

Rethinking Risk and Resilience in Childhood and Child Maltreatment

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Rethinking Risk and Resilience in Childhood and Child Maltreatment

Abstract

A rethink of the concepts of “risk” and “resilience” in childhood and child maltreatment is required in the light of theoretical discussions in the literature and findings from empirical research. The authors offer a reformulation of resilience, where creative human agency forms the locus of research interest and the site for intervention and prevention. They moreover propose a model intended to improve our understanding of the interplay between risk and resilience in childhood, and designed to stimulate theoretical development and empirical investigation. A critical and selective overview of current knowledge is put forward, along with an outlining of pointers emerging from what is known to date in the research and evidence base and the more notable gaps in the literature. It is concluded that more nuanced understandings situated within lifecourse perspectives are required, where the mutually determining nature of risk and resilience informed and shaped by creative human agency, within a wider systems perspective, is duly recognised. Some of the more significant implications are spelled out for policy, practice and research.

Keywords: Risk/resilience/childhood/maltreatment/model

Introduction

1. Four fruitful decades of research on the subject of risk and resilience in childhood has yielded much robust evidence of note for policy makers, social work practitioners, researchers and funders. In this paper, we argue for a fresh consideration of the concepts of “risk” and “resilience” in the light of recent discussions in the literature and findings from empirical research. A conspectus of the “state of the art” in respect of the understanding of risk and resilience in the field of child maltreatment is provided. Thereafter we offer a reformulation of resilience and outline a model to improve our understanding of the interplay between risk and resilience in childhood, designed to stimulate theoretical development and empirical investigation.

2. We begin by discussing the way that risk, resilience and childhood are currently framed and proceed to consider some of the strengths and weaknesses in the evidential foundation derived from the research. The choice of literature considered for this paper represents a selective overview, though we have endeavoured to cover a range of disciplines, fields, sectors and life stages. We advance a new definition of resilience in childhood, along with a presentation of the model. Our contention is that more nuanced understandings situated within lifecourse perspectives are required, where the mutually determining nature of risk, resilience and vulnerability informed and shaped by creative human agency is recognised and simple assumptions of causal connections between childhood adversity and adult outcomes are rejected. Some implications are spelled out for policy, practice and research, particularly in relation to social work.

The Framing of Risk, Resilience and Childhood

3. In a contentious area like child maltreatment, the way in which issues and understandings come to be framed is important. Recent discussions in social work have reminded us how fraught these have become in the UK body politic, the media and the public, with difficult consequences for social work as a profession (Featherstone *et al.*, 2014; Warner, 2015). What is constituted as knowledge becomes reflexively subject to challenge and **review from** diverse perspectives, including those of service users; this is reflected in broader discussions around “risk” (Daniel, 2010; Kemshall, 2014; Zinn, 2008).

In such a heated context, it is salutary to provide dispassionate, balanced analysis for the building of a body of knowledge, for improving policy and practice and contributing to better outcomes for children.

4. This field has witnessed transitions in recent years. There has been a gradual incorporation of a broader focus for study, reflected in the writings of commentators such as Parton (2014). This can be witnessed in the move towards wider understandings of “child abuse” and “child maltreatment”, as well as towards public health and child development perspectives. Critical discussion has occurred of the official discourse around “risk” and “protection” in respect of children, with such terms being deployed to constrain or deny the agency of children (James and James, 2008).

5. Definitional issues have continued to cause difficulties in these studies, with narrow views of “risk” predominating (Daniel, 2010). Risk has several layers of meaning and nuanced aspects that need to be taken into account (Clarke, 2010; Kemshall, 2014). It may be understood as a constructed and contested concept with diverse aspects, including a dual nature embracing both negative and positive features for groups deemed to be “vulnerable” in some way, including children (Titterton and Hunter, 2011). However, risk is largely perceived in negative terms in child protection and safeguarding policy and practice. In terms of trends, there has been a tendency to take more children into care. There would now appear to be less tolerance of adverse risk by managers, elected members and politicians (Parton, 2014; Warner, 2015). There has been a notable effect on decision-making by practitioners, who have reported feeling more constrained about “risk taking” (Titterton and Hunter, 2011).

6. Writers such as Daniel (2010) have drawn attention to the way concepts such as “vulnerability” and “adversity” have proved slippery; there has been a steady growth of research interest but not much consensus on the specifics (Daniel, 2010; Daniel and Bowes, 2011). When it comes to the concept of “resilience”, the scope for divergence is huge. Nevertheless, writers claim a customary agreement, but then the notion is used in different ways and while its potential remains unexplored, it is proposed that it holds promise (Jocelyn, 2016; Windle, 2011).

7. The bringing together of behavioural and structural perspectives remains problematical and challenging. There is a need to balance the subjective perceptions and experiential dimensions of working through adversities and assembling the resources, assets and social capital are required to facilitate this. The marrying of narratives about risk and resilience, and stories of accomplishment and negotiation of children and adolescents, families and professionals reveal the scope for contention over different understandings of risk.

There is a tendency to focus on risk factors and their identification, rather than addressing the interconnections of risk and resilience processes and mechanisms (Daniel, 2010; Rutter, 2012; Titterton *et al.*, 2002). The “contested territories” (Clarke, 2010) around risk and everyday life form an intriguing area for research and for practice in child care and protection. This is important in view of the emergence of “new social risks” (Taylor-Gooby, 2011), and new types of harmful risks, such as emotional abuse, online exploitation and radicalisation, alongside novel forms of austerity and exclusion.

What We Think We Know

8. A burgeoning literature relating to risk and resilience with respect to childhood and to adulthood now exists, alongside a robust evidence base dating back at least to the 1960s (Cicchetti 2013; Garralda and Flament, 2006; Greenfield 2010; Jenson and Fraser, 2011; Rutter, 2000, 2012; Schofield, 2014; Taylor and Lazenbatt, 2014; Titterton *et al.*, 2002; Ungar, 2005). This represents a solid evidential foundation and “we now know more than we ever have about why some children and adolescents develop social and health problems” (Jenson and Fraser 2005, 5). Much of this work is multidisciplinary, revealing a multiplicity of fundamental influences, including genetics, biology, social and cultural factors (Cicchetti, 1989; Graham, 2002; Munro *et al.*, 2014; Rutter, 2012) and increasing interest in neuroscience and epigenetics (Taylor and Lazenbatt, 2014). **This includes drawing upon the knowledge base relating to social justice and inequality (Hart *et al.*, 2016).**

9. Characteristics associated with poor health, welfare and educational outcomes for a child have been identified in many studies (e.g. Black *et al.* 2001a, 2001b); these in turn are clustered under the heading of the presence of negative or adverse risk factors. These factors are also associated with the concepts of “adversity” and “vulnerability” in respect of child health and wellbeing (Daniel, 2010; Taylor and Lazenbatt, 2014). Conversely, there have been identified positive risk factors, which are those characteristics associated with good outcomes for the child. Resilience factors, it is suggested, enable some children to do well, even though they have experienced adversity in early life (Rutter, 2000; Sameroff, 2005). This involves normal development under difficult conditions and involves factors such as secure attachment, outgoing temperament, sociability, and problem solving skills (Collishaw *et al.* 2007).

10. Adverse risk has been found to be complex and cumulative, needing to be unpacked in terms of its ramifications. The multiplicity of adversities and their implications for theory and practice are many. In the US the concept of “polyvictimisation” has been proposed (Finkelhor *et al.*, 2011), referring to multiple exposures to forms of maltreatment, or consider in the UK the example of “high risk families” or families with complex needs and their multifaceted difficulties (Lazenbatt and Taylor, 2014). However we should tread with caution before assuming causal connections and inferring deterministic relationships in terms of outcomes in childhood. Different pathways exist to abuse, e.g. physical and sexual abuse, depending on contextual, parenting and environmental factors (Munro *et al.*, 2014). Sequelae and consequences are important to note, with longer-term effects across the lifecourse, spanning from pre-birth to retirement years and potentially manifesting in diverse ways at different stages (e.g. Greenfield, 2010). There is an accumulating body of research on the consequences over time, such as the Adverse Childhood Experiences Study (www.cdc.gov/ace) and LONGSCAN (www.iprc.unc.edu/longscan). Consequences can include long-lasting forms of psychological and physiological damage and trauma, including changes to brain development and behavioural patterns (Felitti and Anda, 2009; Perry, 2012; Shin and Miller, 2012; Widom *et al.*, 2012). The rationale for early intervention and preventive approaches therefore rests on the “pay off” over time for vulnerable groups, in ways not always revealed even in longitudinal research designs, often called for by researchers (see e.g. Schoon, 2006). Some researchers have drawn attention to the economic costs of abuse over time (e.g. Xiangming *et al.*, 2012), something to be flagged up to governments.

11. There has been a shift of interest from risk (usually understood as adverse risk) towards resilience. Early studies in the literature focused on risk factors, while latterly the growth of studies on resilience is evident (Black *et al.* 2001a; Luthar 2006; Masten *et al.* 2011; Rutter 2007). This has been allied to more positive conceptions of children and their wellbeing, where advantages and strengths associated with the child, their life and circumstances receive more emphasis, rather than negative aspects (Daniel, 2010; Newman, 2002). For some this represents an “interpretative and constructed process” (Jocelyn 2016, 7). This chimes with recent emphases in social work practice with working with a range of vulnerable children (Gilligan, 2004; Higgins and Katz, 2008; Kamerman and Gatenio-Gabel, 2014). Some writers have, however, detected a break with this trend in the field of child protection (Parton, 2014).

12. For researchers such as Ungar, resilience is a “culturally and contextually sensitive construct” (Ungar, 2008, 234), for which there is no “singular, universally agreed upon definition” (Noltemeyer and Bush, 2013, 475). The latter authors point to the cultural variations not just in risk factors but also in protective factors and “risk modification trajectories” (2013, 475). They point to the need for international research in this respect. Research has taken place into widely disparate variations in outcomes, and the associated risk factors and protective factors (Rutter, 2012), but there remains “no unitary agreement regarding the pathways to resilience” (Noltemeyer and Bush, 2013, 476). In view of the contextual nature of resilience, this kind of research is needed and the authors suggest that an ecological perspective would help.

13. Latterly criticisms of the concept of resilience have emerged (Garrett 2015; Hart *et al.* 2016; Mauhapt 2009). The salient feature is a concern that the concept focuses on individualistic characteristics at the expense of structural factors, particularly those generating poverty and inequality, perceived as the proper target of professions such as social workers. However it is our view that considerations about social justice and societal structure can be reconciled with attention to individual resilience (see also Hart *et al.*, 2016). Social work approaches should seek to strike a balance between the individual and structural levels in theory and in practice. The model we outline below should remind practitioners of the need to address both levels.

14. What is evident from the literature is the existence of interactions and interconnections, which can be multiple and cumulative over time. It is customary to break these down into different levels, such as the child, the parents and family and social and environmental levels (Titterton *et al.*, 2002). Some authors such as Noltemeyer and Bush (2013) have suggested adding a school level, which is useful to consider in terms of intervention and preventive measures. There are, moreover, evidently “transition points” and what Enz and Talarico (2015) have referred to as “turning points” in the personal and service histories of the child or young person, which should be targeted in order to strengthen resilience factors and process throughout the lifecourse (Titterton *et al.*, 2002). These form key nodes for interventions, and opportunities for bringing about change through resilience building (Newman, 2002).

15. There has been a growing appreciation of the significance of life course perspectives (Bonanno and Mancini, 2011; Masten *et al.*, 2011; Schoon and Bynner, 2003). It can be

contended that certain morbidities and diseases associated with later life stages such as dementia are not diseases of old age as such, but are rather an accumulation and aggregation of risk factors across the life time (see e.g. Felitti and Anda, 2009; Greenfield, 2010; Kuh *et al.*, 1997). Overly deterministic assumptions should be avoided and again mediating factors and processes can be assumed to be having an effect. On occasion these discussions in the literature take place in an apparently context-free perspective and it would pay dividends to lend more attention to the influencing effects of social exclusion and austerity.

What We Would Like To Know More About

16. Despite this foundation, there are lacunae to be found in the research literature. We should like to know more about four sets of inter-related topics in particular: the first three of these are linked to the theoretical and conceptual concerns of this paper, and the fourth to do with issues affecting practice. The first is the cluster of pathways, processes and mechanisms including interactions, that govern risk and resilience (Cicchetti 2103; Rutter, 2012; Titterton *et al.*, 2002). This includes the pathways relating to different types of abuse, not just physical and sexual, but also emotional abuse and neglect (Munro *et al.*, 2014; Taylor and Lazenbatt, 2014): one review highlighted the shortage of studies examining the contrasts and continuities within the literature on abuse across the life course (Johnson *et al.*, 2010). More needs to be established concerning interventions to boost positive outcomes and destinations for children and young people, and enhance resilience across the lifespan (Masten *et al.*, 2011; Schoon and Bynner, 2003). This should include the bolstering of coping strategies, competences and resources for resilience among children, parents and professionals (Gilligan, 2004; Titterton and Smart, 2010).

17. Second is the range of population subgroups with specific characteristics and requirements for support. These include disabled children, military children and their families, **perpetrators**, and parents who have had a child removed (see e.g. Masten, 2013; Stalker *et al.*, 2015). The studies that do exist tend to be surveys within the general population, and less is known about resilience in post-childhood groups and across the age span. Despite some promising studies there remains sizeable holes in our knowledge of older adults and how they understand and negotiate risk and resilience, such as in relation to life adversities (Bonanno and Mancini, 2011; Fry and Debats, 2010; Hildon *et al.*, 2008; Wag-nild and Young, 1990). The interactions of risk and resilience over time for these sub-

groups require closer attention, both for theory building and for designing effective interventions.

18. The third topic comprises comparative and international perspectives, including concerning prevention and promotion programmes and policies. Writing about the US, Jenson and Fraser (2011, 5) note that this “knowledge is not yet systematically applied to policy or program design.” The impact of culture is one factor whose importance has yet to be more fully acknowledged. Learning from the weaving together of formal and informal resources, of service sectors, of diverse disciplines and the modalities used to accomplish this, across different countries and contexts (Kamerman *et al.*, 2010; Titterton and Smart, 2010; Ungar 2008) should also be added to the wish list. As well as providing valuable empirical knowledge, this can furthermore strengthen the development of conceptual approaches discussed in this paper.

19. Fourth is the building of professional skills and knowledge and the impacts of training and professional development programmes, where the evidence base would appear to be still less than robust (Gilligan, 2004; Masten and Monn, 2015). This includes risk decision making, along with advanced skills and competencies for social workers, teachers and health care staff (Titterton and Hunter, 2011). Other professionals such as those in the education and justice sectors need to be included in studies and programmes too. The implications of the “reframing” and “re-envisioning” of risk, resilience and child maltreatment need to be worked through, as do the ramifications of public health approaches and social models (see also Parton, 2014).

Reformulating Risk and Resilience in Childhood

20. We now put forward an improved definition of resilience in childhood, one applicable to later stages of the age span and lifecourse, as well as a model to enhance our understanding, to increase our theoretical purchase on issues and aid empirical investigations. Our approach is situated within the risk and resilience literature and its body of research-based evidence. It is our contention that understandings of “resilience” in relation to child maltreatment and multiple experiences of an adverse nature in childhood have been restricted, thus narrowing both the potential for research and the spectrum of responses of social work professionals and agencies.

21. We have sought to widen our horizons and look across studies of the lifespan and later stages, as well as a range of disciplines, within the UK and other settings such as North America and Australasia. While the literature addressing resilience in later stages such as old age is newer and smaller, we have been influenced by those seeking a more positive outlook of developmental potential in these life stages (see e.g. Gergen and Gergen, 2010). We therefore proffer the following definition, which helps to overcome some of these restrictions:

*Resilience is an interactive and dynamic construct, representing the creative and collaborative confluence of inner and external resources deployed in the construction and reconstruction of lived realities in diverse cultural milieux throughout childhood and over the lifespan, in the context of **adverse experiences** and challenges to wellbeing.*

22. Our definition of resilience offers these advantages *inter alia*. It captures the vital aspect of the role of human agency, while acknowledging the need to look across the lifecourse. Our understanding of human agency is embedded in the emergent theoretical position within social work, which views it as socially mediated and contingent (Parsell *et al.*, 2017), and the agentic theory of development, adaptation and change in psychology, where individuals are recognised as contributors to their life's circumstances, not simply as products (Bandura, 2006). Moreover, our approach is located within the lifecourse perspective in social work and sociology (Green, 2010; Shanahan, 2000). Thus lifecourse and human agency perspectives may be usefully combined, facilitating a "focus on the interplay between agency and social structures" (Shanahan, 2010, 667) over time and over life stages, transitions and turning points.

23. Our definition takes into account the role of interior and exterior resources in managing culturally defined threats to welfare and wellbeing. Our understanding embraces both the continuities and discontinuities, as well as indeterminacies, that characterise a child's existence, situated within the nexus of family and wider social relationships through which the child's life is constituted. It follows that straightforward assumptions of direct causality between childhood adversity and adult outcomes are rejected. This definition allows for its application, *mutatis mutandis*, in theoretical and empirical studies of the range of adverse experiences, which may occur from pregnancy through to early childhood, through to teenage years to adulthood, and the final stages of life. **Additionally, the model enhances**

the potential for social workers and others to combine individual and structural approaches, while designing and implementing more effective forms of intervention and prevention.

24. Resilience provides a complex clustering of orientations and improvisations, including negative and positive constructions and reconstructions of challenging circumstances and risk situations. It involves the deployment of strengths and assets, which may be construed as the constellation of inner resources and knowledge, as well as the “ability and resourcefulness to draw on resources in the external environment” (Fry and Debab, 2010, 19-20).

25. These inner resources can include skills, beliefs, habits and behaviours. By drawing on such assets accumulated over time, adversities and threats to welfare may be reconstituted and positive orientations instilled (Gergen and Gergen, 2010; Titterton, 1992). We may therefore extrapolate this to developmental processes, both with respect to the child and the family.

26. We demonstrate our approach to risk and resilience in childhood in the model set out in the accompanying diagram, where key aspects and their connecting links are outlined.

{Diagram 1}

27. This model should be understood as depicting dynamic and interactive factors and processes, which in turn should be anticipated to change over time, and change over the age span of individuals and families. In the model are set out the main elements that require to be better understood, including their interaction, to help guide our theoretical analysis and empirical investigation. This includes the definitions used for the principal aspects of the model, from sources such as Cicchetti (2013); Daniel (2010); Kalmakis and Chandler (2013); Jocelyn (2016); Masten and Monn (2015); Rutter (2000); Taylor and Lazenbatt (2014); Titterton *et al.* (2002). This also fits with the guidance accompanying the Scottish Government’s approach, Getting It Right for Every Child and the national practice model and risk framework, which includes an outline of a “risk and resilience matrix” (www.gov.scot).

28. In our model, “social and economic conditions” represent the collective set of conditions in which children are born, grow up, live and work as adults. They can be of an economic, social, political and cultural nature, and are influences on the health and wellbeing of children and adults (Graham, 2002; Kuh *et al.*, 2003). In order to avoid a deterministic

view, we consider that human agency is important in shaping behaviours, choices and outcomes, and these fundamentals influence the adversities and vulnerabilities that affect individuals and their families. These include such fundamental aspects as occupation, social class, education, gender, ethnicity, income and housing. As indicated earlier, more needs to be known about links with social foundations of health and attention given to the context of social exclusion and austerity.

29. “Stressors” represent those sources of stress that are particular to aspects of the life of the child. We expect this to vary according to the specificities of the sub-group of the population. For example, a disabled child may be confronted by a range of stressors of a societal nature, discrimination and barriers, and such children may be more vulnerable to abuse (Stalker *et al.*, 2015; Taylor *et al.*, 2015). A further illustration is provided by children from minority ethnic backgrounds, who can face distinctive stressors, such as those to be found in care settings (NSPCC, 2014). Another example is a child with one or both parents employed in military forces and facing stressful aspects of military life, such as moving and mobility, separation and reunification, injury, disability and death, deployment, as well as post-deployment stress (Masten, 2013; Osofsky and Chartrand, 2013).

30. Next, “adversity” may be defined as those life events and circumstances that may combine to challenge or pose a threat to healthy development e.g. loss, maltreatment. Adverse childhood experiences are childhood events, which may vary in severity and are often chronic, occurring in a child's family or social environment, which disrupt the child's physical or psychological health and development. Adversities include major life events e.g. separation, bereavement, divorce, serious illness; domestic violence; substance misuse; abusive behaviours, and bullying. Some children are confronted by multiple adversities, which can have cumulative impacts that threaten their mental and physical wellbeing.

31. We also take into account “vulnerability”: this refers to the child's predisposition to suffering extreme and adverse reactions to negative circumstances and life events, and/or to threatening and harmful actions, circumstances and environments. This includes those characteristics of the child, their family circle and wider community, which might threaten healthy development, such as disability, racism, lack of or poor attachment. General factors associated with vulnerability include adverse childhood experiences, which can be said to describe stressful or traumatic experiences, which can have negative effects throughout the pathways of life and increase the risk of behavioural, health and social

problems. Other factors include early childhood trauma, poor attachment, disability, neglectful care, and having a minority status. As suggested, these factors may be usefully divided into different levels of analysis, such as child, family and community. At the level of the child, we could mention perinatal and childhood trauma, poor health, anxious or restless temperament, low cognitive abilities, behavioural problems, low confidence, poor educational achievements. At the family level, there may be insecure attachment, social isolation, lack of social support, misuse of substances, poor parent-child interaction, and violent or discordant relationships. Relevant community factors include low socio-economic status, poverty and low income, poor housing, stressful life events, and disrupted or chaotic networks.

32. “Protective/resilience **processes**” promote positive mental health and help shield a child from difficulties. These include factors in the child’s dispositional assets that act as a buffer to the negative effects of adverse experience and include factors such as positive attitude and self-belief. Other general factors include: good self-esteem and engagement; positive peer relationships; good social and emotional skills; positive attitude to education; good communication skills; and support available at critical times. At the level of the child, protective factors include easy birth and good health, above average intelligence, easy temperament, positive self-esteem, educational achievements, hobbies and interests, active coping style, good social skills. At the family level, these factors include secure attachment, supportive family environment, parents coping skills, cooperative relationships, and absence of drug or alcohol problems. Community, factors include mid to high socio-economic status, good housing, access to health care, social services and family support consistent, stable parental employment, supportive networks and social organisation.

33. “Outcomes” may be conceived of as the end result or consequence of the combined effects and interactions of the other elements of the model described above. These may be divided between positive and negative outcomes, and further into immediate and eventual results or consequences, as there can be important differences in these (Titterton *et al.*, 2002). We consider it helpful, from a theoretical and a practice point of view, to make distinctions between elements such as “stressors”, “adversities” and “vulnerabilities”, while recognising their connections and interaction. In the diagram, we sketch out aspects of this dynamic interplay, under the headings of “influencers”, “mediators” and “outcomes”. Thus we seek to avoid drawing overly direct or strongly causal forms of connection, while allowing for contingencies, indeterminacies and discontinuities of childhood.

Implications of the model

34. One implication is that there are opportunities for designing and developing programmes for intervention and for prevention. Certain aspects of adverse and negative risk factors and processes can be reduced and minimised, for example through policy, legislative measures and service intervention. At the same time, there are protective factors and resilience promoting processes that could be facilitated and enhanced at some levels, including acknowledging the requirement for creative thinking about major global and systemic change. The nature, function and interaction of these factors and processes require to be better illuminated by theoretical enterprise and by empirical investigation. The importance of early identification and timely assessment is underlined, as is the role of institutions central to the life of the child such as schools and professionals such as teachers, educationalists, school nurses, as well as for social workers, psychologists, counsellors, and others. Promotion of good mental health among children and young people and their families should be encouraged, with its relevance to resilience building. Enhanced multi-disciplinary working with flexible and adaptable responses are also important to consider. How these approaches can work most effectively in a range of contexts, settings and communities needs to be examined.

35. An implication is the need to better balance the resilient side of the equation with the risk side in assessments, planning and service provision by social work and other staff. There are various social work practices that may be built upon, including those based on strengths such as signs of safety, narrative practice, family group conferencing and the like (Fox, 2008; Gibson, 2014; Turnell and Edwards, 1997). There should also be a focus on the building of supports, both formal and informal, that minimise harmful risks and maximise the positives and resilience building aspects, on short-term and long-term bases. Social workers are to be encouraged to build on natural and community supports, including extended family networks, in ways that chime with the precepts of childhood development. They need a sharp sensitivity to informal coping strategies, helping to facilitate these and plugging any obvious gaps in the social capital resources of families. The blending of informal assets with formal types of support is also a valuable activity, congruent with the argument of Featherstone *et al.* (2014, 1735) for celebrating the strengths of families in the context of adversities, with workers seen as “agents of hope and support”.

36. Furthermore, a better appreciation of the range of life stages and sectors involved would benefit and boost cross-sectoral working by agencies and professionals (Titterton and Smart, 2010). The de-contextualisation of the child from the contours of family and community life has to be avoided. Policymakers and planners should reflect this appreciation in their strategies and recommendations, and promote cross-sectoral programmes to heighten the chances of improved outcomes for children and young people.

37. Government policies need a closer fit with the messages emerging from the research and evidence base. If determinants such as poverty, low income, socio-economic status and so on are significant, then measures to boost childhood outcomes without addressing these fundamentals is both short sighted and limited in effectiveness. More robust research and evaluation designs are required to help develop interventions and theoretical groundings for future research programmes. Clearly there are sub-sets of the population, of which it would be valuable to learn more, to help tailor programmes to specific requirements.

Conclusion

38. Much of scientific value is known about risk and resilience in childhood and child maltreatment, allowing for the development of a solid evidential basis for policy, practice and research. There are still gaps in knowledge concerning processes and mechanisms, and the ways in which they interact, and a broadening out of the knowledge base is recommended. We have called for a reconsideration of understandings situated within agespan perspectives, where the mutual reinforcing, multi-faceted and complex interplay of risk, resilience and human agency is given emphasis. To this end, we have reformulated the definition of resilience and advanced a model, which we contend will advance the understanding of risk and resilience in childhood and facilitate the deepening and broadening of the evidence base.

39. On the basis of our reformulation, there will be greater emphasis within social work upon the promoting skills and capacity among parents and children, accompanied by more child-centred ways of working. This involves the blending of inner and external resources, interweaving of formal and informal assets, combined with the skills of negotiating, facilitating and enabling when working with families and communities. This will entail pinpointing any shortfalls in support and social capital, while picking up any early indications of disrupt-

tion and threats to child and family welfare. It will also mean supporting informal coping strategies and learning from how families and children cope, identifying what strategies and resources are deployed, and how and when these can break down, and how they can be better bolstered to improve the likelihood of positive outcomes across the range of settings and cultural contexts. **How our model applies to international contexts, including low and middle income countries, would be intriguing to explore further and help to overcome the limitation of its grounding in global northern perspectives.**

40. Above all, our rethink of current ways of conceptualising risk and resilience in childhood firmly restores creative human agency, within a wider systems perspective, to the centre of the theoretical picture and as the primary locus for policy and practice. It also implicates governments, social work professionals and others in making better and more effective use of this knowledge: researchers have their role to play in furthering our understanding and addressing any lacunae, while bringing the value of the research and evidence base forcefully to their attention.

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