13

CHILDREN’S RESILIENCE AND MENTAL HEALTH IN THE URBAN CONTEXT

Maureen Mooney

Introduction

Urban populations are on the increase. By 2050, two-thirds of the world’s population are projected to be city dwellers and will be facing multiple challenges in sustainable development (de Boer et al. 2016). One challenge is that cities are recognized as being more vulnerable to climate change and natural disasters owing to their high concentration of people. Ninety per cent of urban growth is taking place in areas of Africa and Asia which have developing economies and have the highest rate of population under 19 years. Thus, most children will grow up in urban contexts, for them sites of challenge and resource, and face conditions that could affect their mental health and well-being.

This chapter investigates children’s interdependent relationship with their urban contexts, focusing on how urban living influences their resilience capacities and health. Children’s resilience develops from their adaptation to experiences with challenges or adversity (Masten 2011; Rutter 2012). Research focused on children’s own experience has shown that their adaptation post-adversity is not a passive process but stems from their active participation in and interaction with their close environment (Mooney et al. 2017). That is, children exhibiting resilience employ their internal capacities to cope and adapt, but they also interact with, and need support and resources from, their urban communities. The following sections discuss this interaction, including definitions of health and resilience, and risk factors in the urban environment, and focus on what elements foster children’s health and well-being. The chapter concludes with an examination of how a disaster can affect children’s experience and trigger resilience processes, including which interventions within urban contexts appear to foster children’s positive adaptation.

Concepts of Health and Resilience

Health

The concept of health is globally defined by the World Health Organization (WHO) as a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity (WHO 2006). Specifically, mental health as an integral part of health per se is further defined as a state of well-being in which every individual realizes his or her own potential, and can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community (WHO 2014). Social health is reflected in children’s perception of and access...
to social capital or, in other words, social relationships and the links between them for collective action. Children, when in good physical, social, and mental health, are capable of coping with everyday adversity, function at their age and developmental level, realize their potential, and subjectively experience well-being.

A child’s urban context has an influence on their health. Remediation of a child’s environment and identification of gaps can be as effective as individually oriented interventions to support children’s health and well-being (Tol et al. 2013). Risks to health in urban contexts have been associated with: rapid social change; stressful work/school conditions; gender discrimination; social exclusion; unhealthy lifestyle; risks of violence; physical ill-health; and human rights violations. At present, in many urban contexts there is a need to address these risks (Pressley and Smith 2017), and to overcome barriers to providing effective health services for children and their caregivers.

Resilience

Children’s resilience is demonstrated by culturally defined good mental health and developmental outcomes, despite exposure to significant adversity (Luthar et al. 2000; Rutter 2006). Research conceptualizes resilience in children less as an outcome and more as processes that reflect the ‘capacity of a dynamic system [the child] to withstand or recover from significant challenges that threaten its stability, viability or development’ (Masten and Narayan 2012, p. 231). Resilience is thus more a capacity operating in interaction with a certain context and moment, rather than the capacity to consistently cope with, or resist, all adversities that may occur.

As resilience processes vary and are dependent on changes in systems within and between individuals and context (Barber 2013; Khanlou and Wray 2014; Masten and Obradovic 2006), children may not always demonstrate resilience as their circumstances and contexts change. A child may show resilience when faced with one type of potentially traumatic event in the urban setting, but can be overwhelmed by a different type of adverse event (Fergus and Zimmerman 2005; Zolkoski and Bullock 2012). Capacity for resilience varies if factors underpinning resilience processes in the child’s ecology of environment and relationships are modified, such as presence or absence of supportive parenting (Benzies and Mychasiuk 2009), or disruption in housing and social networks (Noffsinger et al. 2012). Conversely, when there is sufficient external support, a child may learn to demonstrate resilience even when the child’s own resources are stretched. To sum up, resilience can be conceived of as processes which are ongoing across the life span, as children may regularly address potential challenges and adverse events throughout their childhood (Masten and Tellegen 2012). Resilience can thus be understood as the potentially cumulative effect of successful adaptive processes in multiple levels over time that stem from a child’s interaction with his or her context.

Children in an Urban Context: Interaction with Multiple Systems

This chapter takes as a perspective that children do not develop in isolation but interact both in space and in time within their social and physical environment (Figure 13.1). This perspective reflects Bronfenbrenner’s ecological systems theory (Bronfenbrenner 1979; Bronfenbrenner and Morris 2006), which places the child as a living, bio-physical system nested within: proximal micro-systems of family and peer group; more distant exo-systems of local community organizations such as health centre, school, and neighbourhood; and macro-systems of societal values, culture, and socio-economic influences.

The interaction of urban elements with children’s characteristics is multifaceted. As illustrated in Figure 13.1, children develop within their multiple systems of relationships and contexts that function and interact on many levels of complexity (Masten and Obradovic 2006; Tudge et al. 2009).
Understanding how these elements interact to affect children’s health and capacity for resilience, but also how the children can affect these elements, is fundamental in designing interventions to support children’s well-being in their urban context. Children’s interaction with their urban contexts can result in both positive and negative effects.

Negative Aspects of Urban Contexts

Not all urban contexts are conducive to scaffolding children’s health or resilience—slum dwellers lack infrastructure and basic resources. Investigations into environmental aspects of well-being and quality of life (WHO Group 1998) consider multiple aspects of urban settings that impact on children’s health and well-being. These include physical safety and security, social care, home environment, opportunities for recreation/leisure activities, traffic density, climate, transport facilities, and opportunities for acquiring new information and skills, as well as criteria that have a bearing on subjective satisfaction with life. Trends of widening wealth gaps, large-scale population movements, and increases in gendered violence exacerbate environmental burdens on women and children (Cutter 2017). Children’s quality of life is further linked to numerous domains such as interpersonal relations, physical context, financial situation, health, education, and also access to technology and infrastructures, all of which can differ over time and between groups of children, and present specific challenges in the urban context. For example, physical designs of urban neighbourhoods can influence how children and families interact, which in turn affects children’s well-being (Moser 2009). Figure 13.2 shows how a local pop-up community leisure area can be a hub of recreation for children and families.

As children have an interdependent relationship with their urban setting, their characteristics also have an impact. For example, younger children tend to have smaller social networks that can support their well-being (Kronenberg et al. 2010). Younger children are one of the least mobile and most...
dependent groups in urban settings, so their immediate neighbourhood tends to have a considerable influence on their development. They can be more affected by negative features in their proximal context, including stressors such as noise and air pollution. Although more independent and mobile, older children can also be affected by the negative elements existing in their urban context. They have to contend with urban traffic and contact with situations of potential urban conflict.

Urban contexts differ, diverging in both resources and risk, and can present various specific challenges to children. Economic status has consequences. Whether a child lives in slum conditions or grows up in a wealthy community can have an immediate or long-term influence on the child’s health and capacity for resilience (Whalen et al. 2016). Precarity affects children. For example, dislocation and displacement within urban settings can occur through fragile economic status, affecting parents’ capacity to pay for housing. Despite the importance of their close community settings, these vulnerable families can be forced to relocate within an urban environment. The negative effects may accumulate when larger populations of children are vulnerable to repeated relocation in times of adversity (disasters or conflict). When children have to relocate, place attachment, the positive bond children and families develop over time with their social and physical environment, is disrupted (Giuliani 2003; Scannell et al. 2016). Consequently, displacement can unsettle children’s development processes, as neighbourhood social capital, collective efficacy, and sense of belonging may be lost (Spokane et al. 2013). Vital systems of education and health may also be interrupted.

Even without the problem of multiple relocation, many of the world’s children live in urban environments with inadequate services. Some urban contexts lack basic services. Children are often forced to use dangerous street settings for play (see Figure 13.3).
Gaps in services are illustrated by mental health care systems. Limitations in health infrastructure and resources include inadequate community outreach. Most low- and middle-income countries have insufficient community workers trained in mental health support and only one child psychiatrist for every 1 million to 4 million people. This is despite the fact that recent studies place mental disorders as the leading cause of disability among children and adolescents (Turner et al. 2017). The WHO (2014) states that 20 per cent of the world’s children and adolescents have mental disorders or problems that are exacerbated by lack of resources in their urban contexts. As the regions of the world with the highest percentage of population under the age of 19 have the poorest level of mental health resources, risk for children is increased by insufficient access to adequate health care. Additionally, the current organization of mental health services in many urban contexts reflects a lack of the integration within primary health care that can be highly useful in identifying children’s needs as early as possible. From a governance perspective, there is often an absence of mental health from the public health agenda and consequently implications for funding (WHO 2014). In addition, many urban contexts have a lack of public mental health leadership. All of these gaps need to be addressed to improve children’s access to adequate mental health resources.

Another factor that can compound the risk of impact on children’s health and consequent resilience is urban density. For example, children in higher-density urban contexts have increased risk of contagion in seasonal rises in illness or in pandemics. Compounding the increased risk of contagion, children in more vulnerable urban environments often have the added negative effect of inadequate healthcare infrastructure, including insufficient disease surveillance coverage or fully functioning water and sanitation systems.
Add climate change to these urban contexts, and children’s vulnerabilities may increase. For example, the increase in temperature has expanded the habitable range of the Anopheles mosquito, causing greater risk of malaria (McMichael et al. 2004) to 3.2 billion people, almost half of the world’s population, who are at risk, with children being one of the most vulnerable groups for this disease. The disease also contributes greatly to anaemia among children—a major cause of poor growth and development (UNICEF 2016). Health risk further accumulates when disasters (e.g., floods or earthquakes) occur within these urban settings and further threaten fragile infrastructures and limited health services.

Contributing to risk are barriers to resources; in many urban communities there are inequities in access to resources. Unfortunately, many children in urban contexts live in populations that experience barriers to community resources for multiple reasons. For example, children of mixed heritage can be subject to marginalization (Lewis 2016). This lack of access to resources, coupled with elements of risk (e.g., poverty and violence), can undermine or inhibit children’s health and capacity for resilience.

The negative impacts from a child’s context can produce repercussions throughout childhood development and on into adult lives (Dich et al. 2015). If a child’s neighbourhood context presents challenges through scarcity of resources such as lack of adequate schools, access to health care, or safe neighbourhoods, the child’s development can be negatively impacted (Obradovic and Boyce 2009). If the resources do exist, then lack of access to these resources for some groups of children can have a similar impact. Negative factors in the urban environment have long-term effects on children’s health. Research into adverse childhood experiences (ACEs) suggests they may have damaging effects over the life span. Findings indicate that childhood exposure to inadequate resources or potentially traumatic experiences in their urban environment can accumulate over a child’s life to link with social, emotional, and cognitive impairments (Anda et al. 2006; Greeson et al. 2014) and reduced life expectancy (Brown et al. 2009).

However, not all aspects of urban contexts are negative for children. Despite limitations and risks, which negatively affect vulnerable children, many children in urban settings are in good physical, social, and mental health, and are able to demonstrate a capacity for resilience when faced with stressors or challenges (Bonanno and Diminich 2013; Masten 2001).

Positive Urban Contexts

There is a complex interplay of both risk and resource when analysing an urban setting in relation to children’s health and well-being. Although urban contexts can be sites of adversity or challenge, they also have resources that can foster health and resilience processes that underlie positive adaptation. Looking at what are effective elements in promoting children’s positive adaptation and resilience enables us to understand what processes may support positive functioning and well-being in children (Cicchetti 2013) and how we can construct positive urban contexts to that end.

Urban contexts can provide multiple resources. Children’s urban life spaces serve various functions linked to well-being, including providing safety, offering social development opportunities, and addressing developmental needs. Living in an urban context can enhance children’s access to health facilities and education possibilities, which are often more numerous than in rural settings. Cultural and sport facilities are frequently grouped in urban contexts. These community structures can foster children’s resilience and development trajectories through provision of accessible facilities and social support to both children and their families. Negative elements in children’s urban context may be counterbalanced by access to proximal supportive relationships in their family and community (e.g., Brooks 2006; Ungar et al. 2013). For example, well-resourced schools can scaffold resilience processes in vulnerable children and promote positive adaptation despite the presence of risk factors such as learning difficulties in a child.
Children who demonstrate resilience are most often supported by an urban environment that is functioning adequately. Urban settings, when operating effectively, can themselves demonstrate resilience characteristics. That is, they can be complex adaptive systems that evolve with and adapt to challenges and changes and continue to develop (IFRC 2016; Stockholm Resilience Centre 2007). A functioning community is an interactive system that works effectively over multiple levels that benefit the population. Bronfenbrenner (1979) described communities as developing social ecosystems. Resilience research highlights the positive impact of attachments and the opportunities that proximal (family) and distal (community) systems provide to children. Also, urban contexts that foster family and community capacity to adapt well enable children to thrive (Hadfield and Ungar 2018). When all of children’s ecosystems, such as family and social networks, school, neighbourhood, and community infrastructures, function at an adequate level, then this environment can promote resilience and scaffold children’s capacities to cope, thrive, and adapt positively.

When their urban environment is functioning adequately, many potential risks and vulnerabilities in children’s urban contexts can be addressed and minimized or prevented. An effort to increase a functioning environment is illustrated by the 2015 UN 17 Sustainable Development Goals (SDGs)’ aim to enhance the urban capacity for resilience, so as to promote a better quality of life for populations of all ages (UN 2017). The SDGs all focus on developing functioning communities, and include reducing poverty, efforts to support quality education and to provide clean water and sanitation, as well as to foster healthy populations, and increasing efforts to reduce inequalities. Certain resources seem to be particularly positive in supporting children’s resilience and well-being. For example, high community social cohesion can have a positive effect on children’s well-being, even in communities that are high in incidents of violence (Elliott et al. 2006). Other resources include influences of leadership and community values that promote human rights policy and equity. In addition, an urban setting’s social resilience improves when assets such as collective action and a functioning governance system exist in the community (Kulig et al. 2013).

How Children Function as Resilient Beings

Children’s capacities and interactions are woven with their community’s resources to promote their capacity for resilience, which underlies children’s well-being. Although children experience negative effects when they have restricted access to resources, they are not passive recipients of their urban environment. Findings suggest that certain children’s characteristics can affect their experience within their communities (Cicchetti and Rogosch 2009; Masten and Narayan 2012). For example, children who exhibit self-efficacy, motivation for mastery/agency, empathy, social skills, flexibility, and optimism appear enabled in the use of their coping capacities (e.g., Carver and Connor-Smith 2010), which in turn enhances their capacity for resilience despite restrictions in their urban resources.

In addition, the child’s perception of his or her capacities and environment needs to be taken into consideration when considering the influences of the context. Children’s own belief in their capacities can scaffold resilience processes (Cryder et al. 2006), and their appraisal of their context can influence the impact of risk factors or resources. For example, children may experience well-being and enhance their capacity to cope effectively by positively reframing risks and accessibility to resources in their urban context and so be able to focus on accessible supportive elements, rather than be affected by existing negative elements. Research into how children coped effectively with earthquakes in Christchurch, New Zealand suggests that children who perceived themselves as having coping skills, including the capacity to positively reframe their circumstances, were better able to manage the disaster (Mooney 2016).

To understand the process of how a child manages resilience and adaptive outcomes, it is important to understand not just the child’s individual functioning, but also the reciprocal processes
between the child and his or her urban environment. Firstly, without adversity a child’s capacity for resilience is unknown. Adversity impacts the multiple mechanisms that underpin resilience in both children and the community. Adversity can impact individuals (a child living in an abusive relationship), groups (marginalized groups and families within a community), and whole communities (conflicts or disasters). Resilience processes are activated when children face adversity of some kind and they need to address challenges.

Adverse events can be multiple and cumulative in their effect (Bonanno et al. 2015). From this perspective, long-term, intense, negative conditions of adversity that affect many of the children’s ecologies in their urban environment (e.g., family, school, neighbourhood, cultural community) are understood as having the most impact on children’s capacity for resilience. Accumulative adverse events can potentially overwhelm children’s individual and external resources and undermine their capacity for resilience. There is strong evidence to suggest that the experience of multiple Adverse Childhood Events (ACEs) can disrupt healthy developmental trajectories (Anda et al. 2006; Schlueter and Watamura 2017). A promising avenue of urban public health policy would thus focus on working to develop interventions to prevent and address consequences from ACEs so that harmful psychosocial and physical effects are reduced and positive coping and adaptation are enhanced. The resilience and coping interventions can have positive outcomes even in at-risk neighbourhoods (Allen et al. 2016).

Positive adaptation both has biological underpinnings and results from interactions with the children’s intrapersonal capacities as well as environmental resources (Boyce and Kobor 2015). Another aspect of fostering resilience is promoting resources that scaffold children’s capacity for resilience. These resources are either intrapersonal or interpersonal, including the children’s capacities for adaptive ways of coping (Cyrulnik 1999; Luthar 2006; Masten 2011). From the individual perspective, when a child faces adversity, the child experiences variable levels of distress, and a necessity to react in some way by mobilizing his or her coping skills (Folkman and Moskowitz 2004; Jensen et al. 2013). Coping processes appear to be core in supporting children’s resilience and positive adaptation (Compas et al. 2001; Mooney et al. 2017). Children who cope effectively use their coping strategies in a flexible and responsive manner (Cheng 2003). That is, they change their coping strategies to fit the challenge, and often have a large coping repertoire that they can draw from (Alisic et al. 2011; Cadamuro et al. 2015). Thus, all interventions to increase children’s coping skills and enhance their ability to flexibly use these skills would increase capacity for resilience.

The previous discussion indicates that resilience can be fostered through urban resources, which are thus vital for children’s well-being. A considerable body of research now gives more weight to family, school, and community factors in understanding children’s reactions to adversity than to individual characteristics and capacities (Abramson et al. 2010; Ungar 2015). However, there is still a propensity by many health professionals and researchers to undervalue the effects of community influence and put more weight on the effects of individual dispositions when examining health and resilience (Shinn and Toohey 2003). It is therefore crucial to highlight the influence of public and community structures in urban development on children’s welfare, as it is vital that resources within an urban context that support resilience processes in children be cultivated and strengthened. Children develop their coping skills within their context of family and community. Children are assisted in their coping by coping assistance through modelling and coaching from relationships (e.g., from parents and teachers) and structures (e.g., the school’s capacity to function well in a crisis). Modelling and coaching-support often occurs in the children’s zone of proximal development where children are learning new skills. As children’s capacities increase, parents and teachers then adjust their level of support, supervision, and protection (Vygotsky 1978). In an urban context, close community members can thus be instrumental in modelling effective coping so that interventions that promote effective coping behaviours in children would include support for caregivers, peers,
and close community members able to coach coping. Such interventions would enhance children’s capacity for resilience and positive adaptation following adversity (Mooney et al. 2017; Power 2004).

Children’s resilience and adaptation demonstrate cultural aspects (Bonanno and Diminich 2013), as resilience is supported through children’s ability to cope effectively, reference, and experience resources in a culturally meaningful way (Ungar et al. 2013). Within an urban context, if children’s cultural identity and community group are marginalized then the support for their resilience processes can be compromised. Marginalization can diminish children’s well-being. Knowledge of children’s cultural understanding of resilience and how their culture is situated within their urban setting is necessary in public policy so as to promote their well-being. An urban community capable of supporting and fostering children’s resilience needs to adapt to multiple cultural elements of well-being and health that exist in the groups making up that community.

To date, most resilience research has been conducted in North American or Eurocentric contexts (Theron et al. 2013; Ungar 2008). More work needs to be undertaken with children living in lower-income world urban contexts or who are recent migrants, to understand how resilience processes and adaptation unfold within different cultural settings. For example, Theron et al. (2013) suggest that values in youth demonstrating resilience in South Africa include socio-cultural values linked to their context such as a collective community identity. In consequence, supporting the collective community identity would be required when planning interventions for South African children’s resilience.

Urban communities themselves can exhibit resilience which fosters children’s health and resilience. A community is understood to be demonstrating resilience when adaptive capacities are functioning adequately and linked together as a network in four domains: economic development; social capital (social networks and the links between them); communication; and community competence (Norris et al. 2008). Contemporary research findings suggest that community resilience is better characterized as adaptability rather than a fixed construct (Norris et al. 2009).

### Designing Urban Policies That Promote Children’s Health and Resilience

As children cope and adapt within relationships and through interactions with their local community, understanding the interaction of children and their communities is fundamental in designing urban policies and contexts that promote children’s well-being and resilience in their everyday development and in times of adversity (Tol et al. 2011, 2013). Social capital is highlighted as supportive to children’s capacity for resilience (Kaniasty 2012; Sherrieb et al. 2010). Supportive relationships with adults and/or peers in their immediate environment foster resilience (Miller et al. 2012; Risco et al. 2016), and these proximal interactions can be enhanced for example by neighbourhood design of mixed types of housing, connected by walkable streets.

There is an accumulative, interactive positive effect between children, their close systems of family, and community when these systems are functioning adequately. Effective family systems, responsive school environments, and available social networks mediate children’s health. The close community structures are influential in promoting social capital and supporting children’s capacity to cope (Fothergill and Peek 2006). Rutter (2013) suggests that both the family and the school situation allow the child to successfully take responsibility and cope with small challenges, which gives a child opportunities to build up autonomy and resilient processes in a non-threatening but mildly challenging environment. Child-nurturing institutions such as schools can be the ‘gatekeepers to resources that nurture well-being’ (Ungar et al. 2013, p. 351). Children will therefore benefit from participating in community urban structures, particularly if they are accessible and functioning well.
Mediating and moderating variables operating in the multiple levels of the child and the child’s community have been identified as elements that promote resilience and positive adaptation in children (Masten and Osofsky 2010; Pfefferbaum et al. 2013). These elements are dependent on function (e.g., parents and teachers as monitors of children’s stress level and/or capacity to cope following an adverse event) (Osofsky, H.J. and Osofsky 2013) and context (e.g., sufficient school and health structures operating to support children and families). Mediating elements account for a relationship, whereas moderating elements influence the strength of relationships between two variables. For example, effective parenting, which is supportive and adapts to the children’s needs, is a mediating variable and has a definite effect on children’s capacity for coping and resilience processes such as emotional regulation. Schools that buffer the child from danger are moderating variables in that they influence the impact that difficulties have when they occur.

Establishing an effective system of care for children requires communities to identify ways to successfully implement strategies. Social policies and programmes in the urban context need to address children and families’ needs. These strategies can include: early childhood interventions (e.g., home visits for pregnant women, pre-school psychosocial activities, combined nutritional and psychosocial help for disadvantaged populations, mental health promotional activities in schools); programmes specifically focused on children (e.g., skills building programmes, child and youth development programmes); socio-economic empowerment of women (e.g., improving access to education and microcredit schemes); poverty reduction and social protection for the poor; and promotion of rights (Graber et al. 2015; WHO 2014). Social protection programmes for vulnerable and displaced children and their families can be effective (de Boer et al. 2016). In an effort to encourage positive contexts, the UN Sustainable Development Goals all focus on developing functioning communities to address ‘good health and well-being’ (Goal 3) and ‘peace, justice, and strong institutions’ (Goal 16). Working to enhance coordination of these services, such as health and social support services, contributes to the diminishing impact of ACEs (Ellis and Dietz 2017).

Collective resiliency can be improved if a community works to reduce and resource inequities, engages local people in mitigation, creates organizational linkages, promotes and protects social support, plans for the unexpected with flexibility and creativity, and scaffolds trust and leadership (e.g., Kulig et al. 2013). The well-being of a whole community needs to be recognized as part of resilience (Gibbs et al. 2009). Cultural and community values are important for both community and individual resilience and adaptation (Kaniasty 2012; Ungar 2015).

Multiple efforts have been made to promote urban well-being and resilience, which cascade positively on to children and their families. Efforts to provide macro-elements of community resilience include: viable economic development (stability, growth, equity of assets, and distribution); social capital (membership of and access to networks, and functioning social network interaction); clear and accessible information and communication; and community competence (collective efficacy, trust, planning, and decision-making) (Norris et al. 2008; Paton and Tang 2009). Additionally, in times of adversity, community resilience is improved by robustness, redundancy (the extent to which elements are substitutable), and rapidity of execution of goals (IFRC 2016).

However, it is not only the existence of resources and policies within the children’s urban context (e.g., functioning schools, social services, and adequate health systems) that is important in fostering resilience and well-being. Children living in deprived urban settings need access to resources. Engaging local people in policy creation and implementation can enhance individual health and resilience, as well as open avenues for access to resources. Children themselves are not passive members of an urban community. They continually interact with community systems. Encouraging participation of children in community efforts to increase well-being when adapted to their developmental capacity is a positive element in fostering children’s resilience (Peek et al. 2016). Until recently, children have not been widely considered or consulted in urban policy. However, community policies that
encourage children to be active members of the community empower children. Active participation can increase elements of community belongingness, connectedness, and reciprocity—all elements that support children’s relationship to their urban community and the development of their resilience and well-being (Bonanno et al. 2015), just as exclusion, relocation, inter-group tension, and mistrust can undermine children’s engagement and resiliency.

Children’s Resilience and Well-Being in a Context of Major Adversity: What Can Be Done

Disaster events illustrate how the urban context can function or fail to support children’s resilience health and well-being in a situation of major adversity. With climate change, disasters are likely to continue to affect children’s lives and communities (Asruf and Faruk 2018; CRED 2015). Disasters represent major, complex, adverse events for a population. An example of this is the Canterbury earthquake disaster in New Zealand.

Three major earthquakes affected the Canterbury region in New Zealand in 2010–2012. The earthquakes and aftershock sequences produced significant physical, social, and economic impacts on the region. Christchurch (main city) children and their families repeatedly had to cope with earthquakes, a prolonged sequence of over 10,000 significant aftershocks. Major damage took place in the city’s infrastructures. Families had to relocate, affecting children’s contact with neighbour- hood and peers. An estimated 70,000 people left the city in the weeks following the earthquakes, and 7,581 students enrolled in schools outside Christchurch. Some 7,860 houses were classified as uninhabitable because of their damage and location (the ‘red zone’), and a further 9,100 properties were uninhabitable because they required either major repairs or to be rebuilt. A number of schools in the central city were unable to reopen owing to damage. Over the months, the number of young people referred to doctors and specialist mental health services increased markedly. The Christchurch city rebuild was still not completed in 2019.

Disasters diminish children’s safety and quality of life in their urban context. Disasters often provoke disruptions with inter-related elements influential to support children’s resilience, such as potential changes to children’s social capital, neighbourhood, and community infrastructure (Figure 13.4). Children exposed to disaster have increased risk of severe adversity, including loss of family members and, in the longer term, socio-economic vulnerability, which in turn can influence their adaptation post-disaster (Becker-Blease et al. 2010; Osofsky, J.D. and Osofsky 2018).

Post-disaster contexts can last years and potentially increase children’s vulnerability in that they threaten human dignity and development through situations of substandard living conditions, scarce food supply, and shelter shortages, with the potential weakening of community capacity for joint action, and increased insecurity (Cueto et al. 2015).

Even if a child is not directly impacted, disasters can cause distress and suffering over long periods and so threaten a child’s development pathway. Although several months after a major earthquake in New Zealand, the drawing in Figure 13.5 shows a child’s continuing distress. This child thought his house would fall down and took over a year to be comfortable on his own in his home or his school.

Understanding children’s health and resilience, when they and their urban contexts face disasters, allows us to understand processes in protecting and supporting children. While urban communities can support children’s health and resilience in everyday circumstances, in the face of a disaster these same communities must face potentially traumatic events and yet be able to foster children’s health and resilience.

Children are thought to be a particularly vulnerable group when disasters occur, as they are more dependent on caregivers. A potentially traumatic aspect of disaster for children is the threat of loss of close attachment figures, so re-establishing contact with important others is conducive to fostering children’s capacity to cope. How parents function before, during, and after the disaster is recognized
as a major influence on how a child responds (Gil-Rivas and Kilmer 2013; Ronan et al. 2008). If
the parents are distressed and overwhelmed, children tend to have more problems responding in an
adaptive manner. This has been confirmed by numerous studies (e.g., Chemtob et al. 2010; Hafstad
et al. 2012). Because of their importance to children, parents and teachers have a key role, in prepar-
ing children for disasters, in modelling adaptive behaviour in a disaster, and in protection and buffer-
ing during the events (Masten and Osofsky 2010; Pfefferbaum et al. 2014). Thus, to foster well-being
and resilience capacity in children, urban communities need to support children’s parents, teachers,
or family caregivers. Interventions can to be tailored to need, with specific interventions and access
to support being necessary for caregivers who are not coping effectively, or to children who have
lost significant close others.

Changes in urban environments can mitigate or exacerbate children’s post-disaster situations
and are often interdependent. Children’s characteristics interact with disaster effects to augment
or diminish disaster impact. For example, their socio-economic status affects disaster experience.
Poverty appears to exacerbate the negative effects of disasters (Cavallio and Noy 2010; Freeman
et al. 2015). Even though children are affected by the degree of disaster-related exposure, impact
can be mitigated by other variables present in the children’s lives such as availability of social sup-
port and accessibility to resources, all of which can influence how the child manages and responds
Urban resources are often considered to be more important for children’s resilience when they are facing major adversities than their individual capacities (Ungar et al. 2013). However, communities vary in their disaster readiness planning (Rosas et al. 2016). Urban communities that practise mitigation of risk and have established disaster preparedness planning for all groups in the community can reduce children’s exposure to risk and better support post-disaster recovery activities.

An incipient body of literature informs approaches that bolster children’s resilience capacities in disaster contexts and highlights that the impact of disasters on mental health and well-being varies greatly. Although studies that investigate how children construct patterns of healthy post-disaster functioning are limited (Cox et al. 2017; Jensen et al. 2013), research suggests that the majority of an affected population (including children) will not have long-term negative impacts on their health and adaptation (Beaglehole et al. 2017; Kronenberg et al. 2010) and the majority of adults and children will show adequate adaptation or resilience (Bonanno et al. 2010) if given basic support. In fact, children who are able to address their distress may over time demonstrate positive change following their struggle with adversity (Cryder et al. 2006; Meyerson et al. 2011), and some children who face a disaster effectively may boost their coping skills (Hobfoll 2002) and consequent capacity for resilience outcomes. Facing a disaster well may thus enhance children’s effective coping skills, help to cement social support networks, and foster a sense of competency and efficacy that will help children address future challenges (Mooney et al. 2017). Despite these encouraging findings, it is necessary...
to intervene post-disaster to provide basic support to address children’s understandable distress. This basic support will help to limit the impact and accumulation of adverse experiences, and scaffold the health and well-being of children, as well as to assist the community’s capacity to adapt and recover. Interventions, when effective, may reduce children’s possible long-term negative outcomes.

Action plans and activities to support children in urban contexts have been developed to address major adverse situations. Five elements from evidence-informed research (Hobfoll et al. 2007) have been suggested as necessary in order to support populations, including children, to cope and adapt in the immediate aftermath of a disaster context: re-establishing a sense of safety; calming; encouraging self- and community efficacy; connectedness; and providing hope. Specific planning around these elements is possible for an urban community (Vernberg et al. 2016). For children, a broad range of interventions are possible around these five dimensions. For example, working to keep children in proximity to caregivers reduces fear and increases children’s sense of safety and connectedness. Interventions to provide a calming environment can help to reduce children’s understandable hyper-arousal following experience of disaster events and thus enable children to better manage. Children need to re-establish some sense of calmness and normality (e.g., Alisic et al. 2011) before they are fully capable of using their own coping capacities, or able to appraise and use proximal resources.

Although there continue to be gaps in long-term approaches to post-disaster support and recovery, there are some guidelines to what children may need. The re-establishment of safe, stable home and school environments with known routines is an important resource for the children. A return to routine (e.g., schools reopening) can engender hope that their community is functioning and that there is a return to ‘normal’ activities, and enhance social connectedness. Organizing activities where children and communities (e.g., neighbourhoods) can experience some control over recovery will foster a sense of self-efficacy, and counter the sense of helplessness that can be the result of facing large chaotic events. A community that has invested in disaster preparation and recovery planning has more possibility of experiencing collective efficacy. Communication from trusted sources in the community can provide support to children and families in multiple areas. Highlighting local examples of how the community positively addresses the recovery process can foster a sense of efficacy and hope. Normalizing children’s reactions to events can reduce anxiety and reduce children’s and caregivers’ worry about long-term effects of disasters, as does informing a population that most children recover spontaneously over time (Masten and Obradovic 2008).

In disaster response planning centred on psychosocial support to populations, a multi-layered, stepped approach has been proposed (see Figure 13.6), which includes pragmatic basic support and more specialized supports so as to provide a spectrum of services (e.g., IASC 2007; McDermott and Cobham 2014) for families. The Inter-Agency Standing Committee guidelines on mental health and psychosocial support in humanitarian settings (IASC 2007) represents a concerted effort to compile an approach to care that covers a range of needs, and to build on local resources in the face of major adversity. During a response phase, psychosocial interventions are provided for individuals or groups and often include psychological first aid (PFA). PFA involves looking for signs of emotional distress, listening and offering empathy to the person, and helping the person to connect or link to other social or material supports. This can be an effective intervention for both adults and children for alleviating initial distress and helping with practical needs such as reconnecting families with resources in their community. Support given to caregivers can cascade positively on to children.

Cultural contexts and characteristics are integral to this response. Promoting support that is culturally sensitive and diverse will support children more than a one-size-fits-all approach. Support in heterogeneous urban contexts requires the inclusion of multiple cultural groups. The daily practices and commonly held beliefs of a population influence how individuals experience a disaster (Liu and Mishna 2012) and need to be integrated into a response tailored to a group’s cultural identity (e.g., rituals and community routines). As resilience and well-being are culturally defined, interventions need to accommodate differences in resilience across socio-cultural contexts, and to appreciate what
local communities understand by resilience (Tol et al. 2013) and how diverse groups can access resources that enable adaptation (Ungar 2011). Consequently, activities that can increase community and individual well-being include communication about access to resources for all cultural groups, equitable governance, and pre- and post-disaster support of multi-group community connections. To provide psychosocial support, it is necessary to be aware which children are in marginalized groups and may have increased vulnerability post-disaster when in-group/out-group distinctions resurface in the face of reduced resources (Hobfoll et al. 2007; Landau and Saul 2004). Additional work may be needed to temper tensions and improve inter-group communication and connection and to provide community-based interventions that promote the restoration of social cohesion and infrastructure.

When fostering resilience in children and their communities, preparation by building a community’s capacity for resilience pre-disaster has merit (Gunvor et al. 2018). Community-based interventions can include capacity building of populations and facilitation of community networks, and work with a population on how they can prepare psychologically for hazards and for adaptation following a disaster (Mooney et al. 2011).

Tools for measuring resilience in a disaster-affected city context have been constructed (Sherrieb et al. 2010) and can be used by urban planners. An example is the Climate Disaster Resilience Index (CDRI) developed at Kyoto University (IFRC 2016), which encompasses assessment (of resources and vulnerabilities), planning, and implementation of resilience processes for disaster events.

Figure 13.6 Psychosocial intervention.
There has also been some attempt to address integration and recovery in those families forced to move. Planning for retraining and finding employment for displaced families has been structured into the Taiwanese post-disaster planning. This works to ensure less precarity in children of displaced groups and promotes community cohesion of newly arrived groups (Paton et al. 2017).

Broad, community-based psychosocial interventions such as inclusion of multi-group community participation in rebuilding, and mental health and psychosocial support outreach teams, when effective, can increase a population’s sense of agency and efficacy. The interventions may thus increase investment in community mitigation and future disaster preparation, and can foster development of policies for mental health and psychosocial support in contingency planning. Children can be active participants in these interventions (Cox et al. 2017). Planning activities that include them can empower their sense of self and community efficacy and connectedness. As discussed, future directions in strengthening disaster response to children facing adversity need to coordinate cultural diversity, and practical policies that support and recognize children’s interdependent position.

Conclusion

Understanding how children’s urban contexts contribute and interact to influence children’s health and capacity for resilience is fundamental in designing interventions to support children’s well-being, and enhance the resilience of future generations. Access to resources and the influence of children’s social groups interact on multiple layers to enhance or diminish children’s urban experience, and this complexity needs to be understood when assessing pathways to children’s health and resilience. Children’s own capacities, their social and physical contexts, and the interactions between these elements have an impact on how they cope and adapt. Although there continue to be gaps in understanding the interplay of multi-level resources in promoting urban children’s good health and resilience, there is now a growing literature that can inform public policies in community resilience and development. Inequities continue to exist. It is vital to elaborate and support sustainable global goals to support urban communities to develop and plan for contexts where children have access to the necessary resources to develop their full potential. A challenge for leaders and planners, apart from the best use of often limited budgets, is how best to build resources and reduce barriers to access so that the urban context is an inclusive and enabling setting in which children can thrive, even in times of major disaster. Importantly, children who thrive in their urban contexts become adults who are capable of supporting our future generations.

Notes

1 Children within this chapter are defined according to the United Nations Convention on the Rights of the Child (UNCRC) as persons aged 18 and younger.
2 Children demonstrate positive adaptation when they adapt to, assimilate, or actively work towards managing challenges so that they are able to function adequately (Norris et al. 2009).
3 For detailed information see www.un.org/sustainabledevelopment/sustainable-development-goals/
4 Modelling is a mechanism through which children obtain awareness of specific behaviours modelled by others (Bandura 1977; Kliewer et al. 1996). Coaching coping involves ‘social interactions that facilitate or promote a specific coping activity’ (Prinstein et al. 1996, p. 464).

References


Maureen Mooney


Children’s Resilience and Mental Health


Scannell, L., Cox, R.S., Fletcher, S., and Heykoop, C. 2016. ‘That was the last time I saw my house’: The importance of place attachment among children and youth in disaster contexts. American Journal of Community Psychology, 58, 158–173.