

Running Head: FAMILY RESILIENCE AND ITS IMPLICATION

Exploratory Study on Family Resilience and Its Implication on Child Protection: The
Case of Poor Families in Woreda 10 of Kirkos Sub-City, Addis Ababa.

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ACRONYMS

ACRWC African Charter on the Rights and Welfare of Children

AIDS Acquired Immune Deficiency Syndrome

BOWCYA Bureau of Women, Children and Youth Affairs

HIV Human Immune Virus

HTP Harmful Traditional Practice

NGO Non-Governmental Organization

UK United Kingdom

UNCRC United Nations Convention on the Rights of Children

UNICEF United Nations Children's Fund

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ABSTRACT

From field work experiences on areas of child protection programs which were undertaken by different non-governmental organizations, the author of this thesis paper understood that most of the human service practitioners actually imposed their own brand of program strategies and policies on the community of concern rather than being well informed by the realities of the target groups upon engaging their active participation in all endeavors and building up on the existing potentials. Most of the time, destitute people are not believed to have talents of their own to cope up with adversities and strive for better life. Their half empty side is rather made bold. Such practices, at least until to date, made most intervention efforts ineffective and short-term bound. On the other hand, a great deal of literatures shows that destitute people such as families in poverty have their own strengths as informed by both nature and their ecological environments. Such hidden talents of people in distressing situations which help them cope up with it and strive for good futurity are known by social scientists as resilience. Thus, the overall premise of this thesis paper was to explore the resilience of poor families and its implication in child protection thereby to promote resilience-based intervention initiation to be undertaken by both State and non-state actors. Qualitative research with case study design was used and small number of information-rich cases of poor families (five households) and two community workers were selected purposively for in-depth interview. Observation and review of secondary data were the additional data gathering tools employed. Multiple protective factors were explored, but they were found far from being easily accessed and utilized by the poor. There were also lots of risk factors identified. The distressing situation was found as the central point in each household of the poor families to unite them together than was before which in turn was understood to strengthen their capacity to jointly cope up with the distressing situation. Families in poverty were found seeking opportunities for self-reliance up on their own efforts than relying on mere support from actors. Thus, the information embedded in this thesis is believed to be significant for human service actors as it will help them review their approach that they used to working with the poor as well as for prospective researchers because the very essence of the research created the foundation for the need of further exploration as per the recommendations suggested at the end of the page.

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Introduction

Background

This is a thesis on exploratory study of the resilience of families living in poverty by taking the case of Woreda 10 of Kirkos Sub-City, Addis Ababa. The study site is one of the slum areas in Addis Ababa where the most disadvantaged community is found. According to 2003 Census, there are a total of 22,086 residents (10,294 males and 11,792 females) in the study area. Accordingly, there are a total of 5,485 families of which 3,042 are male headed where as 2,443 are female headed families. These statistical figures were taken from the district of the study area while working on community assessment work undertaken in a group to which the researcher belonged for the course of Integrated Social Work Methods I. There were visible social problems in the area when viewed from such perspectives as the social, economic, housing condition, and availability of human services.

A qualitative case study with content analysis was employed in the study. In an effort to appropriately respond to the research questions, five families and two key informants were purposefully selected to be the research participants. Interview guidelines for in-depth interviewing, observation and review of authentic secondary data were the data gathering tools employed.

Multiple protective factors were explored, but they were found far from being easily accessed and properly utilized by the poor to successfully cope up with their distressing situations. There were also a lot of risk factors identified in the study site which range from those which are limited in the locality to those which are global in extent. The distressing situation was found as the central point in each household of the poor families to unite them together than was before which in turn was understood to strengthen their capacity to jointly cope up with the

distressing situation. Families in poverty were found seeking opportunities for self-reliance up on their own efforts than relying on mere support from actors. There were no professional social workers found in the respective sector office under the Woreda administration Bureau to handle the social welfare issues in its jurisdiction in the spirit of the principles of social work practices. The communication and organizational pattern of the families were found functional. Families were also found to have high responding and demanding attitudes towards their children. All these were understood to create a fertile ground for children to foster their resilience.

Statements of the problem

Most of the time, early efforts made to understand the function of a family especially towards child protection were focused on a deficit approach, which followed a need-based rather than an asset-based philosophy. In the course of the career route in different non-governmental organizations which are mandated to deliver human services of different types, the researcher learned that, irrespective of whatever seemingly good approaches on the paper, the actual entry point of most actors to the community of concern to work on areas of care and protection of vulnerable families and children had been making use of the deficit lenses, that is identifying the gaps to fix. However, this has a negative implication as it devalues the historically and culturally valued resources of children, families and communities in general rather than strengthening and/or building upon it.

This deficit model of family intervention approach literally examines problems, diseases, mal-adaptation, incompetence, deviance, etc. The emphasis has been placed on identifying the risk factors of various kinds. The above understanding by the researcher has much to do in common with some research findings. Becvar (2013, p.31), for example, stated the finding by saying that “for many years the study of family processes was focused on deficits. Researchers

were interested in learning what contributed to harmful behavior in families.” Similarly, “We have a long history of focusing on the causes of disease, deficits, and behavioral problems. Therefore, we tend not to be proactive in terms of preventive measures, and the responses to crisis generally have not been strength-based.” *Ibid*, p. 58

Such a deficit approach of interventions on the wellbeing of family and children, whether in development and/or emergency contexts, will inevitably bring about a range of both programmatic and psychosocial problems on the family of concern. It undermines the long-lasting supportive culture of the family and community, lowers the sense of ownership of the program by the family and community, overlooks indigenous resources, enhances dependency and thereby makes the intervention only short-term bound.

On the other hand, exploring and recognizing the existing but hidden potentials of families in poverty that they may use to better cope up with adversities irrespective of their current circumstances has a lot to do with the upcoming intervention strategies to be in place. It helps practitioners have insights to use a resilient-based family assessment strategy in their interventions. Different researches done on cumulative stress, for example, as reviewed by Becvar (2013, p. 69), supported this idea as follows.

...Some families may do well with a short-term crisis but buckle under the strains of persistent or recurrent challenges, as with prolonged unemployment or a progressive disease. A pile-up of internal and external stressors can overwhelm the family, heightening vulnerability and risk for subsequent problems. Multi-stressed, under-resourced families, most often in impoverished minority communities, are often blamed for their difficulties. In contrast to problem-focused interventions, which can increase

parents' sense of deficit and despair, strengths-oriented family therapy approaches affirm and enhance family confidence, competencies, and vision for the future.

This implies the fact that the previous efforts made both in intervention as well as in research endeavors were focusing on the deficit models leaving behind little knowledge about the resilience-based initiatives. Hence, this thesis was aimed to respond to some fundamental questions to explore the assets of families in poverty and its implication in child protection thereby to pave the way for promoting a subsequent resilient -based planning and intervention initiation to be undertaken by all actors for the wellbeing of families and children living in a disadvantaged position. In doing so, Walsh's (2012) family resilience framework was validated in Ethiopian context to see its realities.

Research questions

To pave the way for the collection of relevant information to respond to the core problem of the research for which this thesis was designed to make answers, some fundamental questions were developed as follows:

General question: The overall question of this study was why some people seem to thrive better under challenging circumstances than others?

Specific questions: The following were specific questions to be attempted in the planned research

- 1) What are the risk and protective factors in the context of children and family wellbeing?
- 2) What factors help families living in poverty to remain on top of adversities?
- 3) How practitioners approach families and children living in poverty in their efforts to protect and promote their wellbeing?
- 4) Do families living in poverty actually have a contribution for their children's positive outcome in terms of protection and development?

Purpose of the study

The very purpose of this thesis was not to explore the psychology of resilience in depth, rather to identify factors related to resilient outcomes of families and its contribution to child protection by taking the case of poor families living in Woreda 10 of Kirkos Sub-City, Addis Ababa, thereby to help guide policy makers and practitioners in developing policies and interventions to help protect more children from the negative consequences of living in distressed communities and the stresses of poverty.

For the purpose of this study, family resilience is defined as the capacity and capabilities of families in poverty to withstand adversity.

Objectives of the study

General objective: The general objective of this thesis was to uncover the hidden potentials of families living in poverty in views of its roles in child protection thereby to contribute to the promotion of resilient-based planning and intervention approaches.

Specific objectives: The specific objectives of this thesis include the following:

- 1) To explore the risk and protective factors in the area of children and family protection realm.
- 2) To identify those factors which can help families surmount adversities.
- 3) To understand the practitioners' traditional way of approaches in their efforts to keep and promote the wellbeing of at-risk and vulnerable families and children.
- 4) To undertake a close exploration on the resilience outcomes of families living in poverty in light of its contribution to their children' protection and development.

Significance of the study

As mentioned so far, most intervention works on disadvantaged groups, at least to date, focuses predominantly on repairing deficits rather than on recognizing, developing and building up on the existing strengths and assets. However, a strength-based approach for interventions, especially at community level, towards the protection and wellbeing of the vulnerable groups such as children and families is the contemporary issue which worth emphasizing in regards to intervention efficiency, effectiveness, and sustainability. Some researches such as Becvar (2013) support this idea.

In order to be as effective as possible when working with members of vulnerable populations, I believe we need to move from an individual focus to a focus on families, as well as moving from a problem-response mode to a preventive, strengths-based, solution focus. Resilient families are successful in achieving their own goals. More than merely surviving, they thrive in response to the challenges of both expected and unexpected crisis and change. Resilience is facilitated as healthy processes if families are encouraged and supported. (P.59-60)

Therefore, the study was believed to have an incredible significance for practitioners (social workers, family therapists, nurses, etc), policy and decision makers and for researchers as follows.

For practitioners: first it will help them to understand what family resilient is all about as it is a new concept, and second it will help them have the insights as to the advantages of using a resilient-based approach in terms of program effectiveness and sustainability in their intervention efforts in helping children and families. Hence, practitioners may use a resilient-based philosophy where they use empowerment and self-sufficiency concepts by nurturing and

enhancing the resiliencies of the vulnerable groups rather than understanding themselves as experts and target groups as mere recipients. In other words it will be important for all practitioners to counter pessimism about adversity and determinism. It will help them shift the focus from problems, pathologies and negatives to strengths and opportunities.

For policy and decision makers: this study will help them follow an evidence-based way of designing policies and making decisions in regards to families and children at disadvantaged positions.

For researchers: this study may serve as a foundation for further studies depending upon the subsequent recommendations made.

Limitation

This research was done with one limitation. It was a case study making use of cross-sectional research design. Five cases were taken purposively from the community. The cases can't represent the whole population in the locality. Furthermore, the very nature of the study subject, that is, family resilience, is context specific and dynamic in character. Thus, this research has a limitation to make generalization to the whole population depending upon such a snapshot (one time) of exploration on limited number of cases.

Conceptual framework of family resilience

The framework of the process of family resilience (Walsh, 2012, p.406), was taken as the focus of this research in views of its reality in Ethiopian context, and it has three phases and nine steps (each phase with three steps). It has been pictorially described by the researcher as follows.

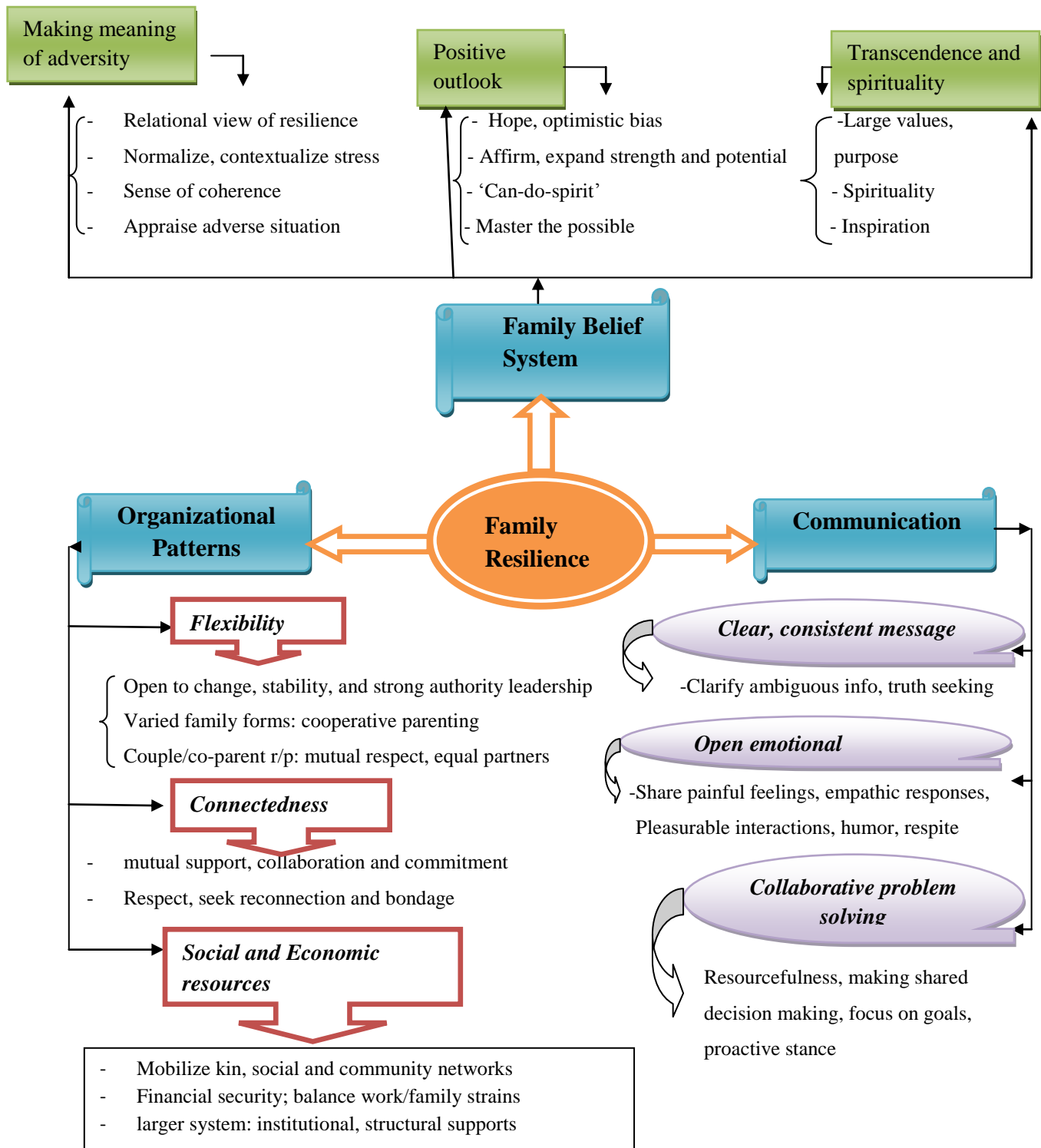


Figure1: Conceptual framework of the process of family resilience.

Source: Adapted from Walsh (2012, p.406) as pictorially diagramed by the researcher.

Conceptual definitions of terms

Adverse situation: A situation embodied with a range of social problems that is likely to impact on the family environment and affect positive child development.

Asset: Untapped resources at individual, family, community and societal levels at large.

Child protection: Actions undertaken for the protection and promotion of the wellbeing of children as per the spirits of their rights enshrined in UNCRC (1989).

Child: Every human being below the age of eighteen years unless under the law applicable to the child, majority is attained earlier (UNCRC, 1989)

Family: Any combination of two or more persons brought together over time by ties of mutual consent, birth and/or adoption, who, together assume responsibilities for family function.

(Benzies and Mychasiuk, 2008)

Poverty: Can be of two types: absolute and relative. *Absolute poverty* refers to a state in which income is insufficient to provide the basic needs to sustain life (i.e. to feed and shelter children).

Whereas *relative poverty* refers to income or resources relative to average (Katz,I., Corlyon, J., Placa, ., & Hunter,S., 2007)

Protective factors: The circumstances that moderate the effects of risk (The Bridge Child Care Development, 2007)

Resilience: An individual's or family's abilities to function well and achieve life's goals despite overbearing stressors or challenges that might easily empire the person or families (Mullin and Arce, 2008)

Risk factors: Any factor or combination of factors that increase the chance of an undesirable outcome affecting the person (The Bridge Child Care Development, 2007)

Literature Review

Historical evolution of family resilience

Studies show that, historically, the first essence of resilience has come from ecological perspective at around half a century. Folke (2006) stated that “The resilience perspective emerged from ecology in the 1960s and early 1970s through studies of interacting populations like predators and prey and their functional responses in relation to ecological stability theory.” (p. 254). According to the study, ecologists use the term resilience to refer to the tendency of an ecological system to return to its previous state after a perturbation/disruption.

On the other hand, the concept of resilience in the physical sciences refers to a quality of a material or an ecosystem (Ungar, 2012). According to Ungar, a trestle is more or less resilient depending on its capacity to recover from load bearing and return to its previous state unchanged. A natural environment that sustains an industrial disaster and recovers also demonstrates resilience. According to Ungar, the term resilience, then, started to appear with frequency in the psychological science in the 1980s and was a metaphor for the ability of individuals to recover from exposure to chronic and acute stress.

The phenomenon of family resilience as a study area of interest by behavioral scientists was, therefore, started four decades ago. “As a paradigm shift from psychopathology to the identification of protective and risk factors, which differentiate resilient individual from non-resilient individuals, resilience as a concept emerged in 1970s.” (Thomas and Reifel, 2012, p. 18). According to Ungar (2012), Anthony’s notion proclaimed in support of his argument was psycho-immunization in which early or current experiences of stressful events, when combined with high social support, were shown to be less likely to be pathogenic. The individual was thought to develop “invulnerability” to later risk exposure. In connection to this, another study

also tried to compare resilience and risk in views of their philosophical roots of perspectives from which they were explored. For example, Little (2003) stated that “Garmezy (1994) contrasts risk research and its roots in epidemiology, with resilience research and its base in the drama of the ‘American Dream’-the view that anyone can succeed if they work hard” (p. 10).

Focusing on the perspective of the first study population which was considered to study resilience as well as of the study area or subject matter to explore, some other studies in behavioral science also traced the historical origins of the development of interests by scholars to children and their competence. According to Mackay (2003), on the work of reviewing facts on family resilience and good child outcome, stated that “historically, researchers interested in resilience have focused on attributes of children that are associated with positive adaptation under adverse circumstances. For example, academic competence or a sense of self efficiency” (P.99).

The concept of family resilience

Family resilience is the core idea of this thesis paper, and therefore, the researcher finds it essential to separately explore what each concept entails in related literatures before embarking on to examining family resilience as a whole.

Family: The word family is defined differently by different scholars in views of their own perspectives. But for the purpose of this study, the following definition worth considering. “any combination of two or more persons brought together over time by ties of mutual consent, birth and/or adoption, who, together assume responsibilities for family function.” Vanier Institution of the Family, 2004) as cited in Benzies and Mychasiuk (2008, p. 104)

Resilience: The definitions and /or descriptions of resilience have been made with different emphasis on different elements, but all are found to have the same meaning. For example,

Becvar (2013, p. 52) defined it as “...the capacity and/or the demonstrated ability not only to bounce back from adversity but also to do so in a manner that indicates an increase in strength and resourcefulness.” On another study by Rutter (2012), it was defined as follows.

... reduced vulnerability to environmental risk experiences, the overcoming of a stress or adversity, or a relatively good outcome despite risk experiences. Thus, it is an interactive concept in which the presence of resilience has to be inferred from individual variations in outcome among individuals who have experienced significant major stress or adversity. (p. 336)

In a study conducted to examine the child welfare workers’ knowledge to use a resilience-based approach in their intervention, Masten and Coatsworth (1998) defined resilience as “manifested competence in the context of significant challenges to adaptation” as cited in Thomas and Reifel (2010, p.18). Similarly Coatsworth (2003) defined it as

Resilience is the process of adapting well in the face of adversity, tragedy, or high levels of stress. It has been used to mean the processes by which children, youth, and adults *withstand* those sources of challenge and also the patterns of *bouncing back* or *recovering* from such conditions.....resilience may be most aptly defined as a ‘category’ or ‘classification’ of individuals that is based on two judgments: (1) that they are experiencing relatively competent social and emotional functioning, and (2) that they have been exposed to some serious adversity or risk that would lead most to believe that their adaptation would be impaired for some period of time. When individuals show a pattern of good adaptation despite risk, they are classified as showing resilience (p.2).

According to Hill, Stafford, Seaman, Ross and Daniel (2007, p. 3), resilience is comprised of three elements as defined in the following way “...the process of, capacity for, or

outcome of successful adaptation despite challenging and threatening circumstances”.

Accordingly, resilience as a process refers to the quality of the strategy which an individual, family, or community pursues to make use of both the internal and external resources. Resilience as a capacity refers to the mechanisms that cause good outcome, whereas resilience as an outcome refers to a relatively good functioning or well-being.

Resilience as outcome is sometimes portrayed as *comparative* when people do better than expected or than ‘normal’. Sometimes resilience is identified when an individual in difficult circumstances does as well as the average person not facing the same pressures or hurdles to overcome. It can also mean being less affected than others who experience similar adverse experiences. It may entail being affected like others, but recovering more quickly or better afterwards. Hence, resilience does not always involve doing well during or even shortly after stressful circumstance, but in the longer term. (Hill et al, 2007, p. 3)

According to Hill et al (2007), resilience can be applied in three ways depending up on the time of adversity. It may be applied 1) prospectively where people will develop their capacities that will help them manage future adversities, 2) concurrently where people cope successfully during adversity, and 3) retrospectively where people recover well from the adversity that they have already encountered.

All of the above definitions entail that resilience is the dynamic process and/or outcome of the inherited attributes of an individual, group, family, or community as a function of its struggle with life’s many challenges either retrospectively, or concurrently or prospectively just depending up on the time of adversity.

Family resilience: The concept of family resilience seems to comprise of the above definitions.

“...a family’s abilities to accomplish specific goals despite the demands and risks associated

with living in poverty” (Mulline & Arce, 2008, p. 425). Black and Lobo (2008) defined family resilience as “the successful coping of family members under adversity that enables them to flourish with warmth, support, and cohesion. An increasingly important realm of family nursing practice is to identify, enhance, and promote family resiliency.” (p. 33). Similarly, Becvar (2013, p.52) described it as

...the path a family follows as it adapts and prospers in the face of stress, both in the present and over time. Resilient families respond positively to these conditions in unique ways, depending on the context, developmental level, the interactive combination of risks and protective factors, and the family’s shared outlook.

In addition to the above definitions, (*Ibid*, 2013, p.4) defined family resilience as follows:

...the positive behavioral patterns and functional competence individuals and the family unit demonstrate under stressful or adverse circumstances, which undermine the family’s ability to recover by maintaining its integrity as a unit while insuring, and where necessary, restoring the wellbeing of family members and the family unit as a whole.

In all of the above definitions, though put differently by different scholars as per their different emphasis on different elements, the meaning is the same in that it calls for taking stock of the inherent capacities and capabilities of families as a unit that they use to thrive into their fruitful future by struggling with the adverse circumstances they encountered. Furthermore, collective efforts as a unit to be exerted to withstand adverse situation seem to be highly emphasized in the very essence of family resilience. “Resilient families are not necessarily those who emerge from crises as bright and shining stars, they are those families who struggle well” Becvar (2013, p. 32).

The description of the phenomenon of family resilience as seen in different studies including the above definitions is explored in the context of both protective and risk factors. In other words, family resilience is viewed as being both the process and the outcome of the dynamic interaction between protective and risk factors. For example, Mackay (2003) stated that ...successful engagement with risk is a key element in regards to the concept of family resilience. A family can be considered resilient where it has encountered adversity and coped successfully with the challenge. This has led to a focus on family strength-those qualities that allow families to cope successfully with challenges to their wellbeing (p.99).

Similarly, Coyle (2011) defined resilience as “it is an ongoing process in which protective factors interact with chronic or acute risk factors resulting in positive outcomes (Condly, 2006). Risk and protective factors occur at individual, family, or community levels and may be situational or ongoing.” (p. 1). In support of this, Walsh (2012) added that “...resilience involves the dynamic interplay of multiple risk and protective processes over time, with individual, interpersonal, socioeconomic, and cultural influences.” (p. 400)

Family resilience framework

From her long years of research experiences on related issues, Walsh (2012) noted that family resilience framework has several advantages for practitioners and researchers.

First, by definition, it focuses on strengths forged under stress in response to crisis, and under prolonged adversity. Second, it is assumed that no single model of healthy functioning fits all families or their situations. Functioning is assessed in context: relative to each families values, structural and relational resources, and life challenges. Third,

processes for optimal functioning and the well-being of members vary over time as challenges emerge and families evolve. (P. 405)

According to Walsh, although most families might not measure up to ideal models, a family resilience perspective is grounded in a deep conviction in the potential of all families to gain resilience and positive growth out of adversity.

Key processes in family resilience

The family resilience framework, according to Walsh, was developed as a conceptual map for practitioners to identify and target key family processes that can reduce stress and vulnerability in high risk situations, foster healing and growth out of crisis, and empower families to surmount adversity. These key processes are categorized in to three broad domains including (1) the family's belief systems, (2) organizational patterns, and (3) communication processes.

This thesis paper is basically based on this framework to validate its function against realities in Ethiopian context. Therefore, adopting Wash's ideas as it is, I shall shortly put the family resilience framework of her original innovation as a map in views of the theme of her messages in each domain of the resilience process from among her long and detailed descriptions. Hence, following is the summary of Walsh's main ideas about her family resilience process.

Family belief systems

It has the power to influence families how members view adversity, their suffering and their options. Shared construction of reality, influenced by multigenerational, cultural and spiritual beliefs, emerges through family and social transactions. Family resilience is fostered by facilitative believes that increase effective functioning and options for problem solving, recovery

and growth. They help members make meaning of adverse situations; facilitate a hopeful, positive outlook; and offer transcendent or spiritual values and connections. Within the domain of family belief systems, there are three reinforcing steps to follow without order.

Making meaning out of adversity: Well functioning families approach a crisis or prolonged adversity as a shared challenge. Studies show that such families view hardships as trials to be overcome together and they believe that their struggles make their relationship stronger (Walsh, 2012). By normalizing and contextualizing distress, family members can view their difficulties as understandable in light of their adverse situation. Family resilience can be fostered by an evolutionary sense of time and becoming, which means a continual process of growth, challenge, and change over the life course and the generation (*Ibid*, 2012). This family life-cycle perspective helps members see disruptive transitions as milestone or turning points in their life passage and links them with past and future generations.

Positive outlook: According to Walsh, hope is essential to the spirit as it helps families fuel their energy and efforts to rise above adversity. Hope is based on faith, which means no matter how bleak the present, according to Walsh, a better future can be envisioned. Walsh also noted that, in problem-situated conditions, it is essential to evoke hope from despair in order for family members to see possibilities, tap into potential resources, and strive to surmount obstacle. It is believed that hope for a better life for their children keeps many struggling parents from being defeated by their own life disappointments. Furthermore, mastering the art of the possible has a lot to do with resilience development, according to Higgins (1994) in Walsh (2012). For families, this involves taking stock of their situation, which means their challenges, resources available, and aims to achieve and then focusing energies on making the best of their options. This requires acceptance of facts that is beyond their control and cannot be changed. Instead of

being immobilized or trapped in a powerless victim position, focus is directed toward ongoing and future possibilities.

Transcendence and spirituality: Transcendence beliefs and practices provide meaning and purpose beyond a family's immediate plight. Most families seek strength, comfort, and guidance in troubled times through connections with their cultural and spiritual traditions, especially those facing barriers of poverty and discrimination. Rituals and ceremonies facilitate passage through significant transitions and linkage with a larger community and common heritage.

Family organizational patterns

Resilience is strengthened by flexible structure, connections, and social and economic resources.

Adaptability: flexibility and stability: Flexibility, as a core process in resilience involves openness to adaptive change. Children and other vulnerable family members especially need assurance of continuity, dependability, and predictability.

Connectedness: Resilience is strengthened by mutual support, collaboration, and commitment to weather troubled time together.

Social and economic resources: Resources in the ecology of the family such as kin and social networks, community groups, and faith congregations can be vital lifelines in times of trouble, offering practical and emotional support. On the other hand, a serious or chronic illness is known to drain a family's economic resources, thus financial security is also vital for family well-being.

Communication processes

Communication processes facilitate resilience by bringing informational clarity to crisis situations, encouraging open emotional sharing, and fostering collaborative problem solving and

preparedness. It is also important to take stock of the specific cultural and traditional ways of sharing information of any type (be it bad or good) and emotional expressions.

Clear information: In crisis and multi-stress situations, communications are more likely to easily break down. Shared acknowledgement of the truth of a painful experience, such as relational abuse or torture, fosters healing, whereas denial, secrecy and cover-up block authentic relating and can impede recovery (Walsh, 2012). Therefore, clear and congruent messages can facilitate effective family functioning (*Ibid*, 2012). When families can clarify and share crucial information about their situation and future expectation, it facilitates meaning making, informed decision making, and future planning.

Emotional expression and pleasurable interaction: Family members may be out of sync during or in the aftermath of crisis situation; one may continue to grieve a loss when others feel ready to move on. Open communication, supported by a climate of mutual trust, empathy, and tolerance for differences, enables family members to share a wide range of feelings that can be aroused by crisis events and chronic stress.

Collaborative problem solving: Creative brainstorming expands resourcefulness for surmounting adversity. Shared decision making and conflict management involve negotiation of differences with fairness and reciprocity over time. When overwhelmed by multi-stress conditions, it is important to set clear priorities and attainable goals, and to take concrete steps towards them. A proactive stance is essential to meet future challenges. Struggling families need to shift from a crisis-relative mode to prepare for anticipated challenges and avert crisis.

Development of family resilience

Family resilience develops by nurturing protective factors available ecologically, that is, at individual, family, community and society levels. “Resilience develops not through the

evasion of adverse events, but through a family's successful use of protective factors to cope with adverse events and become stronger." Benzie and Mychasiuk (2008, p. 104) "Given that families are diverse and reside in dynamic environments, it is assumed that family resiliency varies over time, and is a process rather than an outcome." (*Ibid*, 2008, p. 104)

Protective and risk factors and coping skills

Protective and risk factors as well as coping competencies and skills are key concepts that worth considering under the umbrella of the development of family resilience. It is imperative to review the very essence of each concept separately in views of their contribution to foster family resilience.

Protective factor: Little, Axford and Morpeth (2003) in their study on facts about risk and protective factors in the context of services for children in need, they described protective factor as follows. "...something that, in certain contexts, reduces individual's risks of psychosocial problems and can, therefore, only be understood in the context of patterns of risk." (p.9). This definition has the analogy that a factor is recognized as protective only when its operational role is successful in the face of risks. "A protective factor is something that potentially interrupts risks to healthy development." (*Ibid*, 2003, p.10)

According to a study on the role of protective and risk factors undertaken by a team of individuals including Sutherland, Marrington, Jones and Baker (2005), protective factors were described as follows. "Protective factors are neutralizers of harm. They have buffer effects against the impact of risk and alter the predicted outcome." (p.16)

According to Little et al (2003), the very purpose of identifying potential protective factors during planning and intervention practices is not to quantify the magnitude of the risk to the child but also to help understand ways of reducing or eradicating that risk, by building up on

the protective mechanisms. For Little and his colleagues, resilience research is important for practitioners to encourage them to focus on strengths in the child's life and to optimize opportunities for healthy development.

Risk factor: "The word risk in a scientific context has its roots in epidemiology. It generally refers to an individual's chance of developing a disease. A risk factor is something that increases the chance of a specific negative outcome." Little et al (2003, p.3)

Nearly with similar ideas with the above definitions, a study has described the roles of protective factors in comparison with that of risk factors as follows.

Resilience is fostered by protective factors and inhibited by risk factors. Protective factors modify or transform responses to adverse events so that families avoid negative outcome. Conversely, risk factors are circumstances that increase the probability of poor outcomes. Protective and risk factors are not static; they change in relation to context, which lead to different outcomes (Benzies & Mychasiuk, 2008, p. 104).

Perspectives of risk factors

Some studies show that there are perspectives according to which risk is defined. According to Hood and Jones (1996) as cited in Little et al (2003), for example, risk can be understood in two ways in the context of human behavior.

Objective risk: A risk is labeled as being objective if the fact as to the chance of the event to occur is derived from pure empirical data collected under strict scientific conditions. In other words, the probability of the risk to occur is scientifically calculated, so that individuals or the concerned body can act proactively with evidence.

Subjective risk: A risk is said to be subjective when the facts as to the chances of the risk event to occur is only due to the perception of the people involved. In other words, people, depending up

on their own perception, skyrocket the probability of the occurrence of the risk as a result of which they become unnecessarily busy proposing their own alternative ways of action to escape from, respond to, or balance the event.

Debates on the distinctive definitions of protective and risk factors

Several studies show that both protective and risk factors are not actually distinctive entities; rather they are dynamic facts which are context specific in nature thereby falling in a continuum. For example, in a study by Sutherland et al (2005), it has been indicated that the distinctive definition of protective and risk factors is the subject of debate for scholars and that variables may function simultaneously as both protective and risk factors. Bender and Losel have the stance that, if there is no risk, there is protection, and vice versa. But for this argument, Little et al (2003) have forthright stance by claiming that protective factor is not the absence of risk factors. They justified their claims by giving the following illustrations.

Protective factor is not the absence of risk factors. So, if poverty is the risk factor for specific developmental problems, economic security can't be considered a protective factor; economic security is the absence of the risk. If children's services professional notes poverty or overcrowding or other stressors, it is helpful at that point, and not before, to look for potential protective factors. The search is for something that will moderate the risk in a positive direction. (p.9)

For Little *et al* (2003), the roles of factors as protective and risk are context specific.

...what acts as a protective factor in one setting may have negative effects in another. For example, some commentators have identified stable care as a potential protective factor, but stability in a damaging environment constitutes a risk. Social isolation can be a risk to

healthy child development but in the context of an extremely risky environment (say with anti-social gangs and high rates of child victims of crime) it may be protective. (p.9)

Another study supported Little and colleagues' argument. "...there are no factors with an exclusively protective effect: there is always risk at the other end of the continuum." Sutherland et al (2005, p.16). Similarly, in a study conducted on fostering family resilience by Benzies and Mychasiuk (2008), key protective factors were explored in views of their contribution to the development of family resilience. Subsequently, the researchers come up with an argument that most factors actually have both positive and negative poles allowing them to fall along a risk-protective continuum. The two researchers took a continuum on educational level of individuals as an example for their stance to their argument. They said that lower education is a risk factor and higher education is a protective factor.

In views of the above debates by scholars as to the distinctive description of risk and protective factors, there are generally two models which are helpful to explore each stance of the above arguments.

Models of risk and protection factors

According to Sutherland et al (2005), generally, there are two broad approaches which are useful to examine both protective and risk factors.

Buffer Model

Buffer model works on the premise that both protective and risk factors are something different from one another and that only the protective factors work as a buffer to risks.

According to this model, protective factors are the only mechanism to mitigate risk factors.

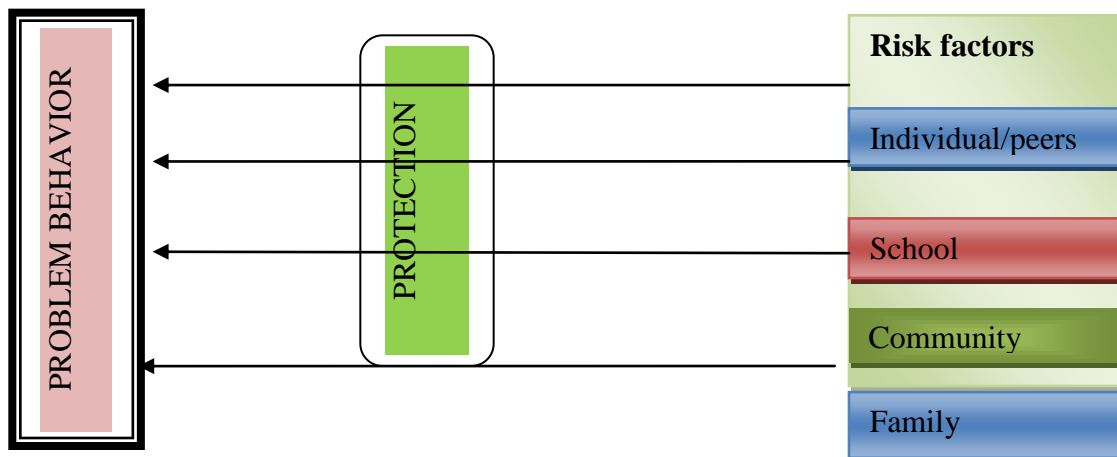


Figure 2. *Buffer Model of Risk and Protection*

Source: adopted from Sutherland et al (2005). *Role of Risk and Protective Factors*, p.18

Continuum Model

The fundamental premise of continuum model is that protective and risk factors form opposite ends of a continuum with a neutral state in the middle position. According to this model, any factor can have either protective effect, or risk impact, or can become neutral depending up on the contemporary circumstances. As a result of this, risk factors seem not to relate to a different topic from protective factors.

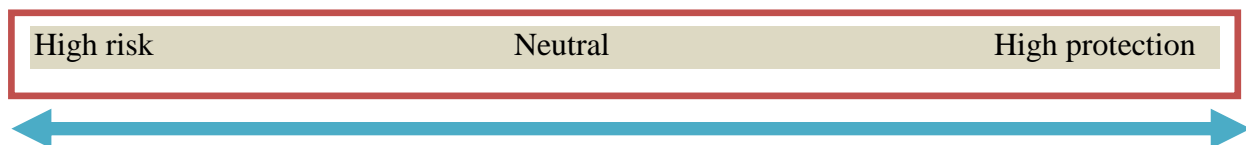


Figure 3. *Continuum Model of Risk and Protection*

Source: adopted from Sutherland et al (2005). *Role of Risk and Protective Factors*, p.19

Critics of the two models

Both the buffer and continuum models of risk and protective factors are not without critics. The buffer model, for example, falls short of supportive evidence to show whether

protective factors have such a substantive capacity to mitigate risks altogether, whereas the continuum model is criticized for being unable to show supportive evidence in regards to the threshold of risk and protective factors in the continuum.

Coping

Coping is the third key concept in the study of family resilience following protective and risk factors. Its essence and function in the area will be reviewed by going through the findings of related studies. According to Little et al (2003), the concept of coping is defined in four perspectives.

Coping is a response to risks: “Coping is a response to demands appraised by an individual as taking or exceeding their available resources.” Little et al (2003, p.11). Some illustrative examples to show the function of coping as a response to risk are stated, for example, responses towards bullying and bereavement, and efforts to deal with stress and restore sense of well-being (homeostasis).

Coping is an innovative attempt: As stated by Little et al (2003, p.12), “coping implies an individual doing more than usual. ...it refers to purposeful thoughts and actions undertaken in an attempt to overcome or manage problems.”

Coping is a process: As a process, coping deals with stress leading to an outcome (maintaining equilibrium). In other words, coping as a process is a description of what one is doing rather than judging how well he/she is doing it.

Coping is a strategy to avert adversity: As a strategy, the value of coping lies in how well it enabled an individual to deal with a stressor, with better outcomes emerging when the strategy and the problem are matched (Little et al, 2003). Some supportive examples to show the function of coping as a strategy are stated in the literature. Example, actively addressing poor grades has

been mentioned to help avert depression among school students (*Ibid*, 2003). Similarly, helping patients better adjust to rather than resist unpleasant medical procedure has also been mentioned to be a type of coping as a strategy that can help patients experience less stress.

For Mackay (2003), coping is defined as follows. “Coping is a conscious intentional response to stress.” (p. 105). These definition analogies with the first perspective according to which coping was defined by Little *et al* (2003). Mackay, however, emphasized on the relations between coping, competence and resilience as being some related concepts which are integrated and reinforcing each other in nature.

Coping is often invoked to represent competence and resilience. However, these three terms have distinct meanings. Where coping refers to adaptive responses to stress, competence refers to the characteristics that are needed for successful adaptation and resilience is reflected in outcomes where competence and coping have been displayed. (Mackay, 2003, p. 105)

Coping competencies and skills

The research on coping starts from the premise that risks to children’s development have played out and some impairment to health or development has occurred or is likely. The evidence suggests ways of helping the impaired child (or a caregiver on the child’s behalf) to cope with the burden, by solving the problems that result from the impairment, altering emotions about the difficulty or seeking alternative ways of interpreting the situation. In the case of anti-social behavior, the practitioner may accept that there will be further criminal activity but help family members and the child to cope with the consequences with the goal of forestalling a new set of problems. (Little *et al*, 2003, p. 13)

According to Little and his colleagues (2003), the development and utilization of appropriate coping skills and competencies at times of adverse situation are more effective if backed by strength-based philosophical approach to insure positive child development and keep family well-being. Often times, according to Little *et al* (2003), people respond to adversity by making use of three broad coping skills including problem and emotion focused coping styles on the one hand, and appraisal of the risk situation on the other.

People cope in a variety of ways but the range is not limitless. Coping skills can be organized into three domains according to their primary focus. The first, problem solving, involves seeking information and support, taking an alternative course of action or changing rewards sought. The second approach, dealing with emotions that emerge in response to stress, might involve trying to keep a 'stiff upper lip' in distressing situations. The third domain involves appraising adversity and its meaning and might include logical analysis, seeking meaning in events or mentally rehearsing alternative courses of action.

(P.12)

According to Mackay (2003), coping competencies and skills in children and adolescents have an association with their subsequent accepted behavior especially with their psychological adjustment. Among the coping style to be used, for Mackay, problem-focused coping and engagement coping have been found to be associated with greater positive behavior in children, whereas emotion focused and disengagement coping have the least effect to bring about accepted behavior in children and adolescents.

There is a body of empirical research that focuses on the association between coping behavior in children and adolescents and psychological adjustment, social and academic proficiency and symptoms of pathology. Coping has been shown to be significantly

associated with the psychological adjustment of children. Different coping strategies can be functional or dysfunctional. Problem-focused coping and engagement coping have been found to be associated with greater adjustment in children and adolescents, while emotion-focused and disengagement coping have been found to be associated with lesser adjustment. (Mackay, 2003, p.105)

Child resilience

When we think of children under challenging settings, for example children being cared for by parents in poverty, children in civil war prone areas ,and in displaced community, etc, it might be immediately imagined that, at all developmental stages, their overall successful development such as socially, physically, academically, emotionally and mentally is vulnerable to be adversely threatened, because we intuitively perceive that they fall short of capacities and capabilities to cope up with the challenges and that they always need adults' guidance.

There are, of course, many sources of potential challenges and risks for child development. According to Middlemiss (2005), generally, there are three broad sources of risks or challenges identified. These include (1) those factors associated with children or intrapersonal factors, (2) those associated with the family, and (3) those associated with extra-familial sources, such as school, community or society (Middlemiss, 2005). These sources of challenges/risks, when inverted, are also the sources of protective factors on the other end. For example, Sutherland et al (2005) argued that the theme of protective factors can be usefully separated into three categories as (1) child factors which involve individual factors that can be attributed to a child or young person, (2) family factors that involve variables which can be attributed to family functioning, and (3) society factors which include characteristics of the wider social environment and its impact on a child or young person (Sutherland et al., 2005). It has also been shown in

the study that each source of risk has its own impacts on the positive development of children in varying ways. For example, those challenges/risks associated with poor parenting have impacts on the social, mental, physical and academic development of children in different ways.

...risk factors such as poor family functioning can impact children's: (1) physical development through the possibility of poor bonding with parents or lack of appropriate physical activity; (2) mental development, through coercive behaviors or high levels of anxiety leading to poor mental health outcomes for children, inclusive of depression; (3) social development, through poor modeling of appropriate interaction skills and low levels of self-esteem; and (4) academic development by the creation of contextual environments unsupportive of academic work and child interaction skills that are not conducive to positive interactions predicting to school success. (Middlemiss, 2005, p. 85-86)

On the other hand, when the above factors are inverted and have protective roles to children to provide them with all the basic requirements needed at all developmental stages, then children are more likely to insure their healthy development thereby to be resilient. "Resilient children do not appear to possess mysterious or unique qualities; rather they have retained or secured important resources representing basic protective systems in human development." Hill *et al.* (2007, p.8)

In general, different studies show that family is a fundamental protective unit for children which can't be substituted by any alternative child care mechanisms.

Parents are normally critical in relation to family factors, but also play a vital part in mediating individual and community factors, directly or indirectly... Parents can buffer children from some of the worst effects of environmental adversity and can also nurture

the characteristics in children that help them to cope with problems. (Hill *et al.*, 2007, p. 9)

Protective factors

Protective factors, as mentioned above, are basically categorized in to three broad ecological models as interpersonal or individual, familial and environmental protective factors.

Individual protective factors

The locus of change in individual protective factor is centered at the individual's trait. Several studies have put the following as being the intrinsic protective factors such as emotional security and attachment style, self-esteem (valuation of self), self-belief (confidence of being effective), self-efficacy (understanding of one's strength and limits), social competence, autonomy (also known as internal locus of control), capacity for problem solving, sense of purpose and future (including religious faith), planful competence (having clear goals and an organized strategy for achieving them), and humor Hill *et al*(2007) and Benzies *et al*(2008)

The intrinsic protective factors are in a position to be nurtured by parents or immediate caregivers through a consistent, warm, and loving treatment starting from the very beginning of the child's life.

Each of the intrinsic protective factors is, in principle, amenable to change by parents and others. Warm, sensitive and supportive care by parents or others has been found to be critically important for the generation of most of these qualities, especially those to do with security, confidence and trust in others. Hill *et al.* (2007, p. 10)

As a consequence of good parenting, children are more likely to develop positive values towards others within the context of warm relationships where parents (or alternative carers)

model kind behaviors and where they have clear expectations that their children will also be kind to others (*Ibid*, 2007).

Family protective factors

According to Hill et al. (2007), family factors can be both protective and risk in their contribution to the development of resilience in children. It may contribute to the adversity either directly, for example, through abuse and neglect or indirectly through, for example, parental disharmony and alcohol use. According to Hill et al., children in such circumstances are likely to be at increased risk of poor outcomes.

However, as several studies show, parental factors can also be protective and promote prospective resilience, which is the attribute or capacity of dependents or children to proactively prepare the self to successfully cope up with future adversities to come in life (Hill *et al.*, 2007). According to Hill et al., characteristics of parents as contributing factors for the development of prospective resilience in children include warmth, responsiveness and stimulation; providing adequate and consistent role models; harmony between parents; spending time with children, promoting constructive use of leisure; consistency guidance; and structure and rules during adolescence. Parenting with such attributes, according to Hill et al., not only helps children to develop intrinsic resilient capacities, it also directly mediates coping responses to many adversities such as poverty, ill health, bereavement or community violence.

Hill and colleagues noted in their studies that parenting is effective for the development of resilience in children if it is age-appropriate, situation specific and sensitive to the cultural norms of the community.

Adolescent's responses to stress have been found to cope better when they have supportive and stable families, while children aged nine to ten have been found to cope

better with every day stress and deploy a wider range of coping strategies when they have supportive mothers. In neighborhoods with high rates of youth crime and substance misuse, children tend to be protected from involvement when parents are affectionate, involved and supportive of education. Hill et al. (2007, p. 12)

Similarly, a typical parenting style that suits to the circumstances needs to be in place to foster resilience of children in poor community.

“... firm application of rules and detailed awareness and control of children’s whereabouts appear to be valuable in protecting children from the adverse effects of growing up in poor neighborhood, whereas more flexible parenting is generally deemed preferable in lower risk environments.” (*Ibid*, 2007, p. 12)

In connection to this, according to Hill *et al.* (2007), parenting practices that encourage autonomy, offer effective discipline, support adjustment with financial realities and provide links to the community and social networks will help young people display more resilience.

Understanding realities from view points of cultural contexts also equally matters in efforts to foster resilience in children. According to Hill et al., there is a need to take stock of such things as the differing family formation, belief and aspirations, the meaning and significance of stress such as divorce, disability and health difficulties, ethnic identity, extended family ties with coping skills.

Some studies also show that members of faith community has a buffering effect against stress through both spiritual and social support efforts Hill *et al.* (2007).

However, when family factors are inverted for any reason and become risk for the development of children, then children and young people who have formed at least one trusting and supportive relationship with an adult outside their family have been able to sustain progress

despite exposure to risk, or to turn round highly problematic lifestyle. Resilient children in troubled families often actively recruit and form special attachment with influential adults in their social environment (*Ibid*, 2007).

Environmental factors/ecological perspectives of resilience

Ungar (2012) and Hill *et al.* (2007) have viewed the protective roles of environmental factors or ecological perspectives of resilience in different depth.

Ungar (2012) started the argument by defining resilience from ecological perspective as “a set of behaviors over time that reflect the interactions between individuals and their environment, in particular the opportunities for personal growth that are available and accessible” (p. 14). The tendency to seek comprehensive supportive resources at times of difficulty and the capacity to arguably access them is resilience for Ungar.

where there is potential for exposure to significant adversity, resilience is both the capacity of individuals to navigate their way to the psychological, social, cultural, and physical resources that build and sustain their well-being, and their individual and collective capacity to negotiate for these resources to be provided and experienced in culturally meaningful way. (p. 17)

Ungar appraised the protective roles of environmental factors or the ecological perspectives of resilience as being greater than the contributions of the individual factors for development of resilience. “Environments count a great deal more than we thought, perhaps even more than individual capacity, when we investigate the antecedents of positive coping after individuals are exposed to adversity.” (p. 14)

Both Ungar (2012) and Hill *et al.* (2007) have similar fundamental stance in regards to the protective role of the environment in that they proposed that the goodness of fit between

elements of the meso-system (interactions between family, school, and community systems) predicts positive growth in suboptimal conditions.

According to Hill *et al* (2007), the wider environment of children and families in general such as peer relationships, school, and community have vital roles to nurture their resilience that will help them to cop up with adversities to be faced both at home and in the environment at large.

Functional peer relationship as protective factor

According to Hill *et al.*, functional peer relationship has a powerful protective effect against individual, familial and environmental adversities such as children's health, well-being, self-perceptions, social skills, cognitive abilities, and school behavior; good peer relationships help moderate the adverse effects of parental separation, discord or chaotic lifestyle; it also provides protection from the negative consequences associated with high risk conditions in the environment.

School as protective factor

School also play a central role in developing resilience by acting as a venue for academic stimulus and achievement; support and guidance by teachers; opportunities to develop interests and skills; access to peers and alternative identities away from home; and for learning adaptive behavior and academic resilience in general.

Community as aspects of protective factor

Community has multiple contributions for the development of resilience by acting as a venue for culturally valued activities that foster belongingness, self identity, social capital and other intrinsic skills including self-esteem, self-efficacy, and control; social support needed outside the family that will help optimize responses to poverty and intra-familial difficulties.

Access to supportive partners, networks and professionals: The availability of supportive partners and networks in the community helps parents buffer against many social problems in their lives. “parents in poverty, or facing other stress, usually cope better when they have one or more close relationships outside the household and these are activated to give practical, emotional or informational support” Hill et al. (2007, p. 22). Example, when parents faced with unusual challenges such as having a child with a rare impairment, organization of meetings and discussion on the issue with others in a similar position will reduce their stress.

Access to agency and professional support: If parents in poverty or in other stress situations are to cope better, then they need agency services that are non-stigmatizing and delivered in a way that focuses on parents’ true concerns rather than on professionals’ priorities. Similarly, access to professionals’ services is essential for parents who are caring for children with severe behavioral and health problems. The professional service will also be important for parents to cope better if the service is given by the professionals with honesty and sensitivity to the parents’ anxieties and with acknowledgement of parental knowledge based on daily care (Hill *et al.*, 2007).

However, when resilience is measured as an outcome, according to Ungar (2012), individual traits, behaviors, and cognitions are always outcomes that result from positive developmental processes that have been made possible by an individual’s wider ecology. For example, such attributes as high self-esteem, secure attachment, efficacy, positive peer relationship, etc will depend more on the quality of the environment (its capacity to meet the needs of vulnerable individuals) than individual competence.

Poverty and Parenting

Katz et al (2007) defined poverty in two ways.

Absolute poverty normally refers to a state in which income is insufficient to provide the basic needs required to sustain life, that is to feed and shelter children. Relative poverty defines income or resources in relation to the average. It may also refer to the wider implications of living in poverty, such as the inability to participate or contribute to society on an equal basis because of a lack of sufficient income. (P.3)

Katz *et al* (2007) argues that poverty is a dynamic concept which is not a fixed state or attribute of individuals or families. Accordingly, poverty can be measured objectively through the assessment of different income levels. But it can also have a relative dimension incorporating moral and cultural assumptions of what constitutes a decent standard of living. On the other hand, a reduction in material income may not necessarily lead to immediate poverty if individuals possess other financial resources, such as saving. Conversely, moves out of poverty may not initially be connected to a sudden rise in income after unemployment if individuals need to save or pool their resources so as to consolidate a better standard of living in the long term.

Parents in poverty

According to the demographic studies by Katz et al (2007), materially disadvantaged parents are a demographically different group than affluent parents. Such parents are more likely to have the following characteristics; non-traditional structures-lone parents and parents in reconstituted families, live in households where no adult is in employment or headed by teenage parents, have a sick child or disabled child, or a child or children under five, they are also likely to have a large number of children.

The detrimental effect of poverty on parenting

As indicated by Katz et al (2007), a number of studies have been developed to explain the apparent difference of parenting style and parenting practices between affluent and materially deprived parents. Following are some of these.

Stress theory: The very essence of stress theory as an illustration to the detrimental effect of poverty on parenting is shortly summarized by Katz et al (2007) as follows.

Materially disadvantaged parents face more stress than affluent parents. This causes them to be more depressed, irritable or angry than affluent parents. Higher levels of stress negatively affect parenting style, and these parents tend to be more authoritarian or inconsistent. This in turn affects their children's outcomes in a negative way. (p. 17-18)

Culture of poverty theory: It was first developed by Lewis (1966, as cited in Katz et al., 2007) to counter the prevailing view that poor people have no culture. Rather than highlighting the resilience and creativeness of people living in poverty, culture of poverty now emphasizes the persistence of poverty and low achievement across generations, and asserts that parents living in poverty form a different culture from that of middle-class parents. This, rather than the effect of material deprivation itself, according to Katz et al., is seen as influencing outcomes for children. In views of this theory, parents have their own typical characteristics that are potentially harmful for the development of children's resilience. Such behaviors include low expectations for children, the use of harsh or inconsistent punishment, emphasize on conformity rather than on individual attainment, and the use of physical rather than verbal methods of discipline. The theory also asserts that this parenting style is transmitted from the generations, and thus creates barriers to children emerging from poverty. The implications are that reducing parental stress by raising income or improving the environments of poor parents will do little to produce positive

outcomes for children. The aim should rather be to break the culture of poverty by changing the attitudes and parenting styles of materially deprived parents, according to Katz et al (2007).

Poor environment (neighborhood factor): It asserts that parenting style is affected by the neighborhood environment as well as the personal characteristics of parents. Neighborhoods with similar levels of material deprivation but different levels of social capital or social disorganization will produce different sorts of parents, and this will ultimately affect outcomes for children.

Katz et al (2007) outlined four models by which neighborhoods might influence parenting.

The 'epidemic' or 'contagion' mode: It assumes that behaviors are learned or copied; so, for instance, the presence of antisocial young people can 'spread' problem behaviors such as substance abuse or delinquency.

The collective socialization mode: It emphasizes the importance of social norms and the extent of alienation, acceptance of anti-social behaviors and instability in the community. According to this model, parents may be socialized towards inappropriate parenting by those factors.

The 'competition' theory: It emphasizes the importance of competition between families who have to challenge each other for resources. This increases the likelihood of the emergence of the group belonging to the underclass that is composed of residents with the fewest resources.

Relative deprivation theory: This model proposes that individuals judge their position in society in relation to neighbors. Parents with few resources are likely to be demoralized if neighbors appear to be more affluent, while in uniformly deprived communities residents may gain collective strength provided there is social cohesion.

As a summary to the functions of the above theories to nurture the resilience of children of parents in poverty, Katz and colleagues have noted that contagion and collective socialization models anticipate that socially mixed communities with some affluent neighbors would tend to better enhance child development. By contrast, competition and relative deprivation theories predict that competition from more advantaged neighbors will be detrimental to children living in poverty.

A number of studies on the parenting styles of parents in poverty found that poverty creates different kinds of barriers to parents on their way to practicing positive parenting.

Poverty erects practical barriers to parents, including housing and space and inadequate public transport and poor nutrition due to financial considerations, and also personal barriers such as lack of self-esteem and low educational achievement, leading to low expectations and aspirations for parents and children. Kats *et al* (2007, p. 26)

However, such studies concluded that poverty has a ‘distal’ rather than a ‘proximal’ effect on parenting and child outcome and that the majority of parents are coping well irrespective of the practical barriers due to poverty “...the reason living in a poor neighborhood may be less prejudice to coping than expected is not because poverty and deprivation are insignificant but because most parents in poor environment possess skills at managing these stressors effectively.” (Katz *et al.*, 2007, p. 24)

The relation between family resilience and child protection

Child protection as a concept can be defined for the purpose of this study as integrated efforts to be exerted in order to protect, promote, and respect the rights of children as enshrined in the relevant international and national conventions, principle and laws such as United Nations Convention on the Rights of Children (UNCRC) and the African Charter on the Rights and

Welfare of Children (ACRWC). Accordingly, the human rights of children lie on four fundamental rights including (1) the right for survival and development, (2) the right for participation, (3) the right for non-discrimination, and (4) the right for best interest of the child.

If the rights of children are violated for any reason be it either natural (for example, flooding, volcanic eruption, earth quake, epidemic, drought, etc) or manmade (such as civil war, and other harmful traditional and cultural practices), then they will fall short of protection and be highly vulnerable to different calamities, such as abuses of different types, exploitation, recruitment into armed groups, negligent treatment, etc. This is so, because of some fundamental reasons. Firstly, children are not well matured physically, emotionally, mentally and socially to successfully cope up with such adverse situations themselves. Secondly, children are dependants on adults' scaffolding roles for a range of their needs that cover their overall daily activities up to arranging them for happy and productive adults in their later age. Thirdly, traditionally most children do not have the power to exercise decision making skills at their home thereby they have poor experience of controlling their lives at times of difficulties. Fourthly, by virtue of age, religion, cultural norms and traditions, adults have power over children they are caring for and this makes children vulnerable to maltreatment by people in a position of trust and authority.

As the perspectives of child protection concerns are multi-dimensional in nature such as health, education, legal protection, food and nutrition, shelter, psychosocial, economic empowerment, etc., it always calls for multi-sectoral approaches to follow so as to holistically address the issue. On the other hand, child protection initiation is believed to be effective if all the potential protective environments are explored ecologically where children themselves will be at the center to act as the first acting agents for their own well-being upon proper nurturance of their resilience in addition to the involvement of the family, community, and society at large.

Family is the fundamental protective unit for happy and positive development of children that cannot be substituted by any alternative care giving mechanism under normal situation. It can also be the potential risk environment for child development in some cases.

The most important actors in the child's life are often, and should most often be, his or her parents. As such, the family can be the single most important factors in determining whether or not a child is protected. Conversely, however, given the centrality of the family in the child's life, it can also be a frequent source of violence, abuse, discrimination and exploitation. (UNICEF, 2004: A Handbook for parliamentarians, p. 15)

If the resilience of the family as a whole is fostered by strengthening all the protective factors mentioned above, therefore, the foundation is set to in turn get resilient children who could be active agents for their own protection at times of adversity even without adults' support. Several studies have supported this argument. "Building resilience in parents who are dealing with extreme adversity is very important to ensure resilience in children" Hill *et al.* (2007, p. 19). Similarly, other studies on resilience in child welfare noted the finding as follows.

...resilience is seen as dependent on a relational process with key individuals in the child's world. In order to overcome the effects of abuse and victimization, a child or adolescent requires developmentally attuned adults who understand that promoting resilience is a step in a resilient child. (Herly, Martin, and Hallberg, 2013, p. 266)

In connection to this, Coyle (2011), stated that resilient families demonstrate family efficacy in which positive family identity and mutual supportive relationships enhance members' health and well-being.

Walsh (2012) also emphasized that resilience is the functional unit of a family, which means exposure to current crisis is an opportunity for the family to nurture a norm of applying joint efforts more than ever to successfully cope up with other future challenges.

...family resilience entails more than managing stressful conditions, shouldering a burden, or surviving an ordeal. It involves the potential for personal and relational transformation and growth that can be forged out of adversity. By tapping in to key processes for resilience, families that are struggling can emerge stronger and more resourceful in meeting future challenges. Members may develop new insights and abilities. A crisis can be a wake-up call, heightening attention to important matters. It can become an opportunity for reappraisal of life priorities and pursuits, stimulating greater investment in meaningful relationships. (Walsh, 2012, p. 401-402)

Furthermore, actors on areas of child protection strongly advocate on holistic approaches to comprehensively address the issue and create an environment where every element of that environment is in a position to contribute to the protection of children and where every actor does his or her part (United Nations Children's Fund Child Protection strategy, 2008; United Nations Children' Fund Child Protection Information Sheet, 2006; A handbook for Inter-parliamentarian Union by UNICEF, 2004).

Accordingly, building a protective environment is the common language used by all actors to holistically respond to child protection concerns. This protective environment is made to include at least eight elements such as (1) government commitment to fulfilling protection rights, (2) attitudes, traditions, customs, behaviors and practice, (3) open discussion of, and engagement with, child protection issues, (4) legislation and enforcement, (5) building the

capacity of those in contact with the child, (6) children's life skills, knowledge and participation, (7) monitoring and reporting, and (8) services for recovery and re-integration.

According to Herly *et al* (2013), the importance of resilience concepts in child protection practice is to reduce risk or threat to children's development and increase positive adaptation through resilience building interventions. Resilience building is made possible by identifying and strengthening all the potential protective factors around the child. Hence, the approach of the national and international actors on child protection issue is consistent with building the family resilience. In other words, resilience building intervention is strategically consistent with building protective environment which is being advocated by humanitarian actors in their child protection initiation implying that the former has a practical implication in the later (child protection.)

Parenting and child protection

Parenting acts as a mediator to transfer attributes to children thereby to make them resilient. Parenting, according to Katz *et al.* (2007), encompasses the provision of care directed at children's physical, emotional, and social needs and it may be given either by biological parents or significant others such as grandparents or other relatives. Nurturance and socialization are the two key tasks of parenting (*ibid*). In consistent with this analogy, Hill *et al.* (2007) stated that "resilience is seen to be associated with the extent to which children are able to make use of, or benefit from, protective factors available to them. This capacity can be supported by positive care giving relationships." (p. 9). Parenting has the power to shape children to follow and practice in their lives their parents' footprint uncensored. "The ways in which parents cope with difficulties depend to some extent on the situation, but there is also a tendency to follow a

particular coping style. Moreover, children tend to base their own coping on their parents' styles." Hill *et al.* (2007, p. 20)

Typology of parenting

According to Baumrid (1971, 1991; cited in Katz et al., 2007), parenting styles that have been found to apply across all cultures and classes are categorized according to whether they are high or low on parental demandingness and responsiveness and form a typology of parenting styles.

Permissive parenting style: A type of parenting style used by parents who are behaviorally more responsive than demanding.

Authoritarian parenting style: It is a type of parenting style used by parents who are demanding and directive, but not responsive.

Authoritative parenting style: A type of parenting style pursued by parents who are both demanding and responsive.

Uninvolved/negligent parenting style: It is used by parents who are low both in responsiveness and demandingness.

However, neither of the parenting styles mentioned above is best by itself, as there are always rooms to apply each type contextually. But studies give a relatively better value for authoritative parenting style in its contribution for positive child development.

Warm, authoritative and supportive parenting is usually crucial in building prospective resilience in children, as well as helping them deal with many specific adversities.

Parents who have, or can develop, open, participative communication, problem-centering coping, confidence and flexibility tend to manage stress well and help the rest of their families to cope well. (Hill *et al.*, 2007, p. 37)

An authoritative discipline style of parenting is also emphasized to be associated with problem-oriented coping strategy thereby bringing about better outcomes for children (Hill et al. (2007). Therefore, resilient parents are more likely to have a psychosocially conducive environment at their homes to nurture their children with resilient attributes.

Importance of resiliency theory as a basis for intervention

It is to be recalled that the general objective of this thesis proposal is to explore the unrecognized potentials of children and families in poverty in light of Walsh's family resilience framework thereby to contribute to the promotion of strength-based intervention by practitioners.

Resilience theory, according to Middlemiss (2005), helps to identify those resources or characteristics that allow individuals or families to prosper despite high level of risk.

Resiliency theory identifies those resources or characteristics that allow individuals or families to prosper, despite facing high levels of risk. Interventions based on resiliency theory encourage Practitioners to help children and families identify their strengths and resources, or generate strengths and resources that will protect them against the ill effects often associated with the risks they may face. Overall, resiliency-based interventions have been effective in creating more protective environments for children facing risk.

Resiliency-based practice and its significance

The use of resiliency theory in prevention and intervention programming is based on the identification of protective factors that can help children at-risk of poor developmental outcomes succeed academically, socially, mentally, and physically by helping them avoid negative trajectories from early risk to later problematic behavior or circumstances.

(Middlemiss, 2005, p. 87)

Similarly, Hill *et al.* have the same analogy in regards to the practical implication of the study of resilience by saying that “in professional practice, resilience means looking for strengths and opportunities to build on, rather than (or alongside) problems, deficits or psychopathology to be remedied.” (p.1)

Resilience approach, in general, seems to have an invaluable implication both for practice and research initiatives by helping the actors shift their traditional view of the half empty glass to the half full glass reality in the contemporary society. The resilience approach is especially important to help the disadvantaged group identify, develop and utilize their own unrecognized potentials in the course of keeping their own well-being against stressful situations.

Among the advantages of the resilience approaches to theory, research and practice is that they encounter pessimism about adversity and determinism. They shift the focus from problems, pathologies and negatives to strengths and opportunities. Specific evidence-based guidance is emerging about the factors and processes that parents and professionals can capitalize on to modify the impact of adversity on children or parents themselves. This energizes professionals and appears to service users as being more respectful, less stigmatizing and more future and solution oriented. Attention is directed at promoting both inner and environmental resources, building strengths and reducing risks. (Hill *et al.*, 2007, p. 35)

Research Method and Design

Methodological Paradigm

Possibly due to the socio-cultural factors and/or the parenting style through which he was grown up, the researcher has his own perspective about families and believed that all families at all circumstances have their own strengths with varying degrees.

The research method and design

This thesis research was designed to make use of a qualitative research approach. That means the resilience of families in poverty and its implication in child protection was explored contextually by taking stock of their indigenous knowledge and practices at their disposal as well as other available protective factors that would help them successfully cope up with stress situations. This was done by exploring the roles of their social, cultural, traditional, and religious realities as well as the availability of opportunities in this specific locality. In line with the proposed research approach, Unga (2012) stated as follows:

The study of resilience is necessarily contextual because it always involves the presence of risk. Unlike the study of strengths or assets which are promotive regardless of the presence or absence of stress, processes associated with resilience are dependent upon opportunity structures and meaning systems for their influence on how people navigate and negotiate for resources associated with well-being. To understand resilience, we must explore the context in which the individual experiences adversities making resilient. (p. 27)

Therefore, in light of the very nature of the subject matter to study, it was the qualitative approach which was found imperative to understand the issue in perspective from contextual point of view. In other words, the qualitative research methodology was selected to be important to this research to obtain the culturally and socially specific information about such values as

communication styles, organizational patterns, opinions, behaviors, beliefs systems, emotions, and social context of families in poverty through which their resilient factors were explored and its implication in child protection was understood.

As to the specific research design to employ in this qualitative approach, case study was selected to be appropriate as it was believed to help to properly attempt the research questions proposed. It had been chosen to be the appropriate research design for this particular study as it enabled to study family resilience within the contexts of the cases and also it helped to consider the subjective meanings that the cases (families) were likely to bring to their situation. In other words, it helped to tap the subjective dimension of behavior through in-depth interview. In consistent with this statement, Creswell (2007) describes the function of case study as follows:

...case study research involves the study of an issue explored through one or more cases within the bounded system (i.e., setting, a context)....Case study research is a qualitative approach in which the investigator explores a bounded system (a case) or multiple bounded systems (cases) over time, through detailed, in-depth data collection involving multiple sources of information(e.g., observations, interviews, audiovisual material, documents and reports), and reports a case *description* and case-based themes. (p. 73)

The cases to be purposively selected and involved in the study included a group of some poor families in the community in the study area and the community workers acting in place of social workers (no professional workers in the concerned government bureau were found) who were closely working with such families.

Data collection tools and Techniques

As a qualitative research design with case study approach research design proposed in a way to play its role of exploratory function, this research employed semi-structured

questionnaire to be used for the subsequent data collection through in-depth interviewing. The tool was developed by the researcher in close consultation with the academic advisor. Before its administration, it was reviewed and approved by the advisor.

Observation was also used as the other data collection methods where the overall situations of the cases were overviewed and understood in the course of the study. It was found as an important mechanism to grasp visible facts regarding to the actual situations of the families under study and it supplemented the in-depth interview. Document reviewing was also used to cover the required information that was not addressed through the in-depth interview and the observation techniques.

Study population and sampling

Site selection

The area selected for the study was Woreda 10 of Kirkos Sub-City, Addis Ababa. It was selected for this study because the community is extremely at its disadvantaged position in regards to the economic and social conditions. It is one of the slum areas (fit the criteria of selection-poverty condition of the families) in the city where the majority of the residents are poor and can be categorized as being at low socioeconomic level as shown by the preceding community assessment results undertaken by a group to which I belonged and that was done for this academic purpose. People are living in the area in a condition of congregation through old houses that are too late to be renovated. According to 2003 Census (as taken from the district Bureau of the study area), there are a total of 22,086 residents (10,294 males and 11,792 females). Accordingly, there are a total of 5,485 families of which 3,042 are male headed where as 2,443 are female headed families.

Data sources

Both primary and secondary data were used as sources of information for this research. The primary data sources, which were qualitative in nature, were inquired through such specific methods as in-depth interviewing and observation. The secondary data sources, on the other hand, were accessed through review of available relevant documents at the Woreda administration bureaus. In the secondary data category, for example, the available potential resources such as schools, health centers, religious institutions, governmental and non-governmental organizations, police station, etc., in the study area were reviewed from authentic documents.

Respondent sampling

The research participants for this study included two groups; households heads of destitute families with children, and community workers/social workers who were directly working with these families. Both were selected purposively to explore facts in perspective. In other words, the researcher preferred to select such cases to be the research participants, because the subject matter of the study demands to explore the differing perspectives of the participants that they have on the issues under the study.

The concerned local government bodies especially Women, Children and Youth Affairs office of the district were the contact bodies to serve as the entry points to the target groups. Substitutes of social workers/community workers (who were non-professionals in any academic discipline) were selected to participate voluntarily upon their own consent, because there were no any professional social workers in place under the concerned government bureau in the study area to work at the capacity of social worker. Data were gathered up until saturation and,

therefore, the number of research participants for this study was limited at five family households and two representatives from community workers.

Ethical issues considered

Regarding to the ethical issues considered, first and foremost approval was sought from the ethics committee of the School of Social Work of Addis Ababa University after a review of the proposal in views of its subject matter and the methodology proposed to be employed. Taking the comment into perspective, then it was moved in to the next step. Accordingly, oral informed consent was requested, meaning that research participants such as community workers and children and families at household level were clearly informed as to what this research was all about. This was done for two purposes to be achieved in the course of the research; on the one hand, to show the research participants the fact that they are given due respect by the researcher, and on the other hand, due to this, to initiate and encourage them to decide consciously and deliberately to participate voluntarily. The oral consent form was developed and read in front of the participants as a preliminary step for the in-depth interview.

Data collection procedures

The data collection procedure was started from having a supportive letter written by the school of social work, AAU. This was made to make things smooth to move onto the next step. Then the Woreda administration Bureau of the study area was contacted for its technical support. Having understood the issue, the administration led it directly to the Bureau of Women, Children and Youth Affairs to give their collaboration requested. Therefore, it was the second step to contact Women, Children, and Youth Affairs Bureau and to clearly seek their support on issues in perspective.

The researcher made it clear what the purpose of the study was and the technical support sought. Having understood what was requested, the head of the Bureau informed all her colleagues to collaborate with me in all aspects. Accordingly, the advocacy, care and support officer promised me to arrange some households from the community as per the selection criteria set by the researcher. The set selection criterion was focusing on destitute family households with children. Accordingly, five families with children were selected. They were visited by the researcher at house-to-house basis in collaboration with the advocacy, care and support officer. After the clear orientation was made as to the very purpose of the research as well as the ethical issues to be considered, the household heads were asked to voluntarily participate in the research. Fortunately, all agreed to participate, and following this, time schedule was outlined as per their convenient time to be at home again for the in-depth interview that would last for about one and half hours per household. Accordingly, appointments were made with each household head. Interview sessions were conducted in Amharic language directly by the researcher. There was no need of doing additional in-depth interview sessions as all the questions were attempted nearly similarly by all participants and the point of saturation was reached. Thus, the number of participants was limited at five households.

In place of the professional social workers, substitutes such as the advocacy, care and support officer from the government bureau and one person from the community committee were taken voluntarily as key informants and data were collected using the same procedures as done with family households above.

As regards to the secondary data collection, it was done in collaboration with other staff in Women, Children and Youth Affairs Bureau. Accordingly, data of existing resources in the community were taken from authentic documents.

Data analysis method employed

First and foremost, family was the unit of data analysis for this research as it was the focal point about which data were collected, analyzed and subsequently conclusions and recommendations were made.

The very purpose of this study was to explore the resilience of families in poverty and its implication in child protection about which little is known in Ethiopian context. By taking the case of poor families in Woreda 10 of Kirkos Sub-City, Addis Ababa, this research validated the function of Walsh's (2012) family resilience framework against the empirical evidence in views of the realities in Ethiopian context. Therefore, qualitative content analysis was employed in the course of data analysis.

Qualitative content analysis was selected to be used because it is deductive in nature, hence, important to validate the preexisting framework against the empirical data in Ethiopian context. In light of this, Ezzy (2002) stated its appropriateness as follows.

Content analysis is a useful way of confirming or testing a preexisting theory. When the research question is clearly defined and the categories of analysis have been well established by preexisting research, content analysis may be an extremely useful method of data analysis. It is not, however, a very useful way of building new theory. (p. 84)

Data Presentation and Results

The overall objective of this study was to explore assets which are less recognized in the community such as those attributes possessed by poor families and its implication in child protection. To this effort, this research was designed to achieve four fundamental objectives which include to learn and understand (1) risk and protective factors in the study community, (2) the secrets as to why some poor families better cope up with their distressing situations than others, (3) the practitioners' approach in working with the poor, and (4) the contribution of family resilience in child protection efforts.

Historical background of the study area

The study area named as Kirkos is one of the historically known places in Addis Ababa as regards to the way it came to be named this way. In a community assessment work done as a group assignment for an academic purpose, the researcher with his classmates attempted to explore the historical background of the area as of April 2012. According to the key informant interviews with the residents and Woreda officials representing the Culture and Tourism Bureau, the area has acquired its name from Saint Kirkos Church which was established in 1899 during the regime of Emperor Minillik II. According to the legends found in the church, it is believed that, during that time, there was the outbreak of an epidemic disease called '*Lasesew*' which had severely attacked both human beings and animals. As there was no proper medical response to such a pervasive epidemic, Emperor Minilik ordered the people and the church to pray to God for mercy. After a while, it is said that a monk named Aba Yonas, who was residing in a monastery in Selale, saw a vision that the epidemic would be disappeared if a church is built in the area the then named as Temenja Yaji in the name of Saint Kirkos. With this vision, Aba Yonas came to Emperor Minillik II and communicated him what he dreamed about. Minillik II

became so delighted that he took the full initiative to effect what the monk told him to do.

Accordingly, the Church was built in 1899 E.C and the Ark of the Covenant in the name of Saint Kirkos was brought to the church. Shortly after the building of the church and the introduction of the Ark of the Covenant of Saint Kirkos to the people, it is said that the epidemic was gone and, from that time on, the area had been named as Kirkos.

Study site and population

In the current administration structure of Addis Ababa, ‘Kirkos’ has become the name of the Sub-City which widens its coverage and encompasses eleven Woredas. Out of these administrative levels, Woreda 10 is believed to be the original community of the sub-city and it is the known slum area where the majority of the residents are low in their socio-economic background.

Geographically, the study area shares a boundary with Woreda 4 to the South, Woreda 11 to the West, Woreda 9 to the east and Woreda 7 to the north. According to the data taken from the Woreda government information bureau, in reference to the census conducted in 2003 E.C, the total number of the population in the community is 22,086. Out of these 10,294 are males and 11,792 are females. The total number of families is 5,485, and out of these, male headed families are 3,042 while the female headed are 2,443.

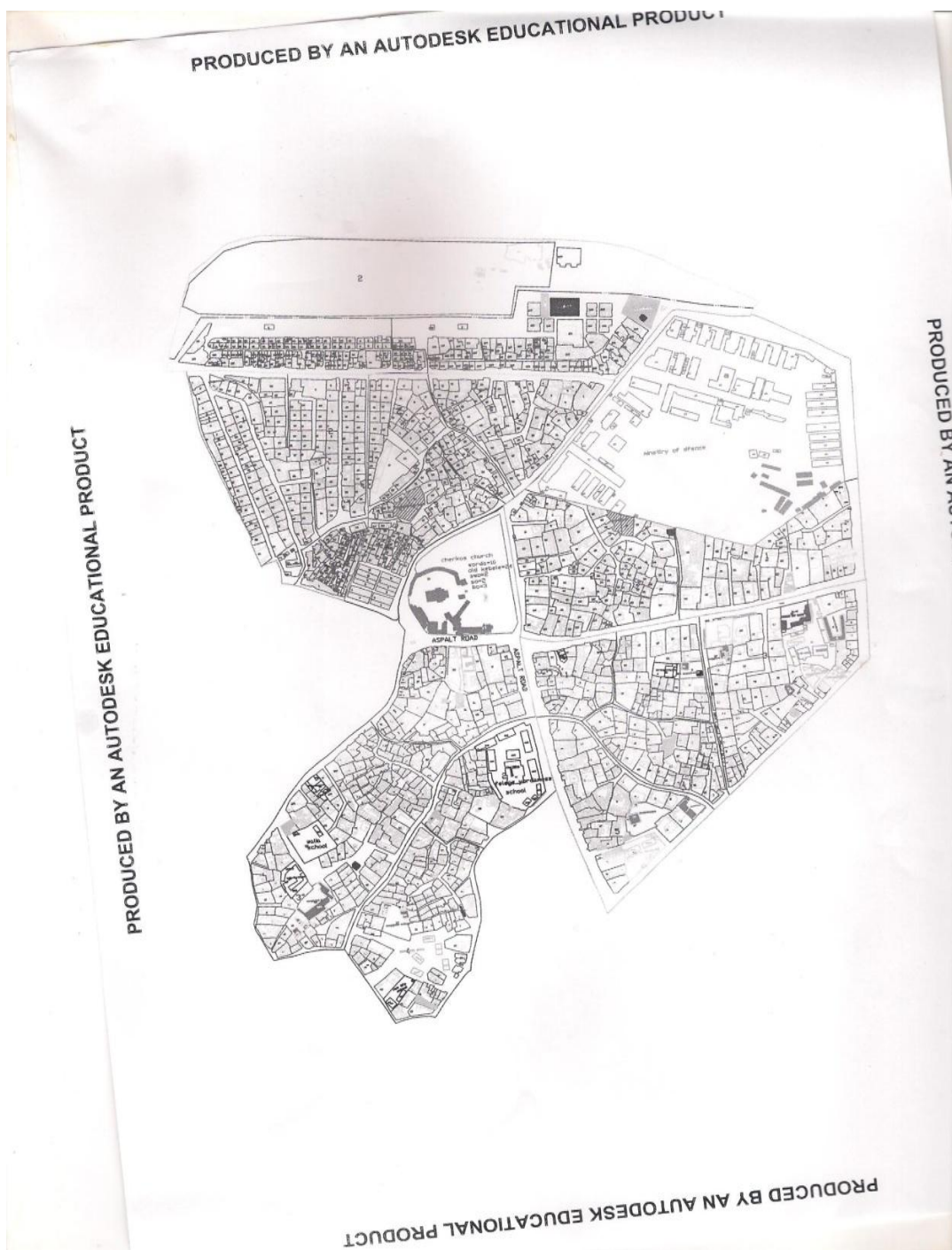


Figure 4: GIS of Woreda 10 community in Kirkos Sub-City

Source: Woreda land administration and building permission Bureau

Study population by sex- disaggregation	Male 10,294	Female 11,792	Total 22,086
Study population by household disaggregation	Male headed 3,042	Female headed 2,443	Total 5,485

Table 1: Description of the study population

Note that the above data were taken as a reference to 2003 E.C Census of Addis Ababa City Administration as taken from the information Bureau of the Woreda Administration, therefore, readers should take note of the fact that the current figure may change as people are being moved from place to place due to the current reconstruction project in the sub-city.

Getting started

Women, Children and Youth Affairs Bureau of the local government unit of the study area was the first contact body to consult through the Woreda Administration Office after delivering the supportive letter from Addis Ababa University, School of Social Work. The researcher clearly discussed the issue with all the staff of the Bureau as to what the research is all about and the technical support sought so as to successfully achieve the study objective.

More considerately than expected, all the staff representing the Bureau of Women, Children and Youth Affairs in the Woreda Administration were found to be very collaborative to help the researcher in whatever efforts unreservedly. Accordingly, the advocacy, care and support officer kindly and voluntarily agreed to arrange the study participants from the community as per the selection criteria set by the researcher and to show the researcher the whereabouts of each and every participant to be selected upon on house-to-house visit. The officer also voluntarily agreed to be one of the key informants for the study. The rest of the staff

also contributed a lot by helping the researcher collect other relevant information from secondary data available both in the office as well as in other related cluster Bureaus in the Woreda Administration such as education bureau and residents' record office.

Having in mind the fact that the number of in-depth interview sessions will continue until the point of saturation, the researcher had selected five household head participants purposively from the community as per the set criteria. There were two selection criteria set: (1) households of poor families in the community, and (2) households where children are members of the family. However, there was no proper data base as regards to the total poor families in the Woreda administration. The person who was in charge of the wellbeing and protection of issues of children and women in the community would verify and register the destitute when they come to the Woreda administration seeking social services. But it was understood that the documentation and management system of the cases being used by the person in charge was very ordinary-registering the cases on a temporary paper and awaiting them for services. Thus, the research participants selected to be voluntary participants for this study, from among the community, were those destitute who were in the waiting list to be linked with the available services.

Profiles of the research participants (household heads)

By chance, all of the cases or household heads were at their early adulthood age range. Ethnically, two household heads (females) belong to Amhara, two others (1 male and 1 female) are Oromo, and one household head (female) belongs to Gurage. On average, each household has a family size of 5 persons thereby 26 family members including children were addressed in this study. All the cases possess a subsistence type of earning a living ranging from aid alone to daily labor and engaging in a small business such as hair dressing. Two of the cases are living in

a temporary shelter offered by the local government body to better protect them from suffers of street life, the other two are living in Keble houses offered by the local government as a substitute for their lost houses and displacement due to the rehabilitation and reconstruction project in the Woreda, and one case is living in a private house which is inherited from their great parents but the family is not confidently feeling that it is at their disposal because the house is lying on the land that belongs to the rail way corporation, so they are worrying about their future fearing that they may be displaced. Educationally, two of the household heads (females) are illiterate, the other two (females) attended elementary school, only one household head (male) completed high school. As regards to the marital status of the cases, two are divorced (females), one is remarried after the death of her previous spouse, one is married (male), and one is widowed (female).

Personal Information			
Variable		Number	
Age of family head	25-35	1	
	36-45	4	
Marital status	Married	1	
	Remarried	1	
	Widowed	2	
	Divorced	2	
Educational Level	Illiterate	2	
	Primary school	2	
	High school	1	
House	Own/private	1	
	Kebele/Government	2	
	Shelter/temporary	2	
Socio-economic information			
Ethnic background	Amhara	2	
	Oromo	2	
	Gurage	1	
Religion	Orthodox Christian	4	
	Muslim	1	
Family	Household	Male headed	1
		Female headed	4

Total Household		5
<hr/>		
Family size		
<hr/>		
Adult	Male	5
	Female	12
	Total adults	17
<hr/>		
Children	Girls	6
	Boys	3
	Total children	9
<hr/>		
Total family size		26
<hr/>		
Means of income at household level	Daily labor	1
	Own business	1
	Daily labor and aid	2
	Aid alone	1
<hr/>		
Average monthly income	Less than 1,500.00	4
	Birr	
	1,500 Birr and above	1

Table 2: profiles of research participants (households)

As exploratory case study on family resilience and its implication in child protection, this research employed purposive sampling techniques in order to explore facts in perspective. As a preliminary step for the upcoming activities, the five household heads were visited at their home and the researcher introduced himself as regards to from where he was and for what purpose he

came to them. They were clearly informed as to the very purpose of the research in order to initiate their voluntary participation in the research. To this effort, the ethical issues to be considered either in the midst and/or post-study period were raised and discussed to help them decide and participate as freely and securely as possible. Fortunately, all household heads agreed to participate unconditionally. Following this, we scheduled the convenient time that they will be at home for interview that would last for about one to one and half hours per household. Accordingly, the in-depth interview was done with the selected family household heads and they were paid 50.00 Birr per participant in recognition of their participation. But this was not communicated in the introduction and orientation sessions done ahead of time so as to secure their honest participation thereby to collect objective information. The in-depth interview guidelines were translated into Amharic language in the course of the interview sessions to make the communication simple and understandable.

There was no need of continuing further interviewing by increasing the number of participants than planned in the first step as all the questions were attempted nearly similarly and the point of saturation was reached. Thus, the number of in-depth interview participants from family side was limited at five households.

To pave the way for the description of the subsequent facts as viewed by the research participants, hereunder is their profile per each household level:

Code	Family level	Family						Total family
		Adults			Children			
		Male	Female	Total adults	Girls	Boys	Total children	
01	Female headed	0	1	1	2	0	2	4
02	Female headed	0	3	3	2	3		6
03	Female headed	3	2	5	1	0	1	6
04	Female headed	0	2	2	1	1	2	4
05	Male headed	2	4	6	0	1	1	7
Total		5	12	17	6	3	9	26

Table 3: Codes of the research participants

Key informants

Using the knowledge of the key informants was the other fundamental means of gathering data pertinent to this research. Initially the researcher proposed to have in-depth interview with professional social/community workers who were supposed to directly work with the poor families in the community thereby to explore their general approach to pursue in their efforts to promote and protect the rights and wellbeing of the disadvantaged group in views of the principles of social work practice from strengths-based perspective. However, no professional social worker or community worker was found there in the government Bureau in the study area with a position to directly work with the community under the jurisdiction of the Woreda administration. Instead, activities in the community equivalent to social/community work practices were reportedly being carried out by the established community committee and other volunteers selected from within the community. The community committee is comprised of representatives from *Iddirs* (which is a cultural funeral association), and representatives from all other clusters of the Woreda administration Bureau including health, education, social justice, Women Affairs, and Micro-enterprises. There was one representative from each sector in the community committee. In the Woreda, there are 17 *Iddirs* (10 Men's *Iddirs*, 7 Women's *Iddirs*). The 10 Men's *Iddirs* are united into one to form a union known as union of *Iddirs*. The union of *Iddirs* has one chairperson who is entitled to convene the regular meeting. The advocacy, care and support officer from Women, Children and Youth Affairs Burea, was represented in the community committee who was also accountable to closely oversee all activities in the community as regards to the issues of children and families in general. Thus, the researcher took the chairperson of the union of *Iddirs* and the advocacy, care and support officer from Women,

Children and Youth Affairs Bureau as key informants for this research in place of the professional social workers.

The chairperson of the union of Iddirs was 12 complete in education who had lived more than 40 years in the Woreda and was retired and in pension. He had a long year's experiences of active participation in all the community development initiatives and was believed to have intensive knowledge about the socio-cultural and socio-economic phenomena of the locality. The advocacy, care and support officer has Diploma in language who had served long years as a teacher and gender officer in schools and Women's affairs Bureau respectively before coming to take over the current position.

Risk and protective factors

To the maximum extent possible, efforts were made to triangulate facts as regards to the existence of both risk and protective factors in the study community upon gathering data from different corners including from the poor families themselves, key informants and from secondary sources available in the Woreda administration Bureau. From all sources, there was little difference among the information given about the contextually linked risk and protective factors available in the study area.

Risk factors

In views of the contextual realities of the study community, the researcher found the informants worrying that there were many unemployed youngsters in the community engaging in different risk activities such as chewing chat, smoking cigarettes and in other dangerous activities seemingly to hide themselves from their psychosocial distress. Thus, unemployment was found in all sources as being one of the key risk factors that was reportedly being despairing the youth and their successors.

Deep inside the community, according to participant 05, there was no role model especially for children to learn pro-social behaviors and aspire for good futurity. According to the participant, he justified his understanding by saying that deep inside the community were very poor people who routinely thought and talked not more than about subsistence issues to the best and made use of socially toxic languages to the worst. The participant seemed to understand the fact that especially children are likely to be influenced by their ecological factors which are very close to them in their every day to day routines. In support of this, there is one local saying to summarize the roles of models in the course of personal development of human being. “Tell me your friend, and then I will tell you who you are.” Therefore, the lack of renowned models especially for children and youth in the community who are in their developmental stage was mentioned as one of the risk factors in the community.

The adoption of western cultures without proper censure possibly due to the force of globalization was also the other risk factor that was reported to make especially families worry about the futurities of their children because they fear that it is being diluting the existing indigenous positive cultures and traditions of the community. Thus families had the doubt as to how to make the values of their long-lived family and community treasures sustainable. In support of their fear, the key informant from the community committee explained the increase of pornographic video show shops in the community, the intention of some children and youth to have boy and girl friends too early, and showing different odd behaviors unsupported by the community, etc., were mentioned as typical illustrations of the impact of the western culture.

In the study area, there is an increasing number of commercial sex workers coming from all directions of both the rural as well as the sub-urban regions of the country and from within Addis Ababa city as well. Their exact number is not well known, however. Participant 04 (a

mother of one boy and two adolescent girls) is living very close to the prostitutes' residence and she typically mentioned of this as a key risk factor for her family because, though she was confident that her daughters were very unlikely to be enticed to join the prostitutes, for whatever reasons it might be, she was not without worry. The mother of the girls emphasized the fact that the girls might not be perfectly immune not to be influenced by their peers engaging in the activity and/or by other brokers, so she preferred to build her daughters' social competence skills thereby increasing their self-esteem and self confidence to enable them withstand such problems by themselves. In connection to this, HIV/AIDS and other reproductive health problems were also mentioned to be the risk factors especially for sexually active children and youth and other reproductive adults.

In one specific neighbor where some people including participants 01 and 02 were living in a temporary shelter offered by the local government, the common risk factor mentioned, among others, was that the tap water (to be used for drinking and washing) and the latrine drainage had linkages largely because of the lack of proper hygiene and sanitation services in place as particular to this neighbor. According to participant 01 and 02, the tap water was not meant for drinking, so they were using pure water from other neighboring Kebeles by bringing with jars and this further compounded their burden to survive. They also mentioned that children were unnoticeably drinking the water and becoming sick, so they called for all those concerned bodies to solve the problem the soonest possible. It was understood that such risk factor was likely to cause water born epidemics that might be challenging to curb once it outbreaks in such a congregated community unless timely response is to be in place. Child-friendly health and social services have a lot to do with positive development and protection of children.

In connection to the cultural and traditional contexts, it was also mentioned by the key informant from the union of Iddirs that low level of enthusiastic attitude and energy possessed by some youth to engage in the available job opportunity was the other risk factor in the community. But this was not the issue more commonly shared by all other participants. Participant 05, for example, viewed it differently in that, for him, youths rather have their own career interest and choice to prioritize to be successful. In addition to this, the same participant argued that the youths need business and life skills development training opportunities in preparation for their successful career path, a free environment to get a starting capital to begin with, and a youth-friendly working environment to work if they are to meaningfully change their lives and contribute a lot for the development of their communities. For him, a lack of a fertile working environment, especially for youth, was the risk factor.

Protective factors-Ecological

Through all the mechanisms of the data gathering techniques used in the study such as the in-depth interview, from key informants and review of secondary sources in the study area, there were multiple protective factors explored in the community which have the potential to help poor families cope up with their distressing situations. But the existence of such factors in the jurisdiction of the Woreda administration of the study area in and of itself doesn't mean it is imperative to the disenfranchised group if it is not well functional structurally, not equitably accessible to the poor and if the duty bearer is not held accountable with passion and commitment. If there is appropriate governing and advocacy efforts in place to build upon these existing protective factors in all intervention efforts to be made by all actors either in development initiatives or humanitarian services, then it is possible to bring about a significant change in the lives of the poor both socially, economically, psychologically, politically and

spiritually. Hereunder is the description of the ecological protective factors explored in the study area.

Protective factors	
School	
Kindergarten	3
Primary	4
Secondary	1
Preparatory	0
College	1
Health center	1
Youth center	1
Recreational center	3
Public Library	2
Church	1
Mosque	1
Police station	2
NGOs (acting in the area)	6
Associations (Women & Youth	2
Iddirs	17
Orphanage	1
Micro-credit	1
Religious institutions	

Table 4: Description of protective factors

Family believe system

As regards to the believe system possessed by the poor families especially in views of their current living circumstances and their future prospects, participants intended to see it from their typical contemporary social and health problems that they faced.

For example, participant 01 was living in a temporary shelter offered by the government. She was a single mother of two girls. She had been in her rehabilitation phase from her years of sickness due to unknown reasons. She replied to the questions desperately. She seemed to frustrate that she would not resort to her normal life to properly lead her family in a happy and hopeful environment as was before. So, she envisioned little good futurity for her family.

According to participant 05, who was the only bread winner for his seven family members through engaging in a small business of his own such as hair dressing, life is

increasingly challenging him to cover the living cost of the family through the average monthly income of 1,500 Birr. According to the participant, he had a dream in his childhood age to be a football player and he actively participated to realize his dream. But after the death of his father, the mother alone was unable to fulfill the basic needs of her children upon the income she received through her low paid job. Thus, the children including the participant were pushed to engage in all activities to earn a living and support their mother. Through time, he became the household head to manage the family. Therefore, he believed that his dream that he enthusiastically aspired at his childhood age had already been failed since he had taken the bread winner position in his family following the death of his father. For him, neither the present reality of today nor the future prospective was good. Rather he bitterly regretted for his failed dream due to his family's distressing situation following the death of his father and the lack of family support he encountered at his childhood age. He also responded to the probing question as to what he learned from his challenging lives that he had encountered since his childhood age. For him, the challenge made him strong. He initially took the hair dressing training with a number of his peers with support from an agency. He said that few of his friends became self-sufficient upon their skills.

Participant 03 was new to the neighbor where she was living. She missed her original community due to the rehabilitation project being carried out in the sub-city and she was moved to the new community and offered a Kebele (government) house as a substitute. Her memory was still fresh as to the goodness of her previous neighborhoods. She was living with HIV and she disclosed her status and was well known in the community. In her new community, she was not feeling good as she practically faced some stigma and discrimination from the neighbors

either implicitly and/or explicitly. So, her current living circumstance in that new community was not good for her especially in views of her neighborhood relationship.

Participant 02 and 04 believed that life was somehow ‘good’ for them. They thought it positively by taking the lives of the poorest of the poor in their community as the yardstick to compare their better living circumstances. The two participants were also observed to be spiritually strong. Both participants believe that their present and future lives will be determined only by their Almighty God. One was Muslim and the other was Orthodox Christian in religion. Therefore, it is difficult to conclude as regards to the poor families’ believe system that they have towards their present live circumstances thereby their prospects in general because each family intended to see it from the perspectives of their own typical problems resulting in different views.

Family organizational pattern

Levels of flexibility and connectedness as well as the means of social and economic resources at household level were the indicators which were used to explore the organizational patterns of the families under the study. To this effect, data were collected via in-depth interview of the household heads of the families. Subsequently, it was understood that the distressing family situation of the participants seems to be their central point about which they were highly concerned to jointly involve in all efforts to at least ensure their survival.

Following are some of the typical illustrations of the above understandings as viewed directly from the participants’ replies to the questions in perspective. To begin with participant 05, he replied to the questions as follows:

Life was challenging since the death of my father. We brought up by sharing. We used to share one *injera* in four. My mother didn’t have authoritarian figure, therefore, I

considered her not only as a lovely mother but also as a sister. Every one of us had freely engaged in all subsistence types of earning a living to support our mother thereby to ensure our survival. Except the constraints that we had in basic needs, I felt we brought up freely when viewed from such perspectives as collaboration, understanding and helping each other.

According to participant 05, the poverty condition to which the family was exposed shortly after the death of the father made the family members prioritize to engage on subsistence issues and rush into a range of income gaining activities to sustain the household. This participant stated that all family members including him had started to act with sense of responsibility and accountability and therefore the household regulatory rule was made flexible. This has much in common with Walsh's (2012) statement that resilience is strengthened by mutual support, collaboration and commitment to face and withstand with courage troubled time together.

In replying to the same question, participant 04 (who was a single mother of two girls and one boy) tried to show their area of open discussion and communication as being centered on fostering the resilience of her children especially of the two adolescent girls thereby to capacitate them to better cope up with their common distressing situations as well as other life threatening situations to come as particular to the adolescent girls. In connection to this, the participant mentioned that even she developed the habit of openly discussing with her two daughters as to how to prepare themselves to manage their menstrual cycle, which oftentimes is a cross-culturally difficult subject to make it an agenda for open discussion between adults and adolescents at household level. Furthermore, very close to their residence is the area where a number of prostitutes are living. This was mentioned as one of the risk factors as particular to this family, because the woman feared that her adolescent girls may be enticed to join the

prostitutes unless their social competence skills are developed well. Thus, participant 04 mentioned that she had a doubt on the effectiveness of pursuing strict child disciplining techniques over her two daughters so as to help them develop pro-social behaviors, rather she reportedly underlined the fact that she preferred to capacitate the girls in an open and transparent way through flexible family rules so that the girls will develop sense of responsibility and stand for themselves in the absence of their mother. It was attempted to go further as to how she developed such knowledge by viewing her past social participation and networking skills that she might have in her locality. Accordingly, the woman was found to have active participation in her community and she took different kinds of trainings about HIV/AIDS and other reproductive health as well as on child protection issues by different organizations. As regards to her community participation, she replied, “I am participating the coffee ceremony sessions being convened by the government in the community to talk about women development issues. Furthermore, I am also participating in community policing about security issues.”

Participant 01 was a single mother of two girls residing in a very small shelter offered by the government. She was in the rehabilitation phase from her protracted sickness due to unknown reasons and was nursed by her 14 years old daughter. The family seems to be in a highly distressing situation because, on the one hand the woman had a doubt to resort to her normal health status and, on the other hand she also worried about her daughter thinking that the distressing situation might impact on the academic performance of the girl. The family relied solely on some support from the local government bureau (Kebele) together with a monthly stipend from the divorced husband, nothing more. The health condition of the participant was visibly seen to drain the family’s economic resources. In describing how connected and collaborative the family was irrespective of the situation, the participant stated that “my daughter

is the substitute of my deceased mother, I have no one around to see me at such difficult times.” They seem to be living by sharing the challenge.

Participant 02 was a single mother who was in charge of caring for five family members comprising of three children and two adults. They relied on the income gained from daily labor and on some support from the lowest administrative unit (Kebele). They were living in a shelter offered by the government. As to the exploration of the pattern of the family organization, the participant replied to the question as “I take the position to make the ultimate decision, but we understand and help each other with sense of responsibility.”

Participant 03 was a woman who remarried a new husband after the death of her first spouse five years ago to whom she gave birth two children. According to participant 03, she started to have a relation with her new husband one year before, but they concluded their marriage and started living together within the last three months. The participant was living with HIV and, according to her, she openly disclosed her HIV status and was well known in her locality. She was the head of five family members and was living in a government house (Kebele) which was offered as a substitute of her displacement due to the reconstruction project being run by the government. The survival of the family relied on the income gained through daily labor, and through the small amount of stipends that the participant received from one non-governmental organization for her voluntary work. The family had a flexible family regulation up on which they used to openly discuss, understand and help each another. However, the remarriage of the participant seems to create a new pattern to the family organization. In views of this, participant 03 stated that “my elder daughter didn’t approve of my remarriage, she was indifferent.” Following this, the inconveniences increased as the remarriage process was in progress. When the process was finalized and the new husband came to the house of the

participant, the elder daughter left the house to show her disapproval. Reportedly, the daughter started leading her own life independently by establishing a relationship with her own spouse.

In general, it was understood that every family member had a contribution for their wellbeing as per their maturity level. It was observed and understood also that no one was totally dependent on the household head except those children whose developmental milestone ranges from infancy to early childhood age and thereby not well matured both physically, mentally, emotionally and psychosocially to support themselves. In other words, according to the responses from participants, family members knowingly participate in all efforts in the sense of helping each other for survival. Thus, there was no formal organizational pattern observed at the family level where every family member is entitled only specific activity to which he/she is held responsible and accountable, rather family members were observed to be connected well, communicate clearly, helping each other and striving for better life in a flexible and collaborative family environment as the situation demands.

Family communication pattern

The distressing situation at family level in and of itself seems to make the family unite together to discuss and outline action plans to do a range of activities in efforts to cope up with their common constraints. These include sharing the feeling and taking proactive stance, sharing ideas clearly and openly, putting empathetic understanding in place. As typical illustrative of this, participant 04 reported the following history. Before that, I would like to let readers know the fact that I made this interview one day before the eve of Easter of this year, which is one of the big Ethiopian National holidays.

Case scenario

Participant 04 was a single mother of two girls and one boy. Her husband died of protracted sickness five years ago. The family was living in a very old house which was too old to renovate. The woman had taken the responsibility to take care of the children alone since the death of her husband. She casually worked as a laborer whenever there was the chance to do so just to supplement her husband's pension and cover the living cost. The family solely relied on this type of income, i.e., through the daily labor of the mother and the pension of the deceased father.

As the holiday is about to come, the woman had only 350.00 Birr at hand. She was worrying as to what to do with it. The whole family was fasting for 55 days as they are Orthodox Christian in religion. According to the rule of the Ethiopian Orthodox Christian religion, the fasting will be over in the mid night of the eve of the holiday by eating some typical foods some of which (animal products) were not normally allowed in the fasting season according to the religious rule of the Ethiopian Orthodox Church. In connection to this, the woman was worrying. As a solution, she preferred to clearly discuss the issue with her children in an effort to let them know her financial capacities thereby to discuss and decide together as to what to do as the best solution. The mother proposed the idea that she should go to Kotebe, which is a remote area far from their residence to buy a hen, in Amharic '*Doro*' largely because she believed that the market may be cheaper there than in the nearby one. '*Doro wot*' is one of the best traditional foods in Ethiopia and usually it is used to be eaten as a remark of ending fasting. Having understood the extent to which her mother was getting stressed for financial constraint, a 16 years daughter who is attending her education in preparatory school in grade 11

proposed alternative idea that no need of having a hen right away, rather may be better to have it on the due date of the holiday when the market becomes cheap, instead she proposed to prepare a culturally sound food equivalent to ‘Doro wot’ to end fasting in the mid night so that other dependents will not feel different. Other siblings too supported this idea and, according to her report, she agreed with the last alternative solution proposed by her daughter and supported by other siblings and she appreciated all her children for their early maturity.

Similar facts were also understood from participant 05 as well. The participant replied to the question in perspective in a mixed feeling by saying that:

Whether you like it or not, the situation itself will make you help and understand each other through open discussion and communication, it is difficult to move away and lead your own lives separately. Who do you leave your poor families for?

Sustainable problem solving strategies as viewed by the families in poverty

Surprisingly, all the participants of this research, irrespective of their visible constraints that they had in their basic needs such as food, shelter, water and sanitation, etc, they proposed the need for conducive working environment to work and become self-sufficient and some facilitation and capacity building to begin with rather than relying on the mere support to be given by humanitarian actors. They also proposed that all the concerned bodies need to see the real situation of people on the ground where they are living in distressing situations in the community before planning and acting on their own. All the interviews of this study were made upon house to house visit so as to comprehensively understand the study subject from contextual point of view. Two participants (01 and 04) said that “it is you, who the first time, to come to deep down the community and see our real lives. No one is committed to see the poor in flesh,

no one...” Another young informant (05) had also proposed his own views of especially as to how to better motivate and arrange the youth for career opportunity. For him, giving attention to the youth, making them active participants on their own issues to discuss and decide, keeping their interests and choices and capacitating them accordingly need to be in place by all concerned bodies. Top-down policy is not effective especially for youth as they have their own unique choices and interests to realize, according to the participant.

Practitioners' approach to work with poor families

This was designed to explore the practitioners' approach which they employed to work with poor families in the study area by taking informants from the professional social workers or community workers representing the concerned government bureau, i.e., Women, Children and Youth Affairs Office in the district of the study area. However, there was no professional social worker or community worker in place to work in the capacity mentioned above. Instead, all activities equivalent to social work practices in the Woreda were found reportedly being undertaken by substitutes such as the community volunteers (who are uneducated and non-professionals) and community committee which was comprised of representatives from *Iddirs* and government sector offices such as education, social justice, health, and Women's affairs. A staff from the Bureau of Women, Children and Youth Affairs was represented in the community committee who was also accountable to closely oversee the community activities. Thus, the researcher took two representatives of the community committee as key informants for this study and these two individuals were supposed to substitute the roles of the professional social workers in social work practice.

One of the key informants was the woman from the Bureau of Women, Children and Youth Affairs who was currently working in the capacity of advocacy, care and support officer.

She has diploma in language with long years of teaching experiences in schools and as gender officer in the current bureau before coming to take the present position. She was directly working with the community especially as regards to the protection and wellbeing of vulnerable groups including children and women. The second one was the chairperson of the union of *Iddirs* who had lived in the area for more than 40 years and had active participation in all community development initiatives.

The researcher found it technically difficult customizing the questions to the knowledge level of the key informants than was initially set in the interview guideline. In other words, some of the questions enlisted in the checklist in perspective especially as regards to the principles of social work practice and the concepts of resilience and strength-based approach to explore in views of the practitioners' point of understanding were not answered altogether.

Their fundamental roles in the community were limited at identifying the vulnerable groups such as children, women and elderly people and linking them with resources; community awareness rising on Harmful Traditional Practices (HTPs), community security, family planning and reproductive health, addiction, etc. All these were reported to be done with some support from NGOs and the concerned government office. These two individuals seem to have limited participation in program planning, monitoring and evaluation of community development programs.

For the questions asked as to the possible reasons by which some poor families seem to effectively cope up with the adverse situations they encountered, both informants forwarded their opinion as being due to personal strength and support from the family. As illustrative of their answers, they mentioned some typical examples that they experienced on the ground. In response to the question regarding as to how the sustainable change in the lives of the poor could be

possible from perspectives of program design and practice, they listed a mix of both the deficit and the strength-based approach such as need assessment, identification of the beneficiaries at the community, integration among actors, and pursuing bottom-up approach in general. All what they mentioned are manuals in all intervention approaches. But none of them mentioned the need to build up on the existing resources, the need to recognize the hidden talents and assets, the need to appreciate small success, the need to appreciate and strengthen self-reliance attempts, etc. This may be due to the fact that they have no fundamental know-how about social work concepts and that what they know has been learned from actors' development and protection intervention approaches to date.

Families' contribution to child resilience

In attempting to explore the implications of family resilience on child protection issues, it was started to assess how the participants themselves do remember their childhood situations in views of their relationship with their immediate caregiver and/or with any one they had trusted relationship. This was made to see whether the historical background of the childhood ages of the prospective parents themselves has its own influence on the later parenting styles to use.

Four of the participants were born in rural areas of the country, one in Addis Ababa. From among those who were born in rural part of the country, three of them were brought up by single parents at their childhood ages.

Participants	Place of birth	Caregiver	Relationship /parenting condition	Socio-economic condition	Remark
Participant 01	Rural	Father	Somehow good	Low/reared in poverty	Mother died at childhood age and was brought up by her father until six years. From 7-11 she led her life as housemaid in Addis Ababa
Participant 02	Rural	Mother & father	Very good	Low/reared in poverty	
Participant 03	Rural	Mother	Good	Low/reared in poverty	Father died at childhood age
Participant 04	Rural	Father	Good	Low/reared in poverty	The case was born out of wedlock and brought up under the custody of her father through step mother
Participant 05	Urban	Mother	Good	Low/reared in poverty	Father died at childhood age

Table 5: Brief overview of the childhood situations of the participants (household heads)

As can be seen from the data in the table above, the childhood situations of most participants seem to be distressing. They reported that they were brought up in poverty. Four of the participants were protected in their childhood years by single parents and they remembered that such an incidence compounded the distress they suffered at their childhood age.

Parenting characteristics	Participants				
	Participant 01	Participant 02	Participant 03	Participant 04	Participant 05
Demandingness	✓	✓	✓	✓	✓
Responsiveness	✓	✓	✓	✓	✓

Table 6: Parenting characteristics of the participants as per the findings

Irrespective of all these facts, however, the participants showed high demand about their children's futurity as well as high intention to respond to their children's immediate needs. The cases were found to have high aspiration for their children to be successful both academically and in career opportunities as well as to possess culturally valued attributes. All wished better life for their children than they have. Three of the cases (01, 03 and 04) said that "I don't want my children to repeat the life that I lived." For the question raised following this response as to why they intended to say so, both replied with regret that, due to their parents' poverty thereby little parental support they incurred, they didn't continue their education and this had limited their personal development and career opportunity which in turn made them have the distressing life circumstances.

Literatures show that parenting types characterized by such attributes as high demandingness and responsiveness possessed by parents are categorized as authoritative (Katz et al., 2007) and such types of parenting styles are better than others in most circumstance. Other related literature supports the idea that authoritative parenting style is better to foster child resilience.

Warm, authoritative and supportive parenting is usually crucial in building prospective resilience in children, as well as helping them deal with many specific adversities.

Parents who have, or can develop, open, participative communication, problem-centering coping, confidence and flexibility tend to manage stress well and help the rest of their families to cope well. (Hill, *et al.*, 2007, p. 37)

The participants were understood to have a wide range of visible constraints at family level in general, and this, without doubt, is likely to have negative repercussions on the family in general and on the positive development of children in particular. On the other hand, the constraint was seen to be the central point at each household that made them emotionally and socially connected. Every family member is expected to contribute a lot in all effort to be made at least to ensure their survival. In all cases, it was understood that there was the habit of open discussion and decision making on the issues of daily activities about which every family member has a stake except those children who are at their immature stages and are inherently weak to defend themselves rather depend on their caregivers for their protection and care. The families were observed to be highly connected. Such family environment that allows children to freely discuss and share their feelings creates a nurturing environment to foster child resilience because children are likely to develop their social competence which will in turn help them improve their psychosocial attributes such as their self-esteem, self-efficacy, self-confidence, positive thinking, sense of adequacy, sense of worth, etc. These attributes will help them cope up with distressing situations and become successful both socially and academically.

Overall, irrespective of all the challenges that the poor families faced in all cases, the organizational patterns, and communication systems at household levels were understood to be somehow normal and functioning in comparing with the adversity that they were facing. But

they need to be strengthened to help them have the capacity to better protect especially the children. “Building resilience in parents who are dealing with extreme adversity is very important to ensure resilience in children (Daniel, *et al.*, 2007, p.19).”

Discussion

The findings of this study on family resilience are explained and interpreted in views of three dimensions: theoretical perspectives, its implication in social work practice in general and in child protection interventions in particular.

The findings as viewed from theoretical perspectives

This is an exploratory case study on family resilience and its implication in child protection. The very premise of this study was to explore four things in perspective: (1) the protective and risk factors in the ecological zone of the poor families, (2) the reasons as to why some poor families better cope up with adversities than others, (3) the practitioners' social work approach they used to working with poor families, and (4) the implication of family resilience on child protection.

As regards to the protective and risk factors bounded in the ecology of the research participants, a number of factors were identified ranging from context specific to global in extent. The risk factors explored include unemployment, accessibility of drugs especially around schools, HIV/AIDS and other reproductive health problems, influence of globalization (invasion of bad cultures), poverty, lack of youth friendly working environment, peer pressure, lack of models of renowned personal deep down in the community especially for children to learn pro-social behavior by watching, etc.

On the other hand, a number of protective factors were also identified in the same setting including schools, health center, religious institutions, community based associations, security bodies, aid agencies, recreational centers, and the like. The existence of such protective factors is likely to be very imperative for the disadvantaged group if all the intervention efforts in the community recognize and build upon these existing assets.

Little, et al. (2003) in their study on facts about risk and protective factors especially in the context of services for children in need, they described protective factor as follows. “...something that, in certain contexts, reduces individual’s risks of psychosocial problems and can, therefore, only be understood in the context of patterns of risk” (p.9). This definition has the analogy that a factor is recognized as protective only when its operational role is successful in the face of risks. “A protective factor is something that potentially interrupts risks to healthy development.” Little et al (2003, p.10). According to Little et al (2003), the very purpose of identifying potential protective factors during planning and intervention practices is not to quantify the magnitude of the risk to the child but also to help understand ways of reducing or eradicating that risk, by building up on the protective mechanisms. For Little and colleagues, resilience research is important for practitioners to encourage them to focus on strengths in the child’s life and to optimize opportunities for healthy development.

To explore the secrets behind which some people in poverty can better cope up with adversity than others, the research validated the family resilience framework of Walsh (2012) in Ethiopian context. Walsh stated that the family resilience development framework has three mutually influencing elements including communication, believe system, and family organizational patterns. Each part has in turn three different indicators to measure a resilient family, according to Walsh.

The findings of this research as regards to the communication and the organizational patterns of the family were found to be somehow consistent with Walsh’ s statements, where as the believe system was completely different. This is an evident to the fact that closely related people at times of facing distress help each other, hence, improve their communication and organizational patterns better than was before to foster their capacity to cope up with the

common challenge. But in views of the believe system, the differences of the findings are likely to result from the differences of the level of the distressing situation of the research participants. For this research, for example, the participants (the family) were at extremely distressing situations where some of them were living in temporary shelters given by the local government to protect them from suffers in street lives. They were observed to have high constraints in their basic needs which might make them desperately feeling. In other words, as a function of their current lives, the participants didn't show positive outlook as regards to their futurity.

Family resilience and its social work significance

Family resilience is all about the inherent capacity of the family to cop up with the adversities. As part of this research, it was designed to explore the professional field work practitioners' approach that they were using to work with the disadvantaged groups. The very intent of this effort was to explore the facts as to what extent the practitioners integrate the concepts of family resilience and other related ideas such as strength-based approach in their planning to execute their social work practices. However, there was no professional social worker in the concerned government Bureau to work in the capacity of social worker, instead activities equivalent to social work were reportedly being carried out by non-professionals such as community volunteers who were recruited from within the community and other structures. Due to this, the researcher tried to assess the existing reality by taking one representative from the community committee and an advocacy and care and support officer from Women, Children and Youth Affairs Bureau as key informants (both were not professionals in any academic discipline). The fundamental questions asked especially as regards to family resilience and related concepts such as the paradigm shift from deficit to strength-based approach and its significance in community work were not answered altogether and this creates clear evidence to

the fact that the community workers have limited know-how as regards to the concept of social work practice. Therefore, it was learned that the concerned government bureau was not engaging the required staff in its cluster offices to execute the human service sector through social work activities and this is likely to limit the sector's effort to achieve its intended objective.

Family resilience and its implication in child protection

Irrespective of the distressing situations in which the participants were living, it was found that the communication and organizational patterns of the research participants at household level were found consistent with Walsh's investigation results. In other words, collaborative and helping relationships fostered through clear and open discussion at household level were found in this research. Such a child friendly environment at household level is likely to contribute a lot to the development of child resilience through fostering their psychosocial ingredients such as their self-esteem, social competence skills, self-efficacy, sense of adequacy, and self worth. These will in turn help them fend for themselves from incidences of right violations which otherwise will result in different harms either physically, emotionally, sexually or by neglect.

...resilience is seen as dependent on a relational process with key individuals in the child's world. In order to overcome the effects of abuse and victimization, a child or adolescent requires developmentally attuned adults who understand that promoting resilience is a step in a resilient child. (Herly, Martin, & Hallberg, 2013, p. 266)

Their distressing situation was also found to be the central point in the family which unites them to have such smooth communication and organizational patterns so as to better enforce their capacity to minimize, if not to mitigate, their sufferings. An informant's response to the question in perspective was to be remembered in regards to this fact.

Whether you like it or not, you will share the suffering with your family upon open discussion and communication as to what to do at least to ensure survival. It is very unlikely to lead an independent life leaving your destitute families behind. Who do you leave your poor families for?

In consistent with this finding, Walsh (2012) emphasizes that resilience is the functional unit of a family, which means exposure to current crisis is an opportunity for the family to nurture a norm of applying joint efforts more than ever to successfully cope up with other future challenges.

...family resilience entails more than managing stressful conditions, shouldering a burden, or surviving an ordeal. It involves the potential for personal and relational transformation and growth that can be forged out of adversity. By tapping in to key processes for resilience, families that are struggling can emerge stronger and more resourceful in meeting future challenges. Members may develop new insights and abilities. A crisis can be a wake-up call, heightening attention to important matters. It can become an opportunity for reappraisal of life priorities and pursuits, stimulating greater investment in meaningful relationships. (p. 401-402)

Conclusion

As concluding remarks, following are the main points of this thesis paper as shortly summarized in views of the findings.

In the study area, there are multiple protective factors that are potentially relevant as regards to the protection and promotion of the wellbeing of the poor families in the community against the risk factors listed on the other pole of the spectrum. But there is little integrated effort in place both from the concerned local government bodies as well as from other humanitarian actors to utilize the resources as appropriately as possible. Despite the distressing situations in which the cases are found, they have functional communication and organizational patterns at household level. The cases have high preference to be self-reliant by their own efforts upon some in-kind supports from all concerned bodies as a cost of their current constraints in their basic needs.

This research attempts to give an insight to see the unrecognized assets under the ecology of the disenfranchised groups especially as regards to the importance of understanding family resilience as a function of its roles in child protection efforts. Thus, this research provides an insight for practitioners to understand and incorporate the concepts of family resilience and other related ideas into their planning and intervention efforts in the course of social work practices.

Recommendations

Based upon the above findings, following are the recommendations suggested to fill the gaps identified:

- 1) First and foremost, social work as a profession seems to have limited recognition especially by the different sector offices of the Ethiopian government. Efforts need to be made by Addis Ababa University, School of Social Work to promote the practical values of the knowledge and skills of the human power being produced by the school and its contribution to the development and welfare initiatives in the country.
- 2) From empirical data, it was understood that only few implementing actors go deep down to the disadvantage community so as to explore facts from realistic point of view. Thus, it is suggested for all humanitarian actors, if they want to see their program contributing a lot to the wellbeing of the poor, that their policy and strategic planning should be informed by facts on the ground in views of the lives of the target group to work with as well as the potential assets available in the catchment area.
- 3) Implementing actors working on the areas of development and rehabilitation initiatives need to explore and build up on the existing resources and actively engage the beneficiaries in all the project cycle to advocate self-reliance thereby to make their program effective and sustainable.
- 4) This is a cross-sectional research with small number of cases taken as research participants. The cases can't represent the whole disadvantaged groups in the Woreda administration. It is very difficult to generalize the results to the study population. Furthermore, family resilience is a contextual fact which is likely to change periodically. Therefore, it is recommended for

all prospective researchers to intensively explore the essence of this research by enlarging the scope to multi-cultural groups upon longitudinal research design.

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Appendices

Appendix A: In-depth interview guidelines

Addis Ababa University

School of Graduate Studies

School of social work

Master's Thesis Proposal: Exploratory Study on Family Resilience and its Implication on Child Protection.

By Asrat Tegegne Fenta

In-depth interview guidelines

I. In-depth interview guideline for families (household heads)

A. Personal information

1. Name (Code) _____, Age _____, Sex _____, Marital status _____, Education _____, Kebele _____ H# _____, Telephone (if any) _____

B. Socio-economic information

2. Ethnic background _____, Religion _____, Family size (Children: ___boys and ___girls, Adults and elders: _____ females and ___males) , Means of income _____, Average monthly income _____, Family relationship condition _____, Relationship condition with neighborhoods _____

C. Questions related to risk and protective factors

3. What do you think are the potential risk factors around you and in your community at large that are likely to threaten you and your family as a whole? (enquiring the individual, family and community risk factors)
4. What are the protective factors (if any) around you and in your community at large that you think are likely to help you cope up with the above stressful situations? (enquiry at individual, family and community level protective factors)

D. Questions related to family's believe system

5. How do you perceive your family's current situation?
6. Who do you think is accountable for the situation? Why?
7. What do you think your family is more likely to be like ten years from now? What is your reason to say so?
8. What did you learn from your family's situation?

E. Questions related to family's organizational patterns

9. How connected is your family? (Probe on the following: living together, deciding and acting together on routines, mutual support, documenting and filing special event days for future memory, value of rituals, etc.)
10. How do you access social and economic support from others? (examination of the access to and linkages with kin, social support network, institution, etc)
11. How tight or flexible is the regulatory rule in your home in regards to the roles of each family member? (Probe on the following: always complying with the existing rule, or changing the status quo as the situation demands, or anything different)
12. What does your participation look like on such socio-cultural issues as religious ceremony, kin visitation, rituals, social support within the community, participation in schools and aid agencies, etc.?

F. Questions related to family's communication pattern

13. How do you get a relief/respite when you get emotionally upset? (probe on each of the following: sharing the emotion with significant others, or withdrawing the self to handle it alone, or to do some other culturally valued important things that you believe will help you resort to normal life, or any other activity being undertaken)
14. What are the culturally and socially sound mechanisms for you that you have been using to solve problems at family level? (Enquire on each of the following: Left to the head of the household alone, collaboration by all family members following the open discussion, seeking external support as the need arises, a combination of the above, anything different?)
15. What are some of the emotional issues (if any) that you would rather prefer to withdraw from your family members than sharing? Why so?

G. Questions related to social problem solving strategies as viewed by the families in poverty

16. To bring about a sustainable change in the lives of the poor families and the community at large, what do you think should be done?
17. Have you ever participated on any community development initiative? What do you think will be your contribution to the above strategies?

H. Questions related to family's contribution to positive child development

18. How do you remember your childhood age in views of your relationship with your immediate caregiver and/or with anyone you had trusted relationship?
19. How do you regulate the behavior of your child (children) in your home?
20. What are your typical child disciplining methodologies that you employ? (Probe on each of the following: being strict to the rule supported by punishment, exercising open discussion and empathetic understanding, giving few attentions to the issue, or a combination of the above as per the condition, anything different)
21. How do you feel to help your children have as equal chances as their elders or adults to participate in any family decision making process? (probe on each of the following: on rituals, selection of clothes and shoes, schooling, protection issues, on balancing living costs versus celebration of holy days, peer selection, etc)
22. What do you wish your child to become? (Probe on each of the following: doctor, teacher, businessman/woman, leader, pilot, etc.)
23. What do you think is expected of you to work with and/or for your child to succeed as per your wish?
24. What attributes do you strongly wish for your child to possess at adult age?
25. What do you believe are gaps in your child's behavior that still need to be improved?
How are you going to get it corrected?
26. What do you think are the potential challenges that your child is likely to face on the way to success?
27. What are your roles to play in preparing her/him so as to minimize, if not to mitigate, the above challenges herself/himself?

II. In-depth interview guideline for key informants

A. Personal information

1. Name _____, Age _____, Sex _____, Education _____, Organization _____, Title _____

B. Questions related to the concept of resilience

2. How do you define family resilience? Child resilience?
3. What do you think is the implication in social work/community work practice of the conceptual understanding of family and child resilience?
4. Some poor families seem to effectively cope up with the adverse situations they face. What do you think are the possible reasons? What can you mention of typical examples from your experiences as illustrative of this fact?
5. What do you think is the implication in social work/community work practice of knowing the above facts mentioned in number 4?

C. Questions related to the concepts of strength- and deficits-based approach

6. What strengths do you think poor families have?
7. How do you describe strength-based intervention approach in your work?
8. What is the practical significance of pursuing strength-based approach in working with and/or for disadvantaged families?
9. From your practical point of view, tell me how you intuitively perceive your clients (e.g., families in poverty)? (Probe: those with deficits, or those with potentials to change, or someone in the middle, or different from these, and why?)

D. Questions related to resilient-based family and child protection intervention

10. What is social work/community work for you?
11. From your practical experiences, what are your intervention roles that you are playing with and/or for families and children in poverty?
12. How do you promote sustainable change in the lives of children and families in poverty?
13. In your understanding and believes, what do you think should be done so as to make a difference in the lives of families and children in poverty?

E. Questions related to protective and risk factors

14. In views of the realities in the Woreda, what do you think are the risk factors that are likely to threaten poor families thereby their efforts to positively bring up their children (community level, family level, and individual level)
15. What are the protective factors in the Woreda that are likely to help reduce, if not to mitigate, the impacts of the risk factors mentioned above in question #14? (community level, family level, individual level)

Appendix B: Oral consent form.

Introduction

Good morning/good afternoon,

My name is Asrat Tegegne from Graduate School of Addis Ababa University, School of Social Work. This is a Thesis Paper to fulfill the academic requirement of Master's of Social Work. The research is entitled as Exploratory Study on Family Resilience and its Implication in Child Protection: The Case of Poor Families in Kirkos Sub-City, Woreda 10, Addis Ababa.

Professional ethics/confidentiality issues

The very purpose of this research is, in addition to its subsequent value for fulfilling academic requirement for Master's Degree in Social Work, to explore the invisible thereby little known potentials of families in poverty to cope up with adversities and to thrive into better lives. This study will also undertake an understanding of the implications of such unrecognized assets in child protection intervention. The potentials will be explored contextually at individual, family and community levels. The study is believed to be practically significant especially for practitioners as it is expected to help them review their intervention paradigm from strengths perspective. This is because the effort is to create an antidote to deficit approach which has been long used by practitioners. It is also believed to be imperative for policy and decision makers and researchers in the field as it helps them have the pilot ideas in place to begin with that seeks validation and further exploration.

Due to the very nature of the study area to be undertaken, some poor families in service and social workers who have close contact with them in the district are purposefully selected to be the subjects of this research. The outcome of this study is unlikely to achieve its intended objective without your valid information. The author of this research, therefore, wants to insure the fact that he will be accountable to hold all the information to be gathered in a professional ethical manner in the sense that, for whatever purpose it may be other than the research objective, no information will be made public or manipulated by a second body other than the researcher without the subjects' written consent confirmed by their signature.

You are going to be asked some questions pertinent to the research and the interview will take on average one and half hours. If you feel inconvenient for any reason, you can stop answering at any time you wish. Furthermore, you have the right to make an immediate contact either with the Administrative Bureau of Woreda 10 of Kirkos Sub-City or the Office for Protection of Research Subjects/Ethics Committee of Addis Ababa University at times where you seek further clarification about your protection rights.

This thesis is my original work and has not been presented for a degree in any other university, and that all sources of material used for the thesis have been dully acknowledged.

Candidate's name

Signature