

Resilience enhancement of children at risk through social work interventions: Case studies

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Abstract

Stress and hardship in children are caused by various vulnerability factors like abuse, neglect, chronic diseases, exposure to violence, death of a parent and mental illness of caregivers can affect adversely a growing child. The physiological changes, in turn, raise the risk of cognitive and developmental delays, physical health problems, behavioral and mental health problems and increase child's inability to cope up with situation. Building resilience in children, who are at high risk, is very essential for their integrated growth and wellbeing. Adopting appropriate social work strategies can enhance the resilience of children who are at high risk. A few case studies presented in this research paper affirm that resilience of children at high risk can be enhanced by applying different social work methods and approaches. The study suggests further research in this field.

Keywords: children at risk, resilience, social work interventions

Introduction

The children are the most vulnerable section of the society. All children, characteristic of their age, are considered to be at risk for exploitation, abuse, violence and neglect. The emotional, social and physical development of young children has a direct effect on their overall development as an adult in the future. Hence, understanding the need to invest in very young children is so important, so as to maximize their future well-being. Resilience is the process of adapting well in the face of adversity, trauma, tragedy, threats or significant sources of stress such as family and relationship problems, serious health problems and financial stressors. It means "bouncing back" from difficult experiences (American Psychological Association 2019) ^[1]. This research study is done in Raichur district of Karnataka, in a social work agency, known as Amara Prema Society (APS), which has its headquarters in Bangalore. The experience shows that social work intervention can enhance resilience to bring positive changes in the lives of children at risk and victims of various types of exploitation.

The objectives of the study were

1. To study the concept of resilience and risk factors of children.
2. To observe different methods of social work intervention adopted for enhancing resilience among children at risk.

Resilience

Werner (1982) ^[3] states resilience as, "The capacity [of individuals] to cope effectively with the internal stresses of their vulnerabilities and external stresses (illness, major losses, and dissolution of the family)"

Norman Garmezy (1991) ^[10] in Current Theories, relating to resilience and young people reports resilience as, "not necessarily impervious to stress. Rather, resilience is designed to reflect the capacity for recovery and maintained adaptive behavior that may follow initial retreat or incapacity upon initiating a stressful event" To be resilient,

he states that one needs to show "functional adequacy (the maintenance of competent functioning despite an interfering emotionality) as a benchmark of resilient behavior under stress".

Suniya Luthar *et al* (2000) ^[11] defines resilience as "a dynamic process encompassing positive adaptation with the context of significant adversity". She states that there are two critical conditions that must be met to be resilient: exposure to significant threat or severe adversity and the achievement of positive adaptation.

Ann Masten (2014) ^[9] articulates resilience as "the capacity of a dynamic system to adapt successfully to disturbances that threaten system function, viability, or development". This newer definition reflects the perspective that individuals do not withstand risk, but change to accommodate risk.

Kidsmatter (2014) ^[7] reveals that resilience and stress are closely connected. We all experience a range of stressors in our day-to-day lives and children are no exception to this. There is also quite a bit of variability in what individuals find stressful - what is stressful to one may not be stressful for others. The ability to cope with stress will depend on the degree of stress, the supports or buffers that are protective, and the type and helpfulness of coping skills that children have developed. But, it doesn't mean a child is less resilient just because they are experiencing stress. Learning to manage stressful times can be part of the ongoing education process of becoming more resilient.

Joshua Miles (2015) ^[5] states that being resilient means being able to adapt and bounce back when something difficult happens in our lives. It is the ability to once again pick ourselves up after a trauma or painful experience.

Karen Young (2016) ^[6] opines that all children are capable of extraordinary things. Resilience is being able to bounce back from stress, challenge, tragedy, trauma or adversity. When children are resilient, they are braver, more curious, more adaptable, and more able to extend their reach into the world. The great news is that resilience is something that can be nurtured in all children.

ARACY-Australian Research Alliance for Children and Youth (2017) -final report in Children's Resilience Research Project has brought out an outline about resilience. Resilience is: a state, a capacity or a process that is dynamic, doing well in the face of some type of adversity, more than just good mental health, something that can be learnt, not the same as adaptability, -not a rare quality. The sources of resilience are individual factors, environmental factors and the result of an interaction between individual and environmental factors. Experiences of adversity may be important for developing resilience, but resilience can be built in the absence of adversity. It is easier to build resilience than to prevent adversity. Resilience measures should include: information about interactions between the child and their environment assessment or consideration of the child's characteristics, their level of support, as well as information about the child's family and the child's context perceptions of the child themselves about their situation, as well the perceptions of other people about the child and their situation.

Social Work intervention

Centre on the developing child, Harvard University (2019) report points out that the single most common factor for children who develop resilience is at least one stable and committed relationship with a supportive parent, caregiver, or other adult. These relationships provide the personalized responsiveness, scaffolding, and protection that buffer children from developmental disruption. They also build key capacities such as the ability to plan, monitor, and regulate behavior that enable children to respond adaptively to adversity and thrive. This combination of supportive relationships, adaptive skill-building and positive experiences is the foundation of resilience. Children who do well in the face of serious hardships typically have a biological resistance to adversity and strong relationships with the important adults in their family and community. Resilience is the result of a combination of protective factors. Neither individual characteristics nor social environments alone are likely to ensure positive outcomes for children who experience prolonged periods of toxic stress. It is the interaction between biology and environment that builds a child's ability to cope with adversity and overcome threats to healthy development.

The results of the study indicate that the respondents could build up their resilience through social work intervention envisaged by the agency APCS. Practicing Social Case Work and Counseling among the children at high risk will help them to cope with the problems. Group work was conducted for children. Social Group work is a method focusing on the individual development through groups. As there are children who had to drop out from schools, group work can be used as an effective method to enhance motivation among them. Effective child protection measures are to be undertaken with special emphasis on preventing child abuse, after assessing the risk factors and protective factors of children. Social Workers could implement student retention strategies in schools by providing psycho-social and practical support.

Organizing children into groups at villages (SHGs), taluks and district level (federation) helps them to voice out and address their issues collectively. Children's Parliament is a very effective method to improve their self-confidence and self-esteem and develop leadership qualities. Empowering

children for protecting their rights and claiming legal protection and social securities are very important. Networking and collaboration enable to address the issues related to the children as one body. Child development programmes are organized in collaboration with the government agencies and NGOs.

The following case studies affirm that resilience of children at high risk can be enhanced by applying different social work methods and approaches.

Case Study-1

Muthamma, aged 14, is studying in class VIII and lives with her parents. She has three siblings. She is from a rich middle class family. Her parents are government employees. At the age of 10 she was diagnosed to have Human Immunodeficiency. She said that due to the experiences of discrimination and isolation she had to face both at home and in the school made her terribly upset, anxious and depressed. The hospital referred her to the social work agency for counseling. At this point, the intervention of a psychiatric social worker gave her hope and courage. The support systems provided to Muthamma are social case work, counseling and psychotherapy, and family counseling. The social worker met the teachers and students and conducted awareness programmes. Now the discrimination experience in the family and school has come down to a large extent. She is happy, able to smile, play with her peer group and concentrate in her studies.

Case Study- 2

Ramesh is 17 years old, wanting to become a police. He was a school dropout at the age of fifteen. When he was thirteen years old, he went to Bangalore to spend a few days with his uncle who migrated to city for masonry work. Thereafter during the school holidays he used to go to Bangalore and engage in some work. He became friendly with a gang of boys who drink alcohol and other substance like *panpargutkha* and consequently got addicted to both alcohol and *gutkha*. Slowly he used to absent himself from the school. The parents brought Ramesh to the social worker. The social worker referred him to a center for de-addiction. The services provided at the de-addiction center, especially social group work and counseling helped him to recover, gain confidence and build up his capacity. Having high dreams, he is planning to appear for public exam.

Case Study - 3

Lakshmi who is 16 years old is a daughter of a devadasi (devadasi practice today is nothing but prostitution with religious sanction and social acceptance). At the age of 14, she had been sexually abused by two of her mother's customers. This has been going on for about eight months and her mother admitted that due to her helpless situation, once she took her for abortion as her daughter became pregnant. Due to this Lakshmi dropped out from the school in class VIII. With the support of the Social worker, the mother placed her in a 'residential home for children' and she continued her studies. She was very lonely, inactive and poor in studies and withdrew herself from her peer groups. She had been supported by social group work and counseling service for about one year. The social worker assisted her for a period of two years. When she went back home during her school holidays, she was not only able to say 'no' to the man who came to abuse her again, but also

was able to get legal support for her and punishment for the man as per the law, with the help of the social worker. Today she scores good marks in exams and participates in sports competitions at the taluk and district level. She feels confident to face life and has the capacity to withstand the hard realities of life.

Case Study-4

Gangamma aged 13 is from a family Below Poverty Line (BPL) who provided care for her unconscious mother who had complex health needs due to brain tumor and stroke. Her father, a daily wage earner, works hard to meet both ends, for the treatment and for the needs of the children. When her father was going for work, Gangamma had to prepare the special food for her mother which needs to be given through a tube directly into her stomach. She was not given any formal training to carry out these procedures, but just followed the instructions that her father gave her. She also took upon herself the responsibility of helping her mother with toilet needs, bathing and cleaning, etc. She was often absent from the school. She was in a stressful situation, worried about her mother and found hard to concentrate in school. It was in this situation, the social worker reached out to Gangamma's family during one of the regular 'Home visits' to the village. The social worker rendered her professional service not only to Gangamma, but also to the whole family. With the help of Self Help Group, Gangamma's father started a small business which helped the family to face financial constraints. After much preparation through counseling sessions, her mother was placed in a palliative care unit. The girl joined Children's Parliament, and subsequently got elected as the 'health minister'. She gained confidence and now stands first in the class.

Case study-5

Renuka, a 15 years old girl, hails from a remote village and belongs to a scheduled caste (Madiga) family. In the village there are seventeen families belonging to her caste. The caste system is practiced even today in the village in subtle ways. Children who belong to Lingayat and Ayyanar families do not join her in their play groups; teachers often find some reasons to exclude her from sports activities, even though she was good at Basketball and Kabaddi. Her place in the class was the last bench always. Such discriminating experiences from childhood made her withdraw from all the common activities of her peer groups, and became very silent. She was at the verge of stopping her studies. At this juncture she lost her mother due to meningitis. She was shocked, all the more became silent and withdrew herself. Counseling and guidance, social case work and social group work helped her to build resilience and now she is able to function better. There are some changes in the school environment due to the involvement of the social worker and Renuka gets support from her teachers too.

Conclusion

A child is embedded in interactions with friends, family and community. External factors are important and some of those influences are related to the attachment system, including having supportive parents or primary caregivers, close relationships with other caring adults and close peer relationships. When one or two of these systems do not provide adequate care and support or even abuse and

exploit, the child becomes very vulnerable. Some children are at high risk due to factors like being girl child, orphans, child abuse, substance abuse, chronic diseases, caste system, disability and many others. The way social systems are functioning plays a huge role in the capacity of a child to overcome adversity. It is very important to build resilience to function normally. Some child resilience factors are drawn from within, involving abilities such as problem solving, self-control, emotion regulation, motivation to succeed and self-efficacy. At the same time resilience of a child depends on drawing resources from many other systems. The study shows that if Social Work intervention strategies are formulated and implemented, the children at high risk can build up resilience and reduce vulnerability. Researches can be conducted to assess the effectiveness of social work interventions and the evidence be documented through publications.

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