In Focus

Family Resilience

superu

Introduction

Many families cope successfully with difficult situations and can adapt according to their circumstances[1,2]. What is it about these families that enables them to cope, and even thrive, despite the odds? This paper looks at the capacity of families to respond and adapt as situations arise. Rather than focusing on particular risks or adversities that some families face, or the outcomes that these risks may lead to, it combines resilience and family-level approaches to deepen our understanding of family resilience. A resilience approach involves exploring the protective factors and resources that enable families to adapt when faced with adversity.

A family-level approach to resilience is particularly relevant given current government interest in New Zealand's vulnerable families. This includes the introduction of Children's Teams, and identifying those most at risk of poor social outcomes, such as children with a parent who is involved in a gang[3] or in prison[4]. Many programmes that support individuals and families take a strengths-based approach, rather than focusing on deficits. However, little is known about how these programmes contribute to building resilience to future risk, trauma or adversity.

The observation that some individuals seem able to overcome adversity is not new and resilience is a well-established theoretical concept. Early psychological research focused on identifying risk factors associated with poor individual health outcomes, such as poor physical or mental health outcomes. It was recognised that although particular risk factors (experiences, events or states) could lead to vulnerability and increase the chance of negative outcomes, not all individuals experiencing adversity would develop problems. Attention was then focused on why some people were more able to cope with risk and adversity. In reviewing research prior to 2000, Sir Michael Rutter observed that 'even with the most severe stressors and the most glaring adversities, it is unusual for more than half of children to succumb, possibly demonstrating resilience'[5].

The term 'resilience' has both lay and technical meanings, and is used in research, policy, practice and public settings in different ways. This paper defines resilience as existing only where there is exposure to risk, and describes the process of adapting to this risk by drawing on protective factors. The concepts of risk factors and protective factors are therefore central to an understanding of resilience. These concepts are commonly used but not always well-defined. This paper provides definitions and examples of these key concepts and discusses resilience as a process, rather than a trait. Finally, it considers how the concept of family resilience may be useful in a policy or practice context.

About *In Focus*

Superu's *In Focus* series is designed to inform and stimulate debate on specific social issues faced by New Zealanders. We draw on current policy, practice and research to fully explore all sides of the issue.

DEFINITIONS:

Risk factors: Specific stressors, events or adversities associated with poor outcomes[6].

Protective factors: Resources and processes that help with coping and adapting to the risk[7].

Family vulnerability: Conditions under which families are more likely to experience poor outcomes in the presence of risk[8,9,10].

Resilience: Positive coping behaviour and adjustment to the risk[6].

Family resilience is an emerging area of theory and research

Research to date has largely focused on individual risk and protective factors, and individual (rather than family) resilience. There is extensive research about the risk and protective factors that contribute to a variety of outcomes for individuals[11]. These risk and protective factors can come from an individual's family relationships (eg, family violence versus strong positive attachments). How well family units cope with adversity is also important to consider.

Families are made up, not only of individuals, but also of the relationships among these individuals[12]. Research on family resilience is at an earlier stage. However, protective factors have already been identified, including: family problem-solving strategies, effective communication processes, equality, shared beliefs, flexibility, truthfulness, hope, social support and physical and emotional health[2]. Although factors within the family (eg, family violence) can place members at risk, strong family relationships and support offer powerful protection against life's challenges. Families need to be supported to build strong relationships and to build 'relational resilience within the family as a functional unit'[2].

'Family resilience' refers to a family's ability to adapt to risk and adversity by drawing on protective factors and resources from individual family members, the wider community and/or the way that the family functions. A family approach to resilience builds on and extends our understanding of individual resilience[2,10,13,14]. It has long been recognised that families and family relationships play a key role in helping adults and children cope with adversity[15].

Challenges faced by individuals and families are often interrelated[16] and affect all members of the family[17]. For example, the whole family is affected if one family member loses a job, a relationship breaks down, or the family home is repossessed. At the same time, relationships within the family can support the recovery of individuals and the family unit when faced with significant challenges or traumas[18]. Resilience is strengthened by the ordinary day-to-day interactions and processes of family functioning[10].

Whānau resilience is a key component of what it means to be part of a flourishing whānau[19]. A recent exploratory study of whānau resilience identifies the following factors as important for Māori[20]: 1) *Whanaungatanga* (networks and relationships), 2) *Pūkenga* (skills and abilities), 3) *Tikanga* (values and beliefs), and 4) *Tuakiri-ā-Māori* (cultural identity). These concepts share similarities with the areas of the family system that are described later. Family resilience is closely related to whānau resilience, but an in-depth discussion of whānau resilience is outside the scope of this paper. Previous Families Commission reports have explored whānau resilience[21,22].

Community resilience is often referred to in the context of natural disasters and describes the collective ability of a neighbourhood to cope[23]. There is strong evidence that the networks and the strength of relationships between individuals and families in a neighbourhood contribute to resilience when disasters occur, such as the Christchurch earthquakes in 2010 and 2011[24]. These relationships are protective because they can be a source of emotional support, shelter, information and search and rescue, as long as people are not displaced from their communities by the disaster[24].

Families demonstrate resilience when they draw on protective resources to adapt to the risks they face

This paper presents family resilience using the metaphor of a tree. Trees are resilient when they have strong, deep roots in a fertile environment, and when they are not exposed to constant erosion or significant storms. Family resilience operates in much the same way.
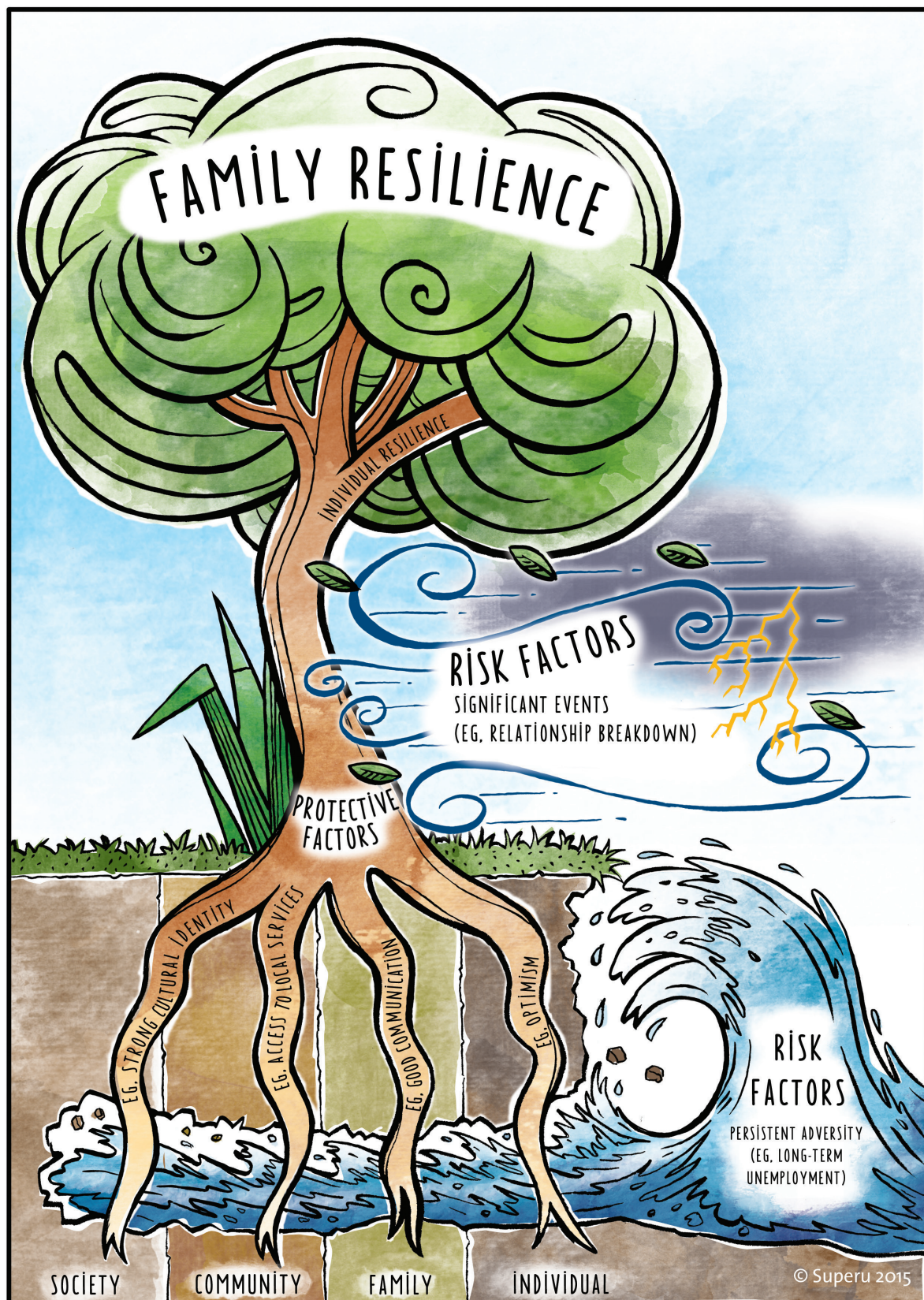
Family protective factors

The tree has roots that provide both stability for the tree and nutrients to enable it to grow. These roots act in the same way as protective factors for an individual or family. The roots represent individual or environmental resources that a family can draw on to minimise the impact of risks and help them to cope with adversity[2,11,14]. These influences, characteristics and conditions represented by the roots of the tree act to reduce exposure to risk, or the impact of any risk experienced[25]. At the individual level, an example of a protective factor is self-control. The Dunedin longitudinal study showed that self-control has a significant impact on a range of individual outcomes[26]. The process of resilience is demonstrated when these protective resources are drawn upon to mitigate the risks and vulnerabilities that people face.

EXAMPLES OF FAMILY FACTORS

Protective:
- Good communication
- Secure household income
- Effective decision-making processes

Risks:
- Family violence
- Over-dependence on each other
- Relationship breakdown

Family resilience

There is a complex interplay of risk, protection and resilience in different contexts[2]. Individuals and families can show resilience in the face of different types of adversity, but they may also be resilient to one stressor and not to others. They may be resilient at one time in response to a specific challenge, but not at a later time. The impact of a family risk depends in part on the protective factors the family can draw on, such as supportive relationships when a family member is facing redundancy. The experience may lead the family to be more resilient to future risks (ie, better able to cope), or to be more vulnerable to additional risks, such as long-term unemployment and homelessness[16].

EXAMPLES OF FAMILY MEMBER CHARACTERISTICS AND BEHAVIOURS

Protective:
- Positive coping
- Behaviour control
- Optimistic outlook

Risks:
- Mental health issues
- Unemployment
- Lack of confidence

Family risk factors

These risks range from day-to-day hassles and persistent adversity through to significant events and natural disasters. Long-term adversity, such as on-going health conditions or material hardship, can gradually erode a family's protective foundations and may mean that in the case of a significant adverse event (such as a relationship breakdown), families are less able to cope. The total number of adversities and traumas confronting a family is often a better predictor of negative outcomes than individual risk factors[27].

EXAMPLES OF COMMUNITY CHARACTERISTICS AND CONNECTEDNESS

Protective:
- Sense of belonging to community
- Community cohesion
- Opportunities for community involvement

Risks:
- Isolation
- Facing community prejudice
- Economically deprived community

Family resilience in context

Families, like trees, are affected by their environment. They are affected by the communities in which they live and the broader social, political, economic, cultural and environmental context[28]. Using the tree as a metaphor for family resilience, this context is the environment in which the tree grows. An understanding of risk and protective factors requires an understanding, not only of the family and its members, but also of the communities and society of which they are a part and from whom they can draw support[29]. This context includes the level of community cohesiveness and opportunities for education and employment, which feed into both the family's protective factors and risk factors.

EXAMPLES OF ECONOMIC, POLITICAL, SOCIAL, CULTURAL AND ENVIRONMENTAL CONTEXT

Protective:
- Social norms that promote healthy relationships
- Strong cultural identity and pride
- Policies that support families

Risks:
- Limited economic opportunities
- Norms that condone violence
- Natural disaster

FAMILY RESILIENCE IN ACTION: THE WILSON FAMILY[a]

The Wilsons live in a deprived neighourhood. Lynne is widowed and lives with her daughter Sophie, who is a single parent with four children aged five to 14. Sophie does shift work at a nearby factory while Lynne looks after the children when they come home from school. Once a real help to the younger members of the family, Lynne now requires support herself for dementia and is increasingly unable to look after the children. Sophie has recently taken on more shifts to help with the family's finances, 14-year-old Max has been going out in the evenings rather than helping with the younger children while she is at work, and Sophie is worried about him joining a local gang. The family all have strong relationships and good communication, so with the older children and Lynne, Sophie explains their situation and they talk about their options. Determined to stay together, Sophie draws on the support of her brother and he helps relocate the family to a house near him so that he can assist in the evenings. Sophie also accesses professional support for Lynne and maintains open family communication. Max starts to make friends in his new neighbourhood and enjoys his uncle's company in the evenings.

a.   Example adapted from Arditti JA. Responding to family problems. Family Problems: Stress, Risk and Resilience. Oxford: Wiley-Blackwell; 2015. p. 357–70.

Family functioning and interactions contribute to resilience

Models of family functioning have been developed that focus specifically on protective factors within the family that can build resilience. One aspect of how a family functions is the quality of relationships within the family. Research[30] has shown that the way that a family functions may be as important as the structure of a family in building resilience[31]. Families who are facing adversity may not have the capacity to nourish these protective factors that can support their ability to cope.

The following table is adapted from the recently developed Family Resilience Model[10] and describes these family level protective factors. Family functioning is divided into four categories: family relationships; family rules and routines; family identity; and, family security. These four areas of family functioning are very similar to the four family functions identified in the Family and Whānau Wellbeing Framework[32], reinforcing the link between family resilience and family wellbeing.

The areas of functioning identified specifically for family resilience in the Family Resilience Model are interrelated. Considering them separately allows for an in-depth understanding of how family functioning may contribute to family resilience, both individually and collectively. For example, a positive family identity can act as a protective factor that can promote resilience, but negative communication and conflict between family members can make them vulnerable to risk.

Table 1: Family functioning[b]

Areas of family functioning	Description	Protective processes	Positive examples	Negative examples
Relationships	Regulates emotions and connections with others	Showing support, commitment, encouragement and cooperation	Strong connections; effective communication and conflict resolution skills; safe space to express and regulate emotions	Overly reliant or detached; ineffective communication and conflict resolution skills; hostility; unsafe space to express and regulate emotions; overly emotional reactions to situations
Rules and routines	Regulates behaviour	Mutual respect among members, clear rules, effective problem-solving and decision-making processes	Adult monitoring and regulation of child behaviour; clear family time and routines; clear roles and boundaries	Permissive or harsh parenting; lack of rhythm in family time and routines; unclear roles and boundaries
Identity	Family worldview and identity (important in understanding families' perceptions)	Understanding how the family fits into the broader scheme of life and specific situations, positive outlook	Clear ethnic or cultural identity; positive gender identity; sense of positive family identity	Lack of cultural or ethnic identity; lack of family identity
Security	Meets basic needs in the family and protects vulnerable members	Relationships and responsibilities are organised so that basic needs are met	Adequate food; housing; clothing; education; health; financial support	Inadequate food; housing; clothing; education; health; financial support

b.   Adapted from Henry AW. Family Resilience: Moving into the Third Wave. Family Relations. 2015;64(1):22–43.

> **Superu's Family Wellbeing Framework**[32] identifies four core functions of the family: 1) to care, nurture and support; 2) to manage resources; 3) to provide socialisation and guidance; and, 4) to provide identity and a sense of belonging. These functions contribute to the wellbeing of family members and are aligned with the idea of the family as a context for resilience. But wellbeing and resilience are not the same thing. A family with high levels of wellbeing may or may not be resilient. It is only when families face adversity that they need to demonstrate resilience.

The concept of family resilience has relevance for policy and practice

The concept of family resilience can be applied to a wide range of situations and circumstances[33]. This relevance across the social sector means there is a risk that it is not picked up by any one government agency[2]. However, the concept of family resilience provides an opportunity for a cross-sector approach. It presents a common platform to address the needs of vulnerable families while maintaining focus on specific areas relevant to individual government agencies. The main benefit of adopting a resilience approach is that, along with single risk factors, it considers protective factors that may mitigate the effects of adversity when used[34]. A resilience approach also leads to thinking about interventions that can increase families' odds of success by removing obstacles and creating opportunities to adapt positively when necessary[35].

Predictive risk modelling is increasingly used to identify priority population groups to inform policy decisions and better target service delivery. Alongside this, a resilience perspective can add information about why these risks will translate into poor outcomes for some and not others. Understanding the processes underlying resilience can inform and target responses to vulnerable families. The finding that resilience is strengthened by ordinary day-to-day interactions and processes of family functioning offers scope for policy and practice to help build family capacity to respond to adversity when it occurs[36].

An understanding of resilience can inform existing programmes

Given what is understood about family resilience and the processes underlying it, some programmes may already be contributing to building family resilience. For example, effective parenting programmes focus on family rules, routines and behaviour and can improve child outcomes[15]. Many parenting programmes may work across areas of family functioning shown in Table 1, for example Relationships and Identity, and may be contributing to strengthening family resilience. However, we lack evidence of the extent to which existing programmes that target the family are building family resilience.

Internationally, programmes have been designed to build resilience and shown to be effective at strengthening protective factors for families. Three examples of such programmes are shown in Table 2. The first is designed as a universal programme for young people and their families, and will include many not facing adversity. The second is for families who have been identified as being likely to face adversity, and the third is for families who are experiencing significant adversity.

Internationally, programmes have been designed to build resilience and shown to be effective at

strengthening protective factors for families

Table 2: Programmes that target family risk and protective factors

Intervention	Target	Participants	Description	Evidence
Strengthening Families Program for Parents and Youth 10-14[37] (US programme now delivered in 25 countries)	**Universal** – aimed at all 10 – to 14-year-olds recruited through schools	Youth 10-14 and their parents (separately and together)	7-week parent, youth and family skills-building curriculum in a group context. Designed to address specific youth risk factors, including aggressive/withdrawn behaviour and poor relationship with parents, and protective factors, including positive management of emotions.	**Strong evidence** – longitudinal findings from multiple randomised control trials (including follow-up at age 25 in some samples) found: • Lower rates of alcohol, tobacco and marijuana use and prescription drug misuse for youth, compared with control groups • Differences between the drinking rates of the intervention and control groups increased over time (with the intervention group drinking less) suggesting that skills learned may be effective at building resilience in the long-term • Parents showed gains in specific parenting skills and positive feelings towards their child.
Families OverComing Under Stress (FOCUS)[38] (US programme also run in Japan)	**At-risk** – military families are an at-risk group as they generally report less healthy family functioning and higher levels of distress than community norms	Parents and children (together and separately)	8 sessions (delivered to individual families) of strengths-based education and skills training for military families. Programme delivered by mental health specialists. Content includes problem-solving skills, family communication and stress management techniques.	**Some evidence** – large meta-analysis of 331 families (pre – and post – intervention assessments) compared with baseline asssessments of 488 families (no control group). • Parental distress and unhealthy family functioning were significantly reduced • Over time, significant reductions in clinical level symptoms were observed in children • Parental distress and unhealthy family functioning were significantly reduced • Over time, significant reductions in clinical level symptoms were observed in children • Children (7 years and above) showed significant increases in their use of positive coping strategies.
Psychosocial intervention for caregivers of children with cancer[39] (US programme)	**Experiencing adversity** – Parents of children with newly diagnosed cancer are an identified group for whom illness uncertainty is a robust predictor of distress and symptoms of anxiety and depression	Mothers	12-week programme of weekly sessions (alternately with a psychologist and a nurse) and delivered on an individual basis. Includes six skills-based modules addressing the nature of uncertainty, acquisition of coping skills, communication with the medical team, eliciting social support and uncertainty-focused problem solving.	**Some evidence** – small randomised control trial. 52 mothers were randomised to the intervention group or treatment-as-usual (including social work and psychology support) and assessed pre and post the 12-week intervention. • All mothers in the intervention group had improved symptoms (for psychological distress, uncertainty and post-traumatic stress syndrome), whereas some participants in the treatment-as-usual group experienced worsening of symptoms over time • The intervention also had a positive effect on child internalising symptoms (such as anxiety and depression), which were mediated by the reduction in maternal distress. The number of children meeting clinical thresholds for these symptoms was reduced.

Evaluations of the programmes described in Table 2 demonstrate the interactions between individual and family-level risk and protective factors. For example, only mothers are included in the programme for caregivers of children with cancer, but significant improvements in individual outcomes are also found for their children. Conversely, the US Strengthening Families programme includes parents as well as young people as participants in order to build specific protective factors in the young people, and parents to some extent. Only the programme for military families measured outcomes at the level of the family (family functioning).

Resilience may be a goal of family programmes, but it is difficult to measure. None of these evaluations specifically measure the ability of the individuals/families to cope with subsequent adversity. Currently therefore, it is unclear exactly what may be unique about a resilience programme above and beyond a strengths-based family support programme. There are few interventions that focus on the family system as a whole[15] and there is limited research on those that do[16]. As this is a developing area of research, it is anticipated that advances will be made in the meaurement of family resilience. In the meantime, focusing on building protective factors across different areas of family functioning (as identified in Table 1) can provide a guide to practice in this area while measures of family resilience are further developed.

Family transition points present opportunities for policy and practice to take a family resilience approach

There are some predictable transitions that as individuals we all encounter and that are potentially stressful, such as the transition from adolescence to adulthood[40]. Stress can be positive, in that it can encourage growth, but it can also lead to distress. Identifying important developmental transition points can help guide when and where help might be provided to avoid later negative outcomes.

There are also transition points that affect families as a whole. Families are increasingly moving in and out of complex living arrangements where each transition requires adaptation[33]. When significant changes, such as divorce or parental disability occur, families need to reorganise their relationships and the ways in which they function to adapt to the changed conditions successfully[33]. Step-parenting roles can be more ambiguous than biological parenting roles, for example, and the possibility of conflict is heightened[41]. Families also have particular needs that require different policy responses and interventions. For example, home-visiting programmes seem to be most effective with young first-time mothers[13].

Evidence on the harmful effects of cumulative adversity suggests that early intervention (early in the lifecourse and early in the life of the problem) is important. Interventions, such as relationship counselling, are usually confined to families in crisis. Taking a primary prevention approach is likely to identify more effective times to intervene for families than crisis responses. Early intervention is key to reducing intergenerational risk factors and equipping families with the resources to deal with any future adversity that arises. Successful interventions (eg, parenting and support programmes for those at risk) will help families avoid accumulating risks and potentially experiencing poor outcomes[13].

RESILIENCE IS DIFFICULT TO MEASURE

The ability to adapt to future adversity is key to resilience, so longitudinal data are required to assess family functioning, before, during and after a stressful event[2].

OPPORTUNITIES FOR EARLY INTERVENTION

- Transition to parenthood

- Children with early behavioural problems

- Serious ill health or disability of a family member

- Separation and divorce

- Step-parenting

"Timing an intervention well may lead to:

more lasting effects, broader effects, and/or higher returns on investment"[42 p.28.]

Conclusion

A proactive approach to preventing family problems is needed[30], particularly as families often do not seek help until they are at crisis point[37]. Immediate responses to family crises are not necessarily designed to promote flexibility, relationship development and resilience[31]. Further, crisis response is less cost-effective than preventative approaches that develop protective factors[43], although both are needed. Initiatives to build family resilience can be informed by collecting evidence about how current programmes in New Zealand may already be contributing to building family resilience. In addition, we can learn from international approaches specifically designed to build family resilience.

The way in which families function affects their ability to 'achieve despite the odds'. Early interventions at key transition points may help build family resilience and increase the protective 'buffer' available to families – reducing their levels of risk, and helping them to deal with future challenges[33]. The concept of family resilience provides an opportunity for a cross-sector approach that simultaneously strengthens protective factors and builds resilience in vulnerable families.

References

1. **Arditti JA.** Introduction and conceptual overview. In: Arditti JA, editor. Family Problems: Stress, Risk and Resilience. Oxford: Wiley-Blackwell; 2015. p. 1–14.

2. **Kalil A.** Family resilience and good child outcomes: A review of the literature. Wellington; 2003.

3. **Superu.** What Works: Improving outcomes for children with gang-involved parents. Wellington; 2015.

4. **Superu.** What Works: Improving outcomes for children with a parent in prison. Wellington; 2015.

5. **Rutter M.** Resilience reconsidered: Conceptual considerations, empirical findings, and policy implications. In: Shonkoff JP, Meisels SJ, editors. Handbook of early childhood intervention. Second. New York: Cambridge University Press; 2000. p. 651–682.

6. **Hawley DR, DeHaan L.** Towards a definition of family resilience: Integrating life-span and family perspectives. Family Process. 1996;35:283–298.

7. **Kim-Cohen J.** Resilience and developmental psychopathology. Child and Adolescent Psychiatric Clinics of North America. 2007;16:271–283.

8. **Boss P.** Family stress management: A contextual approach. 2nd ed. Thousand Oaks, CA: Sage; 2001.

9. **Rutter M.** Psychosocial resilience and protective mechanisms. American Journal of Orthopsychiatry. 1987;57:316–331.

10. **Henry AW.** Family Resilience: Moving into the Third Wave. Family Relations. 2015;64(1):22–43.

11. **Benzies K, Mychasiuk R.** Fostering family resiliency: A review of the key protective factors. Child and Family Social Work. 2009;14:103–114.

12. **Card NA, Barnett MA.** Methodological considerations in studying individual and family resilience. Family Relations. 2015;64:120–133.

13. **Families Commission.** Addressing the challenges of stepfamily life. Wellington; 2014. 1-60 p.

14. **Meredith S, Sherbourne CD, Gaillot S, Hansell L, Ritschard HV, Parker AM, Wrenn G.** Promoting psychological resilience in the U.S. Military. RAND Corporation; 2011.

15. **MacPhee D, Lunkenheimer E, Riggs N.** Resilience as regulation of developmental and family processes. Family Relations. 2015;64:153–175.

16. **Masten AS, Monn AR.** Child and Family Resilience: A Call for Integrated Science, Practice, and Professional Training. Family Relations. 2015;64:5–21.

17. **Whitchurch GG, Constantine LL.** Systems theory. In: Boss P, Doherty WJ, LaRossa R, Schumm WR, Steinmetz SK, editors. Sourcebook of family theory and methods: A contextual approach. New York: Plenum Press; 1993. p. 325–352.

18. **Walsh FW.** Using theory to support a family resilience framework in practice. Social Work Now. 2008;April:5–14.

19. **Kingi T, Durie M, Durie M, Cunningham C, Borman B, Ellison-Loschmann L.** Te Pa Harakeke: Six markers of flourishing whānau. Wellington; 2014. 1-45 p.

20. **Waiti J.** Whakaoranga Whānau: A whānau resilience framework. Wellington; 2014.

21. **Families Commission.** Whānau Taketake Māori: Recessions and Māori Resilience. Wellington; 2010.

22. **Families Commission.** Te Pūmautanga o te Whānau. Wellington; 2012.

23. **Aldrich DP.** Building resilience: Social capital in post-disaster recovery. Chicago: University of Chicago Press; 2012.

24. **Aldrich DP, Meyer MA.** Social capital and community resilience. American Behavioral Scientist. 2015;59(2):254–269.

25. **Jenson JM, Fraser MW.** A risk and resilience framework for child, youth, and family policy. In: Jenson JM, Fraser MW, editors. Social policy for children and families: A risk and resilience perspective. London: Sage; 2006. p. 1–18.

26. **Moffitt TE, Arseneault L, Belsky D, Dickson N, Hancox RJ, Harrington H, Hourts R, Poulton R, Roberts BW, Ross S, et al.** A gradient of childhood self-control predicts health, wealth and public safety. Proceedings of the National Academy of Sciences. 2011;108(7):2693–2698.

27. **Evans GW, Li D, Whipple SS.** Cumulative risk and child development. Psychological Bulletin. 2013;139:1342–1396.

28. **Bronfenbrenner U.** Environments in developmental perspective: Theoretical and operational models. In: Friedman SL, Wachs TD, editors. Measuring environment across the life span: Emerging methods and concepts. Washington D.C.: American Psychological Association; 1999. p. 3–28.

29. **Morton SMB, Carr PEA, Grant CC, Berry SD, Marks EJ, Chen XM-H, Lee AC.** Vulnerability report 1: Exploring the definition of vulnerability for children in their first 1000 days. Auckland; 2014.

30. **Arditti JA.** Responding to family problems. In: Arditti JA, editor. Family Problems: Stress, Risk and Resilience. Oxford: Wiley-Blackwell; 2015. p. 357–370.

31. **Ramey SL, Lanzi RG, Ramey CT.** Family resilience to promote positive child development, strong and flexible families, and intergenerational vitality. In: Arditti JA, editor. Family Problems: Stress, Risk and Resilience. Oxford: Wiley-Blackwell; 2015. p. 185–200.

32. **Superu.** Family and whānau status report. Wellington; 2015.

33. **Walsh FW.** Family resilience: A framework for clinical practice. Family Process. 2003;42(1):1–18.

34. **Hunter C.** Is resilience still a useful concept when working with children and young people? Canberra; 2012. 1-15 p.

35. **Schoon I, Bartley M.** Growing up in poverty: The roles of human capability and resilience. The Psychologist. 2008;21:24–27.

36. **Masten AS.** Ordinary magic: Resilience process in development. American Psychologist. 2001;56(3):227–238.

37. **Jackson CA, Henderson M, Frank JW, Haw SJ.** An overview of prevention of multiple risk behaviour in adolescence and young adulthood. Journal of Public Health. 2012;34(1):i31–i40.

38. **Lester P, Saltzman WR, Woodward K, Glover D, Leskin GA, Bursch B, Pynoos R, Beardslee W.** Evaluation of a family-centred prevention intervention for military children and families facing wartime deployments. American Journal of Public Health. 2012;102(s1):48–54.

39. **Mullins LL, Molzon ES, Suorsa KI, Tackett AP, Pai ALH, Chaney JM.** Models of resilience: Developing psychosocial interventions for parents of children with chronic health conditions. Family Relations. 2015;64(1):176–189.

40. **Bagshaw S.** Resilience. In: Gluckman PD, editor. Improving the transition: Reducing social and psychological morbidity during adolescence. Wellington; 2011. p. 1–318.

41. **Families Commission.** Supporting parental and carer-couple relationships. Wellington; 2014. 1-9 p.

42. **O'Dougherty Wright M, Masten AS, Narayan AJ.** Resilience processes in development: Four waves of research on positive adaptation in the context of adversity. In: Goldstein S, Brooks RB, editors. Handbook of resilience in children. New York: Springer; 2013. p. 15–37.

43. **Patterson JM.** Understanding family resilience. Journal of Clinical Psychology. 2002;58(3):233–246.

superu

Our purpose

To increase the use of evidence by people across the social sector so that they can make better decisions – about funding, policies or services – to improve the lives of New Zealanders, New Zealand's communities, families and whānau.

What we do

We work across the wider social sector to:

- **promote** informed debate on the key social issues for New Zealand, its families and whānau, and increase awareness about what works

- **grow** the quality, relevance and quantity of the evidence base in priority areas

- **facilitate** the use of evidence by sharing it and supporting its use in decision-making.

Related Superu publications:

Families and Whānau Status Report (June 2015)

What Works: Improving outcomes for children with gang-involved parents (June 2015)

What Works: Improving outcomes for children with a parent in prison (June 2015)

Download publications at: www.superu.govt.nz