

# Capability and Resilience: Beating the Odds



# Capability and Resilience: Beating the Odds

Edited by Professor Mel Bartley

## FOREWORD

INEQUITIES in health across Europe remain persistent. Differential access to medical and health care services, though very important, cannot alone explain the persistence (and in many instances increase) of health inequities among different social classes or segments of the population.

Historically, approaches to the promotion of population health have been based on a deficit model. That is, they tend to focus on identifying the problems and needs of populations that require professional resources and high levels of dependence on hospital and welfare services. The deficit models are very important and indeed necessary to identify levels of needs and priorities. But they have some drawbacks.

Deficit models tend to: define communities and individuals in negative terms, disregarding what is positive and works well in that particular population; see identified needs as requiring external actors to assess and solve them; and also put pressure on disadvantaged communities to prove that they are worse off than others to justify the expenditure of resources, thus decreasing community self-esteem.

In contrast, asset models tend to accentuate positive capability to identify problems and activate solutions, which promotes the self-esteem of individuals and communities, leading to less reliance on professional services.

Work carried out by the WHO has recognized that an assets-based approach to health promotion is crucial. The innovative programme of work described in this booklet makes a valuable contribution to our further understanding of the processes for creating, strengthening and protecting assets in individuals, communities and organizations that protect and promote population health. In doing so, it helps to redress the balance between the amount of evidence of effectiveness that comes from a pathogenic (biomedical) model of disease and the amount that encompasses an assets-based (people-centred) approach to health.

The cost-containment debates underway within European health systems will only be resolved by viewing the population itself as the most significant health resource – a co-producer of health rather than simply a consumer of healthcare services. Assets-based interventions, aimed at strengthening community capabilities and promoting independence and autonomy, can make a significant contribution to health protection.

*Antony Morgan, Research Fellow, Karolinska Institute, Stockholm, Sweden*

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RESILIENCE always seems admirable. To have overcome adversity, to have done it against the odds, is evidence that someone has got what it takes – the right stuff.

But what is the right stuff? In this booklet we get a distillation of the findings of research which has tried to identify it. Usually adversity is taken to mean social and economic disadvantage – being lower down the social hierarchy. And often resilience turns out to involve supportive families and communities, good educational opportunities and services which are delivered with enough consideration and respect not to make the problems worse. Positive social, emotional and educational experiences can partially offset the effects of material deprivation.

But so often it is the material disadvantages and divisions themselves which undermine supportive community and family life. Material divisions are socially corrosive. Relative deprivation adds to the stresses of family and community life, so removing the sources of resilience.

Commendably, the authors of this booklet do not claim to have found cheap effective shelters against adversity. Although we may once have hoped that increasing resilience was a way of saving money by

proofing people against the difficulties they face, there is little reason to think that health benefits bought this way are any cheaper than those which would come from reducing the underlying disadvantage itself. Nevertheless, society surely has a responsibility to provide services to minimise the harm which inequality does to people's life chances. Policies to increase resilience to the health effects of unemployment are no substitute for more jobs; nor is increasing resilience to the life-long effects of child poverty a substitute for good family support.

We can perhaps see upward social mobility as evidence of one kind of resilience. Interestingly, internationally comparable measures of social mobility suggest that it is much greater in the relatively egalitarian Nordic countries than it is in more unequal countries like the USA and Britain. Where inequalities are smaller perhaps resilience is less at a premium.

Some societies seem to demand more resilience than others. But wherever the bar is set – whether a society has two or twenty percent unemployed, or five or twenty-five percent of children growing up in poverty – it is always the most vulnerable who suffer the consequences.

*Professor Richard Wilkinson, Nottingham University*

## INTRODUCTION

FOR MANY YEARS research has documented the harm to physical and mental health and well-being that can be caused by poverty and by adverse life events. At the same time, however, other studies have shown that not everyone is affected in the same way. There are some people who seem able to 'beat the odds' and achieve a high level of well-being. Even more important, there are features of a person's past and present life that can support them against adversity. In a changing world, and one in which, increasingly 'no man (or woman) is an island, who harms one harms us all', more attention is being paid to more effective ways to help those who fall on hardship.

This booklet sets out the evidence we have at present on the best ways to promote 'capability and resilience', two words that are used to refer to the ability to react and adapt positively when things go wrong. Each chapter deals with a different aspect. Some of the challenges that people may face are presented by situations that are pretty much a normal part of life, such as education, getting a job and just growing older. Others are more unusual such as the kinds of crisis that face people when employment disappears from the area in which they live.

But what the research shows is that there are common factors that make resilience possible and increase people's capability. These mostly have to do with the quality of human relationships, and with the quality of public service responses to people with problems. These two factors, in turn, are closely related to each other. Good public services enable and encourage people to maintain social relationships, but badly provided ones can create social isolation. There are very great implications from this work, as we can also see from the evidence that it is social relationships that are most effective in maintaining resilience in the face of adversity.

The research also reveals the enormous capabilities and resilience that people already show in their everyday lives and under crisis conditions. This is by no means, however, to say that poverty or conflict do not matter. Even the most resilient child from a poverty-stricken area, for example, will never do as well in life as a more ordinary child from a wealthy background. To see this has to make us ask, well, what would that resilient child have been able to do, and to contribute to the community and the economy, if he or she had never had to overcome disadvantage? A society that maximises the capability for all citizens equally is also one that makes best use of the many assets for well-being and social and economic development that already exist in communities.

*Professor Mel Bartley, UCL*

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# 1

## Resilience: Expected to fail – encouraged to strive

THE NOTION of resilience refers to the process of withstanding the negative effects of risk exposure, demonstrating positive adjustment in the face of adversity or trauma, and beating the odds associated with risks (see Figure 1 opposite).

The table shows four possible combinations of risk and outcome. People who are exposed to low levels of risk and have positive outcomes (square A) might be thought of as having the kind of favourable life experience that more or less everyone would prefer. The people in square D have experienced adversity which has resulted in their mental or physical health taking a turn

for the worse. The people in square B have experiences of high risk and yet have maintained good health. These are the people who are demonstrating resilience: positive adjustment in the face of adversity.

In our research we have concentrated on resilience in the face of socio-economic disadvantage and poverty. We know from many studies that people who experience socioeconomic disadvantage have much poorer prospects throughout their life course. It is harder for them to do well at school, to get good, secure, and well paid jobs, and to remain healthy and happy in later life.

There are, however, quite a few people

People who have strong and supportive relationships at home and at work are to some extent protected against the damage done to health and well-being by poverty and social disadvantage. But major improvements in well-being require the abolition of poverty and reductions for all in economic and social inequality.



## POLICY IMPLICATIONS

- The key to giving young people a good start in life is to help their parents. Uneven life chances start at birth, and people's responses to adverse situations are shaped by their earlier experiences.
- Increasing the living standard of poor families with children, including improvement of social housing, schools and other public services, will have the greatest impact in reducing the risk of adjustment problems and poor health.
- Carefully designed preventive interventions can be more cost effective than attempts to reduce maladjustment after it has become well ingrained.
- The living standards of the worst-off should be brought closer to the average, bringing with it a fairer distribution of resources.

who go through periods of poverty, unemployment, family breakdown and other social disadvantages and yet go on to lead healthy and rewarding lives. The findings of our research suggest the importance of social relationships, of ties to the community, and social interactive 'relationship' skills as key sources of protection. Opportunities for individuals to experience social and emotional support, recognition for their strengths and capabilities, and the development of social skills can increase their feelings of competence and self-belief, and encourage positive planning for the future.

As important as it is to enable people to build up strengths and capabilities through supporting family and community relationships, these resources do not extinguish the effects of risks such as poverty which should be the main target for preventive strategies. Living in adverse conditions of poverty and disadvantage gives people less opportunity to build up and less capability to maintain good physical or mental health. Poorer neighbourhoods are far less likely to have good schools, pleasant parks and play areas for example. We cannot expect individuals to develop resilience all by themselves: this could put us in danger of 'blaming the victim' instead of investigating underlying obstacles and barriers to positive functioning. Throughout our whole lives we are influenced by our most important relationships and by the social circumstances that surround us such as the types of schooling and training available, job opportunities, and social or legal barriers that limit choices on the basis of one's sex, race or age.

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FIGURE 1: IDENTIFICATION OF RESILIENCE

Outcome	Adversity	
	Low	High
Positive	A. Favourable experience of life	B. Resilience: Unexpected positive outcome
Negative	C. Unexpected negative outcome	D. Risk and vulnerability

# 2

## Capability

THE BASIC notion of capability, introduced in 1979 by Amartya Sen, has become one of the most influential theories of social policy and action. According to Sen, “Capability is thus a kind of freedom: the substantive freedom to achieve alternative functioning combinations (or, less formally put, the freedom to achieve various lifestyles)”.

The well-being of an individual or a community can be assessed on the basis of the opportunities they have or choices they can exercise. Often these opportunities and choices cannot be measured purely on the basis of income, or of the material goods they possess. Capability can often only be increased by some kind of change in the physical or social environment. We might think of an increase in capability as something that increases the choices of

action available for the same amount of money.

A good way to understand capability is to take an example, such as the introduction of a tram service between Croydon and New Addington, UK. The New Addington Estate was developed to solve the housing needs of thousands of people. But the estate had rather few amenities such as shops or entertainment. So residents had to get to nearby Croydon to meet their needs. Did the people living on the estate enjoy a good life? If our concerns are with meeting a basic material need for shelter, we would say yes. Good housing is vital to the people who live there. However, there was widespread dissatisfaction on the estate; people did not feel that their quality of life was high.

In May of 2000, the Croydon Tramlink

Human well-being is determined by the substantive freedom of having opportunities and of exercising choices – social policy should enhance this freedom.



## POLICY IMPLICATIONS

- Policies can increase well-being by concentrating on capability rather than merely on income and wealth. It is not just a question of the money or goods people have, but what these enable them to do.
- Improvements in public infrastructure such as education, training and transport can raise well-being without any change in individual income.
- Using measures based only on money, or on possessions, does not give a good indication of well-being: some countries with lower per capita income have better levels of health and well-being than richer nations.

started operating from New Addington. What did the Tramlink add to the life of people of New Addington Estate to make it better? It provided greater choice in transport, as there were now more frequent bus and tram services. But perhaps most importantly, the tram is also easier for older people, those with mobility problems, and those with young families to get on and off. In this way, we can say that the Tramlink has added to the capabilities of the people on the estate. It has opened up a whole new set of possibilities, and this is even more true for those with problems of mobility, or with incomes that do not run to having a car, than for those with more advantages.

Shifting the emphasis to capabilities has enormous implications for social policy as it is a new way at looking at the world. One could see this in the United Nations Development Programme's Human Development Index. The index measures three basic capabilities: living a long and healthy life, being knowledgeable and enjoying a decent standard of living. Many countries like Costa Rica and Sri Lanka and states within countries like Kerala in India do surprisingly well in terms of health and well-being, beating the odds stacked against them by their poor economic standards. We can draw up a league table for areas of England and Wales, based on the Human Development Index. If we do this, we find that people in the areas with greater human development regard their quality of life to be higher (see Figure 2).

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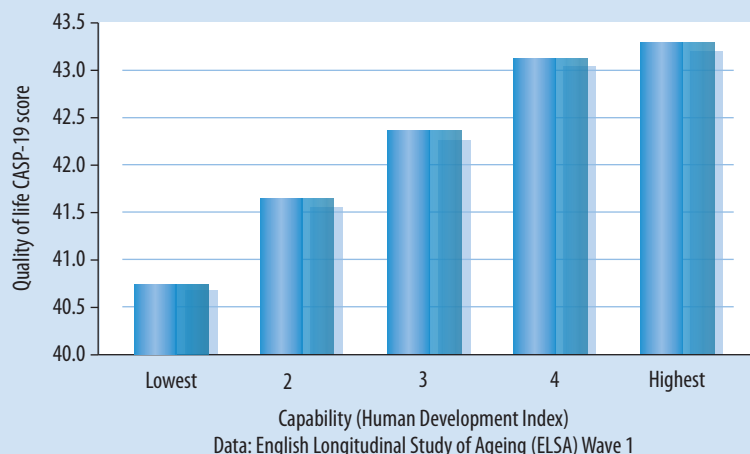
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**FIGURE 2: INDIVIDUAL QUALITY OF LIFE AT OLDER AGES AND AREA CAPABILITY SCORE**





# 3

## Supporting children and adolescents: All you need is love?

AS CHILDREN grow up, their environment changes, their competences develop, and they continuously face new challenges. How do we know that a child is doing all right? Within most developed countries children are expected to begin controlling their behaviour and obeying their parents at quite an early age. During the school years they are expected to follow the rules of the school and to get along with peers. Academic achievement indicates adjustment during adolescence. But at this stage of life, young people also need to avoid problem behaviour, such as excessive violence and aggression, or

overindulgence in smoking, drinking, or drug taking. This is also when a person begins to form close friendships, develop a sense of self-confidence, and begin to feel able to plan for the future.

Adverse experiences in early life can influence the course of subsequent development, as well as the ways in which individuals respond to stressful events occurring later in life. Yet, there are many possible pathways, and early adversity does not necessarily lead to maladjustment. Young people growing up in difficult material circumstances, being subjected to negative

The development of competence and skills in overcoming stressful situations is of great interest to parents and society alike. Strong family relationships and structured activities enable young people to become independent adults, productive and responsive citizens.



## POLICY IMPLICATIONS

- Support for emotional and social development is as important as help with school work for the formation of a fully rounded person able to cope with adversity in later life.
- The earlier intervention occurs, the more opportunity there is to build up positive parent-child as well as home-school relationships.
- Development continues throughout – and support for young people is vital throughout – young people’s school careers as well as in the transition from school to work.
- Interventions do not necessarily show immediate benefits – and longer periods of intervention are more effective than shorter ones. The aim should therefore be to foster sustainable programmes and services.
- Interventions should support community-led activities and integrated health and social service delivery, involving young people, as well as their families, peers, and the wider community.

attitudes and expectations may acquire a ‘hard’ outlook that appears as problematic, when in fact these attitudes are protective given the realities of their lives.

What are the important childhood experiences that help development and resilience in later life? Studies show that children need their parents to provide warmth combined with structure. It is also positive if parents support children in their school work and have high, but reasonable expectations. A stimulating and challenging school environment is important, combined with well-organised out-of-school activities, such as sport, music, the arts, or practical projects.

However, a supportive family environment may not be sufficient to enable young people to cope with attending underfunded schools, or experiencing neighbourhood violence. Children showing initial positive adjustment may falter later, because support structures are lacking (see Figure 3). Support is also needed for crucial transitions such as school entry, move into secondary education, leaving school, and entry into the workforce.

This graph shows what happens to children with economically disadvantaged backgrounds with above-average reading skills early in life (dark blue line). By the age of 16, these clever but poorer children are doing worse in their exams than are the economically privileged children with lower reading skills at age 5 (the green line). High ability in early life is not able to protect against the effects of childhood economic disadvantage.

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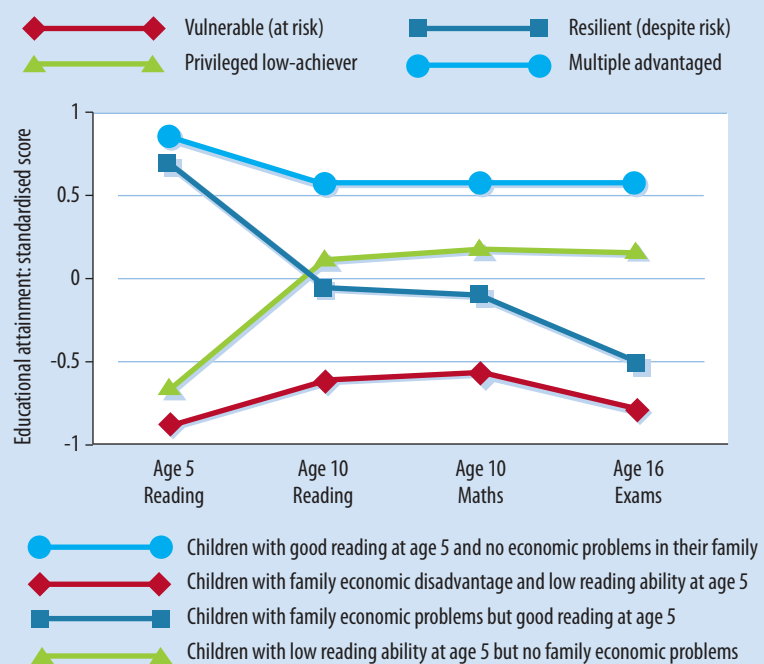
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FIGURE 3: EFFECT OF POVERTY ON EDUCATIONAL ATTAINMENT



# 4

## Increasing life chances through education

EDUCATION IS FUNDAMENTAL in breaking the link between adversities in childhood and poor health or reduced life chances in adulthood. Resources in the family, at school and in the wider community can help young people to achieve educational success despite difficult circumstances. When we say that education is a source of resilience throughout life, we mean that even if he or she is born in poor circumstances, a person who leaves school with some qualifications is more likely to have good mental health, a stable family life and a secure job with prospects. Even under conditions of social or economic disadvantage, the mental health of adults who did well at school is protected (see Figure 4).

Poverty during early life can have harmful

effects on the development of skills and knowledge. The longer a child remains living in poverty, the greater the risk to educational progress. Even for children who do well in early school years, growing up in a household where there is no space for doing their homework, no books or other learning materials can mean that their progress is slowed down. However, studies have found that these negative effects of family disadvantage can to some extent be decreased. What is needed is a stimulating and well-funded school with an encouraging work ethos, that offers opportunities for activities outside the normal school curriculum. Where this is available, and where fellow students have a positive attitude towards education, it can make a lot of

Promoting educational resilience is one of the most effective ways to improve the health and social development of less advantaged children. Family problems can be overcome by well-funded schools that provide a stimulating environment.



## POLICY IMPLICATIONS

The chances of developing into a healthy, happy and successful adult despite growing up in poor socio-economic circumstances are greatly improved by encouraging educational achievement at school. This can best be achieved by a multi-faceted approach aimed at increasing young people's aspirations and their beliefs that they can fulfil these higher educational aspirations. Policies for increasing educational resilience should aim to:

- Improve the quality of education for all, but for children living in poorer neighbourhoods in particular
- Encourage better communication between parents and teachers by providing more opportunities that build good parent-school relationships
- Widen access to school facilities with all-age community activities, after-school clubs, and further education courses run by other education providers
- Provide equal opportunities for further education – especially for disadvantaged groups
- Facilitate life-long learning across the whole life-span by providing opportunities for apprenticeship schemes, day-release from work, evening and adult education classes that offer the chance to gain vocational and academic qualifications, and skills training for employment in the 21st century.

difference for a child who is at risk of dropping out of school.

A stable community, where facilities such as libraries and leisure centres provide opportunities for sports, hobbies and social activities, also has a positive influence on the ability to learn. Teachers can support young people and give them confidence in their own abilities and higher aspirations for themselves. Parents, even if their income is low, can help young people to stay in school and gain some qualifications if they are interested in their child's progress, show that they believe their child is capable of succeeding, and wish her/him to do so.

To increase the chances of educational success in children and young people who face difficulties at home is to offer support that improves their psychological well-being. Self-confidence and self-esteem inspire greater motivation to overcome difficulties with school work that all children face. If parents and teachers of less advantaged children support their aspirations and feelings of self-confidence and self-esteem, then these children are more likely to turn things around after initially dropping out of school. Children who leave school with no qualifications often gain academic and vocational qualifications many years later: it is never too late to learn.

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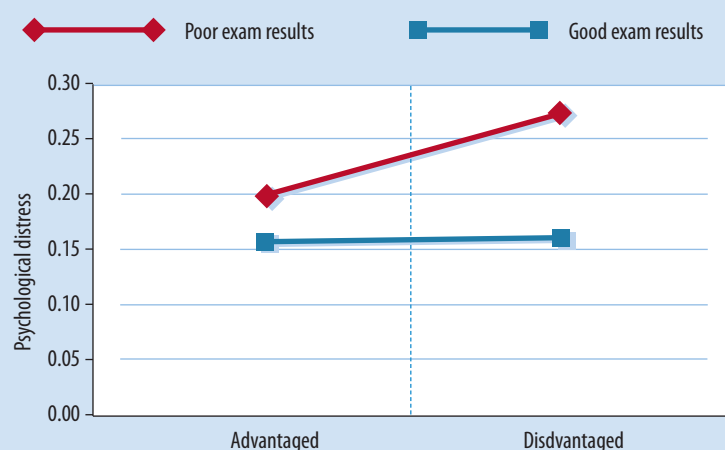
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**FIGURE 4: PERCENTAGE WITH PSYCHOLOGICAL DISTRESS AT AGE 42 BY EXAM RESULTS AND SOCIAL DISADVANTAGE AT AGE 16**



Data from the National Child Development Study Policy implications

# 5

## Adult adjustment: live well, work well, and love well

MOST STUDIES on resilience have focused on children and adolescents, and there is less understanding of how adults may overcome the risks and adversities they face. The transition into adulthood is characterized by taking on new social roles, such as entry into paid employment, independent living, formation of intimate relationships, and parenthood.

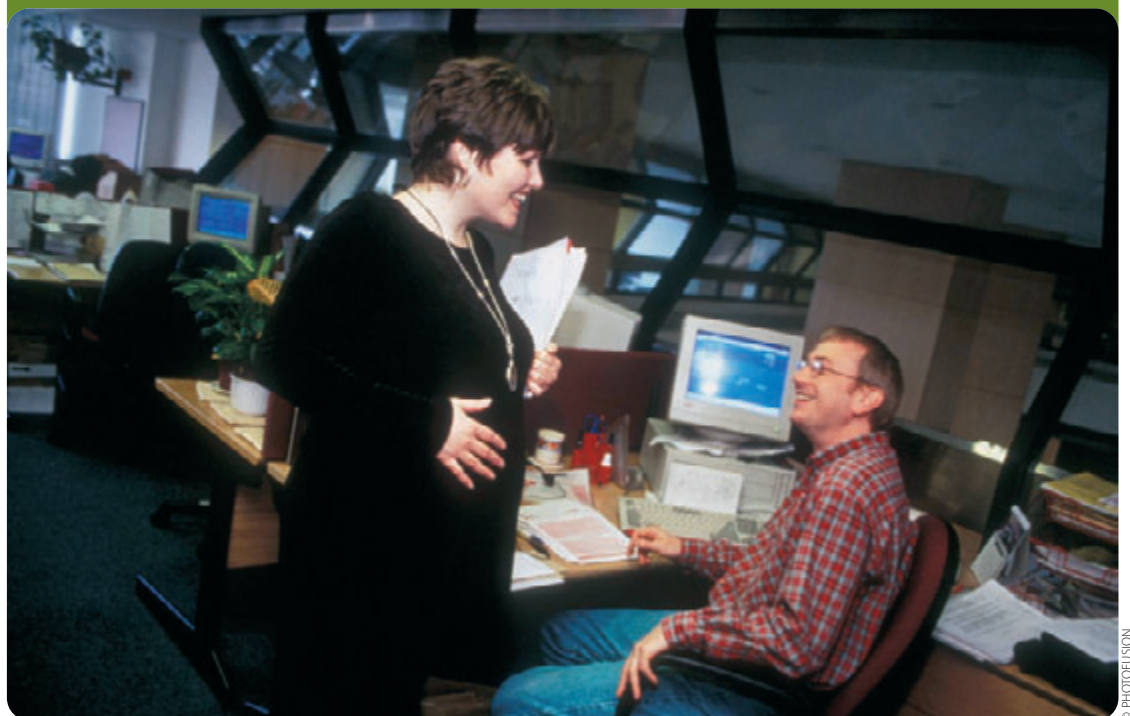
Having paid work and having a family are both known to be associated with life satisfaction, health and well-being. Work and family are places where people can enter into strong supportive relationships of different kinds, whereas social isolation associated with single parenthood, divorce, and unemployment has been linked to lower levels of health. A basic condition for improving the lives of young parents is to provide access to better employment

opportunities in combination with more family-friendly practices at work as well as easier access to child and health care, which would enable parents to provide for the social, emotional, and economic needs of their family. Economic pressure, low income, poor housing conditions and overcrowding are all associated with increased levels of family distress, less effective parenting skills, and a higher risk of separation and divorce.

Work can be challenging and fulfilling, but can also be stressful and demanding, boring, lacking in respect and recognition; undermining feelings of independence and control. There is evidence that people with jobs with higher pay, prestige and whose jobs seem more meaningful to them have better health and levels of psychological well-being.

Traditionally people have been thought of as resilient if they overcome adversities and

Relationships at home and work can be as effective as money or status in promoting well-being.



## POLICY IMPLICATIONS

- Recognise the variety of pathways leading to economic, social and emotional independence and maturity.
- Create opportunities for fairly-paid employment and working conditions that stimulate feelings of autonomy, participation, and control.
- Facilitate the combination of roles related to work and family by providing access to employment opportunities in combination with family-friendly practices at work and easy access to child care.

still manage to achieve a high income or occupational status. What seems to be more important, however, for life satisfaction is being happy at work and participating in social relationships (see Figure 5). The diagram shows that job satisfaction and being in a relationship are important influences on life satisfaction. Income and occupational status are far less important.

Is having a good job important enough to sacrifice family life? In fact, men and women pursuing a career and delaying parenthood are not more satisfied with their lives at age 30 than men and women already living as a two parent family. Although a relatively early step into parenthood is associated with a lack of career opportunities for both men and women, maybe different people have different priorities. For some, a sense of fulfillment and accomplishment may be just as well achieved through family life.

Putting too much stress on educating young people in skills that will enable them to become more productive workers is not sufficient. We should rather be concerned to build up the kind of capabilities that will allow them “to lead the lives they have reason to value and to enhance the real choices they have” (Sen, A., 1993, see Section 2). We should reconsider what makes ‘a good life’ or what defines successful transitions by paying more attention to the importance of social relationships and the way people relate to each other, and how they care for their families, friends, and colleagues.

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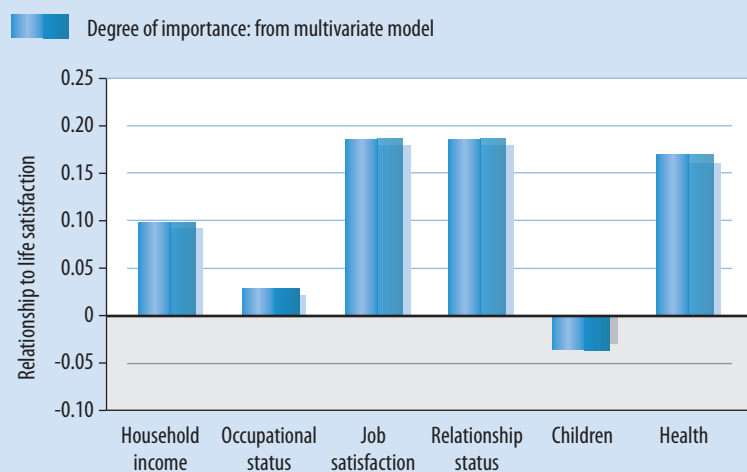
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**FIGURE 5: WHAT IS THE MOST IMPORTANT FOR LIFE SATISFACTION AT AGE 30?**



What is most important for life satisfaction among employed men and women at 30 years of age? Job satisfaction, relationship status and general health are the most important predictors of life satisfaction.

Figures on the left hand axis are standardised betas and can be squared to obtain unique percentages of variance accounted for in overall life satisfaction. All coefficients are significant at the  $p < .001$  level.

# b

## Beating poverty

PEOPLE LIVING in poverty face formidable odds. Poverty usually wrecks the chances of good health and well-being. Poorer people are much more likely to face living in places where the facilities and services have been stripped away or overloaded; to have multiple problems and contact with many different

support agencies; to be unable to access essential services, lacking access even to health care and education services in some cases; to have to rely on the state for income and to have poor health and poor life chances.

Poverty is not simply 'not having enough

Whilst most people are crushed by poverty, a few seem to have beaten the odds, from whom, positive lessons for public policy and practice can be learnt.

### Surviving despite poverty

(Q6.1) "I thought, right ok, we live in a good community, up to the pub, notice on the notice board: 'If anybody has got any spare furniture that they want to get rid of please ring Valerie and Pete on this number'. We completely furnished her home within a week, including carpets. And people were coming for months after with microwaves, toys, all sorts, honestly you would never believe the generosity of people on this estate. It was fantastic. I got more help from the people off this estate than I got from my own family and the statutory agencies that were supposed to be there for that sort of thing." *Grandmother living in an inner city area, North West*

(Q6.2) "The estate has come on leaps and bounds, but that there wasn't really anything wrong with the estate but there was something wrong with the council and the local housing office. They needed training."

*Father living on a deprived estate, Wales*

(Q6.3) "It's easy to personalise the problem when it's actually a wider problem and not just your fault." *Mother living in poverty, North West*

(Q6.4) "And they've started these co-operatives now and they're selling fresh fruit and veg in some of the Communities First areas where they



deliver to local people and things as well now. They buy in fresh fruit and package it up and they were saying that over fifty percent now of the households in my catchment area are taking that up, which is amazing."

*Welsh community worker*

(Q6.5) "We have talked about a huge black economy in a way round here ... I think it's like odd jobs ... And I think there's quite a lot of that really that goes on ... they might not even be trained in it, but are pretty handy, so they'll go and do a job for someone for a couple of hundred quid because if they pay a builder it's just too expensive ..."

*Welsh community worker*

### Escaping poverty

(Q6.6) "One of the ladies works for us she actually started off as a volunteer before I came, she's come into this office, doing franking letters and posting letters and then she's done the Business Admin., and she's done her English course, and she actually applied for one of the posts last year and got one of the posts. And there's lots of little success stories like that about."

*Sure Start professional, North West*

### Tackling the wider consequences of poverty and its impact on a neighbourhood

(Q6.7) "Well I think it was mainly within the Pakistani community that people just got fed up of prostitutes sort of plying their sort of trade around sort of street corners, women being hassled by people from outside the area. And just a general disintegration of the area as a sort of centre for drugs and prostitution. But people just said 'Enough is enough', and they had street patrols, they used to sit twenty-four hours a day on the corner, monitoring people, monitoring cars that came into the area ... So it was really direct tactics." *Researcher talking about a community in the West Midlands*

*Sources: Canvin et al, 2006; Mitchell et al, 2006.*

## POLICY IMPLICATIONS

- As a matter of priority, regeneration of poor areas should include replacing 'hollowed out' services and providing social facilities that allow a neighbourhood to become a community. Services need to be based on trust and respect, as detailed in Chapter 10 ('Designing resilience-enhancing services').
- Housing policies that have helped create ghettoisation, with the resulting overwhelming of the local infrastructure, should be re-designed to halt (and start to reverse) the process.
- Provision of adequate social security benefits that allow people living in hardship to participate in the life of their community is critical to their well-being. Continued shortcomings in benefits, coupled with low take-up of some, need to be addressed.
- Intensified efforts are needed to provide non-judgemental preventive health services in poor areas that allow residents to maintain or regain health.
- Provision of educational opportunities, from pre-school daycare to life-long learning, is one of the most effective ways of helping people escape poverty. High quality, affordable childcare is key to both children's early development and to releasing parents' time to participate in learning and employment opportunities.
- Paid employment and entry to the labour market have been seen in recent years as the principal pathway out of poverty and welfare dependency. It is undoubtedly important to provide increased opportunities to gain skills to improve chances of employment. Our research, however, cautions against concentrating efforts solely on employment at the expense of activities that help people build self-esteem and the social interactions that will help them release their capabilities.

money'. It is also about being excluded from the normal social interactions in society, with profound implications both for those in poverty and for those frontline workers who engage with the poor. Policy-makers in Britain have tended to view some sections of the poor population as somehow 'deficient'. They suggest, sometimes quite openly, that the causes of poverty are the inadequacies of the poor. Although this 'victim blaming' has reduced over time, 'poor parenting' has in particular been an enduring theme in explaining how poverty continues into the next generation.

### What's new in this research?

Rather than focus on how poverty grinds people down, our research has attempted to identify factors and capabilities within families and hard-pressed communities that help them 'beat poverty' – that is, to cope with, or to get by despite living in, poor circumstances. Beating poverty may be approached from two perspectives. First, it is becoming clear that poverty and disadvantage can have different impacts, depending on the presence or absence of protective factors. One line of enquiry, therefore, seeks to understand more about the factors that protect the health and well-being of people who continue to live in poverty or in disadvantaged areas, enabling them to survive the experience. Second, 'beating poverty' could entail escaping the state of poverty. This then involves exploring the main 'escape routes' out of poverty and how these could be opened up.

The quotes opposite give examples of how people living in poverty have beaten the odds – how they manage, how they have turned their lives around – and the factors that are key in this respect. Not everyone overcomes this adversity; many are crushed by poverty, but there are positive lessons for public policy and practice from those who have beaten the odds.

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# 7

## Adult consequences of childhood adversity

A POSITIVE childhood environment may act as a resilience or protective factor in two ways. First, people who had a warm and secure relationship with their parents in childhood may have better mental health regardless of later life. Secondly, a positive childhood environment may lead to the development of a 'resilient' personality. This chapter reports on some new research using the Whitehall II study, a longitudinal study of more than 10,000 people working in the civil service in London. Participants in the study were asked about their experiences in childhood, and these were related to career attainment and mental health when they were aged 45–65.

The ways in which parents and other caring people relate to children may have an effect on how resilient they are if they meet

with problems in later life. One way in which this may happen is that a child's early relationships to the people who care for her or him can influence what is called 'attachment style' in adulthood. A person's attachment style is the way in which she or he feels about relationships. Some people feel quite safe and trusting towards others while at the other extreme some people are very anxious or may avoid closeness for fear of being let down. Styles of attachment develop from early relationships with parents and carers and are maintained into adult life. We found that a warm parental style was the most important predictor of adult attachment style. Because poverty and disadvantage influence the ways parents behave with their children, they can also have an indirect influence on the attachment style a person

The consequences of adversity in childhood persist into later adult life



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## POLICY IMPLICATIONS

- Adversity during childhood persists into adult life and is manifest in poorer adult mental health and lower resilience in the face of later problems.
- Reducing material and emotional deprivation in childhood encourages development of more secure relationships in childhood and adulthood.
- Both economic and social interventions are needed to move families out of material deprivation and to support those parents experiencing difficult circumstances.

develops as they grow to adulthood.

Men and women in our study with less anxious and more secure attachment styles had better mental health. Positive childhood emotional experiences and lack of material deprivation in childhood were also associated with good mental health in later adulthood.

But did an emotionally warm childhood make people more resilient when things went wrong for them later in life? There was some evidence that people who did not experience emotional deprivation in childhood were less likely to experience mental health problems when they lost their jobs. However, this was not because of their personality type: attachment style by itself did not protect people's mental health if they lost their jobs, or if they experienced high job strain or physical illness.

We did find that attachment style acts as a source of resilience in people's work careers. In study members who had not had higher levels of full-time education, those with a secure attachment style were more likely to progress to the higher grades with more pay and status. The people who did have higher education levels could get to the top regardless of this aspect of their personality; they did not seem to need the extra resilience in order to succeed in their careers.

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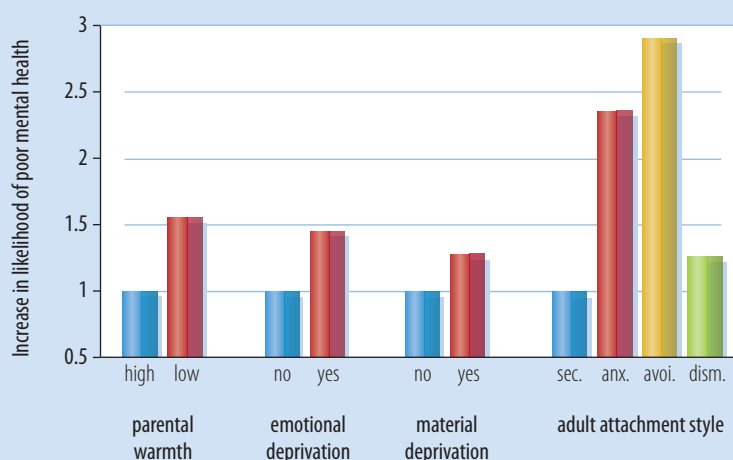
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**FIGURE 7: CHILDHOOD FACTORS AND ADULT ATTACHMENT STYLE AS RISK FACTORS FOR POOR MENTAL HEALTH**



The figure shows the increased risk of poor mental health in adulthood by childhood experience and adult attachment style (secure, anxious, avoidant, dismissing) after taking account of differences in risk of poor mental health by age, sex and employment grade.

# 8

## Area deprivation

IN VERY DEPRIVED areas we expect to find poor health and higher rates of death. This is partly because deprived areas contain residents whose experiences of a life in poverty have made them ill, and partly because the harsh social and physical environment in deprived areas can also damage health. However, the connection between deprivation and poor health in an area can sometimes be weakened. In Britain, there are a small number of very deprived areas that show strong evidence of 'resilience' – the risk of death is lower than in other similarly disadvantaged places. There are only a few of these areas, some found in London, others in the Midlands, North West England and in South Wales. And although people in resilient poor areas live longer, they do not

live as long as people in wealthier parts of the country.

### How does resilience happen?

There does not seem to be any single reason why some economically deprived areas have better health. Yet, they do seem to have some characteristics in common which may help. In general, when an area suffers economic decline and jobs are lost, sick people are less well able to move away. Local services become overloaded and there are not even enough healthy people to take up new jobs that may open up. But in some areas, measures were taken which helped to keep healthier people from moving away when the economy turned down, and even to attract new people. One successful strategy was

There are some deprived areas in Britain where characteristics of the communities, and local policies, seem to have helped keep residents healthier than we might expect.



## POLICY IMPLICATIONS

- Local housing policies to assist in retaining and attracting population are important for protecting the health of an area following economic downturn. These must cover the social and private housing sectors.
- Strong social bonds are important. The provision of places where communities can meet and interact will help to foster these.
- Informal labour markets where residents work for each other in the 'black economy' can be a useful source of services and income in deprived areas – both of which may protect health.
- Most deprived areas do not beat the odds. Tackling deprivation itself remains the most important means to prevent poor health and health inequality.

action to maintain and renew the housing stock in an area. Where this happened, more of the resident population stayed put and new people came to live in the area. Strong communities with good networks of social relationships also appear to have helped these areas cope in the face of economic problems. It does not appear to matter what 'the glue' is which holds a community together: there are examples of a common ethnic or religious identity, and of a shared industrial history, such as being a mining or car-building area. Having something in common helps communities work together to tackle social and economic problems, and to cope with difficult circumstances. All the resilient areas studied both had protective social networks and benefited from new initiatives designed to help in the face of economic decline.

### What more work needs to be done?

Whilst we can identify resilient areas, the characteristics of their communities and the

more successful new policies, an important question remains. Why do these policies, characteristics and practices lead to better health in some deprived areas, but not in others? At present we have no answer to this.

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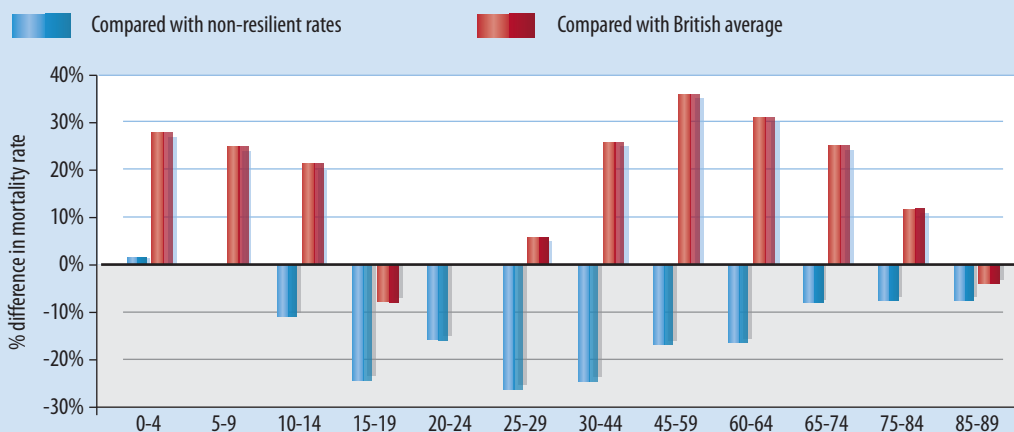
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FIGURE 8: THE DIFFERENCE IN MORTALITY RATES BETWEEN RESILIENT AND NON-RESILIENT AREAS



The graph shows the difference in mortality rates between deprived areas which are resilient and not resilient, and between resilient areas and the British average. For example, the mortality rate for 30-44 year olds in resilient deprived areas is about 25% lower than it is in non-resilient deprived areas, but still about 25% higher than the British average.

# 9

## Social participation, social support and resilience in older people

OLDER PEOPLE in Western industrialised societies are remaining healthier and wealthier through early old age than ever before. The notion of living to one hundred these days smacks less of science-fiction and more of continued productivity, planning and long-term provision.

For many people, higher pensions now make retirement a time of greater freedom and the opportunity for creative pursuits. This has been called 'the Third Age', a new phase in the life course dedicated to self-realisation and continued personal development. It is equally important to recognise older people's social contributions, i.e. recognising their roles in the care and education of their

grandchildren, and as supporters of community maintenance and development. The majority of older people participate in voluntary work, or some form of community involvement and many play a major role in looking after their grandchildren.

Having paid work beyond the normal retirement age (as long as it is done voluntarily rather than because of financial hardship) seems to improve quality of life, as does volunteering and being involved with grandchildren. What these activities have in common is that they all help to maintain a person's involvement with a social network of workmates, friends and family.

People who have plenty of contact with a

Exploring the contributions older people make to the communities in which we live shows us the ways that older people support others – and how this support has benefits for health and well-being of all.



## POLICY IMPLICATIONS

Policies that improve quality of life in people as they grow older will aim to:

- Make sure that older people know their rights under the age and disability discrimination regimes.
- Reform tax credits for disabled people to enable older people to continue working even if their health is no longer perfect.
- Provide flexible retirement schemes which ensure that people do not lose out on either pensions or tax credits if they withdraw from work gradually.
- Encourage older people to continue with vocational learning; abolish the age limit to student loans, to open the way for greater equality of opportunity in education.
- Family doctors could use a simple checklist about quality of relationships with family, friends and neighbours to identify those most at risk.
- Offer greater support for carers.

social network of this kind tend also to receive higher levels of social support. Contact with others means that they have someone to talk to when they are feeling worried or low, someone to ask for practical help, and that they feel that they are valued and important in the lives of others. One reason we think that good, accessible and affordable public transport is important (see Chapter 2) is that it makes social contact easier for a wide range of people regardless of their income, age or disabilities.

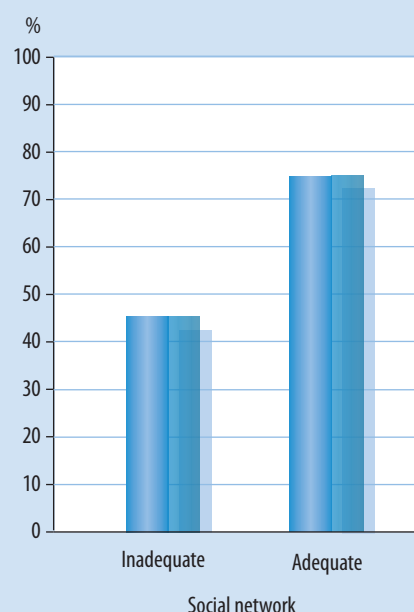
Figure 9 shows how social support of this kind helps older people to maintain their quality of life if they develop an illness. In this way, we can say that involvement in family and community is a source of resilience during older age.

Like younger people, older people are a lot less likely to have a high quality of life in the presence of a limiting long-standing illness. Only 45% have a good quality of life if they also have a weak social network. However 66% of older people with a long term illness have a high quality of life if their social network is good. This is why we can say that having a social network is a source of resilience in the later years of life.

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**FIGURE 9: PROBABILITY OF HAVING A HIGH QUALITY OF LIFE WITH LIMITING LONGSTANDING ILLNESS: INFLUENCE OF SOCIAL NETWORK**



# 10

## Designing services that enhance resilience and well-being

WE LISTENED to people living in financial hardship and to social welfare workers talking about what helped or hindered them in their day-to-day lives (see Canvin et al, Key Sources). These are some of the points they made about designing better services.

### Living in hardship

One critical aspect of living in hardship is high levels of isolation and anxiety. Lack of resources plays a part, but so too does lack of time. It takes enormous reserves of time and energy just to 'get by'. People are too busy just coping with day-to-day struggles to participate in extra activities. The growing surveillance culture, inducing a feeling of being judged when going out or contacting services, means that people exclude themselves even further from potential sources of help and social contact.

Despite the odds against them, people show great resourcefulness in coping with such adversity. This includes advanced risk assessment capabilities in making decisions about which services helped and which hindered. Adequate material benefits and support services could be critical to their well-being, but all too often those in greatest need get the least support. The message that users are not valued, and indeed mistrusted, permeates many facilities in hard-pressed areas.

### Disrespectful services

It is not just the degraded physical environment; too often the way the services are provided is patronising and disrespectful of people's lives and experiences. This is most often felt as 'not being listened to' and being on the receiving end of highly prejudicial judgements. Hence, the capacities of the poor

The way that the services are given is as important as what is provided: those that show respect and earn the trust of the community help to enhance resilience for people living in adversity.

### Non-judgemental spaces

(Q10.1) "I started going to the toddler groups and all the staff are brilliant, it's dead friendly and I can approach them and they're never off with you. They just come over to see if you're all right and just have a chat and that to them. It's just normal conversation, it's not nosy and they don't care what your house is like when they walk in. None of them judge you. It's brilliant."

### Building self-esteem

(Q10.2) "Parentline Plus raised my self-esteem, my confidence. They acknowledged what I did know and what I could do and built on that, and I think that's what made the difference."

### Listening and responding to needs

(Q10.3) "They come to do the business course, and then they said yeah we want to do floristry and then after the floristry they'll be doing another one, whatever the majority want they'll try and organise. They've got a minibus going on a Wednesday to take people to College. It is really good living around here, they do a lot for you."

### Recognising and releasing capability

(Q10.4) "I've been able to do courses and things I wouldn't be able to do. I work with young mums and kids out of school. A lot now go to college, where they never went to college before."

They've all got a better outlook on life now. I think there were certain people telling them that they couldn't do things and we've had a more positive approach and telling them that they can do things. I think it's made a difference."

### Friendliness

(Q10.5) "Social Workers should have fewer cases – they're run into the ground. They don't have enough time with the client. How can you pass comment or have a hand in someone's life when you don't know them? People do things for themselves if they have a friend – someone who cares and looks out for you."

Source: Canvin et al.2006

## POLICY IMPLICATIONS

Several principles for designing more resilience-enhancing services emerge from these findings:

- Trust and respect: provision of non-judgemental space, where people in hard-pressed neighbourhoods feel they are welcome, is crucial. This involves building up trust and creating social spaces for participation in activities with people who share similar experiences (see Quotes 10.1–10.5). Provision must also be on the basis of respect – in deed as well as in word.
- Recognising and releasing capabilities: services must rid themselves of the legacy which sees those in hardship and poverty as being in deficit, and of less moral and social worth. Services that provide opportunities for clients to build self-esteem and confidence, and identify skills and aptitudes that would otherwise have gone unrecognised, are essential for improving life chances and individual well-being.
- Listening to and involving people: the needs and perspectives of clients and front-line staff should be at the core of service provision and design. Treating user groups and individual clients as a legitimate source of ‘welfare wisdom’ and incorporating their views is essential. User involvement plays a key role in acknowledging and releasing the often hidden capabilities of users, sometimes leading to employment, as well as enhancing the responsiveness and sustainability of services. Front-line welfare workers too are acutely aware of what should be provided and the deficiencies in existing provision. Too often they are not consulted, but should be brought into the policy-making processes.

and the disadvantaged are often overlooked and the approach is highly problem-focused and negative. These attitudes and associated assessment processes now embedded in welfare provision are major factors in undermining welfare service recipients and have many consequences. In some instances they lead those who are in need of assistance to refuse to engage with welfare agencies such as Sure Start, social services departments, and community nurses. Combined with their low expectations of public welfare provision, this leads some of the poorest to lean exclusively on a network of friends and family, who themselves may be in a similar position and command few material and social resources.

### Resilience-enhancing services

Some welfare interventions have been experienced as helpful and enhanced resilience. A key factor is when individual welfare professionals, either in the statutory or voluntary sector, have acted more akin to friends rather than as distant bureaucrats or professionals. Time and again, our research revealed that those welfare professionals who listened, who were not judgemental, gave their clients time, who were prepared to advocate for their clients and seek solutions which were appropriate to their needs, were

highly valued and made a positive difference to their lives (see box left). These were the exception, however, and when interviewed it was often the case that state welfare workers felt that their approach was despite their employing agency, rather than positively endorsed by the agency. Social workers in particular felt that local authority social service departments were so overwhelmed by their inadequate budgets and the demands from central government (endless performance targets and indicators) that their capacity to act as enhancers of resilience was severely curtailed.

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## CONCLUSIONS

This booklet represents a summary of three years work of a research network funded by the UK Economic and Social Research Council (ESRC). There were six projects: three dealt with the different phases of the life course from childhood to old age, two others looked at resilience and capability in different geographical areas, and one project concentrated on the ways in which social services may best act to support resilience.

A lot of the literature that inspired our work is included in the Key Sources sections of each chapter. But another major source of inspiration has been a programme of research on Health Assets being conducted by the World Health Organisation's European Office for Investment in Health and Development, a platform created specifically for policy-makers to enable them to draw from the latest evidence and know-how to address the social determinants of health. We hope that our work has contributed to this initiative, alongside, the WHO Commission on Social Determinants of Health, chaired by Professor Sir Michael Marmot, which is gathering evidence worldwide on this theme (see [www.who.int/social\\_determinants/en](http://www.who.int/social_determinants/en)).

The findings we present here are only steps in what will no doubt be a long process of discussion and debate. We would encourage anyone reading the booklet to contribute on our website [www.ucl.ac.uk/capabilityandresilience](http://www.ucl.ac.uk/capabilityandresilience) or email [c&rnetwork@public-health.ucl.ac.uk](mailto:c&rnetwork@public-health.ucl.ac.uk). Journal papers and book chapters based on the work will continue to appear for some time and will be listed. The website also contains full details of the work of all the projects and how to contact project leaders and staff.

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