

## VULNERABILITY AND RESILIENCE IN EARLY CHILDHOOD INTERVENTIONS

Szilvia Cs. Ferenczi<sup>1\*</sup>, Judit Csákvári<sup>2</sup>, Éva Tánczos<sup>3</sup>

<sup>1</sup> National Institute for Family and Social Policy, HUNGARY, szilvia.ferenczi@ncsszi.hu

<sup>2</sup> PhD, National Institute for Family and Social Policy, Eötvös Loránd University, HUNGARY, judit.csakvari@ncsszi.hu

<sup>3</sup> National Institute for Family and Social Policy, Eötvös Loránd University, HUNGARY, eva.tanczos@ncsszi.hu

\*Corresponding author

### Abstract

For experts and researchers that working with children and families it is already completely clear nowadays that it can hardly find simple causal links and deterministic relations in the child development – it is likely the result of the complex interplay of numerous environmental and biological factors of human development. Thus, we can speak about risk and protective factors by those impacts which influence the development in some extent.

The traditional focus of early childhood intervention lays on mitigation of various risk factors, in some cases on eliminating of risk, therefore can decrease the chance to occur adverse outcomes or achieve a less adverse outcome. However, the efficiency of this approach is inappropriate, since reducing the risks is not sufficient to increase the probability that young children that are vulnerable and/or living in vulnerable families remain on or come to a trajectory to optimal development (Harper Brown, 2014). Accordingly, early intervention focuses on protective factors instead of risk factors more and more. For example, instead of identifying risk factors of child maltreatment and neglect just as deficiencies and weaknesses of parents, we focus on strengthening protective factors and supporting parents and family building in order to increase their child care and nurturing skills (Stagner & Lansing, 2009).

In frames of an early intervention project with social approach, the National Institute for Family and Social Policy (Hungary) adapts methods which are based on strengths, protective factors just as processes of family and individual resilience after identified and reviewed national and international practices and methods, moreover the Institute also trains social professionals that apply these methods.

**Keywords:** early intervention, resilience, vulnerability, risk factors, protective factors

### 1 INTRODUCTION

Child development is a highly diverse and dynamic process, during which characteristics, abilities, skills of the individual, moreover characteristics of the narrower and wider environment continuously and mutually interact. The modern developmental psychology addresses interplay of risks and protective factors, vulnerability and resilience in connection with factors that influence development and this approach gains increasing ground in key principles, design, planning and implementation practices of early childhood interventions.

#### 1.1 RISK AND PROTECTIVE FACTORS

The development of children is influenced by numerous effects whose one part is internal biological and their other part comes from the environment. These effects may hamper, hazard or even promote the child's optimal development and reaching a positive outcome.

Risk factors are defined as biological or environmental factors that may endanger the child's optimal development. Such factors are the following (Guralnick, 1998; Szilvási, 2011; Danis and Kalmár, 2011):

- prematurity, low birth weight, problems during fetal or newborn age
- certain abilities and temperament of the child
- enduring poverty, poor residence conditions
- separation of social groups in residency
- low maternal age
- low educational attainment and low cognitive abilities of the mother
- parental unemployment
- parental substance abuse, psychiatric problems, addiction
- bad mood within the family as a result of despondency (violence, criminality, etc.)
- crowded or inaccessible child institutions
- low social support
- neglect and abuse
- unwanted pregnancy, etc.

The concept of vulnerability is attached to this topic – it means that the individual or the family is vulnerable to the risk factor; the negative outcome is likely in the presence of the risk.

The effect of risk factors on development is not constant, moreover, it can not be clearly stated in every cases that the effect of a previous risk factor does not prevail. Gordon and Jens (1988) draw attention to this phenomenon in their study: based on tracking the development of high risk children, they find that the disappearance of a problem does not mean that a disadvantage in the development does not appear in older age. Namely, children step “in-and-out” the problematic zone across the lifespan. The model of Gordon and Jens is corroborated by many preterm studies (e.g.: Kalmár, 2007; Ribiczey & Kalmár, 2009).

It is an iterative result in the research of development of children who grow up among adverse conditions that the developmental outcomes can be excessively diverse even by very similar developmental conditions. The diversity of outcomes directed the attention from risk factors to protective factors and to resilience.

Protective factors are those factors within the individual or environmental factors which decrease the likelihood of adverse outcomes by the presence of one or more risk factors. These factors are the following (Fergusson & Horwood, 2003, Danis & Kalmár, 2011, Glauber, 2011):

- good IQ-level
- social competence
- temperament of the child
- development pace of the child
- high educational attainment and high cognitive abilities of the parents
- stable family, secure attachment
- low stress level within the family
- supportive, sensitive, resilient parental attitudes
- good peer relationships, etc.

The concept of protective factor was divided later into two wide categories: supportive factors that mean help by the presence and absence of adversity and protective factors that function in a special way in case of high level of adversity – they moderate or decrease the effect of adversity on adaptive function. Furthermore, it is more fortunate to describe these two types of factors as supportive or protective functions because we rather determine them based on their effect than on their nature (Masten & Tellegen, 2012).

The judgement of particular individual or environmental factors is not in every case an easy task. Certain factors seem to be primarily supportive or protective, it is favorable to have them but their absence is not

definitely unfavorable. Such factor can be a loving grandparent. Others seem to be primarily negative, such accidents or a stress prone personality. However, numerous factors can be defined in both ways – on one hand, as the trait itself is bipolar (e.g.: educational attainment of parents from the lists above), on the other hand as the effect of the trait depends on the context (for example by the temperament). Thus, the parental nursing attitudes can be described as either vulnerability or protective factor (Masten & Tellegen, 2012).

## 1.2 RESILIENCE

The concept of resilience concerns the situation, when the developmental outcome of the individual can be favorable despite the presence of risk factors, namely it is about the positive pattern of adaptation in adversity (Masten & Obradovic, 2006; Rutter, 2006). One of the fundamental aims of resilience studies is to define the difference that makes some children resilient and help those children whose development is risky due to adversity and their vulnerability (Masten & Obradovic, 2006).

There can emerge a question: how are resilience and concepts of risk and protective factors connected to each other, what is the difference to speak about resilience than threatening and protective factors in terms of development. In the approach of risk and protective factors, the emphasis is on the reasons then on the outcome, while in the resilience approach, the processes and mechanisms leading to the diversity of outcomes stand in the focus (Rutter, 2006). With the words of Rutter (2006, p. 3): "In short, resilience requires the prior study of risk and protection but adds a different, new dimension."

It should be remarked regarding resilience that it is not a unique trait. People can be resilient to certain environmental hazards, but not to others. In the same way, there are outcomes, that people can be resilient to but they are not resilient to others. It is also associated with the fact that resilience continuously changes and develops over time: people can be resilient in a certain period of their lifespan, and can not be during another times (Masten & Tellegen, 2012; Rutter, 2006).

The definition of Masten (2011, p. 494) pictures well the complex and multilevel nature of the resilience concept: "The capacity of a dynamic system to withstand or recover from significant challenges that threaten its stability, viability, or development."

Accordingly, we can interpret resilience not only on the level of the individual but we can define it in a wider way, in the context of families. Resilience means in this case that the family is able to organize its life effectively, moreover, it can adapt and function properly even in a significant crisis or life event (Glauber, 2011).

Fergusson and Horwood (2003) found more factors related to resilience in their 21 years long longitudinal research:

- Gender: females are more vulnerable to internalizing problems while they are resilient to externalizing problems, however, males are more vulnerable to externalizing problems while they are resilient to internalizing problems – the results also draw attention to the fact that resilience to a certain outcome may increase vulnerability to another outcome.
- Personality and related factors: for example low levels of novelty seeking, high self-esteem or low neuroticism. Based on the research, there are two ways outlined, through which these factors can increase resilience or vulnerability. On one hand, they can extend the threshold by which the individual responds to the environmental difficulties. On the other hand, they influence the individual behaviour and those decisions that increase or decrease the likelihood of negative outcomes.
- Affiliations and attachment: their results are consistent with the idea that the quality of the parent-child, moreover the peer relationships strongly affects the evolvement of resilience or vulnerability against difficulties.

In their research, these factors rather compensated the effects resulted from the adverse conditions of the childhood and did not possess a protective effect, namely their beneficent effects prevail either by the presence and absence of risks.

## 1.3 EARLY INTERVENTION

The early childhood period (lasting from birth to the age of 5-7 years) possess emphasized significance within the human development. The nervous system develops dynamically in this stage of life, the attachment is formed this time, moreover, the establishment of self-regulation also happens this time – it influences significantly inter alia the latter positive adaptation to school, the development of early academic

skills, social competence, empathy, focus attention and the course of self-control during the lifespan (Whitebread & Basilio, 2012). The ever-growing number of empirical results that underpins the importance of this age, highlights the role of interventions in the early age in promoting optimal development, moreover, the preventing nature of this interventions in terms of latter problems.

Consequently, early intervention services and supports for vulnerable children and for their families are even more widespread in the world. These early intervention programs differ from each other in their form and their priorities and goals are often diverse as well. From one side, this is understandable and desired because families and provided services also function in highly different terms and conditions. However, vulnerable children and their families may have numerous similar needs and goals irrespectively from their residence (Guralnick, 2008, 2011).

Those children and their families enter into the systems that provide early intervention services, who are diagnosed with developmental delay or disability, with sufficient risks for developmental problems, respectively. The intervention can be explained by the characteristics of the child (e.g. preterm birth, low birth weight), moreover attributes of the family environment (e.g. parental addiction, psychiatric problems, deep poverty, etc.) that can bring the family interaction patterns into a stressful situation, they can lead to social isolation and hazard the optimal child development. Multidisciplinary professional teams work in a huge part of the early intervention systems and methods in order to support families by involving parents actively. (Guralnick, 2005a).

In his developmental systems model for early intervention Guralnick (2008) defines such aspects that characterize the appropriate interventions. Firstly, they are destined for promoting the development of every child. Secondly, those stressors should be assessed in an appropriate way that may disturb the optimal patterns of the family interaction. Thirdly, the central aim of the early intervention is to harmonize family in the way that family interaction patterns become optimal. Unfortunately, interventions often are not characterized by this approach, in many cases because professional orientation tends only to children and not to the families.

The basic principles of early intervention are the following based on studies of Guralnick (e.g. Guralnick, 2005b, p.4 Table 1.1; Guralnick & Conlon, 2007):

- A developmental framework informs all components of the early intervention system and centers on families.
- Integration and coordination at all levels is apparent. This includes interdisciplinary assessments, assessments for program planning, developing and implementing comprehensive intervention plans, and systems level integration.
- The inclusion and participation of children and families in typical community programs and activities are maximized.
- Early detection and identification procedures are in place.
- Surveillance and monitoring are an integral part of the system.
- All parts of the system are individualized.
- A strong evaluation and feedback process is evident.
- It is recognized that true partnerships with families cannot occur without sensitivity to cultural differences and an understanding of their developmental implications.
- There is a belief that recommendations to families and practices must be evidence-based.
- A systems perspective is maintained, recognizing interrelationships among all components.

## **2 VULNERABILITY, RESILIENCE AND EARLY INTERVENTION**

Traditional focus of early childhood intervention is to moderate various risk factors, in certain cases to eliminate risk, therefore to decrease the chance of occurrence of negative outcomes or to reach a less adverse outcome. Intervention strategies often focus on the role of specific factors such as child abuse, poverty, divorce, etc. – however, research findings show that the effect of a single risk factor itself is small. High risk children differ from other children by a life story characterized by multiple social and economic family disadvantages, not by the presence of a defined risk factor (Fergusson & Horwood, 2003).

Nevertheless, the efficiency of interventions that focus on risk factors is insufficient, decreasing the risk is not enough to increase the likelihood of chance for children that live in vulnerable families or children who are

vulnerable themselves to stay on or get to an optimal development trajectory (Harper Brown, 2014). The study of Daniel (2010) gives a wide review of problems, risks and dangers related to emphasizing of various risk factors. One of these is the misinterpretation of the concept of risk, namely the assumption that the presence of a risk sets the development of the child on a negative trajectory. However, if we consider risk factors what they are, namely factors that increase the likelihood of negative outcomes, then professionals should define and measure these likelihoods somehow but it can not to be expected from them, especially by knowing the fact that the rarer is the event, the harder is to predict it. Further problem is that risk factors associated for example with abuse are only moderate predictors because of the extent to which non-abusing families share the same factors. The risk of work practice is the focus on identifying of risks by professionals undermines the possibility of trust and building relationships that are basically required for an effective intervention work.

Accordingly, rather protective factors start to get into the focus of early intervention instead of risk factors. For example, instead of identifying the risk factors of child abuse and neglect, moreover the insufficiency and weaknesses of parents, we should focus on strengthening protective factors, supporting parents and build-up of the family in order to strengthen their child care and child nurturing abilities. (Stagner & Lansing, 2009).

The concept and research of resilience focuses on mechanisms and processes that lead to positive outcomes, thus this approach and the research results provide significant information and influence the intervention strategies as well (Rutter, 2006). Additionally, in the background of the ever-growing interest towards resilience is the fact that this approach emphasizes positive factors and the positive aspect of human development. This emphasis also appears in intervention programs that rather focus on individual, family or community strengths instead of individual, family or community deficits or risk factors (Fergusson & Horwood, 2003). For example, such approach is the Strengthening Families – Protective Factors Framework of the Center for the Study of Social Policy (U.S.) that reflects this approach even in its name ([www.cssp.org](http://www.cssp.org)).

Results of neuroscientific, genetical and developmental psychology research refer to the fact that the adaptive systems (e.g.: attentional system, stress regulation) of children can be modified in the extent that we could not imagine before. New intervention methods and programs can be built on these results (Masten & Obradovic, 2006). One of the good examples of supporting and positive approach of optimal development is given by early intervention programs that are based on child temperament researchs and that are destined for promoting the goodness of fit between the parent and the child (Chess & Thomas, 1999, Ferenczi, 2011).

### **3 PROJECT OF THE NATIONAL INSTITUTE FOR FAMILY AND SOCIAL POLICY IN HUNGARY**

TÁMOP-5.2.6-13/1-2014-0001 is a Hungarian priority project. The government identifies these projects by policy proposals because of their national significance and extent. These projects are preceded by several years of preparation and provision.

The actual project of the National Institute for Family and Social Policy is an important part of the development of the Hungarian social care and child protection system. By identifying the deficiencies of the national system of the early childhood intervention, it expands those areas where development is needed, by highly focusing on the processes of prevention, detection and intervention.

In frames of the project, the Institute collects international methods and best practices with social model approach that focus on early detection and that can be found in the field of early childhood (primarily from birth to the age of 3 years) intervention. Based on defined criteria, we choose from the collected methods those that fit the best to the Hungarian system and conditions, then we adapt at least one method according to the Hungarian conditions. We develop a qualification program based on the method(s), including the training of trainers and the coaching and education of professionals that work in the social care system, contributing to the domestic spreading of early childhood intervention practices with “social” approach in wide professional (child protection, social and other partner areas) range.

In frames of the project, we reviewed more than 20 international methods, including practices inter alia from various European countries, from the United States of America and from Australia. Our selection criteria highly focused – as described earlier – on the question that how central is the role of strengthening protective factors and resilience in the approach of these methods.

In the first round, we examined methods based on criteria that refer to the professional impoundment, the utility in the social care and child protection system and the adaptability in the Hungarian conditions. Our criteria were the following:

- Does the method/practice aim at the field of early childhood intervention?
- Does the method/practice aim at early childhood intervention care system?
- Does the method/practice focus on the early detection?
- Does the method/practice aim at the age group of 0-3 years?
- Does the method/practice aim at professionals?
- Does the method/practice have a social model approach?
- Can the method/practice be adapted for professionals that provide personal care?
- Can it be adjusted to various care system structures?
- Does it suggest various methods by considering child and family as a system?
- Is there a training connected to the method/practice?
- Does it aim both at typically developing children and children who need special treatment (children with special needs and children with disadvantaged background)?
- Can the method/practice be developed further according to the national environment?

We examined further the methods that were selected by on these criteria. The National Quality Improvement Center on Early Childhood of the Center for the Study of Social Policy (U.S.) reviewed those maltreatment intervention programs that are based on evidences, were established for children in the age range of 0-5 years and were rated "promising" or "proved" by at least one independent judgement and based on this, the Center identified the common characteristics of the effective early childhood intervention programs that were the following (Harper Brown, 2014, pp 4; Daro, Barringer és English, 2009):

1. Maintaining theoretical integrity: Defining the problem, identifying measurable goals, shaping of a cohesive approach
2. Aiming at the earliest stages: Maximizing the early developmental potential of the child
3. Influence on two-way interaction of individuals and their families: Children and parents should be treated as individuals and families should be treated as a cohesive unit.
4. Connecting the already existing local network of social support services with the prevention: We have to consider the approach as the new element of the already existing system.
5. Building relationships: High quality participant-provider relationships should be built
6. Continuous support should be offered, moreover other interventions should be made available: Various services should be provided in favour of child, adult and community development

We considered these criteria in the second round of method examination, moreover, we also considered two additional criteria that are defined based on the approach and tasks of the project:

1. It aims at wide range of families: the services are available for every family or they are for the widely defined vulnerable families.
2. Its services can be (also) provided by social professionals: its methodology and tools fit to the competency inventory of Hungarian social professionals

Based on these criteria, four methods were selected and the adaptation of two methods will occur in the near future, according to our plans. The tasks of the next period include the fitting of the selected methods to the national conditions and based on this, other important tasks are the elaboration of trainings for Hungarian professionals and the dissemination of methods and approach.

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