for examining these questions.

- **Economic Theory: Resource Allocation**

A basic economic model of child development is one of resource allocation: families "invest" purchased inputs and their own time in their children's well-



being. This well-being is sometimes referred to as “human capital” (Becker 1991) but it can be defined more broadly to include a child’s emotional health. Parents can augment children’s well-being by allocating more time and resources to a child.

According to the economic model, family investment behaviour is shaped by a budget constraint that is determined by family resources, time available to parents and the “prices” of child investments. Prices of investments in children include not only market prices – for example, the cost of high-quality child care – but also the value of parents’ time. Resources can include not only income, but also non-monetary resources such as education and information. A poor family may have a deficit in both material resources (such as housing, food and cognitively stimulating toys and books) and non-material resources (such as education, information and skills). Families with lower incomes have a lower capacity to invest in their children’s human capital. Children from such families are likely to do less well in life.

Many studies examine parents’ investment in their children’s human capital by assessing the level of cognitive stimulation that children receive. One tool for making such assessments that is widely used is the HOME Inventory (Caldwell and Bradley 1979), which asks parents about the number of child-oriented objects they own (e.g. books and CDs) and how often they take their children to places like museums or libraries. Analyses using the HOME Inventory have found that variations in parents’ investments in such things as books and museum visits account in large part for the effects of poverty on children’s intellectual development (Guo and Harris 2000, Linver et al. 2001). One study suggested that lower-quality home environments of poor children account for one-third to one-half of their cognitive disadvantages, even with controls for a wide range of family background characteristics (Smith et al. 1997). Miller and Davis (1997) found that poverty has a stronger effect on the provision of learning resources in the home than on parenting behaviours and parent-child interactions. Similarly, Brooks-Gunn et al. (1995) found that poverty was associated with larger deficits in the quality of the learning and physical environment than in parental warmth.

- **Developmental Theory: The Family Process and Expectancy-value Models**

Research in the area of developmental psychology highlights the importance of parenting that is characterised by active involvement in children’s lives. Important aspects of parental behaviour are summarised above (Section 4b). In the poverty and child development literature, these parenting behaviours have been highlighted as important mechanisms linking poverty and children’s emotional well-being, in large part through the deleterious effects that poverty and its associated stress have on parental behaviour and parent-child relationships (see the section on Parenting Behaviour below).

The family process model emphasises family stress, parents’ psychological resources and parenting behaviours as key links between social conditions and child development. According to this model, adverse economic conditions can affect the ways in which parents respond to their children’s needs (Guo and Harris 2000, Linver et al. 2001). For example, income loss or unemployment is posited to diminish parents’ mental health. When parents’ psychological resources are diminished, their ability to nurture and discipline their children effectively is constrained and this may promote a disengaged or withdrawn parenting style. In turn, ineffective parenting leads to poorer adjustment in the children (McLoyd 1990).

Parental behaviour is also emphasised in the expectancy-value model of children’s achievement motivation. This model emphasises the importance of parents as sources of reinforcement, role models and providers of resources and opportunities for children (Eccles et al. 1998). According to this theory, parents influence children’s school performance and educational attainment through their roles as “interpreters of reality”, which is given expression through their beliefs and expectations. Poverty and economic hardship may affect parents’ beliefs about their children’s future opportunities and life chances. If, for example, poverty diminishes parents’ expectations regarding their children’s future accomplishments, the theory suggests that this would, in turn, depress children’s own expectations.

- **Sociological Theory: Social Capital**

As an alternative to viewing poverty and wealth in purely economic terms, the theory of social capital highlights parents' resourcefulness for the purpose of helping their children succeed (Furstenberg and Hughes 1995). The notion of social capital refers to the value which is created by investing in relationships with others, through processes of trust and reciprocity, and which can subsequently be drawn on (Coleman 1988). Astone and colleagues (1999) proposed three conceptual dimensions to social capital: (1) the quantity of an individual's social relationships; (2) the quality of those relationships, which includes the distinct dimensions of interaction, shared activities and affect; and (3) the value of the resources that partners in social relationships can potentially make available to an individual. These relationships can provide access to information and they can also be a source of social, economic or emotional support. Children's life chances can thus be influenced by their parents' connections to other adults and institutions in the community (Furstenberg and Hughes 1995). Theoretically, if poorer children reside in lower-income neighbourhoods characterised by weak social ties and lower levels of social cohesion, they will be less likely to benefit from links between the family and the community or from processes that occur at the community level.

In trying to explicate the mechanisms through which poverty might affect children's development and family well-being, each discipline uses different language, adopts different approaches and emphasises different components of influence. Despite this, a common theme is the importance of investments in children. These can include investments of money and time, "emotional investments" in the form of parenting, and investments in social capital. Poverty might affect children's well-being by diminishing all of these forms of parental investments. The role of social capital in creating and maintaining resilient communities is discussed in more detail later in this report.

Children's life chances can be influenced by their parents' connections to other adults and institutions in the community.

Parenting Behaviour and Social Support as Protective Factors

Parenting behaviour is one mechanism that links economic stress and children's well-being. As has been discussed above, the family context represents the proximal environment through which the effects of distal environmental stresses are mediated. It is hypothesised that poverty and its correlates reduce parents' capacity for warm and supportive interactions with their children and increase the use of harsh and punitive discipline. The research has shown that parenting behaviours mediate much of the impact of economic hardship on child development (Dodge et al. 1994, Sampson and Laub 1994). However, this also means that interventions that focus on parenting have the potential to break the link between economic stress and children's well-being. This section discusses findings on the links between economic stress, parenting behaviours and children's outcomes. This will set the context for later sections of this report which discuss the efficacy of intervention programmes aimed at improving parental behaviour as a means of boosting family resilience. The present section also discusses the role of social support as a factor in the resilience of low-income families.

It is important to keep in mind, however, that parental behaviour is not likely to be the whole story as far as the link between poverty and child outcomes is concerned. As discussed in the preceding section, other important mechanisms are the investments that parents make in their children's human capital and the advantages that children derive from the social connections their parents have outside the family. All three mechanisms are likely to operate simultaneously to create the association between poverty and adverse child outcomes; they are also likely to make distinct contributions to the disparities in outcomes for children across families with different levels of income (Linver et al. 2001). It is also possible that there are other pathways and mechanisms in play. For example, it may be that part



of this association arises out of other family background characteristics that cause both low income and poor child outcomes (Mayer 1997). In short, the causal connection between poverty and child outcomes is likely to be complex and to involve a range of different mechanisms.

Empirical research has shown that poor parents are more erratic in their discipline behaviours, provide fewer opportunities for their children, are less involved in their children's lives and supervise and monitor their children less than their non-poor counterparts (Conger et al. 1994, McLanahan and Sandefur 1994, McLoyd 1998). In the theoretical framework developed in Conger and Elder's (1994) study of Iowa farm families, economic pressure, indexed by low income and an inability to make ends meet or pay bills on time, predicts harsh, inconsistent and withdrawn parenting. In particular, these negative parenting behaviours were brought about by parents' increased emotional distress arising out of economic stress, compounded by a lack of marital or social support in dealing with this stress. McLoyd et al. (1994) extended this vein of work by investigating the effects of poverty on parenting behaviours among black single mothers in urban neighbourhoods. Unemployment and associated economic hardship predicted poor and ineffectual childrearing behaviours. Mothers experiencing more severe economic hardship also reported higher levels of psychological distress which was, in turn, significantly predictive of psychological distress in children (McLoyd et al. 1994).

A key mediating mechanism is parents' experience of "economic strain", based on their reports of the difficulty they have in managing or making ends meet with limited income. In several studies, this construct has emerged as a more significant predictor of parental psychological distress and parenting difficulties than low income, per se. However, it is not clear from existing studies how big the differences in economic strain are among families with similarly limited incomes or how these differences arise. Why are some families able to manage the limited income they have while others are unable to do so? Addressing this question may provide greater insight into the well-springs of resilience among low-income families.

The implication of these findings is that to the extent that supports or resources are available to help minimise parental psychological distress or disruptions in parenting among families facing challenges, this can facilitate children's development. Several studies have identified protective factors associated with parenting – including positive parent-child relations in the preschool and elementary school years and parents' use of age-appropriate and consistent discipline – that can mitigate the association between low family income or high financial hardship and negative child outcomes (Cowen et al. 1991). Thus a range of intervention programmes has been developed which aim to enhance parental skills and the supports available to parents. Examples of such programmes are discussed later in the report (see Section 6b).

Other types of programmes aimed at mitigating the economic shock of low income or the events that precipitate it might also help families to be more resilient in the face of economic stress. Such programmes might involve direct financial assistance to families or they might aim to promote parents' job search skills or provide such things as job training or education in effective money management (Conger et al. 1999). Not only might such programmes help families to smooth consumption and minimise declines in child-specific investments, they could also affect families' emotional well-being by lessening perceptions of economic strain and concomitant psychological distress. Seccombe (2002) suggested that policies aimed at increasing family income can provide families with the tools needed to foster resilience. While individual-level solutions focusing on the family unit can help to cultivate resilience, Seccombe (2002) argued that it may be even more important to remove the stress – that is, poverty – altogether through policy interventions. Alternatively, programmes geared to helping families cope with the emotional impact of low income could be effective. Many different facets of families' experience of economic hardship could be targeted for intervention. These could include children's worries about the family's economic situation and the impact that it might have on their future options, parents' mental health, the quality of the marital relationship and heightened conflict among family members (Conger

et al. 1999). As well as providing services to families directly, programmes could make referrals to, or provide information about, other sources of assistance, such as mental health services.

Satisfaction with social support also appears to be a key factor that underlies

some of the variation in psychological well-being among low-income parents. Both the quality of intimate relationships and the quantity of social ties are related to psychosomatic symptoms. In a study of 52 low-income single mothers, Olson et al. (1994) found that those with higher levels of perceived and actual support

scored better on several indicators of psychological adjustment than their counterparts who were dissatisfied with their sources of support. In a longitudinal study of 833 low-income single mothers, having an intimate, confiding relationship was found to be inversely related to feelings of sadness (Thompson and Ensminger 1989). Community networks, church attendance and group affiliations may also protect against depression (Cohen and Wills 1985, Gladow and Ray 1986, Hall et al. 1985, Stack 1974). To the extent that psychological distress is associated with less effective parenting behaviour and poorer quality of family relationships, these findings provide useful suggestions about potential protective factors that might help to boost family resilience in the context of low income. Similarly, McLoyd (1990) examined the ways in which low-income parents' social networks moderate emotional strain and its consequent effect on parenting behaviour. She found that emotional support reduced negative symptomatology among poor parents. Practical support, including information provision, was also important. The provision of useful information and advice about parenting practices and home management was associated with higher levels

Programmes that help low-income parents build the capacity to provide their children with cognitively stimulating experiences and programmes that provide children with these types of experiences in extra-familial environments could be particularly fruitful.

of maternal warmth, mother-child play, maternal teaching and frustration tolerance. Mothers who received parenting support such as help with child care were less restrictive and punitive with their children than those who did not.

Finally, given the substantial effects of poverty on the level of cognitive stimulation that children receive and the importance of such stimulation for children's intellectual development and consequent academic success, programmes that help low-income parents build the capacity to provide their children with cognitively stimulating experiences and programmes that provide children with these types of experiences in extra-familial environments could be particularly fruitful.

Single Parenthood

Single-parent family structure is recognised as a significant risk factor for parental well-being and children's adjustment. Overall trends in reproductive behaviour and family structure in New Zealand fit broadly with those recorded in Europe, North America and Australia (Pool et al. 1998). The most important changes have been a drop in fertility to below-replacement rates and a shift to later childbearing. Furthermore, as in other countries, New Zealand is experiencing a shift away from legal marriage and toward cohabitation as the type of first union entered (Pool et al. 1998). Importantly, research shows that children being raised in cohabiting-couple households have developmental outcomes that are similar to those of children raised in single-parent homes; in other words, they do not fare as well as children in married-parent households (DeLeire and Kalil 2001). In New Zealand, as in the US, many single mothers reside in multigenerational families. At younger ages in particular, a high proportion of all single parents are living with (and presumed to be receiving support from) their own families of origin. Moreover, in New Zealand, the proportion of single-parent families living





in multigenerational household structures varies between ethnic groups (as it does in the US); less than one-quarter of Pakeha single parents, but one-third of Māori and almost half of Pacific Island single parents, lived in multiple-family households at the time of the 1991 census (Pool et al. 1998). Given its relevance to young parents in particular, the role of the multigenerational family structure in family resilience will be discussed in a subsequent section of this report in relation to teenage childbearing.

Children from single-parent homes are more likely to display lower educational aspirations and school achievement (McLanahan and Sandefur 1994), increased psychological distress (Aseltine 1996, Chase-Lansdale and Hetherington 1990, Dawson 1991, Hetherington and Clingempeel 1992, Peterson and Zill 1986), greater susceptibility to negative peer pressure (Steinberg 1987), increased vulnerability to health problems (Dawson 1991) and greater likelihood of engaging in problem behaviours or deviant activities (Cherlin et al. 1991, Dornbusch et al. 1985, McLanahan and Sandefur 1994, Steinberg 1987). Children who are exposed to the effects of parental divorce early in life also have a heightened risk of problems such as poor mental health, poverty and non-marital childbearing in later life (Chase-Lansdale et al. 1995).

Previous research examining why children from single-parent homes fare less well, on average, than children from two-parent homes has been guided by three primary theoretical explanations: economic deprivation, socialisation and stress (Haurin 1992, McLanahan and Sandefur 1994). The economic deprivation perspective hypothesises that substantial economic differences between single-parent and two-parent families produce differences in child outcomes. Differences in family economic resources have been

shown in one study to account for approximately one-half of the differences in child developmental outcomes between single-mother families and their dual-parent counterparts (McLanahan and Sandefur 1994). The socialisation perspective hypothesises that two parents are crucial for carrying out important parenting functions such as supervision and monitoring and further that children benefit from the presence of a male role model in a two-parent home. Finally, the stress theory emphasises the effects of

family structure changes. Changes in family structure are hypothesised to increase disequilibrium in family relations and to disrupt relationships with others outside the family as well. Disruptions in family arrangements are also associated with changes in the children's place of residence and school. These changes are posited to have a cumulative negative effect on children's developmental outcomes (Aquilino 1996, Wu 1996, Wu et al. 1997). Moreover, during the process of separation, parents are hypothesised to

demonstrate reduced affection, inconsistent discipline and decreased communication, control and monitoring (Chase-Lansdale and Hetherington 1990, Wallerstein and Kelly 1980). These mechanisms are neither exclusive nor exhaustive; several mechanisms could be operating simultaneously and different mechanisms could be operating interactively.

Non-resident Fathers and Social Fathers as Protective Factors

Research and policy interests increasingly focus on the role non-resident fathers play in their children's lives and the impact they have on children's cognitive and emotional development. If biological parents who separate or who have never lived together can successfully negotiate an arrangement whereby non-resident fathers remain active participants in their children's lives, then the fathers' involvement might potentially serve as a protective factor for their

If biological parents who separate or who have never lived together can successfully negotiate an arrangement whereby non-resident fathers remain active participants in their children's lives, then the fathers' involvement might potentially serve as a protective factor for their children.



children. Evidence on the protective influence of absent biological father involvement is discussed in this section.

Many early studies of “father absence” focused simply on whether a father was present in the household or not. Later studies focused on father-child visitation frequency and on fathers’ payment of formal child support. The most recent studies have looked not only at informal economic contributions to the support of the child but, more importantly, at the socialisation practices of absent fathers and at the quality of relationships between absent fathers and their children. Researchers in this field seem to be in agreement that father involvement needs to be conceptualised as a multifaceted concept. Barring a few recent exceptions, previous work on absent fathers has focused on fathering following divorce, primarily among white, middle-class families. Studies that have examined fathering in African-American families have relied on small samples. Almost no studies have examined “social fathering” (i.e. the role played by a male relative or family associate who demonstrates parental behaviours and is “like a father” to the child) in any population sub-group. This may be a particularly important phenomenon in cultures or ethnic groups characterised by fluidity in adult responsibilities for, and involvement in, childrearing activities.

Socioeconomic factors such as education, income and employment status are consistent predictors of absent biological father involvement. Among non-resident fathers, those who are more educated, financially better off and employed are more likely to contribute financially and to stay engaged emotionally with the child (Greene and Moore 2000, Tamis-LeMonda and Cabrera 1999). In addition, the father’s proximity to the child (e.g. whether he lives in the same city or state), provision of support for the child by the father’s family of origin and a positive relationship between the biological father and mother are associated with a greater likelihood that the father will remain involved (Coley and Chase-Lansdale 1998).

According to Amato and Gilbreth’s (1999) recent meta-analysis, most of the research in this area has been lacking in theory, so that we know little about why certain dimensions of father involvement are likely to

be important, the child outcomes likely to be most sensitive to father involvement, the probable pathways of influence and the potential contextual moderators of father involvement. Frequency of contact, may, for example, be a proxy for the quality of the father’s relationship with the child or it may reflect the quality of the relationship between the mother and the father, which could also influence child outcomes. Fathers’ economic contributions have obvious direct links to child development, but could also operate indirectly via maternal characteristics by, for example, reducing financial strain on mothers. The emotional tie between father and child is likely to be the relationship dimension with the most significant implications for child well-being and, as discussed above, parenting practices such as warmth, involvement and firm discipline behaviours can be practised by absent fathers to increase the likelihood of positive behavioural outcomes among children.

Amato and Gilbreth’s meta-analysis revealed that absent fathers contribute most to children’s adjustment by paying child support and engaging in authoritative parenting behaviours (e.g. providing high levels of support and moderate levels of non-coercive control). Economic support was especially important for children’s academic outcomes and, to a lesser extent, for emotional outcomes. The relationship dimensions of father involvement were positively associated with academic outcomes and with scores on measures of externalising and internalising symptoms. However, the findings in this area were not straightforward. In general, frequency of contact was not associated with children’s development and most studies found only a modest, albeit significant, link between feelings of closeness and child well-being. These findings suggest the need to go beyond simplistic notions of father involvement and to increase the focus on ways that families operate collectively to support positive caregiving by both parents.

In addition to expanding their understanding of the role that fathers play in families, researchers in the field of family resilience are in the process of expanding their view of who might play a role as a father figure. Biological father absence does not necessarily mean that children lack a father figure. Particularly in social contexts where rates of non-



marital childbearing are high and adult men and women often play “non-traditional” parenting roles, children may benefit from the presence of a “social father”. Social fathers may be male family members, such as grandfathers or uncles, who may have regular interaction or a close relationship with children. Additionally, cohabiting male partners or boyfriends of single mothers may play a parental role. However, as yet little attention has been paid in the literature to social fathers and their potential impact on children’s development. Studies that focus solely on non-resident biological father involvement miss potentially important contributions from social fathers.

How might the presence and involvement of a social father be related to children’s adjustment?

Theoretical frameworks provide some guidance on this issue. As with absent biological fathers, it is possible that social fathers contribute both directly and indirectly to children’s cognitive and emotional adjustment. In addition to the direct contribution they may make to children’s well-being through their own interactions with them, social fathers may have a positive influence on maternal mental health by providing support and assistance, thereby helping to improve maternal parenting behaviour and the quality of the home environment mothers provide for their children. These improvements may, in turn, be associated with positive child outcomes.

Research has shown that single motherhood and the absence of a positive male family member account for distinct proportions of variance in behaviour problems, underscoring the point that the quality of boys’ relationships with male role models is important as well as whether they live in a single-mother or two-parent household (Florsheim et al. 1998). In Florsheim and his colleagues’ study of low-income African-American and Latino teenage boys, the findings suggested that a boy who lives in a single-mother family may still be “low risk” if his mother: (1) implements and maintains an effective disciplinary approach; (2) provides a structured family environment; (3) allows for some degree of autonomous functioning; and (4) facilitates the development of supportive relationships with positive male family members. Although theoretical formulations have emphasised the importance of a

male role model for boys in particular, the empirical findings on the effects of father involvement have not generally appeared to vary by the sex of the child (Amato and Gilbreth 1999). Currently, there is not enough research on sex differences to draw firm conclusions about whether the influence of social fathers on children’s development varies by the gender of the child.

Jayakody and Kalil (2002) recently completed a study on the effects of social father presence on school readiness and emotional adjustment among approximately 700 black preschool children. The study was notable for its large sample size, but relied on a cross-sectional design. These researchers found that social father presence was associated with child outcomes, but that the nature of the association depended on who the father figure was. The presence of male relative father figures was associated with higher levels of school readiness; however this relationship was found to be mediated by the quality of the home environment provided by mothers. This could reflect a supportive function whereby the male relative, perhaps a grandfather, models appropriate parenting behaviour or supports the mother’s ability to engage with the children in warm and cognitively stimulating ways. For example, male relative father figures may engage in activities which allow single, poor mothers more time with their children or make that time more enjoyable. Male relatives may also provide the child with books and cognitively stimulating learning materials.

With respect to children’s social adjustment, a different pattern was found. Where the father figure was the mother’s romantic partner, children had significantly lower levels of emotional adjustment. The cross-sectional nature of the data did not allow Jayakody and Kalil to discern the direction of effects. On the one hand, mothers who have less well-adjusted children may be more likely to introduce a male role model in the hope of stabilising or improving the children’s behaviour, thinking that perhaps this person would fill the absent father’s role. On the other hand, when mothers have male partners who act like fathers or when mothers wishfully nominate their partners as father figures, this may cause tension in family dynamics and lead to behaviour problems or poor adjustment among the

children. Male partners might also compete with children for the mother's time and attention. Unfortunately, the study was not able to gather information on the quality of the relationship between the children and their social fathers. However, given the potentially important impact of social father presence on children's adjustment, this question should be pursued in future research.

Teenage Childbearing

Teenage childbearing has been found to be associated with an array of negative outcomes for both the young mothers and their children. On average, teenage mothers have lower levels of educational attainment than do other women. Adolescent mothers, especially those in poverty, are at greater risk than their non-parenting peers of negative educational outcomes such as school drop-out and curtailed educational attainment (Furstenberg et al. 1987, Mott and Marsiglio 1985, Upchurch 1993). Only 64 percent of teenage mothers complete high school, compared with 90 percent of all teenage women (United States General Accounting Office 1995). With respect to mental health, although many do not experience psychological distress, on average teenage mothers – when compared with adolescents or young adults who do not have children – display significantly elevated levels of depressive symptoms (Leadbeater and Linares 1992). In one recent study of approximately 2,000 young women, all of whom had been teenage mothers, over one-half met a commonly used criterion indicating risk of clinical depression (Quint et al. 1997). In contrast, less than ten percent of non-childbearing adolescents meet diagnostic criteria for depression (Leadbeater and Linares 1992). Not surprisingly, teenage mothers with higher levels of depressive symptoms display less effective parenting behaviours and their children display greater adjustment problems (Leadbeater and Bishop 1994). Depression also predicts lack of employment among low-income single mothers (Danziger et al. 2000) and is associated with rapid-repeat pregnancy among adolescent mothers (Gillmore et al. 1997). Compared with older mothers, studies have also found teenage mothers to be less sensitive (Ragozin et al. 1982), less responsive (Jones et al. 1980) and more restrictive (Coll et al. 1986) in

their parenting. They also appear to use more punitive childrearing practices (Field et al. 1980) and to display more physically intrusive behaviour (Lawrence et al. 1981) than older mothers. Finally, early childbearing appears to be associated with some negative outcomes among offspring, although research now suggests that the effects on children are not as deleterious as was once thought (Levine et al. 2000).

The possible presence of selection effects – that is, the extent to which the negative outcomes observed among young mothers are in fact a result of teen childbearing itself or whether they are due to factors that pre-date the childbearing – is a pressing issue in this research. Results from recent studies have begun to challenge the view that negative life outcomes observed among teenage mothers are attributable to early childbearing, per se. For example, in Fergusson and Woodward's (2000) New Zealand study of 520 young women observed from birth to 21 years, those who became pregnant by age 18 had significantly lower rates of school achievement and post-secondary education than their peers who postponed pregnancy. However, once pre-pregnancy measures of academic ability, behaviour and family circumstances were included in the regression model, the association between pregnancy and post-secondary education became non-significant (see also Geronimus 1997, Hoffman 1998). Similarly, newer research using methodological techniques such as fixed-effect models, and research that has capitalised on natural experiments (e.g. by comparing teenagers who gave birth with those whose pregnancy ended in a miscarriage) to capture the effects of unobserved background characteristics also tend to yield findings that suggest a lesser role for the timing of childbearing than previously thought (Hoffman 1998, Hotz et al. 1997). In other words, young girls from disadvantaged backgrounds may have limited life outcomes (on average) in young adulthood, regardless of whether they had a child as a teenager.

Nevertheless, although the negative effects of teenage childbearing are reduced when background factors are taken into account, some scholars have found that statistically significant (and substantively important) associations persist (although others have not) (Hoffman 1998, Hoffman et al. 1993). And simply





establishing that teenage childbearing does not “cause” poor outcomes for young mothers and their children does not negate the fact that many young mothers are living in circumstances of considerable economic disadvantage.

New Zealand has one of the highest rates of teenage pregnancy in the developed world (Dixon and Baragwanath 1998, Fergusson and Woodward 2000), second only to the US. Figures from Statistics New Zealand and the Ministry of Health (1995) indicate that teen births grew from about five percent of all births in New Zealand prior to 1960 to a peak of about 12 percent in the 1960s and 1970s. Since then, the rate has fallen. By the end of 1995, teen births accounted for seven percent of all births in New Zealand. This equates to a fertility rate of 34 births per 1,000 women under the age of 20. While the Māori rate has also fallen since the 1970s, it remained at a relatively high level in 1995, at about 82 births per 1,000 women aged under 20. In the most recent figures (for the year ending 31 December 2001), the teenage fertility rate had fallen to 28.1 per 1,000 women under the age of 20 (Statistics New Zealand 2002). Even so, this remains high by international standards.

Research on the difficulties experienced by adolescent mothers and their children in New Zealand has been scant (Dixon and Baragwanath 1998). As Dixon and Baragwanath noted, “there has until recently been no New Zealand research which investigated the plight of the adolescent mother and her child once they are discharged from the obstetric unit” (p. 286). One exception is a recent New Zealand study (Dixon 1996) of 120 adolescent mothers that examined their educational attainment, sources of financial support, parenting styles and parenting satisfaction. All of the young women in this study left school before the

Although teenage mothers (and their children) could benefit from a return to school, there were barriers to this option for many, including expensive child care, not wanting to be apart from newborn children and inflexible school policies requiring full-time enrolment.

births of their children, a majority having completed between three and four years of secondary education. Dixon and Baragwanath (1998) noted that low levels of education play a significant role in the inability of adolescent mothers to gain economic independence and financial security. Australian research from the New South Wales Department of School Education (1996) indicates that many

adolescents who become pregnant assume that they will not be welcome at conventional schools or are unaware of the options available to them. Dixon and Baragwanath (1998) noted that there is no comparable research on this in New Zealand, but anecdotal evidence suggests that this may be a plausible explanation for the educational disadvantage of adolescent mothers in New Zealand. Baragwanath (1996) examined the continuation or truncation of schooling of young New Zealand mothers (aged under 16) in a study that encompassed 99

schools and almost 40 percent of all girls in secondary school. Eighty-five percent of the teen mothers in her study were attending schools in low socioeconomic status locales and only nine percent of these disadvantaged mothers returned to school after giving birth. Almost all of the schools in the sample thought pregnancy prevention was a key goal in the school’s health programme. However, only two of the 99 schools in the sample noted that they had a written policy in place on pregnancy, and there was no agreement as to who was responsible for the continuing education of these mothers. Dixon and Baragwanath (1998) asserted that the mechanism by which to keep adolescent mothers and their children actively involved in society is to “bring both mother and child back to school” (p. 300).

Dixon and Baragwanath noted that, in 1998, there was no government policy that dealt with the education of young mothers in New Zealand (Dixon and Baragwanath 1998). Although teenage mothers



(and their children) could benefit from a return to school, there were barriers to this option for many, including expensive child care, not wanting to be apart from newborn children and inflexible school policies requiring full-time enrolment (Dixon and Baragwanath 1998). Dixon and Baragwanath (1998) noted that, unless they could afford child care, the only other option for young mothers was to study by correspondence, which led to a loss of contact with friends from school. This was especially hard on disadvantaged teens at a vulnerable time in their lives. Without an opportunity to continue their schooling, these young people were likely to become marginalised from their peers and to suffer irrevocable loss of their basic education, which was likely to have a serious and permanent negative impact on them and their children.

In response to these issues, in November 1994 the first educational programme for adolescent mothers in New Zealand was set up under the governance of Porirua College in Cannons Creek ward, the poorest ward in the country. This initiative, He Huarahi Tamariki (A Chance for Children), is an alternative education programme for young mothers and was based in part on the work of Susan Baragwanath who observed 56 education programmes during a study tour of the US (Dixon and Baragwanath, 1998; www.hht.school.nz). He Huarahi Tamariki currently has a roll of over 50 students, including both teenage mothers and teenage fathers. The majority of the students are of Māori or Pacific Island ethnicity. The He Huarahi Tamariki Trust administers the programme, along with the Griffin School for Early Learning – which provides for the preschool-aged children of young parents attending He Huarahi Tamariki – and an Outreach Programme. Teachers in the Outreach Programme visit expectant or new young mothers in their homes to encourage them to continue going to school. The He Huarahi Tamariki programme has been deemed “highly successful” by the Ministry of Education and the Educational Review Office (www.hht.school.nz), although the programme has not been subject to a formal evaluation. Since the He Huarahi Tamariki initiative, a number of other teen parent classes have been set up in other locations around New Zealand. These classes are resourced by the Ministry of Education on the basis of identified local need.

Multigenerational Co-residence as a Protective Factor

Multigenerational co-residence has long been thought to help single mothers, and teenage mothers in particular, to navigate the challenges of early parenting. Generally, most teenage mothers live with their own mothers. Multigenerational co-residence is more likely when the mother is younger, is unmarried, has fewer children and has fewer economic resources of her own, and when the grandmother has provided social support during the young mother’s pregnancy (Gordon 1999, Gordon et al. 1997). A number of studies have examined how multigenerational family structure is associated with young mothers’ economic progress, parenting competence and the development of the young mothers’ children. Notably, however, these studies have not attempted to correct for selection factors that predict living arrangements. Thus, results from these studies are likely to be biased, although the extent and direction of bias are unknown.

Multigenerational living arrangements can benefit adolescent mothers’ socioeconomic outcomes, especially if grandmothers help the young mothers to acquire more education (Furstenberg et al. 1987, Unger and Cooley 1992). Short-term co-residence appears to be particularly beneficial in this regard. In Furstenberg et al.’s (1987) study, mothers who were unmarried and remained living in their parents’ homes during their children’s first five years of life were more likely to have returned to and finished high school, worked and not received welfare than their unmarried counterparts who moved out of their parents’ homes. Trent and Harlan (1994) used cross-sectional national data to link multigenerational co-residence to educational progress and better economic well-being among teenage mothers. The greater availability of child care and social support for young mothers in multigenerational households may account for some of the positive effects on socioeconomic outcomes (East and Felice 1996, Spieker and Bensley 1994).

In contrast, increasing numbers of developmental psychological studies show that multigenerational co-residence is detrimental to teen mothers’ parenting competence and behaviours, particularly among African-American families (Black and Nitz 1996, Chase-Lansdale et al. 1994, East and Felice 1996, Spieker and



Bensley 1994). Furthermore, recent research in New Zealand (Dixon 1996) showed that an adolescent mother's parenting skill development may be impeded if she lives with her immediate family. This study suggests that emotional support offered by an adult outside the immediate family may be more valuable than that provided by the teen's own mother. The findings showed that adolescent mothers who were living with their family of origin – which usually includes the teen's own mother – did not have lower maternal stress levels, while those receiving support from an adult outside the family did. Additionally, the parenting behaviours of teen mothers who were living with their family of origin did not differ from those who were not. Few studies provide evidence on why such negative effects might arise. Some point to the negative effects of intergenerational conflict, shared responsibilities for childrearing and other family processes salient to young mothers' transition to adulthood and grandmothers' mid-life identity as parents and grandparents (Burton 1996, Chase-Lansdale et al. 1999, East and Felice 1996, Kalil et al. 1998, Wakschlag et al. 1996). Given the importance of these types of family processes to the notion of family resilience, pursuing the study of intra-familial interactions within multigenerational households, and their connection with outcomes for adults and children, is a top research priority.

Psychological adjustment is a known determinant of parenting practices, but only a handful of studies have linked multigenerational family structure to teen mothers' psychological well-being and these studies have produced mixed results. Kalil et al. (1998) showed that grandmother co-residence might be associated with increased psychological distress, particularly if there is a high degree of conflict between the adolescent mother and the grandmother. Schweingruber and Kalil (2000) showed that higher levels of grandmother participation in decision-making (about the teen mother and her child) were associated with more depressive symptoms among white (but not black) teenage mothers in multigenerational households. This finding suggests another facet of family life that might differ in different cultures or ethnic groups. Psychological studies have suggested that multigenerational co-residence may be negatively associated with young mothers' emotional well-being when conflict occurs

over the division of household responsibilities, child care and adolescent individuation and autonomy-seeking (Burton 1996, East and Felice 1996, Wakschlag et al. 1996). It is important to bear in mind, however, that selection factors may play a role in these associations, e.g. mothers with the poorest parenting skills may also lack the psychological resources to leave their parents' homes, thus producing a spurious association between living arrangements and parenting behaviour.

With regard to the development of the children of young mothers within multigenerational households, results from the handful of existing studies are mixed. Furstenberg et al. (1987) found no discernible pattern of effects, whereas a few studies have found positive effects of grandmother co-residence on preschoolers' cognitive and emotional development (Leadbeater and Bishop 1994, Pope et al. 1993) and others have found negative effects on these same outcomes (East and Felice 1996, Unger and Cooley 1992). At present, there are too few studies to draw definitive conclusions on this issue.

Important topics neglected by the literature as it pertains to family resilience among teenage childbearers include whether the protective functions of multigenerational co-residence vary depending on its timing or duration, the effect of transitions in living arrangements, the effect of alternative living arrangements, domain-specificity in maternal and child outcomes, and pathways of influence. As mentioned above, research from the broader literature on single parenthood and child development suggests that two key pathways linking family structure to child development are via economic well-being and parenting behaviours (McLanahan and Sandefur 1994). This has application to the study of the family structures and living arrangements of teen mothers; however, the existing evidence suggests potentially complex pathways of effects. For example, compared with single-adult families, dual-adult family structures are generally associated with both greater economic stability and more optimal parenting behaviours. In contrast, while grandmother co-residence may be associated with greater economic stability among multigenerational teen-parent families, it may also predict less optimal parenting behaviours. In the case of teen-parent

families, in which multigenerational family structures may give rise to trade-offs in these domains, it is not known which of these two influences is more relevant for young children's development or for maternal well-being. This is also likely to be contingent on other factors, such as the quality of the mother-grandmother relationship and the nature of other intra-family processes.

In addition, as discussed earlier in this report, the family resilience framework points to resilience as something that can change and develop over time; the factors that promote well-being at one stage in the life course may be different from those that promote well-being at a later or earlier point. To characterise a family as resilient in this context suggests a pattern of positive adaptation over time. Moreover, a life course perspective also entails a consideration of each family member's position in the context of his or her own stage of development. Burton's (1996) life course perspective suggests that developmental life stages, generational positions and family roles are often blurred in multigenerational families involving early childbearing and that this has implications for the influence of parental authority and for adolescents' perceptions of age-appropriate behaviour. These findings suggest that associations between co-residential living arrangements and developmental outcomes may differ by maternal age. Among young teenage mothers, co-residence may be seen as normative and a needed support system for adolescent well-being. According to 1980 US Census data, 66 percent of non-married teenage mothers lived in three-generational households when their children were newborn, but this number declined over time (Gordon 1999). Chase-Lansdale et al. (1994) hypothesised that the poorer parenting behaviours they observed among co-residing young mothers of three-year-olds might be due to a developmental delay in establishing an independent household, increased conflict resulting from a diffusion of responsibility for parenting the child or an inability on

There are good reasons to suspect that the meaning of resilience and the mechanisms by which it operates differ in different cultural or ethnic contexts.

the family's part to provide opportunities for young mothers to feel competent as parents.

Unfortunately, there are virtually no studies that track the adjustment of young mothers in multigenerational families over time, assessing, for example, how they adjust to the transition to parenthood and how the development of both the

young mother and her child is facilitated over time. Cross-sectional data provide some clues for future research, but a family resilience perspective demands longitudinal data. Another potentially fruitful approach would be to assess the quality of relationships, patterns of shared childrearing and methods of facilitating young mothers' and their children's development as

they are negotiated and implemented within the family over time.

Ethnicity, Culture and Family Resilience

In evaluating research on the effects of family structure on children's well-being, it is important to be alert to family-level differences that may influence how children fare in the face of family disruption and in their experience of living in different family structures. This is particularly important in any discussion of family resilience. Much of the work in this area has focused on the role of families' race or ethnicity and its interaction with family structure. Although there is very little comparative research on the factors that predict resilience across different ethnic groups, there are good reasons to suspect that the meaning of resilience and the mechanisms by which it operates differ in different cultural or ethnic contexts.

For example, in a discussion of black and white American families, Wilson (1986) argued that the meaning of, and processes involved in, marriage, marital dissolution and single parenting differ in families of different ethnic groups. Specifically, he argued that black mothers might adjust more successfully than white mothers to single parenthood





(Fine and Schwebel 1988, McKenry and Fine 1993). This observed resilience to single parenthood among black women might be due in part to the fact that single-parent status may be more normative in the black community than in the white community (Fine and Schwebel 1988). For example, whereas rates of marital dissolution and the number of never-married mothers have increased for all American women, these changes have been especially dramatic for black families (Tucker and Mitchell-Kernan 1995). Indeed, Tucker and Mitchell-Kernan suggested that marriage is not necessarily normative in the black American community now and that other relationship forms, such as cohabitation, may replace marriage as the normative family type. This demographic transformation is hypothesised to be due in part to a decrease in the number of “marriageable men” in American urban black populations in particular, stemming from a shrinking pool of well remunerated jobs for those who lack post-secondary education (Wilson 1986). The decline in marriage has been substantially less pronounced among whites (Tucker and Mitchell-Kernan 1995). Furthermore, the New Zealand literature suggests that, in the case of first unions, cohabitation is becoming a substitute for legal marriage and that these trends are mediated by cultural factors, as well as by period and birth-cohort effects (Pool et al. 1998). Thus, the effects on children of disruptions in family structure may differ across cultures and ethnic groups. For example, McLanahan and Bumpass (1988) demonstrated that the negative effect of marital disruption on the probability of adolescent childbearing was significantly more pronounced among white than black girls (although girls from black female-headed families, like their white counterparts, were more likely to experience negative outcomes than those from intact families).

In many ethnic minority communities the three-generation family has long been viewed as a protective factor for parental well-being and children’s development. Historically, black grandmothers have been an integral part of the family system (Chatters et al. 1985) and have functioned in an interactive role (Wilson 1986; but see Aquilino [1996] for evidence that grandparent involvement in the lives of children born to single mothers in a US national sample does not differ by race). Merriwether-de Vries et al. (1996)

suggested that many black parents have served as either co-parents or surrogate parents to their grandchildren. In contrast, Hawkins and Eggebeen (1991) described research that characterises the three-generation white family as aberrant – neither expected nor preferred by its members owing to its violation of white family norms of independence. Most developmental psychological studies of teenage multigenerational families have been conducted with black families (e.g. Chase-Lansdale et al. 1994, Furstenberg et al. 1987). Little is still known, however, about how the correlates and consequences of multigenerational family life differ across racial and ethnic groups (but see Schweingruber and Kalil 2000 for an exception).

5



Resilient communities



The larger society in which a family lives can influence the well-being of the family and its individual members. Specifically the community and the neighbourhood in which one lives play an important role in one's ability to overcome challenges (Wandersman and Nation 1998). The idea of social capital is central to this discussion. The following discussion examines issues concerning the measurement of social capital and how social capital is connected with family functioning. The discussion also considers how resilience might manifest itself at the level of the community.

5a Measuring Social Capital

Stone (2001) created a theoretically based framework for the measurement of social capital and reviewed existing measures of social capital using this framework. She asserted that there is a discrepancy between the theoretical underpinnings of social capital and the ways in which social capital has actually been measured in empirical work. This discrepancy, in turn, leads to confusion regarding the meaning, measures and outcomes of social capital. Prior work has also emphasised the chasm between theory and measurement and other researchers have argued that measures of social capital used to date have been questionable (Paxton, 1999 as cited in Stone, 2001). For example, social capital is a multidimensional concept, yet many studies rely on unidimensional measures. Stone also pointed to a reliance in many studies on measures of the *outcomes* of social capital as *indicators* of social capital. She suggested a systematic approach to the measurement of social capital based on the characteristics of social networks (such as their size, type and structure) and on the quality of social relations (of which trust and reciprocity are key dimensions).

Stone and Hughes (2001) presented initial findings from the *Families, Social Capital & Citizenship Project*, which involved a nationally representative survey of 1,506 adults in Australia. The primary goals of this project were to address the gaps in research on how social capital is generated and distributed. Stone and Hughes (2001) focused on three specific issues: the nature of social capital; the distribution of social capital among individuals and families; and the distribution of social capital across communities. Most of the preliminary findings centred on the first question.

Results on the nature of social capital suggested that most people have some form of informal ties with family, friends, neighbours or co-workers, although the size of their networks varies. Eighty-six percent of the survey sample belonged to some kind of community organisation or group and 93 percent reported having at least one tie to a powerful institution (such as the police, the media, a large company or the government), through a personal contact with someone in the organisation. The authors found a strong positive correlation between the size of an individual's family network and the size of the individual's non-familial informal network. Furthermore, people with large informal networks were more likely to belong to organisations and have institutional ties.

The authors also examined whether trust at one level spawns trust at other levels. The findings were mixed. There were significant positive correlations between levels of trust in household family members and trust in "familiar" (that is, members of the wider extended family, friends and workmates), between trust in familiar and "generalised" trust (that is, trust in people more generally, beyond those who are personally known to the respondent), and between generalised trust and trust in institutions. Weaker correlations were found between trust in household family members and generalised trust, and between trust in household family members and trust in institutions. The authors suggested that this may indicate a "ripple effect", with higher correlations between levels of trust in proximate spheres of social relations and lower correlations between levels of trust in more distantly related spheres of social relations. The authors also found that the size of a network was not associated with levels of trust or reciprocity within the network.

5b Social Capital and Family Functioning

Winter (2000) noted that the connections between social capital and family functioning have been examined in two distinct ways: the creation of social capital within family networks and its impact on children's developmental outcomes; and the role of families in creating social capital outside of family networks (see Furstenberg and Hughes 1995 for a similar conceptualisation).

According to Winter (2000), social capital within the family is characterised by “bonding ... within the informal, intense and durable, face-to-face connections of the household, resulting, typically, in private-regarding outcomes” (p.7).

Social capital beyond the family corresponds to patterns of family life that are associated with norms of both trust and reciprocity in the larger community. Viewed from this perspective, social capital typically results in public-regarding outcomes. Current understanding of the relationship between family functioning and social capital is limited. Winter (2000) discussed the creation of social capital within the family, the way in which social capital at the family level may bridge across to the community level and factors that mediate this bridging process. He identified factors that are associated with each of these processes (Table 2, p. 14). Parent-to-child ratio appears to be the primary factor associated with the development of social capital within the family. Higher levels of education, lower levels of economic hardship and being married with children are factors that facilitate the connection between social capital at the family level and at the community level. Finally several mediating factors exist at the level of the neighbourhood that affect the degree to which social capital at the family level can contribute to social capital at the community level: these include locality type, the crime rate, ethnic homogeneity, income polarisation and the nature of local service provision.

Supportive relationships with other community members, such as church leaders or teachers, help to strengthen families' ties within their communities and bolster children's resources.

Recently the literature on family functioning has broadened its scope of reference beyond child-, parent- and family-related factors to look more closely at the societal and community context of the family and how this might affect family functioning.

Supportive relationships with other community members, such as church leaders or teachers, help to strengthen families' ties within their communities and bolster children's resources, in part by providing a context in which children can be

exposed to positive influences and a social network in which adults can be connected to one another to meet children's social and educational needs (Wandersman and Nation 1998). These connections to institutions and adults outside the family can be particularly important for families facing personal and economic disadvantages (Sampson et al. 1997).

Tomison and Wise (1999) looked at community-level mechanisms

through which occurrences of child maltreatment can be reduced. The authors described current trends in prevention and discussed some mechanisms within a holistic framework for prevention. Important in this discussion is the whole-of-community approach, where partnerships are formed between governments, health and education agencies, non-government agencies, religious organisations, private businesses, advocacy groups and families. These programmes take different forms in various locations, but all are grounded in the idea of cross-sectoral partnerships to promote the development of healthy communities.

5c Resilience at the Community Level

Researchers have also become interested in the ways that communities can manifest resilience and in the ways that families interact with their communities to produce well-adjusted children. Communities are characterised as “resilient” when they respond to a crisis or to significant adversity in a way that strengthens the community, its resources and its





capacity to cope (Mangham et al. 1995). Factors that may contribute to resilience at the community level are similar to the factors that help to produce family resilience and include mutual support, high collective expectations of success in meeting challenges and a high level of community participation (Mangham et al. 1995).

One important process through which these effects arise is the development of a sense of “collective efficacy”, which is expressed through informal networks of control that develop among community members (Sampson et al. 1997). Informal social control includes two dimensions: (1) a shared sense of norms that place value on protecting neighbourhood residents from criminal victimisation; and (2) the readiness of residents to act on these norms by monitoring the activities of young people and intervening when they engage in deviant or delinquent activities (Nash and Bowen 1999).

A lack of these types of informal networks has been found to be associated with poorer outcomes. Garbarino and his colleagues (see Garbarino and Sherman 1980) identified some neighbourhoods that had higher rates of child maltreatment than would be expected based on socioeconomic conditions alone. They found that parents in these neighbourhoods made little use of informal supports, instead relying on formal public agencies when interventions were necessary. Conversely, parents in neighbourhoods with lower than expected maltreatment rates experienced greater satisfaction with their neighbourhoods as contexts for family life and child development and also made active attempts to shield their children from the dangers of their environments (Luthar 1999).

Fegan and Bowes (1999) posited that being part of a community with strong social capital may lead to a kind of collective socialisation of children, through which they learn norms and through which their behaviour is positively affected by community expectations. Conversely, a lack of social connectedness may affect community members’ ability to cope and their quality of life. Lack of connectedness can lead to loneliness, a sense of isolation and low self-esteem, among other negative consequences (Fegan and Bowes 1999). Thus promoting social support at the community level may help to reduce a range of associated risks that threaten the well-being of socially isolated families.

6



Policy and intervention



Resilience can be enhanced by positive experiences that help individuals or families to develop and refine new coping skills; on the other hand, it can be eroded by cumulative negative experiences or failures (Cowan et al. 1996). One clear way to promote well-being in families is to limit their exposure to chronic adversities. At the same time, policy-makers should recognise the difficulties inherent in trying to change developmental trajectories for children and families. Both of these considerations speak to the importance of prevention as well as early intervention (Friedman and Chase-Lansdale, in press). This section briefly reviews the evidence on the degree to which it is possible to help families to become resilient.

6a General Principles

Family-based preventive interventions have become increasingly prevalent, either in addition to or instead of individual-based, school-based or community-based interventions. Hogue and Liddle (1999) conducted an examination of supporting information for a range of family-based preventive interventions and identified programme elements that were similar and programme elements that were different across the range of programmes. They pointed to five insights that may have spawned the trend toward family-based prevention models: (1) some young people may not benefit from individual-level programmes; (2) family-related factors can have an impact on the development of externalising behaviour; (3) parents can positively influence children and provide protective support; (4) ecological contexts and interpersonal processes affect children and adolescents and influence the probability of antisocial outcomes; and (5) family-based interventions have been shown to produce good results specifically in relation to childhood antisocial behaviour. Hogue and Liddle stipulated standard techniques for implementation of this type of intervention, including intensive recruitment and retention, attention to the psychosocial issues of parents, identification of protective family factors, use of normative developmental guidelines and a focus on parenting practices, using skills-oriented interventions as opposed to educational interventions.

Based on his 1997 review of almost 1,200 outcome studies, Durlak (1998) identified several common risk and protective factors from successful prevention programmes for children and adolescents. He specified 12 prominent risk factors associated with eight major

negative outcomes (behaviour problems, school failure, poor physical health, physical injury, physical abuse, pregnancy, drug use and AIDS). The risk factors occurred at various levels of analysis in the child's social ecology. The levels of analysis included the community (where the risk factors were impoverishment of the neighbourhood and ineffectual social policies), the school (poor-quality schools), the peer group (negative peer pressure and peer rejection), the family (low socioeconomic status, parental psychopathology, marital discord and punitive childrearing) and the individual (early onset of the target problem and problems in other areas), as well as a generalised "other" category which Durlak labelled "stress". Stress may arise at all levels and may affect children directly or indirectly through its effects on parents, peers and teachers.

Two patterns emerged from the analysis of these risk factors: (1) risk factors exist at multiple levels of analysis for each of the major outcomes discussed (i.e. no outcome is associated with risks at only one level of analysis); and (2) different negative outcomes have risk factors in common (i.e. risk factors are not specifically associated with particular outcomes). Durlak also suggested that risk factors have multiplicative effects. Instead of simply focusing on risk factors, Durlak also identified eight common protective factors in successful intervention programmes. These factors also occurred at varying levels of analysis in the child's social ecology. The protective factors included positive social norms, effective social policies, high-quality schools, positive peer modelling, good parent/child relationships, personal and social skills, self-efficacy and social support. An important finding is that there are many common risk and protective factors



for the negative outcomes discussed and that programmes designed to address multiple risk factors drawing on multiple protective factors may be more successful. A call for more comprehensive programmes may therefore be in order. However, Durlak qualified his findings by noting that, because many of the preventive intervention programmes had multiple components, it was not possible to conclude which specific components had contributed to the different outcomes. The causal relationships and mechanisms underlying these findings are therefore not well understood. In addition, he acknowledged that not all risk and protective factors were measured in the various studies included in his review, especially those that are genetic in origin.

A family resilience approach to intervention has strengthening families' capacity to master adversity through collaborative efforts at its core (Walsh 1998). Much of the literature approaches this topic from a clinical perspective, although an effort has been made throughout this report to present the ideas in a more general perspective. According to Walsh (1998), as a first step clinicians should focus on identifying strengths even among vulnerable families. Similarly, Munford and Sanders (2001), in the context of a study of home-based family support services, discussed the importance of moving from a deficit model of family functioning to one that seeks to identify families' competencies and skills. Walsh's (1998) framework outlining key family resilience processes (presented in Section 2b of this report) can serve as a useful guide for this. A core principle for strengthening family resilience is recognising not only that serious crises have an impact on the whole family, but also that family coping processes influence the recovery and resilience of the family as a unit and all its individual members. Walsh (1998) offered a modification of Rutter's (1987) framework of principles for interventions with individuals that can be applied to the family resilience field. In Walsh's view, family resilience can be promoted by: (1) decreasing risk factors (i.e. reducing exposure to risk and increasing capacity to cope with stress);

A family resilience approach to intervention has strengthening families' capacity to master adversity through collaborative efforts at its core.

(2) reducing negative chain reactions that heighten the risk of stress and further crisis (i.e. altering maladaptive coping strategies and developing the capacity to rebound from setbacks); (3) strengthening protective family processes and reducing vulnerabilities (i.e. mobilising resources and reorganising in the aftermath of a crisis); and (4) bolstering family and individual self-esteem and efficacy through successful problem mastery (i.e. gaining confidence through collaborative efforts). Clearly, the clinician (or intervention) will need to track stressors (i.e. risk factors) and coping processes (i.e. protective factors) over time and be mindful of the family's culture, history and background. In addition, it is important to understand the meaning the family itself makes out of the crisis.

Is this framework useful for identifying and promoting family resilience among very vulnerable, multi-need families? This question is especially relevant for those who are concerned with families in socioeconomic distress. As a starting point, any intervention needs to recognise the environmental forces that threaten such families; clinicians and others must also work to change families' deleterious ecological circumstances (Walsh 1998). Nevertheless, Walsh argued that many of the same principles apply: a family-centred programme must work to: (1) identify and build on family strengths; (2) take a family-centred approach to individual problems; (3) provide flexible, holistic services; (4) emphasise prevention and early intervention; and (5) help build community-based and collaborative partnerships among professionals and between professionals and families.

Another set of intervention models takes the approach of trying to strengthen the family as a protective environment that promotes the prospect of achieving good child outcomes. Although these programmes have tended to treat the individual child as the focus of the intervention, they have also recognised the importance of the child's family and many subscribe to



a similar set of principles as described in the family resilience literature. In recent years, a flurry of attention has centred around the results of early intervention programmes for young children growing up in families facing adversity. According to Ramey and Ramey (1998), “early intervention is deemed essential to prevent mental retardation and poor intellectual development in children whose families do not provide adequate stimulation in the early years of life” (p. 112). However, there continues to be some debate about whether the most successful interventions are those that target the child directly or those that target the family as a unit, with the goal of improving child well-being both directly and indirectly by changing parents’ behaviour.

According to Ramey and Ramey (1998), intervention programmes are likely to succeed if they follow certain “principles”. It should be noted that these principles emerged from a consideration of programmes aimed at improving children’s behaviour, as opposed to interventions aimed at boosting resilience at the family level. Nevertheless, the principles appear to have potentially useful application to the field of family resilience. Moreover, as has been noted elsewhere in this review, the field of family resilience has drawn extensively from existing frameworks on individual resilience. The “principles” are that successful interventions: (1) begin earlier in development; (2) continue longer; (3) are more intense; (4) are more comprehensive; (5) recognise that some children benefit more than do others (the “at greatest risk” principle); (6) recognise that the initial positive effects of early interventions are likely to fade to the extent that the child’s “regular” environment cannot maintain the positive progress that the intervention yielded; and (7) are sensitive to families’ cultural beliefs, practices and traditions.

Not all studies, examples of which are summarised below, have produced consistent evidence of the long-term effectiveness of intervention programmes, but not all are created equally – the better studies have tended to demonstrate bigger effects. And, although the early brain science literature points to the importance of early development prior to age three, this does not mean that intervention in school-age years and beyond

cannot be effective. Finally, an important result from some of these programmes is that the effects appear to be most pronounced for children who are especially disadvantaged; this has implications for the targeting of intervention resources. However, not all studies of intervention programmes find this effect. In Liaw and Brooks-Gunn’s (1994) evaluation of an intervention designed to improve the IQ scores of low-income, low birth-weight children, the programme was found to have more benefit for poor children who were exposed to low to moderate numbers of risk factors than for those who were exposed to a large number of risks. The researchers argued that being poor and experiencing a large number of other risk conditions may have rendered it difficult for families to benefit from the programme’s particular set of intervention services.

6b Programme Exemplars

This section summarises a handful of recent intervention programmes that exemplify different ways of working with families that reflect the notion of family resilience. This summary is by no means intended to be exhaustive. Rather, the different programmes were chosen because they included a family component; in one way or another, each targeted some aspect of family behaviour or functioning that is connected with the notion of resilience. The discussion begins with an examination of programmes that aim to promote resilience by supporting parents to parent well, through case management that guides them through problems and helps them to access resources. A description is then provided of a model programme that aims to improve the well-being of disadvantaged children by providing services directly to them, rather than indirectly through their parents. The focus of the discussion then moves to programmes aimed at other attributes of families – namely their income and employment status. Also discussed are programmes that aim to boost families’ social capital by strengthening their ties to the community. The discussion concludes by examining a programme that aims to promote capacity building among a particular ethnic group – young Aboriginal people in the Northern Territory of Australia.



Parent-based Interventions

Parent-based intervention strategies focus on enhancing parental skills or resources in the hope that these enhancements will translate into improved child outcomes. Such programmes may be aimed at improving parental income, parental education or parental behaviours (Duncan and Magnuson 2001). The specific nature of the intervention varies from programme to programme and may encompass home visits, group support and informational sessions. Some interventions include a child component in addition to a parent component. Home visiting programmes, for example – which typically serve pregnant women and families with young children – have many different goals, including the promotion of good parenting skills, prevention of child abuse and neglect, and improving children’s school readiness and healthy development (Gomby 1999). To a lesser extent, these programmes aim to improve maternal well-being by promoting maternal education and employment and deferral of subsequent pregnancies. Recently evaluated programmes include Hawaii’s Healthy Start Program, which serves families identified as highly stressed or at risk of child abuse; Healthy Families America, which is a child abuse prevention programme modelled on Hawaii’s Healthy Start Program; the Nurse Home Visitation Program, a three-site demonstration programme developed by David Olds that is now being replicated nationally; the Parents as Teachers (PAT) programme, which promotes early childhood development; the Home Instruction Program for Preschool Youngsters (HIPPY), which aims to improve school readiness in three- to five-year-old children; and the Comprehensive Child Development Program (CCDP), a federal demonstration programme that works with poor families to promote children’s development, good parenting behaviours and family self-sufficiency (Gomby 1999).

Results from home visiting programmes varied widely across programme models, across sites within programme models and even across families at a single site.

Importantly, it should be noted that results from the set of home visiting programmes listed above varied widely across programme models, across sites within programme models and even across families at a single site (Gomby 1999). In general, although several programmes have produced positive effects on parenting behaviour and lessened the incidence of neglect or abuse, none has produced large or consistent effects on child development or on rates of health-promoting behaviours. Some programmes have had negligible effects. In particular, the CCDP had no statistically significant impact on programme families when compared with control families in any of the assessed domains (early childhood education, child and family health, parenting, family economic self-sufficiency or maternal life course) (St. Pierre and Layzer 1999). As yet, researchers have not been able to explain why some programmes succeed while others fail; nor have they been able to determine which types of families are likely to benefit from such interventions. In part, this may be due to the failure of administrators to implement services as intended and to establish effective connections with families. For example, across these different types of programmes, families received only about half of the number of services the programme was intended to deliver and many (sometimes a majority of) families dropped out of the programme before its scheduled end. Gomby et al. (1999) concluded that, despite the successes of some individual programmes, any benefits which may have been found to derive from a particular programme cannot be generalised to other types of programmes and that the home visiting model is in need of improvement and/or redesign.

Duncan and Magnuson (2001) similarly concluded, from their review of the experimental evidence, that with a few noteworthy exceptions most parenting programmes appear ineffective at improving children’s outcomes. Moreover, Linver et al. (2001)



suggested that, although parent-focused home interventions can produce positive effects on parenting in low-income families, these positive impacts on parenting are not consistently associated with positive impacts on children's cognitive or behavioural development.

An exception to this conclusion is a well-known example of a parent-based intervention – the Nurse Home Visitation Program (Olds et al. 1999). This intensive programme showed more positive effects than any of the others listed above. The programme identified modifiable risk factors associated with a range of negative child outcomes. For poor birth outcomes such as low birth-weight, the identified risk factor was pre-natal exposure to substances; for child abuse and neglect, the risk factors were mothers' psychological incapacities and social isolation; for poor maternal life course outcomes, the risk factor was rapid-repeat childbearing; and for early-onset antisocial behaviour in the children that could affect healthy functioning, the risk factors were all of the above risky outcomes – poor birth outcomes, child abuse and neglect, and rapid-repeat childbearing. Nurse home visitors helped mothers to establish social networks and they linked the mothers up with relevant health and human service providers. Evaluations (Olds et al. 1999) showed that, among low-income unmarried young mothers (in particular, those who also had fewer psychological resources), the programme reduced rates of childhood injuries and ingestions, resulted in a deferral of subsequent pregnancies and helped mothers gain social support and move into the workforce. Long-term effects were found for the children of these young mothers as well; when they were aged 15, these children had had fewer arrests and convictions, smoked and drank less, and had had fewer sexual partners. However, most of the positive effects were concentrated in the high-risk sub-groups and provided little benefit for the broader population. This suggests that, if implemented on a larger scale, the programme should be targeted to the sub-groups that would benefit from it most. Moreover, as Duncan and Magnuson (2001) reported, the programme involved an average of nine visits during pregnancy and 23 visits during the first two years of the child's life by registered nurses and cost

\$6,000 per participant. Duncan and Magnuson contended that the quality and cost are substantially higher than what would be possible in a "scaled-up" national or regional programme.

Interventions Targeted Directly at Children

Some research findings suggest that targeting the intervention directly at children may have a stronger impact on child outcomes than targeting parental behaviour as the mechanism for change. One well-known example of a programme directly targeted at children is the Abecedarian Project (Ramey and Ramey 2000). At birth, children were randomly assigned into a treatment group that received enriched centre-based child care services for up to eight hours a day, five days a week, 50 weeks a year, from birth to age five, or a control group that did not receive these services. All of the children in this project were deemed at risk of mental retardation. At school entry, the children were again randomly assigned into two groups – one group received no further intervention and the other had a "Home-School Resource Teacher" who provided additional instruction and acted as a liaison between the parents and the school for a further period of three years. The children were followed up when they were aged 15. The results showed that the children in the preschool programme had higher scores on tests of cognitive ability and school achievement, as well as lower rates of grade retention and special education placement, whether or not they also received the further treatment once they entered school. In contrast, the effects of the intervention for school-age children were small or insignificant. The study children (104 of the original 111 infants) have recently been assessed at age 21. The results showed that the intervention had had an enduring impact: children from the preschool treatment group still had higher average test scores, were nearly three times as likely to have attended a four-year college or university and were more likely to have delayed parenthood (Campbell et al. 2001, Campbell et al. 2002).

Importantly, the success of such individual-focused interventions appears to depend on the age of the child, as well as on the intensity of the intervention.



In Duncan and Magnuson's (2001) review of the experimental evidence, intensive programmes that target preschoolers were found to have had the most success. In contrast, less intensive programmes have had more mixed success and programmes targeted at adolescents (e.g. programmes that focus on preventing school drop-out or pregnancy) show very little evidence of being effective. Interventions early in life can help children attain the developmental skills they need to take advantage of opportunities later in life. It is likely that this is part of the explanation for early interventions being more effective than later interventions – because they have the capacity to set children on a different trajectory that has enduring effects over the life course. Duncan and Magnuson (2001) also contended that interventions early in life are likely to be more cost-effective since the cost of participants' time is lower (because preschoolers have few competing demands on their time) and since there are more years over which the benefits of the programme can be enjoyed.

Interventions Aimed at Boosting Families' Financial Position

In contrast to programmes that aim to improve parenting or to boost children's human capital, a different type of intervention seeks to improve family well-being and child development by moving parents into work and boosting their incomes. A set of recent experimental interventions has identified generally positive outcomes of mandated work programmes for welfare families, particularly when the programmes not only require participants to work but also "make work pay". In the Minnesota Family Investment Program (MFIP), children of single-parent, long-term welfare recipients showed positive outcomes on measures of school performance and behaviour problems compared with a control group that participated in the traditional welfare

Interventions early in life can help children attain the developmental skills they need to take advantage of opportunities later in life.

programme and was not subject to work requirements (Knox et al. 2000). An important pathway of influence was through the programme's financial incentives, which led to increased income and reduced poverty. Similarly, another experimental work-based income-supplement programme – New Hope – improved school performance and social behaviour among school-age boys. In part this may have been due to the children's increased participation in structured, formal child care or extracurricular programmes (Huston et al. 2001). Children in the experimental group increased their participation in such activities not only because their parents were spending more time at work, but also because they had modestly more income to pay for such activities. Interestingly, these intervention programmes had relatively few effects on parents' mental health or parenting behaviour.

Community-based Interventions

Another approach is taken by programmes that aim to generate social capital at the neighbourhood or community level by helping families to expand their social networks with the goal of improving their resilience. As noted above, Durlak (1998) identified the availability of social support as a major protective factor that is associated with positive outcomes for children and adolescents. As a result of findings such as this, government agencies are developing policies aimed at improving child outcomes that stress the important role of social support. An example is the Pathways to Prevention Demonstration Project, an initiative of the Queensland state government in Australia (www.premiers.qld.gov.au/about/crimeprevention/safer.pdf). This project was founded on the premise that early intervention programmes are an effective means of reducing the risk of future criminal offending. The immediate goals of the programme had a relatively narrow focus: to enhance children's readiness for school through two complementary programmes aimed at reducing



children's communication and behavioural problems and providing practical support to families. As the project progresses, however, it is intended that a broader range of programmes will be developed, including initiatives to reduce social isolation and improve links between specific cultural groups and schools. No results are yet available from the Demonstration Project.

Programmes that strengthen community ties are becoming more integral to prevention efforts around the world. Families and Schools Together (FAST), a programme based on this concept, has proven effective in the US and has been adopted at several sites in both Australia and Canada (www.wcer.wisc.edu/fast/). FAST is based in primary schools and is designed to assist families experiencing multiple difficulties, including child behavioural problems. The aim of FAST is to build protective factors on multiple levels around children who are at risk of school failure, as identified by their teachers. FAST differs from many preventive programmes in that it seeks to build protective factors around children as part of the programme. The programme goals are four-fold: to enhance family functioning; to prevent children from experiencing school failure; to prevent substance abuse by children and other family members; and to reduce the stress that parents and children experience in daily life. The programme is designed specifically to address issues of alcohol and substance abuse, violence and delinquency, and school drop-out. Children aged four to ten are referred by teachers if they display problem behaviours, hyperactivity, poor concentration or low self-esteem. The programme involves eight weekly meetings involving groups of families and focusing on five key activities: shared family meals; communication games played at a family table; couple time; participation in a self-help parent group; and one-to-one quality play. At the end of the eight weeks, families graduate and continue to participate in monthly follow-ups for two years.

To evaluate the programme's effectiveness, a range of pre- and post-treatment measures were taken. Parents and teachers completed the Revised Child Behavior Checklist and recorded information about the parents' involvement with their children. Parents also completed a demographic questionnaire, the

Relationship Dimension sub-scales of the Family Environment Scale and FACES III. Results of the evaluation of the Australian FAST programme are reported in Sayger and McDonald (1999). Pre- and post-treatment data were available for 60 families in five programme sites. Parents reported statistically significant declines in conduct disorder, socialised aggression, anxiety/withdrawal, attention problems, psychotic behaviour, motor excesses and total problem behaviours among their children. Furthermore, parents reported increases in family cohesion and expressiveness and decreases in family conflict, as measured by the Family Environment Scale. There was also an increase in both cohesion and adaptability on the FACES III scale following the intervention. Prior to the intervention, parents had scored in the normal range on both of these measures. Additionally, parents reported less parental stress and less isolation from social support networks following their participation in the eight-week programme. Teachers reported an increase in telephone communication and personal contact with parents. Teachers also reported decreases in rates of conduct disorder, socialised aggression, attention problems, anxiety/withdrawal, motor excess and total problem behaviours among children.

Capacity-building Interventions

The final programme exemplar focuses on the idea of "capacity building" among a particular ethnic community. The Australian Family WellBeing empowerment course was designed to build capacity among Aboriginal people, by assisting them to take greater control over their lives (Tsey and Every 2000). The programme was developed in response to increased numbers of suicides and attempted suicides among young Aboriginal people in the Northern Territory of Australia in the latter part of 1997. The empowerment course was designed to meet the needs of three groups of stakeholders: professionals who wanted to use the programme principles in their work; family members who wanted to develop coping skills to support young people; and young people who wanted to develop coping skills to support both themselves and their peers. The premise of the course was that all humans have basic physical, mental, emotional and spiritual needs and



that failure to satisfy these needs results in behavioural problems. The course developers contend that removal of Aboriginal children from their homes, as well as forced communal living, has given rise to denial of basic human needs. This is said to explain, at least in part, the high levels of suicide, substance abuse and domestic violence among the Aboriginal community. The prevalence of such destructive behaviours among the adult Aboriginal population means that children are in turn being denied basic needs, because they compromise the quality of parenting provided for children. The Family WellBeing programme was developed primarily to meet the special needs of an indigenous group. However, its underpinnings draw from a wide range of cultural traditions and therefore it is considered highly adaptable to the needs of different cultures.

The programme is conducted in four stages, with each stage lasting for ten weeks. Participants attend one four-hour session per week. The nationally accredited course provides participants with formal counselling qualifications. Stage 1 involves learning about the qualities of a counsellor, understanding conflict and emotions and how to deal with these, and understanding how beliefs and attitudes affect choices in life. Stage 2 involves managing change, developing inner quality and strength, understanding loss and how to deal with it, and learning about counselling practice. Stage 3 involves caring for oneself, understanding family violence and how to deal with it, establishing emotional health, and understanding the process of healing. Finally, Stage 4 involves understanding relationships, balancing the body, mind and emotions, being centred and focused, and comprehending the essence of family well-being.

The evaluation of the programme focused on three issues: (1) the theoretical validity of the intervention as a youth suicide prevention policy; (2) the nature and process of empowerment of participants as a result of the course and the implications of participant empowerment for the health and well-being of youth in the community; and (3) strategies for sustaining and extending the programme.

At the time of writing there were 12 Stage 4 graduates. Based on Nina Wallerstein's formula (Wallerstein

1992), seven of the Stage 4 graduates were asked to express in narrative form the specific context in which they had used the skills that they had learned in the Family WellBeing programme. The three contexts of interest were the family, the workplace and the community. Participants reported improvements in their sense of worth, confidence and ability to make effective change. While there appeared to be great personal empowerment, the same could not be said for workplace or wider community empowerment. Overall analysis of the narratives suggests that participants had begun using their new sense of personal empowerment to “constructively engage structural challenges” (p. 513) at work and in the community. However, there was no evidence of any effects at a wider organisational or community level.

Tsey and Every (2000) asserted that the success of the Family WellBeing programme confirms the importance of Aboriginal people developing their own programmes and addressing their own community concerns. The programme was not expected to have an immediate impact on youth suicide and no such effect was found. However, the course was found to be effective in assisting participants to enhance their awareness, resilience and problem-solving abilities. The authors noted that, if the programme were to be sustained and extended, it would be expected, in the longer term, to have an eventual effect on overall health outcomes by encouraging people to use their newly developed skills and knowledge in making lifestyle choices. As Munford and Sanders (2001) noted, individual control over daily challenges is important in determining overall health.

Key Themes in Intervention Programmes

In sum, much of the theoretical work and empirical evidence described above seems to converge on several key themes. First, the developmental stage of the target population is important. Whereas intensive programmes for preschoolers have shown positive effects, programmes that target adolescents generally have not. Secondly, despite theoretical frameworks that stress the importance of positive parental behaviour for successful child development and that highlight disruptions to parenting as a key mechanism linking economic hardship to negative child outcomes,



most parenting programmes appear ineffective at improving children's outcomes. Exceptions include very intensive – and very expensive – programmes that are likely to be unfeasible to adopt on a widespread scale. However, a key problem in many of the larger-scale, random-assignment parenting programmes appears to be attrition. High drop-out rates among participants and the failure of administrators to implement programmes as intended may be important factors in explaining the lack of evidence for consistent beneficial effects among the home-visiting programmes in particular. Thirdly, in contrast, boosting poor families' economic resources appears to yield improvements in children's development, especially among younger children. In addition, intensive programmes that target young children directly have been shown to produce positive effects. Finally, programmes derived from social capital frameworks that aim to increase family-community ties hold promise, but are still rare and have not been subject to experimental evaluation.

7



Summary



A new theoretical model of family resilience is emerging that characterises families as resilient in two distinct ways – in terms of how the family as a unit responds to stress and in terms of how the family serves as an important protective environment for children’s development.

The literature in the field of family resilience is still quite sparse compared with the literature on individual resilience, although the former is in a good position to build on the theoretical foundations of the latter given the common themes the two fields share. Despite this commonality of theme, however, the study of family resilience differs in fundamental ways from the study of individual resilience, both in terms of its roots and origins and in its terms of its conceptualisation of resilience. An important distinction between the two fields is that while research on individual resilience has traditionally been rooted in developmental psychopathology and has focused on how individual family members are resilient in the face of family pathology (e.g. parental schizophrenia, alcoholism; Rutter 1987, 1990), the field of family resilience has its roots in a strengths perspective (Walsh 1996, 1998).

The field of family resilience is still in an early stage of development and at present is more notable for its articulation of theory than for a large and consistent body of empirical evidence. It should be noted that, because of this lack of empirical evidence (particularly that which is based on representative, large-scale and longitudinal studies), some commentators question whether it has yet been demonstrated that the field of work on resilience at the family level has made its own unique contribution to the scientific knowledge base (Hawley and de Haan 1996). Nevertheless, at this stage there is general agreement about those factors that, in principle, characterise healthy or resilient families. These factors are interrelated, complex and typically do not have a simple cause-effect or one-to-one association with specific indicators of well-being. A range of factors has been identified that operate at the level of the family unit to promote resilience. The empirical literature has highlighted the role of family cohesion in particular. In general, however, there is a sense that research on family resilience has not paid enough attention to families’ social and economic conditions (Krysan et al. 1990). It is also important to note that different aspects of family resilience might be

more or less relevant for families facing different challenges.

In contrast, the research base on the family as a “protective environment”, located primarily in the field of developmental psychology, is better established and has specifically investigated the kinds of parenting practices that can help to produce good child outcomes under conditions of economic hardship or other ecological stressors. One factor that is implicated in the link between economic hardship and parental behaviour is the concept of “economic strain”, or parents’ perceptions of how difficult it is to make ends meet on their limited income. This construct has been shown to be more strongly related to parents’ mental health and parenting behaviour than has income, per se. This suggests that, for families facing economic crises, supports that eased financial distress might have important implications for family well-being and for families’ ability to be resilient in the face of such stress.

A family resilience orientation implies that clinicians and researchers need to endeavour to identify adaptive modes of family behaviour in stressful circumstances. Clinicians and others who work with families may need to help families develop their social networks and mobilise linkages with larger systems (such as schools). Service delivery systems may have to be more flexibly organised, with “treatment” reflecting families’ unique needs. Walsh (1998) suggested that community-based workshops and programmes designed to facilitate problem-solving and communication processes may be useful as a preventive approach. Preventive programmes can help to lower the risks faced by families by modifying their ecological circumstances; they can buffer families against stress by strengthening family interaction processes; and they can help the family to mobilise resources by building linkages to kin and other community members. Family life education programmes are one example of this type of approach (Walsh 1998). Another example of an approach that incorporates these tenets involves the use of local family resource centres



that are easily accessed and that provide information on a wide range of services to support and strengthen families. However, as noted earlier in this report, intervention programmes that target parents as well as children – home-visiting programmes were singled out as an example – have produced mixed results when subjected to rigorous evaluations. Attrition of service provision, as well as attrition in rates of participation by families, is a particular problem in these types of interventions.

Several knowledge gaps exist in the field of family resilience. In general, the individual perspective, which ignores the potential for resilience at the family or community level, predominates (Mangham et al. 1995). More research is needed on factors that predict resilience in families and communities, on potential avenues for fostering resilience and on cross-cultural, cross-ethnic and cross-socioeconomic group variation in resilience. Mangham et al. called for a particular focus in future research on studies of families at risk – especially single parents, teenage parents and families with heavy caregiving responsibilities for relatives. In general, few studies have examined the long-term effects of many of the risk factors outlined in this review, including the experience of living in a single-parent family during childhood, being exposed to poverty during early childhood and giving birth to a child as a teenager. Nor have many studies identified factors that can boost resilience among families that have been exposed to these risks across the life cycle.

A second need is to conceptualise “family” influences beyond the circle of the immediate family. Indeed, in many studies in the field of developmental psychology, the measures of “parenting” are, in fact, measures of what mothers do. They do not often include measures of paternal behaviour (even in dual-parent families), nor do they attempt to model complex processes of parental interactions (within or outside the immediate family). While studies of families often thus furnish an incomplete picture of what goes on within the family circle, they also often omit any reference to what occurs beyond the boundary of the immediate family. Given the important influences on family functioning outside the immediate family in different cultural and ethnic sub-groups, widening the view of family influences beyond the immediate family circle is a pressing issue for future research. Of equal importance, however, is the fact that

family structures are now much more complex, as a result of increases in the prevalence of separation and divorce, lone parenthood and blended families. This is an equally pressing argument for an examination of influences outside the immediate family circle (that is, those who normally live together, whether this is a nuclear family, a lone-parent family or some other form of family). As Lewis and Feiring (1998) noted, in order to study children and their families, we need to go beyond the study of the mother-child relationship to encompass relationships with fathers, siblings, grandparents, other extended family members and “fictive” kin (e.g. peers, teachers, babysitters). Work in this area must also be certain to attend to families’ religious, ethnic and cultural heritage.

A virtually unexplored issue in the area of family resilience is the influence of genetic factors. Until recently, efforts to understand the contributions of biology to childhood behaviour problems (and, by extension, family functioning) have been constrained by the invasiveness of biological assays and by fears that biological research would engender deterministic conceptions of individual behaviour (Campbell et al. 2000). Rende and Plomin (1993) argued that genetic influences (such as a family history of psychopathology) should be considered as potential proximal risk factors. They noted that resilience is often considered largely to reside in environmental factors such as protective parent-child interactions; however, the possibility of genetic involvement in resilience also merits attention. O’Connor et al. (2000) noted that associations between parental divorce history and indicators of self-esteem, social competence and academic competence in children might be partly genetically influenced.

From an empirical perspective, there is at present a tension between the methods seemingly required for studying family resilience and the data that are available. Assessing family resilience requires in-depth, longitudinal data (perhaps based on observation), knowledge of how a family functions before, during and after a stressful life event, and collection of data from multiple family members across a range of families in different cultural and ecological circumstances. Clearly, no one data set can satisfy all of these requirements (and even if it could it would be prohibitively expensive). The preponderance of studies, particularly on the family process aspects of family resilience, has



tended to rely on small samples, often drawn from clinical settings, that have tended to be socioeconomically and culturally homogeneous. Much of this work also relies on self-reports of parents. Unfortunately, some of the key aspects of family resilience (conflict, adaptability, cohesion and communication) are thought to be best measured via expensive and time-consuming observational techniques (Krysan et al. 1990). Research in the field of family resilience needs a stronger focus on the dynamic and developmental aspects of family life and would benefit from more experimental evaluations. Such studies are critical to the design of effective interventions. Finally, research is needed that is longitudinal and context-specific, that tracks family adaptation to stressful events as a process that unfolds over time and that recognises bi-directional, transactional influences among family members.

In summary, the family resilience literature, with its focus on successful functioning in the context of adversity, has highlighted important ways in which families can draw upon protective factors, both within the family unit and in their wider environment, to assist them to cope successfully under a range of stressful circumstances. Key aspects of family resilience encompass processes that occur at the level of the family as a unit, as well as parental behaviours that help to create a protective environment for children, despite high risks in the external environment. Important aspects of family resilience at the level of the family unit include family cohesion, family belief systems (especially religion) and family coping strategies. The living arrangements of families and the flexibility of family members' roles also play a part in facilitating resilience in low-income and lone-mother families. Research highlights the ways in which different family arrangements, and different processes that occur within them, can offer opportunities to support the successful development of children facing economic hardship, in part by easing parental burdens upon lone mothers.

Research that focuses on what parents can do to help create a protective environment for their children has identified nurturance, consistent discipline and appropriate provision of autonomy as key parental behaviours. These dimensions of parenting are central

to the connection between family resilience and good child outcomes, for it is through parents' behaviours that much of the effects of harsh environmental conditions are transmitted to children. Communities can also play a role in fostering family resilience. The research in this area suggests that another means by which parents can create a protective environment for their children is via the creation of social relationships outside the family, within the wider community.

Evaluations of a range of recent intervention programmes aimed at changing families' modes of interactions and boosting childhood outcomes provide some evidence on the malleability of family resilience. This work converges on several themes. First, early intervention is key to obtaining positive results. Secondly, different programmes are needed for different types of family environments and programmes must be sensitive to families' cultural beliefs and values. Thirdly, and of especial relevance to the field of family resilience, despite the theoretical frameworks that stress parental behaviour as an important conduit through which economic disadvantage exerts its effects on children, most interventions that have aimed to change children's behaviour by modifying parenting practices have been unsuccessful. Exceptions include very expensive home-visiting programmes that may be difficult, as well as costly, to scale-up for wider implementation. Conversely, a recent set of experimental programmes aimed at improving the developmental environment for children by boosting parental income and employment has shown positive effects, especially on young children. At present, the pathways through which positive effects accrue to children in such experimental programmes remain poorly understood.

Further research and development work in the area of family resilience can help to inform social policy by providing a better basis for the design of interventions to assist families with difficulties – that will not only help them to cope with current problems, but also teach them the skills they need to cope with any future problems that might beset them. While it appears that it may be possible to boost the resilience of families, there remains much to be learned about how best to do this.

References



- Adair, V. and Dixon, R. (Eds.).** (1998). *The Family in Aotearoa New Zealand*. Auckland: Addison Wesley Longman.
- Amato, P.** (1987). "Family Processes in One-Parent, Stepparent, and Intact Families: The Child's Point of View". *Journal of Marriage and the Family*, 49: 327-37.
- Amato, P. and Gilbreth, J.G.** (1999). "Nonresident Fathers and Children's Well-Being: A Meta-Analysis". *Journal of Marriage and the Family*, 61: 557-73.
- Aquilino, W.S.** (1996). "The Lifecourse of Children Born to Unmarried Mothers: Childhood Living Arrangements and Young Adult Outcomes". *Journal of Marriage and the Family*, 58: 293-310.
- Aseltine, R.** (1996). "Pathways Linking Parental Divorce with Adolescent Depression". *Journal of Health and Social Behaviour*, 37: 133-48.
- Astone, N.M., Nathanson, C.A., Schoen, R. and Kim, Y.J.** (1999). "Family Demography, Social Theory, and Investment in Social Capital". *Population and Development Review*, 25: 1-31.
- Baldwin, A.L., Baldwin, C.P. and Cole, R.E.** (1990). "Stress-Resistant Families and Stress-Resistant Children" in *Risk and Protective Factors in the Development of Psychopathology* edited by J. Rolf, A.S. Masten, D. Cicchetti, K.H. Nuechterlein and A.S. Weintraub. New York: Cambridge University Press.
- Baldwin, A.L., Baldwin, C.P., Kasser, T., Zax, M., Sarneroff, M. and Seifer, R.** (1993). "Contextual Risk and Resiliency During Late Adolescence". *Development and Psychopathology*, 5: 741-61.
- Baragwanath, S.** (1996). *School Age Mums: What About their Education?* Research Affiliate Scheme Report (No. 9). Palmerston North: Massey University. As cited in Dixon, R. and Baragwanath, S. (1998). "Parenting in Adolescence" in *The Family in Aotearoa New Zealand* edited by V. Adair and R. Dixon. Auckland: Addison Wesley Longman.
- Barber, B.K. and Buehler, C.** (1996). "Family Cohesion and Enmeshment: Different Constructs, Different Effects". *Journal of Marriage and the Family*, 58(2): 433-42.
- Baumrind, D.** (1996). "The Discipline Controversy Revisited". *Family Relations*, 5: 405-14.
- Beavers, W.R. and Hampson, R.B.** (1990). *Successful Families: Assessment and Intervention*. New York: W. W. Norton.
- Beavers, W.R. and Hampson, R.B.** (1993). "Measuring Family Competence; The Beavers Systems Model" in *Normal Family Processes* (2nd ed.) edited by F. Walsh. New York: The Guilford Press.
- Becker, G.S.** (1991). *A Treatise on the Family*. Cambridge: Harvard University Press.
- Bjorck, J., Lee, Y. and Cohen, L.** (1997). "Control Beliefs and Faith as Stress Moderators for Korean American Versus Caucasian American Protestants". *American Journal of Community Psychology*, 25: 61-72.
- Black, M. and Nitz, K.** (1996). "Grandmother Co-Residence, Parenting, and Child Development Among Low Income, Urban Teen Mothers". *Journal of Adolescent Health*, 18: 218-26.
- Brody, G.H., Flor, D. and Neubaum, E.** (1998). "Coparenting Processes and Child Competence Among Rural African-American Families" in *Families, Risk, and Competence* edited by M. Lewis and C. Feiring. Mahwah, NJ: Lawrence Erlbaum.
- Brody, G.H., Stoneman, Z. and Flor, D.** (1996). "Parental Religiosity, Family Processes, and Youth Competence in Rural Two-Parent African American Families". *Developmental Psychology*, 32: 696-706.
- Bronfenbrenner, U.** (1986). "Ecology of the Family as a Context for Human Development". *Developmental Psychology*, 22: 723-42.
- Brooks-Gunn, J. and Duncan G.J.** (1997). "The Effects of Poverty on Children". *The Future of Children*, 7(2): 55-71.
- Brooks-Gunn, J., Klebanov, P. and Liaw, F.** (1995). "The Learning, Physical, and Emotional Environment of the Home in the Context of Poverty: The Infant Health and Development Program". *Children and Youth Services Review*, 17: 251-76.
- Burton, L.M.** (1996). "The Timing of Childbearing, Family Structure, and the Role Responsibilities of Aging Black Women" in *Stress, Coping and Resiliency in Children and Families* edited by E.M. Hetherington and E. Blechman. Mahwah, NJ: Erlbaum.
- Caldwell, B. and Bradley, R.** (1979). *Home Observation for Measurement of the Environment*. Little Rock: Center For Child Development and Education, University of Arkansas.
- Campbell, F.A., Pungello, E.P., Miller-Johnson, S., Burchinall, M. and Ramey, C.T.** (2001). "The Development of Cognitive and Academic Abilities: Growth Curves from an Early Childhood Educational Experiment". *Developmental Psychology*, 37: 231-42.



- Campbell, F.A., Ramey, C.T., Pungello, E.P., Sparling, J. and Miller-Johnson, S.** (2002). "Early Childhood Education: Young Adult Outcomes from the Abecedarian Project". *Applied Developmental Science*, 6(1); 42-57.
- Campbell, F. and Ramey, S.** (1994). "Effects of Early Intervention on Intellectual and Academic Achievement: A Follow-Up Study of Children From Low-Income Families". *Child Development*, 65: 684-98.
- Campbell, S.B., Shaw, D.S. and Gilliom, M.** (2000). "Early Externalizing Behavior Problems: Toddlers and Preschoolers at Risk for Later Maladjustment". *Development and Psychopathology*, 12: 467-88.
- Carnes, P.** (1989). *Contrary to Love: Helping the Sexual Addict*. Minneapolis, MN: Comp-Care Publications.
- Carver, G.S., Scheier, M.F. and Weintraub, J.K.** (1989). "Assessing Coping Strategies: A Theoretically Based Approach". *Journal of Personality and Social Psychology*, 56: 267-83.
- Caspi, A., Moffitt, T.E., Newman, D.L. and Silva, P.A.** (1996). "Behavioral Observations at Age 3 Years Predict Adult Psychiatric Disorders: Longitudinal Evidence from a Birth Cohort". *Archives of General Psychiatry*, 53: 1033-39.
- Cauce, A., Hiraga, Y., Graves, D., Gonzales, N., Ryan-Finn, K. and Grove, K.** (1996). "Black Mothers and their Adolescent Daughters: Closeness, Conflict, and Control" in *Urban Girls: Resisting Stereotypes, Creating Identities* edited by B. Leadbeater and N. Way. New York: New York University Press.
- Chase-Lansdale, P.L., Brooks-Gunn, J. and Zamsky, E.S.** (1994). "Young African American Multigenerational Families in Poverty: Quality of Mothering and Grandmothering". *Child Development*, 65: 373-93.
- Chase-Lansdale, P.L., Cherlin, A. and Kiernan, K.** (1995). "The Long-Term Effects of Parental Divorce on the Mental Health of Young Adults: A Developmental Perspective". *Child Development*, 66: 1614-34.
- Chase-Lansdale, P.L., Gordon, R., Coley, R., Wakschlag, L. and Brooks-Gunn, J.** (1999). "Young Black Multigenerational Families in Poverty: The Contexts, Exchanges, and Processes of their Lives" in *Coping With Divorce, Single Parenting, and Remarriage: A Risk and Resiliency Perspective* edited by E.M. Hetherington. Mahwah, NJ: Erlbaum.
- Chase-Lansdale, P.L. and Hetherington, E.M.** (1990). "The Impact of Divorce On Life-Span Development: Short and Long Term Effects" in *Life Span Development and Behavior* edited by P. Baltes, D. Featherman and R. Lerner. Hillsdale, NJ: Lawrence Erlbaum.
- Chase-Lansdale, P.L. and Pittman, L.** (2001). "Welfare Reform and Parenting: Reasonable Expectations". *The Future of Children*, 12(1): 167-85.
- Chatters, L. and Jayakody, R.** (1995). "Commentary: Intergenerational Support Within Black Families: Concepts and Methods" in *Adult Intergenerational Relations: Effects of Societal Change* edited by V. Bengston, K. Schaie and L. Burton. New York: Springer Publishing Company.
- Chatters, L.M., Taylor, R.J. and Jackson, J.S.** (1985). "Size and Composition of the Informal Helper Network Mobilized in Response to Serious Personal Problems". *Journal of Marriage and the Family*, 51: 667-76.
- Cherlin, A., Furstenberg, F., Chase-Lansdale, P.L., Kiernan, K., Robins, P., Morrison, D. and Teitler, J.** (1991). "Longitudinal Studies of the Effects of Divorce on Children in Great Britain and the United States". *Science*, 252: 1386-89.
- Children's Defense Fund.** (1994). *Wasting America's Future: The Children's Defense Fund Report on the Costs of Child Poverty*. Boston: Beacon Press.
- Cicchetti, D. and Toth, S.** (1998). "Perspectives on Research and Practice in Developmental Psychopathology" in *Handbook of Child Psychology: Vol. 4. Child Psychology in Practice* (5th ed.) edited by W. Damon, I.E. Siegel and K.A. Renninger. New York: John Wiley & Sons.
- Cohen, S. and Wills, T.** (1985). "Stress, Social Support, and the Buffering Hypothesis". *Psychological Bulletin*, 98: 310-57.
- Coleman, J.S.** (1988). "Social Capital in the Creation of Human Capital". *American Journal of Sociology*, 94 (Supplement): S95-S120.
- Coley, R.L. and Chase-Lansdale, P.L.** (1998). "Adolescent Pregnancy and Parenthood: Recent Evidence and Future Directions". *American Psychologist*, 53: 152-66.
- Coll, C.G., Vohr, B.R., Hoffman, J. and Oh, W.** (1986). "Maternal and Environmental Factors Affecting Developmental Outcomes of Infants of Adolescent Mothers". *Developmental and Behavioral Pediatrics*, 7: 230-35.
- Compas, B.E.** (1998). "An Agenda For Coping Research and Theory: Basic and Applied Developmental Issues". *International Journal of Behavioral Development*, 22(2): 231-37.



- Compas, B.E., Connor, J.K., Osowiecki, D. and Welch, A.** (1997). "Effortful and Involuntary Responses to Stress: Implications for Coping with Chronic Stress" in *Coping with Chronic Stress* edited by B.H. Gottlieb. New York: Plenum Press.
- Compas, B.E., Connor, J.K., Saltzman, H., Thomsen, A.H. and Wadsworth, M.** (1999). "Getting Specific about Coping: Effortful and Involuntary Responses to Stress in Development" in *Soothing and Stress* edited by M. Lewis and D. Ramsey. Mahwah, NJ: Lawrence Erlbaum.
- Compas, B.E., Connor-Smith, J.K., Saltzman, H., Thomsen, A.H. and Wadsworth, M.E.** (2001). "Coping with Stress During Childhood and Adolescence: Problems, Progress, and Potential in Theory and Research". *Psychological Bulletin*, 127(1): 87-127.
- Compas, B.E., Worsham, N.L. and Ey, S.** (1992). "Conceptual and Developmental Issues in Children's Coping with Stress" in *Stress and Coping in Child Health* edited by A.M. La Greca, L.J. Siegel, J.L. Wallander and C.E. Walker. New York: Guilford Press.
- Conger, R. and Elder, G.H., Jr.** (1994). *Families in Troubled Times*. New York: Walter De Gruyter.
- Conger, R.D., Conger, K.J., Matthews, L.S. and Elder, G.H., Jr.** (1999). "Pathways of Economic Influence on Adolescent Adjustment". *American Journal of Community Psychology*, 27: 519-41.
- Conger, R.D., Ge, X., Elder, G.H., Jr., Lorenz, F.O. and Simons, R.L.** (1994). "Economic Stress, Coercive Family Processes, and Developmental Problems of Adolescents". *Child Development*, 65: 541-61.
- Connell, J.P., Spencer, M.B. and Aber, J.L.** (1994). "Educational Risk and Resilience in African American Youth: Context, Self, Action, and Outcomes in School". *Child Development*, 65: 493-506.
- Cowan, P., Cowan, C. and Schulz, M.** (1996). "Thinking about Risk and Resilience in Families" in *Stress, Coping, and Resiliency in Children and Families* edited by E.M. Hetherington and E.A. Blechman. Mahwah, NJ: Lawrence Erlbaum.
- Cowen, E.L., Wyman, P.A., Work, W.C., Kim, J.Y., Fagen, D.B. and Magnus, K.B.** (1997). "Follow-Up Study of Young Stress-Affected and Stress-Resilient Urban Children". *Development and Psychopathology*, 9: 565-77.
- Cowen, E.L., Wyman, P.A., Work, W.C. and Parker, G.** (1991). "Developmental and Family Milieu Correlates of Resilience in Urban Children Who Have Experienced Major Life Stress". *American Journal of Community Psychology*, 19: 405-26.
- Danziger, S.K., Corcoran, M., Danziger, S.H., Heflin, C., Kallil, A., Levine, J., Rosen, D., Seefeldt, K., Siefert, K. and Tolman, R.** (2000). "Barriers to the Employment of Welfare Recipients" in *Prosperity For All? The Economic Boom and African Americans* edited by R. Cherry and W. Rodgers. New York: Russell Sage Foundation.
- Dawson, D.** (1991). "Family Structure and Children's Health and Well-Being: Data From the 1988 National Health Interview Survey On Child Health". *Journal of Marriage and the Family*, 53: 573-84.
- Deater-Deckard, K. and Dodge, K.A.** (1997). "Externalizing Behavior Problems and Discipline Revisited: Nonlinear Effects and Variation by Culture, Context, and Gender". *Psychological Inquiry*, 8: 161-75.
- Deater-Deckard, K., Dodge, K.A., Bates, J.E. and Pettit, G.S.** (1996). "Physical Discipline Among African American and European American Mothers: Links to Children's Externalizing Behaviors". *Developmental Psychology*, 32: 1065-72.
- Dekovic, M.** (1999). "Risk and Protective Factors in the Development of Problem Behavior During Adolescence". *Journal of Youth and Adolescence*, 28: 667-85.
- DeLeire, T.C. and Kallil, A.** (2001). "Good Things Come in Threes: Single-Parent Multigenerational Family Structure and Adolescent Adjustment". *Demography*, 39(2): 393-412.
- Department of the Premier and Cabinet, Queensland, Australia.** (2000). *Safer: Newsletter of the Queensland Crime Prevention Strategy*. Available online at www.premiers.qld.gov.au/about/crimeprevention/safer.pdf.
- Dixon, R. and Baragwanath, S.** (1998). "Parenting in Adolescence" in *The Family in Aotearoa New Zealand* edited by V. Adair and R. Dixon. Auckland: Addison Wesley Longman.
- Dixon, R.S.** (1996). *The Adolescent Mother and Her Child: Determinants of Parenting Behaviour and Infant Development*. Unpublished Ph.D. Dissertation, University of Auckland. As cited in Dixon, R. and Baragwanath, S. (1998). "Parenting in Adolescence" in *The Family in Aotearoa New Zealand* edited by V. Adair and R. Dixon. Auckland: Addison Wesley Longman.
- Dodge, K.A., Bates, J.E. and Pettit, G.S.** (1990). "Mechanisms in the Cycle of Violence". *Science*, 250: 1678-83.
- Dodge, K.A., Pettit, G.S. and Bates, J.E.** (1994). "Socialization Mediators of the Relation Between Socioeconomic Status and Child Conduct Problems". *Child Development*, 65: 649-65.



- Dornbusch, S., Carlsmith, J., Bushwall, S., Ritter, P., Leiderman, H., Hastorf, A. and Gross, R.** (1985). "Single Parents, Extended Households, and the Control of Adolescents". *Child Development*, 56: 326-41.
- Duncan, G.J. and Brooks-Gunn, J.** (1997). *Consequences of Growing Up Poor*. New York: Russell Sage Foundation.
- Duncan, G.J., Brooks-Gunn, J. and Klebanov, P.K.** (1994). "Economic Deprivation and Early Childhood Development". *Child Development*, 65: 296-318.
- Duncan, G.J. and Magnuson, K.** (2001). *Individual and Parent-Based Intervention Strategies for Promoting Human Capital and Positive Behavior*. Unpublished Manuscript, Northwestern University.
- Durlak, J.A.** (1998). "Common Risk and Protective Factors in Successful Prevention Programs". *American Journal of Orthopsychiatry*, 68: 512-20.
- East, P.L. and Felice, M.E.** (1996). *Adolescent Pregnancy and Parenting*. Mahwah NJ: Lawrence Erlbaum.
- Ebata, A. and Moos, R.** (1991). "Coping and Adjustment in Distressed and Healthy Adolescents". *Journal of Applied Developmental Psychology*, 12: 33-54.
- Eccles, J., Wigfield, A. and Schiefele, U.** (1998). "Motivation to Succeed" in *Handbook of Child Psychology, Vol. 3* edited by W. Damon and N. Eisenberg. New York: John Wiley & Sons.
- Egeland, B., Carlson, E. and Sroufe, L.A.** (1993). "Resilience as Process". *Development and Psychopathology*, 5: 517-28.
- Eisenberg, N., Fabes, R.A. and Guthrie, I.** (1997). "Coping with Stress: The Roles of Regulation and Development" in *Handbook of Children's Coping with Common Stressors: Linking Theory, Research, and Intervention* edited by S.A. Wolchik and J.N. Sandler. New York: Plenum Press.
- Eisenberg, N., Fabes, R.A., Guthrie, I., Murphy, B.C., Maszk, P., Holmgren, R. and Suh, K.** (1996). "The Relations of Regulation and Emotionality to Problem Behavior in Elementary School Children". *Development and Psychopathology*, 8: 141-62.
- Ellison, C.G., Bartowski, J.P. and Anderson, K.L.** (1999). "Are There Religious Variations in Domestic Violence?" *Journal of Family Issues*, 20: 87-113.
- Epstein, N.B., Baldwin, L.M. and Bishop, D.S.** (1983). "The McMaster Family Assessment Device". *Journal of Marital and Family Therapy*, 9: 171-80.
- Epstein, N.B., Bishop, D.S. and Levin, S.** (1978). "The McMaster Model of Family Functioning". *Journal of Marriage and Family Counseling*, 4: 19-31.
- Epstein, N.B., Bishop, D.S., Ryan, C.E., Miller, I.W. and Keitner, G.I.** (1993). "The McMaster Model: View of Healthy Family Functioning" in *Normal Family Processes* (2nd ed.) edited by F. Walsh. New York: The Guilford Press.
- Families and Schools Together (FAST)*. Available online at www.wcer.wisc.edu/fast/.
- Farrell, M.P. and Barnes, G.M.** (1993). "Family Systems and Social Support: A Test of the Effects of Cohesion and Adaptability on the Functioning of Parents and Adolescents". *Journal of Marriage and the Family*, 55: 119-32.
- Fegan, M. and Bowes, J.** (1999). "Isolation in Rural, Remote, and Urban Communities" in *Children, Families, and Communities: Contexts and Consequences* edited by J.M. Bowes and A. Hayes. South Melbourne, Australia: Oxford University Press.
- Fergusson, D.M. and Woodward, L.J.** (2000). "Teenage Pregnancy and Female Educational Underachievement: A Prospective Study of a New Zealand Birth Cohort". *Journal of Marriage and the Family*, 62: 147-61.
- Field, T.M., Widmayer, S.M., Stringer, S. and Ignatoff, E.** (1980). "Teenage, Lower-Class, Black Mothers and their Pre-Term Infants: An Intervention and Developmental Follow-Up". *Child Development*, 51: 426-36.
- Fine, M.A. and Schwebel, A.I.** (1988). "An Emergent Explanation of Differing Racial Reactions to Single Parenthood". *Journal of Divorce*, 11: 1-23.
- Florsheim, P., Tolan, P. and Gorman-Smith, D.** (1998). "Family Relationships, Parenting Practices, the Availability of Male Family Members, and the Behavior of Inner-City Boys in Single-Mother and Two-Parent Families". *Child Development*, 69: 1437-47.
- Folkman, S. and Lazarus, R.** (1980). "An Analysis of Coping in a Middle-Aged Community Sample". *Journal of Health and Social Behavior*, 50: 219-39.



- Fraser, M.W., Richman, J.M. and Galinsky, M.J.** (1999). "Risk, Protection, and Resilience: Toward a Conceptual Framework for Social Work Practice". *Social Work Research*, 23: 131-43.
- Freitas, A.L. and Downey, G.** (1998). "Resilience: A Dynamic Perspective". *International Journal of Behavioral Development*, 22(2): 263-85.
- Friedman, R.J. and Chase-Lansdale, P.L.** (in press). "Chronic Adversities" in *Child and Adolescent Psychiatry: Modern Approaches* (4th ed.) edited by M. Rutter and E. Taylor.
- Furstenberg, F.F., Brooks-Gunn, J. and Morgan, P.** (1987). *Adolescent Mothers in Later Life*. New York: Cambridge University Press.
- Furstenberg, F.F., Cook, T.D., Eccles, J., Elder, G.H., Jr. and Sameroff, A.** (1999). *Managing to Make It: Urban Families and Adolescent Success*. Chicago: University of Chicago Press.
- Furstenberg, F.F. and Hughes, M.E.** (1995). "Social Capital and Successful Development Among At-Risk Youth". *Journal of Marriage and the Family*, 57: 580-92.
- Garbarino, J. and Sherman, D.** (1980). "High-Risk Neighborhoods and High-Risk Families: The Human Ecology of Child Maltreatment". *Child Development*, 51: 188-98.
- Garnezy, N.** (1991). "Resiliency and Vulnerability to Adverse Developmental Outcomes Associated with Poverty". *American Behavioral Scientist*, 34: 416-30.
- Geronimus, A.** (1997). "Teenage Childbearing and Personal Responsibility: An Alternative View". *Political Science Quarterly*, 112(3): 405-30.
- Gershoff, E.T., Aber, J.L. and Raver, C.C.** (in press). "Child Poverty in the U.S. An Evidence-Based Conceptual Framework for Programs and Policies" in *Promoting Positive Child, Adolescent and Family Development: A Handbook of Program and Policy Innovations* edited by R.M. Lerner, F. Jacobs and D. Wertlieb. Thousand Oaks, CA: Sage Publications.
- Gillmore, M.R., Lewis, S., Lohr, M.J., Spencer, M.S. and White, R.** (1997). "Rapid Repeat Pregnancies Among Adolescent Mothers". *Journal of Marriage and the Family*, 57: 536-50.
- Gladow, N. and Ray, M.** (1986). "The Impact of Informal Support Systems on the Well-Being of Low-Income Single Parents". *Family Relations*, 35: 113-23.
- Glantz, M.D. and Sloboda, Z.** (1999). "Analysis and Reconceptualization of Resilience" in *Resilience and Development: Positive Life Adaptations* edited by M.D. Glantz and J.L. Johnson. New York: Kluwer Academic/Plenum Publishers.
- Glenn, N.D. and Weaver, C.N.** (1978). "A Multivariate, Multisurvey Study of Marital Happiness". *Journal of Marriage and the Family*, 40: 269-82.
- Gomby, D.** (1999). "Understanding Evaluations of Home Visiting Programs". *The Future of Children*, 9(1): 27-43.
- Gomby, D.S., Culross, P.L. and Behrman, R.E.** (1999). "Home Visiting: Recent Program Evaluations – Analysis and Recommendations". *The Future of Children*, 9(1): 4-26.
- Gordon, R.** (1999). "Multigenerational Coresidence and Welfare Policy". *Journal of Community Psychology*, 27: 525-49.
- Gordon, R.A., Chase-Lansdale, P.L., Matjasko, J.L. and Brooks-Gunn, J.** (1997). "Young Mothers Living with Grandmothers and Living Apart: How Neighborhood and Household Contexts Relate to Multigenerational Coresidence in African American Families". *Applied Developmental Science*, 1: 89-106.
- Gray, M. and Steinberg, L.** (1999). "Unpacking Authoritative Parenting: Reassessing a Multidimensional Construct". *Journal of Marriage and the Family*, 61: 574-87.
- Greene, A.D. and Moore, K.A.** (2000). "Nonresident Father Involvement and Child Well-being Among Young Children in Families on Welfare". *Marriage and Family Review*, 29(2-3): 159-80.
- Guo, G. and Harris, K.** (2000). "The Mechanisms Mediating the Effects of Poverty on Children's Intellectual Development". *Demography*, 37: 431-48.
- Hall, L.A., Williams, C.A. and Greenberg, R.S.** (1985). "Supports, Stressors and Depressive Symptoms in Low-Income Mothers of Young Children". *American Journal of Public Health*, 75: 518-22.
- Haurin, R.J.** (1992). "Patterns of Childhood Residence and the Relationship to Young Adult Outcomes". *Journal of Marriage and the Family*, 54: 846-60.



- Hawkins, A. and Eggebeen, D.** (1991). "Are Fathers Fungible? Patterns of Coresident Adult Men in Maritally Disrupted Families and Young Children's Well-Being". *Journal of Marriage and the Family*, 53: 958-72.
- Hawley, D.R. and DeHaan, L.G.** (1996). "Toward a Definition of Family Resilience: Integrating Life-Span and Family Perspectives". *Family Process*, 35(3): 283-98.
- He Huarahi Tamariki: A Chance for Children.* Available online at www.hht.school.nz
- Hetherington, E.M.** (1989). "Coping with Family Transitions: Winners, Losers, and Survivors". *Child Development*, 60: 1-14.
- Hetherington, E.M. and Clingempeel, W.** (1992). *Coping with Marital Transitions: A Family Systems Perspective.* Monographs of the Society for Research in Child Development, 57 (2-3, Serial No. 227).
- Hoffman, S.** (1998). "Teenage Childbearing is Not So Bad After All ... Or Is It? A Review of the New Literature". *Family Planning Perspectives*, 30: 236-39 and 243.
- Hoffman, S., Foster, E. and Furstenberg, F.** (1993). "Reevaluating the Costs of Teenage Childbearing". *Demography*, 30: 1-13.
- Hogue, A. and Liddle, H.A.** (1999). "Family-Based Preventive Intervention: An Approach to Preventing Substance Use and Antisocial Behaviour". *American Journal of Orthopsychiatry*, 69: 278-93.
- Hotz, V.J., McElroy, S. and Sanders, S.** (1997). "The Impacts of Teenage Childbearing on the Mothers and the Consequences of those Impacts for Government" in *Kids Having Kids* edited by R. Maynard. Washington, D.C.: Urban Institute Press.
- Hunt, R.A. and King, M.B.** (1978). "Religiosity and Marriage". *The Journal for the Scientific Study of Religion*, 17: 399-406.
- Huston, A.C., Duncan, G.J., Granger, R., Bos, J., McLoyd, V.C., Mistry, R., Crosby, D., Gibson, C., Magnuson, K., Romich, J. and Ventura, A.** (2001). "Work-Based Anti-Poverty Programs for Parents Can Enhance the School Performance and Social Behavior of Children". *Child Development*, 72: 318-36.
- Jayakody, R. and Kalil, A.** (2002). "Social Fathering in Low-Income African American Families With Preschool Children". *Journal of Marriage and Family*, 64(2): 504-16.
- Jessor, R.** (1993). "Successful Adolescent Development Among Youth in High-Risk Settings". *American Psychologist*, 48(2): 117-26.
- Jones, F.A., Green, V. and Krauss, D.R.** (1980). "Maternal Responsiveness of Primiparous Mothers during the Postpartum Period: Age Differences". *Pediatrics*, 65: 579-84.
- Kalil, A. and Kunz, J.** (1999). "First Births Among Adolescent Girls: Risk and Protective Factors". *Social Work Research*, 23: 197-208.
- Kalil, A., Spencer, M., Spieker, S. and Gilchrist, L.** (1998). "Effects of Family Living Arrangements and Quality of Relationships on the Mental Health of Low-Income Adolescent Mothers". *Family Relations*, 47(4): 433-41.
- Kaplan, H.B.** (1999). "Toward an Understanding of Resilience: A Critical Review of Definitions and Models" in *Resilience and Development: Positive Life Adaptations* edited by M.D. Glantz and J.L. Johnson. New York: Kluwer Academic/Plenum Publishers.
- Kazdin, A.E., Kraemer, H.C., Kessler, R.C., Kupfer, D.J. and Offord, D.R.** (1997). "Contributions of Risk-Factor Research to Developmental Psychopathology". *Clinical Psychology Review*, 17: 375-406.
- Kissane, D.W., Bloch, S., Dowe, D.L., Snyder, R.D., Onghena, P., McKenzie, D.P. and Wallace, C.S.** (1996a). "The Melbourne Family Grief Study, I: Perceptions of Family Functioning in Bereavement". *American Journal of Psychiatry*, 153(5): 650-58.
- Kissane, D.W., Bloch, S., Onghena, P., McKenzie, D.P., Snyder, R.D. and Dowe, D.L.** (1996b). "The Melbourne Family Grief Study, II: Psychosocial Morbidity and Grief in Bereaved Families". *American Journal of Psychiatry*, 153(5): 659-66.
- Knox, V., Miller, C. and Gennetian, L.** (2000). *Reforming Welfare and Rewarding Work: A Summary of the Final Report on the Minnesota Family Investment Program.* New York: Manpower Demonstration Research Corporation. Available online at www.mdrc.org.
- Korenman, S., Miller, J. and Sjaastad, J.** (1995). "Long-Term Poverty and Child Development in the United States: Results From the NLSY". *Children and Youth Services Review*, 17: 127-51.
- Krysan, M., Moore, K. and Zill, N.** (1990). *Research on Successful Families.* Washington, D.C.: Child Trends.
- Kumpfer, K.L.** (1999). "Factors and Processes Contributing to Resilience: The Resilience Framework" in *Resilience and Development: Positive Life Adaptations* edited by M.D. Glantz and J.L. Johnson. New York: Kluwer Academic/Plenum Publishers.
- Lawrence, R.A., McAnarney, G.R., Aten, M.J., Iker, H.P., Baldwin, C.P. and Baldwin, A.L.** (1981). "Aggressive Behaviors in Young Mothers: Markers of Future Morbidity?" *Pediatric Research*, 15: 443.



- Lazarus, R.S.** (1993). "Coping Theory and Research: Past, Present, and Future". *Psychosomatic Medicine*, 55(3): 2324-47.
- Lazarus, R.S. and Folkman, S.** (1984). *Stress, Appraisal and Coping*. New York: Springer.
- Leadbeater, B. and Bishop, S.** (1994). "Predictors of Behavior Problems in Preschool Children of Inner-City Afro-American and Puerto-Rican Adolescent Mothers". *Child Development*, 65: 638-48.
- Leadbeater, B. and Linares, O.** (1992). "Depressive Symptoms in Black and Puerto Rican Adolescent Mothers in the First 3 Years Postpartum". *Development and Psychopathology*, 4: 451-68.
- Levine, J.A., Pollack, H. and Comfort, M.E.** (2000). *Academic and Behavioral Outcomes Among the Children of Young Mothers*. Paper presented at the Annual Meeting of the Population Association of American, Los Angeles, Ca.
- Lewis, M. and Feiring, C.** (1998). "The Child and its Family" in *Families, Risk, and Competence* edited by M. Lewis and C. Feiring. Mahwah, NJ: Lawrence Erlbaum.
- Liaw, F. and Brooks-Gunn, J.** (1994). "Cumulative Familial Risks and Low-Birthweight Children's Cognitive and Behavioral Development". *Journal of Clinical Child Psychology*, 23(4): 360-72.
- Linver, M., Fuligni, A. and Brooks-Gunn, J.** (2001). *How Do Parents Matter? Income, Interactions, and Intervention During Early Childhood*. Unpublished Manuscript, Columbia University.
- Lohman, B.J. and Jarvis, P.A.** (2000). "Adolescent Stressors, Coping Strategies, and Psychological Health Studied in the Family Context". *Journal of Youth and Adolescence*, 29(1): 15-43.
- Luthar, S.S.** (1991). "Vulnerability and Resilience: A Study of High-Risk Adolescents". *Child Development*, 62: 600-16.
- Luthar, S.S.** (1999). *Poverty and Children's Adjustment*. Thousand Oaks, CA: Sage Publications.
- Luthar, S.S., Cicchetti, D. and Becker, B.** (2000a). "The Construct of Resilience: A Critical Evaluation and Guidelines For Future Work". *Child Development*, 71: 543-62.
- Luthar, S.S., Cicchetti, D. and Becker, B.** (2000b). "Research on Resilience: Response to Commentaries". *Child Development*, 71: 573-75.
- Maccoby, E.E. and Martin, J.A.** (1983). "Socialization in the Context of the Family: Parent-Child Interaction" in *Handbook of Child Psychology, Vol. 4. Socialization, Personality, and Social Development* edited by E.M. Hetherington (Series Ed. P.H. Mullen). New York: John Wiley & Sons.
- Mahoney, A., Pargament, K., Tarakeshwar, N. and Swank, A.** (2001). "Religion in the Home in the 1980s and 1990s: A Meta-Analytic Review and Conceptual Analysis of Links between Religion, Marriage, and Parenting". *Journal of Family Psychology*, 15: 559-96.
- Mangham, C., McGrath, P., Reid, G. and Stewart, M.** (1995). *Resiliency: Relevance to Health Promotion: Detailed Analysis*. Ottawa: Alcohol and Other Drugs Unit, Health Canada.
- Masten, A.S.** (1999). "Resilience Comes of Age: Reflections on the Past and Outlook for the Next Generation of Research" in *Resilience and Development: Positive Life Adaptations* edited by M.D. Glantz and J.L Johnson. New York: Kluwer Academic/Plenum Publishers.
- Masten, A.S.** (2001). "Ordinary Magic: Resilience Processes in Development". *American Psychologist*, 56: 227-38.
- Masten, A.S. and Braswell, L.** (1991). "Developmental Psychopathology: An Integrative Framework" in *Handbook of Behavior Therapy and Psychological Science: An Integrative Approach* edited by P.R. Martin. New York: Pergamon Press.
- Masten, A.S. and Coatsworth, J.D.** (1998). "The Development of Competence in Favorable and Unfavorable Environments: Lessons From Research on Successful Children". *American Psychologist*, 53: 205-20.
- Masten, A.S., Hubbard, J.J., Gest, S.D., Tellegen, A., Garmezy, N. and Ramirez, M.** (1999). "Competence in the Context of Adversity: Pathways to Resilience and Maladaptation from Childhood to Late Adolescence". *Development and Psychopathology*, 11: 143-69.
- Mayer, S.** (1997). *What Money Can't Buy: Family Income and Children's Life Chances*. Cambridge: Harvard University Press.
- McCubbin, H.I., Larsen, A.S. and Olson, D.H.** (1982). "Family Crisis Oriented Personal Evaluation Scales" in *Family Inventories* edited by D.H. Olsen, H.I. McCubbin, H. Barnes, A.S. Larsen, M. Muxen and M. Wilson. St. Paul: University of Minnesota Press.
- McCubbin, H.I., McCubbin, M.A., Thompson, A.I., Han, S.-Y. and Allen, C.T.** (1997). *Families under Stress: What Makes Them Resilient?* Available online at www.cyfernet.org/research/resilient.html.



- McCubbin, M.A. and McCubbin, H.I.** (1991). "Family Stress Theory and Assessment: The Resiliency Model of Family Stress, Adjustment, and Adaptation" in *Family Assessment Inventories For Research and Practice*, (2nd ed.) edited by H.I. McCubbin and A.I. Thompson. Madison, Wisconsin: Family Stress, Coping, and Health Project, University of Wisconsin-Madison.
- McKenry, P. and Fine, M.A.** (1993). "Parenting Following Divorce: A Comparison of Black and White Single Mothers". *Journal of Comparative Family Studies*, 24: 99-111.
- McLanahan, S.S. and Bumpass, L.** (1988). "Intergenerational Consequences of Family Disruption". *American Journal of Sociology*, 94: 130-52.
- McLanahan, S.S. and Sandefur, G.** (1994). *Growing Up With A Single Parent: What Hurts, What Helps*. Cambridge: Harvard University Press.
- McLoyd, V.C.** (1990). "The Impact of Economic Hardship On Black Families and Children: Psychological Distress, Parenting, and Socioemotional Development". *Child Development*, 61: 311-46.
- McLoyd, V.C.** (1998). "Socioeconomic Disadvantage and Child Development". *American Psychologist*, 53: 185-204.
- McLoyd, V.C., Jayaratne, T.E., Ceballo, R. and Borquez, J.** (1994). "Unemployment and Work Interruption Among African American Single Mothers: Effects on Parenting and Adolescent Socioemotional Functioning". *Child Development*, 65: 562-89.
- Merriwether-De Vries, C., Burton, L. and Eggeleton, L.** (1996). "Early Parenting and Intergenerational Family Relationships within Black Families" in *Transitions Through Adolescence* edited by J. Graber, J. Brooks-Gunn and A. Petersen. Mahwah, NJ: Erlbaum.
- Miller, I., Ryan, C., Keitner, G.I., Bishop, D.S. and Epstein, N.B.** (2000). "The McMaster Approach to Families: Theory, Assessment, Treatment and Research". *Journal of Family Therapy*, 22(2): 168-89.
- Miller, J. and Davis, D.** (1997). "Poverty History, Marital History, and Quality of Children's Home Environments". *Journal of Marriage and the Family*, 59: 996-1007.
- Mott, F. and Marsiglio, W.** (1985). "Early Childbearing and Completion of High School". *Family Planning Perspectives*, 18: 5-12.
- Munford, R. and Sanders, J.** (2001). "Working Effectively with Families". Available online at www.massey.ac.nz/~wwspsw/research/workingwithfamilies.pdf.
- Myers, H.F. and Taylor, S.** (1998). "Family Contributions to Risk and Resilience in African American Children". *Journal of Comparative Family Studies*, 29: 215-29.
- Nash, J.K. and Bowen, G.L.** (1999). "Perceived Crime and Informal Social Control in the Neighborhood as a Context for Adolescent Behaviour: A Risk and Resilience Perspective". *Social Work Research*, 23: 171-86.
- New South Wales Department of School Education.** (1996). *Young Mothers in Education*. New South Wales Department of Education and Training. As cited in Dixon, R. and Baragwanath, S. (1998). "Parenting in Adolescence" in *The Family in Aotearoa New Zealand* edited by V. Adair and R. Dixon. Auckland: Addison Wesley Longman.
- O'Connor, T.G., Plomin, R., Caspi, A. and DeFries, J.C.** (2000). "Are Associations Between Parental Divorce and Children's Adjustment Genetically Mediated? An Adoption Study". *Developmental Psychology*, 36: 429-37.
- Olds, D.L., Henderson, C.R., Jr, Kitzman H., Eckenrode, J., Cole R. and Tatelbaum, R.** (1999). "Prenatal and Infancy Home Visitation by Nurses: Recent Findings". *The Future of Children*, 9: 44-65.
- Olson, D.H.** (1986). "Circumplex Model VII: Validation Studies and FACES III". *Family Process*, 25: 337-51.
- Olson, D.H.** (1993). "Circumplex Model of Marital and Family Systems: Assessing Family Functioning" in *Normal Family Processes* (2nd ed.) edited by F. Walsh. New York: The Guilford Press.
- Olson, D.H., Lavee, Y. and McCubbin, H.I.** (1988). "Types of Families and Family Response to Stress Across the Life Cycle" in *Social Stress and Family Development* edited by D.M. Klein and J. Aldous. New York: The Guilford Press.
- Olson, D.H., McCubbin, H.I., Barnes, H., Larsen, A., Muxen, M. and Wilson, M. (Eds.)** (1986). *Family Inventories*. St. Paul, MN: Family Social Science, University of Minnesota.
- Olson, D.H., Portner, J. and Lavee, Y.** (1985). *FACES III*. St. Paul, MN: Family Social Science, University of Minnesota. As cited in Smith, T.A. (1991). "Family Cohesion in Remarried Families". *Journal of Divorce and Remarriage*, 17(1/2): 49-66.



- Olson, S., Kieschnick, E., Banyard, V. and Ceballo, R.** (1994). "Socioenvironmental and Individual Correlates of Psychological Adjustment in Low-Income Single Mothers". *American Journal of Orthopsychiatry*, 64: 317-31.
- Parke, R.D. and Buriel, R.** (1998). "Socialization in the Family: Ethnic and Ecological Perspectives" in *Handbook of Child Psychology: Vol. 3. Child Psychology in Practice* (5th ed.) edited by W. Damon and N. Eisenberg. New York: John Wiley & Sons.
- Patterson, J.M.** (2002a). "Integrating Family Resilience and Family Stress Theory". *Journal of Marriage and Family*, 64: 349-60.
- Patterson, J.M.** (2002b). "Understanding Family Resilience". *Journal of Clinical Psychology*, 58(3): 233-46.
- Paxton, P.** (1999). "Is Social Capital Declining in the United States? A Multiple Indicator Assessment". *American Journal of Sociology*, 105(1): 88-127.
- Pearce, L.D. and Axinn, W.G.** (1998). "The Impact of Family Religious Life on the Quality of Mother-Child Relations". *American Sociological Review*, 63: 810-28.
- Peterson, J.L. and Zill, N.** (1986). "Marital Disruption, Parent-Child Relationships, and Behavior Problems in Children". *Journal of Marriage and the Family*, 48: 295-307.
- Phelps, S.B. and Jarvis, P.A.** (1994). "Coping in Adolescence: Empirical Evidence for a Theoretically Based Approach to Assessing Coping". *Journal of Youth and Adolescence*, 23(3): 359-71.
- Pill, C.J.** (1990). "Stepfamilies: Redefining the Family". *Family Relations*, 39(2): 186-94.
- Pollard, J.A., Hawkins, J.D. and Arthur, M.W.** (1999). "Risk and Protection: Are Both Necessary to Understand Diverse Behavioral Outcomes in Adolescence?" *Social Work Research*, 23: 145-58.
- Pool, I., Jackson, N. and Dickson, J.** (1998). "Family Formation and Structure: The Implications of Cradle Conservatism and Reproductive Reprise" in *The Family in Aotearoa New Zealand* edited by V. Adair and R. Dixon. Auckland: Addison Wesley Longman.
- Pope, S.K., Whiteside, L., Brooks-Gunn, J., Kelleher, K.J., Rickert, V.I., Bradley, R.H. and Casey, P.H.** (1993). "Low-Birth-Weight Infants Born to Adolescent Mothers: Effects of Co-residency with Grandmother on Child Development". *Journal of the American Medical Association*, 269(11): 1396-400.
- Quint, J., Bos, J. and Polit, D.** (1997). *New Chance: Final Report on a Comprehensive Program for Young Mothers in Poverty and their Children*. New York: Manpower Demonstration Research Corporation.
- Ragozin, A.S., Basham, R.B., Crnic, K.A., Greenberg, M.T. and Robinson, N.M.** (1982). "Effects of Maternal Age on Parental Role". *Developmental Psychology*, 18: 627-34.
- Ramey, C. and Ramey, S.** (1998). "Early Intervention and Early Experience". *American Psychologist*, 53: 109-20.
- Ramey, C. and Ramey, S.** (2000). "Early Childhood Experiences and Developmental Competence" in *Securing the Future: Investing in Children from Birth to College* edited by S. Danziger and J. Waldfogel. New York: Russell Sage.
- Rende, R. and Plomin, R.** (1993). "Families at Risk for Psychopathology: Who Becomes Affected and Why?". *Development and Psychopathology*, 5: 529-40.
- Rolf, J.E. and Johnson, J.L.** (1999). "Opening Doors to Resilience Intervention for Prevention Research" in *Resilience and Development: Positive Life Adaptations* edited by M.D. Glantz and J.L. Johnson. New York: Kluwer Academic/Plenum Publishers.
- Rutter, M.** (1987). "Psychosocial Resilience and Protective Mechanisms". *American Journal of Orthopsychiatry*, 57: 316-31.
- Rutter, M.** (1990). "Psychosocial Resilience and Protective Mechanisms" in *Risk and Protective Factors in the Development of Psychopathology* edited by J. Rolf, A.S. Masten, D. Cicchetti, K.H. Nuechterlein and S. Weintraub. Cambridge, UK: Cambridge University Press.
- Sameroff, A.J. and Seifer, R.** (1990). "Early Contributors to Developmental Risk" in *Risk and Protective Factors in the Development of Psychopathology* edited by J. Rolf, A.S. Masten, D. Cicchetti, K.H. Nuechterlein and S. Weintraub. Cambridge, UK: Cambridge University Press.
- Sampson, R. and Laub, J.** (1994). "Urban Poverty and the Family Context of Delinquency: A New Look at Structure and Process in a Classic Study". *Child Development*, 65: 523-40.
- Sampson, R.J., Raudenbush, S.W. and Earls, F.** (1997). "Neighborhoods and Violent Crime: A Multilevel Study of Collective Efficacy". *Science*, 277: 918-24.



- Sayger, T.V. and McDonald, L.** (1999). *Evaluation Report for Australian FAST Schools. Report #4*. Melbourne: Fast International. Available online at www.wcer.wisc.edu/fast/research/research3b.pdf.
- Scanzoni, J. and Arnett, C.** (1987). "Enlarging the Understanding of Marital Commitment via Religious Devoutness, Gender Role Preferences, and Locus of Marital Control". *Journal of Family Issues*, 8: 136-56.
- Schumm, W.R., Bollman, S.R. and Jurich, A.P.** (1982). "The 'Marital Conventionalization' Argument: Implications for the Study of Religiosity and Marital Satisfaction". *Journal of Psychology and Theology*, 10: 236-41.
- Schweingruber, H. and Kalil, A.** (2000). "Decision-Making and Depressive Symptoms in Multigenerational Teen Parent Households". *Journal of Family Psychology*, 14: 556-69.
- Secombe, K.** (2002). "'Beating the Odds' Versus 'Changing the Odds': Poverty, Resilience, and Family Policy". *Journal of Marriage and Family*, 64: 384-94.
- Seiffge-Krenke, I.** (1993). "Coping Behavior of Finnish Adolescents: Remarks on a Cross-Cultural Comparison". *Scandinavian Journal of Psychology*, 33: 301-14.
- Seiffge-Krenke, I.** (1995). *Stress, Coping, and Relationships in Adolescence*. Mahwah, NJ: Lawrence Erlbaum.
- Seligman, M. and Csikszentmihalyi, M.** (2000). "Positive Psychology: An Introduction". *American Psychologist*, 55: 5-14.
- Sherkat, D.E. and Ellison, C.G.** (1999). "Recent Developments and Current Controversies in the Sociology of Religion". *Annual Review of Sociology*, 25: 371-87.
- Shrum, W.** (1980). "Religion and Marital Instability: Change in the 1970's?" *Review of Religious Research*, 21: 135-47.
- Skinner, H., Steinhauer, P. and Sitarenios, G.** (2000). "Family Assessment Measure (FAM) and the Process Model of Family Functioning". *Journal of Family Therapy*, 22(2): 190-210.
- Smith, J.R., Brooks-Gunn, J. and Klebanov, P.K.** (1997). "Consequences of Living in Poverty for Young Children's Cognitive and Verbal Ability and Early School Achievement" in *Consequences of Growing Up Poor* edited by G.J. Duncan and J. Brooks-Gunn. New York: Russell Sage Foundation.
- Smith, T.A.** (1991). "Family Cohesion in Remarried Families". *Journal of Divorce and Remarriage*, 17(1/2): 49-66.
- Spieker, S.J. and Bensley, L.** (1994). "Roles of Living Arrangements and Grandmother Social Support in Adolescent Mothering and Infant Attachment". *Developmental Psychology*, 30: 102-11.
- Sroufe, L.A.** (1997). "Psychopathology as an Outcome of Development". *Development and Psychopathology*, 9: 251-68.
- Sroufe, L.A. and Rutter, M.** (1984). "The Domain of Developmental Psychopathology". *Child Development*, 55: 17-29.
- St. Pierre, R. and Layzer, J.** (1999). "Using Home Visits for Multiple Purposes: The Comprehensive Child Development Program". *The Future of Children*, 9(1): 134-51.
- Stack, C.** (1974). *All Our Kin: Strategies for Survival in a Black Community*. New York: Harper and Row.
- Statistics New Zealand.** (2002). "Fewer Births and More Deaths". Press release, 1 February. Wellington: Author.
- Statistics New Zealand and Ministry of Health.** (1995). *A Picture of Health*. Wellington: Government Printer. As cited in Dixon, R. and Baragwanath, S. (1998). "Parenting in Adolescence" in *The Family in Aotearoa New Zealand* edited by V. Adair and R. Dixon. Auckland: Addison Wesley Longman.
- Steinberg, L.** (1987). "Single Parents, Stepparents, and the Susceptibility of Adolescents to Antisocial Peer Pressure". *Child Development*, 58: 269-75.
- Steinberg, L.** (1990). "Autonomy, Conflict, and Harmony in the Family Relationship" in *At the Threshold: The Developing Adolescent* edited by S.S. Feldman and G.R. Elliott. Cambridge, MA: Harvard University Press.
- Steinberg, L.** (2000). *We Know Some Things: Parent Adolescent Relations in Retrospect and Prospect*. Presidential Address, Biennial Meeting of the Society For Research On Adolescence. Chicago, IL.
- Steinhauer, P.D., Santa-Barbara, J. and Skinner, H.** (1984). "The Process Model of Family Functioning". *Canadian Journal of Psychiatry*, 29: 77-88.



- Stephens, R. and Waldegrave, C.** (2001). "The Effectiveness of the Transfer and Tax System in Reducing Poverty in 1998". *Social Policy Journal of New Zealand*, 16: 77-107.
- Stephens, R., Waldegrave, C. and Frater, P.** (1995). "Measuring Poverty in New Zealand". *Social Policy Journal of New Zealand*, 5: 88-112.
- Stone, W.** (2001). *Measuring Social Capital: Towards a Theoretically Informed Measurement Framework for Researching Social Capital in Family and Community Life*. Working Paper No. 24, Melbourne: Australian Institute of Family Studies. Available online at www.aifs.org.au/institute/pubs/RP24.pdf.
- Stone, W. and Hughes, J.** (2001). *The Nature and Distribution of Social Capital: Initial Findings of the Families, Social Capital & Citizenship Survey*. Paper Presented At 'Competing Visions' National Social Policy Conference, Sydney, 4-6 July. Available online at www.aifs.org.au/institute/pubs/papers/stone3.html.
- Sugland, B.W., Zaslow, M. and Winquist Nord, C.** (1993). *Risk, Vulnerability, and Resilience Among Youth: In Search of a Conceptual Framework*. Paper Prepared for the Ford Foundation and William T. Grant Foundation. Washington, D.C.: Child Trends.
- Tamis-LeMonda, C. and Cabrera, N.** (1999). *Perspectives on Father Involvement: Research and Policy*. Society for Research in Child Development Social Policy Report, 13(2). Ann Arbor, MI: Society for Research in Child Development.
- Tarter, R.E. and Vanyukov, M.** (1999). "Re-Visiting the Validity of the Construct of Resilience" in *Resilience and Development: Positive Life Adaptations* edited by M.D. Glantz and J.L. Johnson. New York: Kluwer Academic/Plenum Publishers.
- Thomas, V. and Olson, D.H.** (1994). "Circumplex Model: Curvilinearity Using Clinical Rating Scale (CRS) and FACES III". *The Family Journal*, 2(1): 36-44.
- Thompson, M. and Ensminger, M.** (1989). "Psychological Well-Being Among Mothers with School-Age Children: Evolving Family Structures". *Social Forces*, 67: 715-30.
- Tolson, T.F. and Wilson, M.** (1990). "The Impact of Two- and Three-Generational Black Family Structure on Perceived Family Climate". *Child Development*, 61: 416-28.
- Tomison, A.M. and Wise, S.** (1999). "Community-Based Approaches in Preventing Child Maltreatment". *Issues in Child Abuse Prevention*, National Child Protection Clearinghouse Issues Paper Published by the Australian Institute of Family Studies.
- Trent, K. and Harlan, S.** (1994). "Teenage Mothers in Nuclear and Extended Households". *Journal of Family Issues*, 15: 309-37.
- Tsey, K. and Every, A.** (2000). "Evaluating Aboriginal Empowerment Programs: The Case of Family Wellbeing". *Australian and New Zealand Journal of Public Health*, 24(5): 509-14.
- Tucker, M.B. and Mitchell-Kernan, C.** (1995). *The Decline in Marriage Among African Americans*. New York: Russell Sage Foundation.
- Unger, D. and Cooley, M.** (1992). "Partner and Grandmother Contact in Black and White Teen Parent Families". *Journal of Adolescent Health*, 13: 546-52.
- United States General Accounting Office.** (1995). *Welfare to Work: Approaches That Help Teenage Mothers Complete High School*. Washington, DC: Author (GAO/HEHS/PEMD-95-202).
- Upchurch, D.M.** (1993). "Early Schooling and Childbearing Experiences: Implications for Postsecondary School Attendance". *Journal of Research on Adolescence*, 3: 423-43.
- Wakschlag, L.S., Chase-Lansdale, P.L. and Brooks-Gunn, J.** (1996). "Not Just 'Ghosts in the Nursery': Contemporaneous Intergenerational Relationships and Parenting in Young African American Families". *Child Development*, 67: 2131-47.
- Waldegrave, C., Stuart, S. and Stephens, R.** (1996). "Participation in Poverty Research: Drawing on the Knowledge of Low-Income Householders to Monitor Social Policy Impacts". *Social Policy Journal of New Zealand*, 7: 191-206.
- Waldren, T., Bell, N.J., Peek, C.W. and Sorell, G.T.** (1990). "Cohesion and Adaptability in Post-Divorce Remarried and First Married Families: Relationships with Family Stress and Coping Style". *Journal of Divorce and Remarriage*, 14(1): 13-28.
- Wallerstein, J.S. and Kelly, J.B.** (1980). *Surviving the Breakup: How Children and Parents Cope With Divorce*. New York: Basic Books.
- Wallerstein, N.** (1992). "Powerlessness, Empowerment, and Health: Implications For Health Promotion Programs". *American Journal of Health Promotion*, 6(3): 197-205. As cited in Tsey, K. and Every, A. (2000). "Evaluating Aboriginal Empowerment Programs: The Case of Family Wellbeing". *Australian and New Zealand Journal of Public Health*, 24(5): 509-14.



- Walsh, F.** (1996). "The Concept of Family Resilience: Crisis and Challenge". *Family Process*, 35(3): 261-81.
- Walsh, F.** (1998). *Strengthening Family Resilience*. New York: The Guilford Press.
- Walsh, F.** (2002). "The Family Resilience Framework: Innovative Practice Applications". *Family Relations*, 51: 130-37.
- Wandersman, A. and Nation, M.** (1998). "Urban Neighborhoods and Mental Health: Psychological Contributions to Understanding Toxicity, Resilience, and Interventions". *American Psychologist*, 53: 647-56.
- Weissberg, R.P. and Greenberg, M.R.** (1998). "School and Community Competence-Enhancement and Prevention Programs" in *Handbook of Child Psychology: Vol. 4. Child Psychology in Practice* (5th ed.) edited by W. Damon, I.E. Siegel and K.A. Renninger. New York: John Wiley & Sons.
- Weist, M.D., Freedman, A.H., Paskewitz, D.A., Proescher, E.J. and Flaherty, L.T.** (1995). "Urban Youth Under Stress: Empirical Identification of Protective Factors". *Journal of Youth and Adolescence*, 24: 705-21.
- Werner, E.E.** (1989). "High-Risk Children in Young Adulthood: A Longitudinal Study from Birth To 32 Years". *American Journal of Orthopsychiatry*, 59: 72-81.
- Werner, E.E.** (1993). "Risk, Resilience, and Recovery: Perspectives from the Kauai Longitudinal Study". *Development and Psychopathology*, 5: 503-15.
- Werner, E.E.** (1995). "Resilience in Development". *Current Directions in Psychological Science*, 4(3): 81-85.
- Werner, E.E. and Smith, R.S.** (1982). *Vulnerable but Invincible: A Longitudinal Study of Resilient Children and Youth*. New York: McGraw-Hill.
- Wilson, M.** (1986). "The Black Extended Family: An Analytic Consideration". *Developmental Psychology*, 22: 246-58.
- Windle, M.** (1999). "Critical Conceptual and Measurement Issues in the Study of Resilience" in *Resilience and Development: Positive Life Adaptations* edited by M.D. Glantz and J.L. Johnson. New York: Kluwer Academic/Plenum Publishers.
- Winter, I.** (2000). *Towards a Theorised Understanding of Family Life and Social Capital*. Working Paper No. 21. Melbourne: Australian Institute of Family Studies.
- Wu, L.L.** (1996). "Effects of Family Instability, Income, and Income Instability on the Risk of a Premarital Birth". *American Sociological Review*, 61(3): 386-406.
- Wu, L., Cherlin, A. and Bumpass, L.** (1997). *Family Structure, Early Sexual Behavior, and Premarital Births*. Institute for Research on Poverty Discussion Paper No. 1125, University of Wisconsin, Madison.
- Wyman, P.A., Cowen, E.L., Work, W.C. and Parker, G.R.** (1991). "Developmental and Family Milieu Interview Correlates of Resilience in Urban Children Who Have Experienced Major Life-Stress". *American Journal of Community Psychology*, 19: 405-26.
- Wyman, P.A., Cowen, E.L., Work, W.C., Hoyt-Meyers, L., Magnus, K.B. and Fagen, D.B.** (1999). "Caregiving and Developmental Factors Differentiating Young At-Risk Urban Children Showing Resilient Versus Stress-Affected Outcomes: A Replication and Extension". *Child Development*, 70: 645-59.

CENTRE FOR SOCIAL RESEARCH AND EVALUATION



MINISTRY OF SOCIAL DEVELOPMENT

Te Manatū Whakahiato Ora

ISBN: 0-478-25131-9