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The Mechanisms of Protection Factors in Operation in the Case of Teenagers Living in Romanian Placement Centres

Ovidiu BUNEA¹, Ancuta BOJIAN², Daniela COJOCARU³

Abstract

The article presents the results of a study (n = 119) carried out in April 2016 in the largest placement centre in the county of Iași. The aim of the research was to identify the processes that support the good results obtained by the teenagers and young persons who reside here, given that they are subject to numerous risk factors that originate in their past but are still in operation today, but also to their concerns regarding the future. Another objective has been to identify the most effective intervention models for the clients of such institutions in the given circumstances. The research was designed based on an ecological model of resilience which suggests that the good results obtained by the members of a group facing adversity are associated with the individual resources they can rely on. The instrument we used was a questionnaire focussing on 14 items concerning risks, 56 items concerning resources (*individual traits*: self-efficiency and autonomy, the internal locus of control, planning ability, optimism and hope, sociability; *social resources*: peer group, school, placement centre; *belief and values*) as well as 16 outcomes (status and welfare), the results being analysed statistically. The questionnaires were distributed to the 132 young persons in the target group; the responses came from 119 clients (90%) aged between 14 and 24 (average = 16.95, SD = 1.87). The research results have led us to the conclusion that the protective mechanisms – which act directly upon the risks – are underpinned mainly by the young persons' individual traits, whereas the compensatory mechanisms – which act directly upon the outcomes – are underpinned mainly by the same traits, but also by the support the teenagers receive in the placement centre.

Keywords: resilience, protective mechanisms, compensatory mechanisms, resources, placement centre.

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Introduction

The Romanian system of residential protection

According to the National Authority for the Protection of Children’s Rights and Adoption (ANPDCA), at the end of 2015 the Romanian system of child protection cared for 52,279 children, of which 20,291 children in residential services and 36.988 in family-type services (foster care and family placement). The number of children in the system of residential protection has decreased over the years, following the dynamics of population growth, but also as a result of the government policies discouraging the placement in institutions: in January 2002 the special protection system cared for 87,867 of which 49,925 in residential-type services and 37,942 in substitute families (foster care, family placement with relatives or other individuals, placement for adoption). As a comparison, in Australia, a country with a comparable number of inhabitants, in 2014 the residential protection system cared for 43,000 children and young persons aged 0 to 17, their number having grown by over 25% after 2009 (Peel & Beckley, 2015). Moreover, according to the data provided by the same Romanian governmental authority (ANPDCA) it is expected that the number of children in placement centres continue to drop in the coming years, as one-third of the clients are now aged 14 to 17 and almost half of them (48%) are over the age of 14 (*Figure 1*).

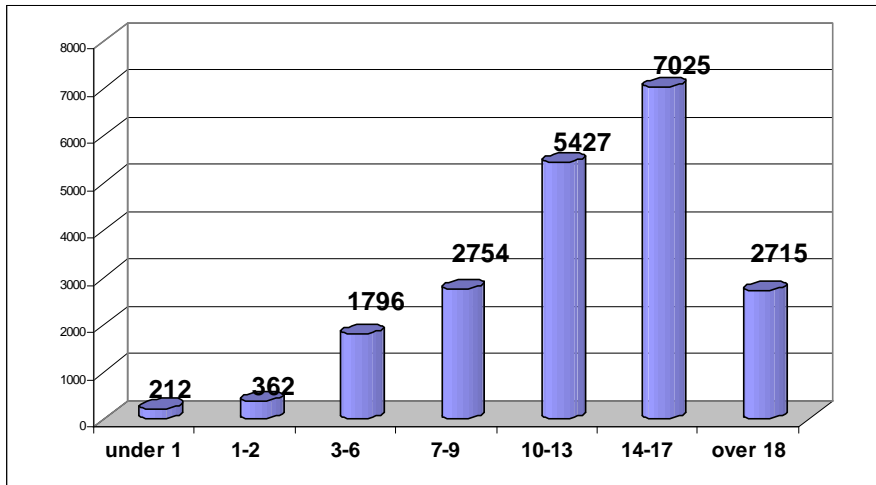


Figure 1. Age distribution of clients in public and private placement centres in Romania

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Given these numbers, the challenge remains for the society to ensure the integration of the young persons leaving the protection system. Despite the significant progress made in the past 25 years in safeguarding their rights within the system (Rus, Parris, Cross, Purvis, & Draghici, 2011), former clients aged 18-26 form a group that continues to face numerous integration difficulties; this group is significant because the age of 18 is the cut-off age for the state's responsibility of care if the client is no longer in school (26 if the client is still attending some form of education).

Resilience models

Children and young persons in placement centres in Romania and anywhere else are a population exposed to numerous risk factors. They do not pertain just to the life within the institutions, to the present moment, but also to the past and to the future (Rutter, 2000). A child is in the protection system because he or she is an orphan, has suffered abuse, he/she has not been provided a minimum living standard or because he/she has a disability that causes him/her to require extended care and special education. Besides, teenagers in this situation know that sooner or later – at the age of 18/26 in Romania – they will need to leave the placement centre and they will be forced to manage on their own, most often without a support network like young people have as a rule in their families. Apart from these risk factors, those in operation inside the placement centre are not negligible, either. Numerous studies, unfortunately many of them based on Romanian cases, in the 1990s and early 2000s (Fox *et al.*, 2011; Nelson, Fox, & Zeanah, 2014; Rutter, Kreppner, & O'Connor, 2001; Stevens *et al.*, 2008) have proven the profoundly negative long-term effects, some of them irreversible (in the case of socio-emotional troubles), of institutionalisation. Given these incontestable effects, the current child protection law and practice in Romania recommend the admission of minors in placement centres be avoided as much as possible. For instance, the law forbids the institutionalisation of children aged 0 to 2, with the exception of cases that require special care and only until a placement family or a foster family are found.

Despite the risks – past, present or future threats – concerning children and young persons in placement centres, part of them manage to have a normal evolution and to be successful in various domains of their studies or profession, or simply in their personal development or integration in society. This finding brings into discussion the concept of resilience, which, despite its numerous assigned meanings and definitions, can be understood as a successful functioning in a context characterised by risk (Fraser, Richman, & Galinsky, 1999). Analysing groups in risk situations from the perspective of resilience involves an appreciative approach in which the focus is on what works, what is good, while abandoning a

deficiency perspectives looking at what is “broken”, “dysfunctional” and therefore needs to be “repaired” or made functional again (Cojocaru, 2005).

Resilience involves two mandatory components (Masten, 2001): confrontation with adversity on the one hand and on the other hand a course of development for the individual or the group under discussion that is, depending on certain criteria, “positive” or “good”. Some authors, according to Luthar (2006), doubt even the possibility of measuring resilience directly, saying it can only be inferred from the dynamic of the two components.

Whereas risk factors tend to orient the individual’s evolution towards negative outcomes, protective factors provide clues for a positive future development (Fraser *et al.*, 1999; Luthar, 2006).

From a psychologists’ perspective, Gilligan (1997) believes that the development of resilience requires – in the case of children at risk – the existence of three constructive blocks: (1) a secure base: the child has a feeling of belonging and of security; (2) high self-esteem, that is the inner feeling of merit and competence; (3) a sense of self-efficiency, that is a sentiment of mastery and control, accompanied by a realistic comprehension of one’s personal abilities and limits.

However, protective factors are most often divided on three levels (Olsson, Bond, Burns, Vella-Brodrick, & Sawyer, 2003; Werner, 1995; Wright, Masten, & Narayan, 2013): *individual traits* (such as self-esteem, an internal locus of control, sense of humour and hope), *familial factors* (parental warmth, trust, appreciativeness) and *extrafamilial factors* (social, community, cultural) such as: an elevated socioeconomic status, success at school, not necessarily academic, the support of a teacher etc.. Terminologically, a distinction is made (Stevenson & Zimmerman, 2005) between *traits* (internal to the individual) and *resources* (external to the person). According to this model, “resilience emerges then the environmental, social and individual factors interrupt the trajectory from risk to pathology” (Zimmerman *et al.*, 2013).

The manner in which protective factors interact with risk on the one hand, and with the results on the other hand is described by the so-called resilience models (or processes) (Stevenson & Zimmerman, 2005; Zimmerman & Arunkumar, 1994; Zimmerman *et al.*, 2013):

a) *the protective model*, in which the protective factors act directly on risk factors, in an interactional manner. Zimmerman *et al.* (2013) quote a study (Schmelk-Cone, Zimmerman, & Abelson, 2003) in which active coping is a protective factor when facing stress associated with a low socioeconomic status. Also, in a study involving inner-city teenagers (who live in areas with social problems) Luthar (1991) identifies as protective factors certain personality traits, the most important being the internal locus of control.

b) the compensatory model describes the process in which the protective factors affect risk positively by acting on the outcomes. In Luthar's cited research (1991) one strong compensatory factor probed to be the development of the ego, a character trait associated with cognitive and interpersonal development.

c) the challenge model, similar to toughening or vaccination, would consist in the increased number of positive outcomes while the risk level increases gradually.

These theoretical models are useful in researching resilience, because in their absence research may determine the factors associated with the young persons' positive development, but it will fail to determine the mechanisms of change. The importance of studying resilience in the context of studying at-risk populations, including children in placement centres, is that, in the attempt of finding the reasons, the causes and the processes due to which some individuals cope better than others, one can obtain information for the implementation of more effective intervention programmes.

This study

Taking into account the theoretical models that describe protective and compensatory mechanisms, our research attempts to find the factors that underpin the adaptation of young persons residing in a Romanian placement centre, within a transversal research. This objective was reached by starting from the concept of resilience and its components – risk, protective factors and outcomes – and by focussing on the variables (Masten, 2001) that describe them. The protective factors were considered to be individual, social and pertaining to religious belief and values; we tried to find which of them acted directly on risks (the protective model) and which on the outcomes (the compensatory model) (*Figure 2*).

By identifying the main resources and of the mechanisms that support the evolution towards positive outcomes, we can formulate proposals for interventions on this group, which is subject to the action of numerous risk factors.

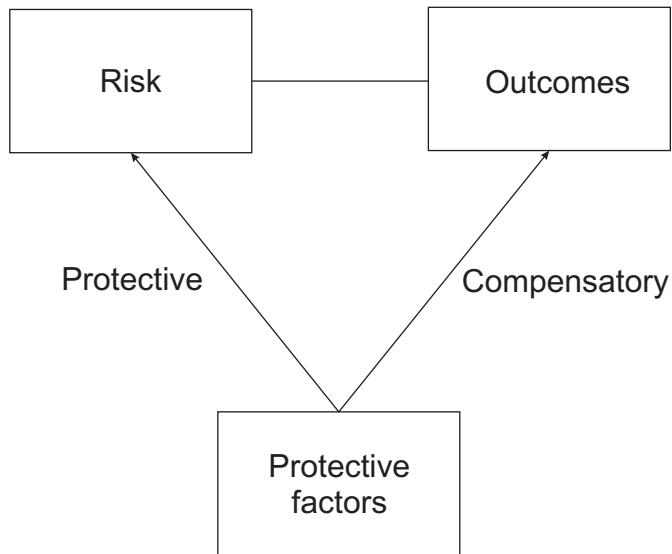


Figure 2. Protective and compensatory action mechanisms of protective factors

Methods

Participants

The data was collected by applying questionnaires in the largest placement centre in the county of Iași, in April 2016. One of the characteristics of this centre is that it hosts both healthy children (without disabilities) as well as children with motor disabilities. At the time the data was collected, the centre had 180 residents, and their age distribution is shown in *Figure 3*.

Of the 132 young people that fit in the target group we focused on, those aged over 14, a number of 119 (90%) responded to the questionnaire; the rest of the group members were either away from the centre at the time or did not want to take part in the research. The young people were informed about the aims of the study, about the manner in which the information will be disseminated, as well as about the fact that the forms would be anonymous. The respondents' ages are shown in *Figure 4* ($M = 16.96$, $SD = 1.874$), 65 boys (54.6%) and 54 girls (45.4%).

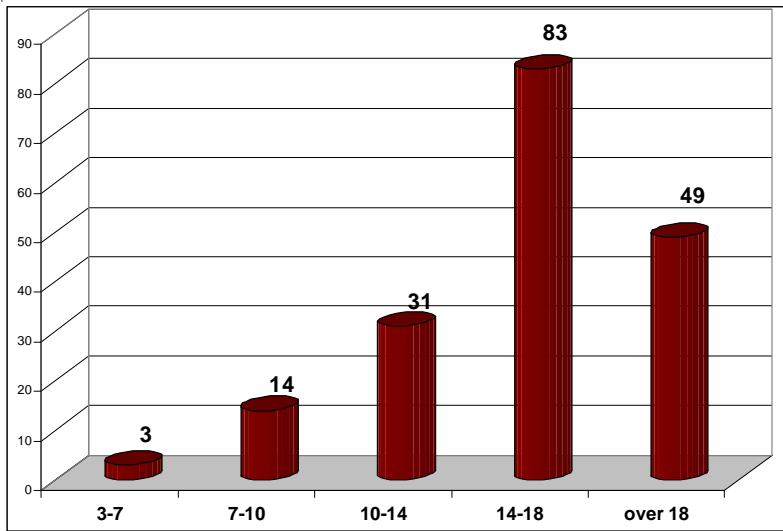


Figure 3. Age distribution of the young persons in the placement centre where the research was carried out

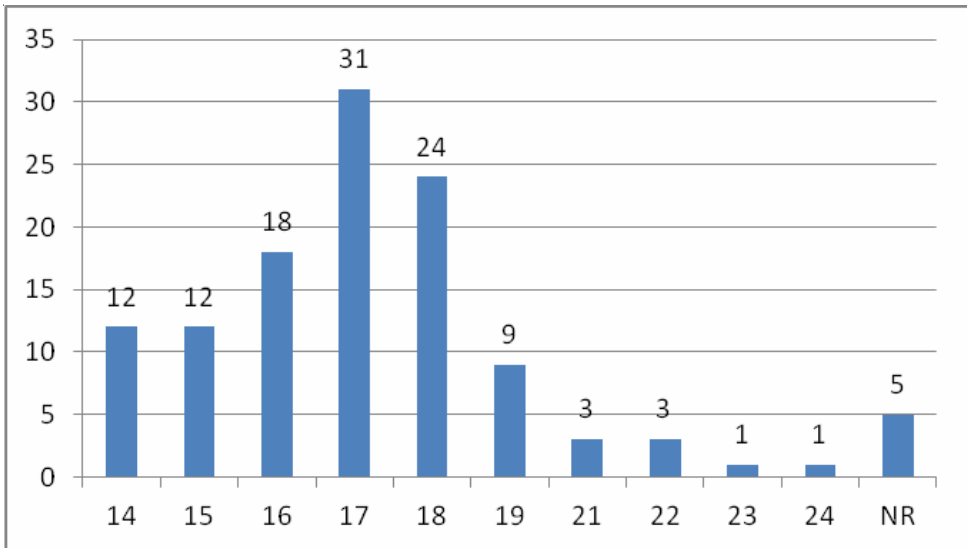


Figure 4. Respondents' ages

The numeric expression of the reasons for these young persons' presence in the placement centre is given in *Table 1*.

Table 1. Reasons why the young people are in the placement centre

Poverty		Death of parents		Disability		Parents working abroad		Other causes	
M	SD	M	SD	M	SD	M	SD	M	SD
1.57	0.497	1.09	0.291	1.39	0.491	1.08	0.279	1.12	0.324

The main reason is the socio-economic status – most of the teenagers stated that their families no longer had the means of caring for them.

Instruments

When formulating the indicators that describe the action mechanisms of the protective factors that support resilience we built a questionnaire based on the operationalisation of the concepts, also taking into account the previous discussions with the clients during focus-groups, as well as instruments already validated in the research of resilience or of components of the concept: *Child and Youth Resilience Measure (CYRM)* (Ungar & Liebenberg, 2011, 2013), *Resilience Scale for Adolescents (READ)* (Soest, Mossige, Stefansen, & Hjemdal, 2010), *Intern - Extern Scale (I-E)* (Rotter, 1966), *School Success Profile Learning Organizational Measure (SSP-LO)* (Bowen & Richman, 2007; Bowen, Rose, & Ware, 2006).

The variables were established based on the structure of the resilience components: risk factors – – protective factors – outcomes.

I. *Risk*, technically speaking, is an increased probability of reaching negative outcomes (Fraser *et al.*, 1999; Wright *et al.*, 2013); in its turn, a risk factor is a measurable characteristic of a group, of individuals or of a situation that can predict a negative evolution of the development (Wright *et al.*, 2013: 17). In developing our instrument we examined risk both on a past-present-future time axis (past = before entering the protection system; present = life in the placement centre; future = concerns related to life after release from the centre), as well as in terms of the factors that concern the present moment – how intensely the individual is affected by the absence of their family, life in the placement centre, the lack of money, health status, concerns about the future.

II. *The protective factors* have been examined in terms of three dimensions: individual, social, belief & values.

II. 1. *The individual factors* have been described using five indicators:

a) *Self-efficiency and autonomy*

Self-efficiency. Once we abandon the idea of the “invulnerable child” (Anthony & Cohler, 1987) who can cope no matter how long and in any circumstances with the challenges he or she faces, and we accept the idea that resilience is a process that involves the interaction between the individual and the environments in which he/she lives (Egeland, Carlson, & Sroufe, 1993; Ungar, 2012), we have to accept also that it also involves some sort of action and its positive outcomes. Resilience is in this respect the individual’s ability to successfully act on the environment so that he/she obtains results that are better than expected, given the circumstances. Viewed thus, resilience is closely connected to an individual’s self-efficiency (Bandura, 1977), and with, respectively, “the person’s confidence in his/her abilities to organise and carry out the course of action needed in order to produce a certain outcome” (Bandura *apud* Curelaru, 2014). Bandura’s research has revealed that it is precisely the perceived level of self-efficiency that determine whether or not an individual engages in a confrontation with adversity and, once engaged, for how long they will fight. Self-efficiency has both psychological/individual as well as social roots: “The beliefs concerning self-efficiency come from the individual history of achievement in a certain domain, from observing what others are capable of doing, from the others’ attempts to shape self-efficiency feelings through persuasion and from the consideration of one’s own psychological state during a task as a reflection on one’s own abilities and limitations” (Grusec, 1992: 782).

Autonomy. The originators of the self-determination theory (Ryan & Deci, 2000) insist on the genesis and support by the social context of motivation and of the self-determined behaviour. The two authors analyse the social reasons for which some individuals are proactive and engage in action, while others remain passive and alienated. The theory of self-determination considers that individuals have three innate needs, qualified as fundamental psychological needs. These would be (Ryan & Deci *apud* Nastas, 2014): i) *the need for autonomy*: in order to have self-determination, an individual’s behaviours need to be appreciated by the former as initiated inside, a manifestation of free personal will. This need is best satisfied when the individual has the opportunity to choose to perform certain activities or behaviours; ii) *the need for competence*: self-determination will be achieved to the extent to which the individual feels he/she can perform a certain behaviour, that he/she is able to do a certain thing, in other words he/she is efficient; this, therefore, depends on self-perceived efficiency; iii) *the need for relationship*: it concerns the need to feel affective support and sincere understanding from significant individuals.

b) The internal locus of control. According to Rotter (1966), the outcomes of an individual's behaviour depend significantly on the fact that he/she perceives reward and generally the effects of his/her behaviour as being a result of his/her acts or, conversely, as depending on factors outside his/her control. "When a reinforcement is perceived by the subject as following his/her action but not having its origin completely in the latter, then, in our culture, it is typically perceived as the result of luck, chance, fate, as under the control of others or of a large complexity of forces surrounding the individual. When the event is interpreted thus by the individual, we call this belief in *external control*. When the individual perceives that the event is due to his/her behaviour or to his/her permanent personal traits, then we call this belief in *internal control*" (Rotter, 1966: 1) The author of the theory states that this distinction can explain the differences between individuals in the learning process and the manner in which they value rewards differently in identical circumstances.

Sometimes, this theory is rephrased in terms of responsibility: the individuals who believe themselves to be solely responsible for what happens to them are labelled as having an internal style of attribution. Those who believe that life events are caused by forces outside their control are labelled as having an external style of attribution (Havarneanu, 2014).

c) Planning capacity. Given that the risk factors do not include only those that act in the present, here and now, but they also include the threats that may affect these young persons in the future, we have introduced a variable that concerns their planning capacity, their ability to create life projects against which to measure their development and progress (Rutter, Giller, & Hagell, 1998, *apud* Stein, 2005).

d) Optimism and hope. Resilience is often associated with a positive outlook on life, which involves optimism and hope (Park, 2010; Wright *et al.*, 2013), that is positive expectations concerning one's own actions or what is happening to one's person, as well as the conviction that one has the ability to reach one's own goals (Gillham & Reivich, 2004) or to alter the course of events in such a way as to produce outcomes that are to one's advantage. This characteristic has been associated even with medical outcomes obtained by sufferers of chronic illnesses (Affleck & Tennen, 1996); the conclusion was that optimism and hope do not even have to be based in real facts in order to be effective (Taylor & Armor, 1996).

e) Sociability. One of the main protective factors on which researchers agree is the individual's social support network (Cyrulnik, 2005; Park & Folkman, 1997). Social support is the more important in an environment such as the placement centre, in which the residents spend their lives permanently surrounded by other people and privacy being significantly lower than that enjoyed by children who grow up in their families.

II. 2. *Social factors* are described, from an ecological perspective (Ungar, 2012), by the relationships the child has with his/her peer group, with the school and with the placement centre.

a) *Peer group*. For teenagers, the peer group is the one that has the greatest influence and therefore can provide the most significant support in difficult situations. This support may be oriented towards positive directions, but also towards encouraging antisocial behaviour (Rutter, 2006). Friendship is “a gate to the rest of the world” (Masten & Coatsworth, 1998), and this means that the child’s understanding of the world and the creation of wider social networks are influenced by his/her choices in terms of friends.

b) *Sub-systems*: the school and the placement centre have been considered the main institutions that can become protective factors for the young person residing in a placement centre, in the case where they provide support to the individual, or, on the contrary, they can become risk factors when their influence is negative. When we designed the questionnaire we had the following aspects in mind:

- *The school*: a) the extent to which school is attractive through the activities taking place in it or through the opportunities it provides to the young individual; b) the support provided by a teacher or form-master, who could take on, at least partially, the protective role of a parent, as we have seen in examples given during the focus-group discussions; c) the presence/absence of negative events in school (discrimination, violence).

- *The placement centre*: a) The conditions in the centre (which pertain to the provision of the so-called “rights” for children) b) The quality of care provided by the employees of the centre, mainly by the educators, because in these institutions they are the ones who take on most of the tasks of absent parents.

II.3. *Belief and values*

The spiritual and religious component of protection is supporting resilience is discussed, particularly by researchers who are concerned with the manner in which individuals make sense of the experiences they have been through (Park & Folkman, 1997; Park, 2010). On the other hand, the cultural component of resilience must not be overlooked; some authors believe that resilience is the result of a behaviour dictated to a great extent by values, practices, habits, norms that belong to a certain group, organisation, people etc. (Ungar, 2008). In terms of this variable, we have included in our questionnaire items concerning the young persons’ attitude to education and work, as well as the value they assign to religious faith, which is associated in some studies with the recovery of stability and with post-traumatic growth (Calhoun, Cann, Tedeschi, & McMillan, 2000; McIntosh, Cohen Silver, & Wortman, 1993; Park, 2010).

III. The outcomes have been operationalised from the point of view of the individual, that is of the manner in which he/she perceives and assesses the situation he/she is currently in. The indicators concerning outcomes describe the manner in which protective factors are put into action: if the latter are a potentiality, then a positive outcome would mean a good relationship of the individual with his/her own self and with the others. The outcomes have been examined from two perspectives: (1) The subjective perception of status and of one's own capacity of determining the course of events; (2) The assessment of welfare (happiness, health status, number of friends, density of contact with the latter).

Results

After operationalisation, the result was a questionnaire containing 14 items under the Risks heading, 56 under the Resources heading, 16 under the Results heading and 8 items concerning the respondent's identification details. Most items are given in the form of a Lickert scale, with 6 options for the answer, but also in the form of yes/no questions. The data was processed using the PASW Statistics 18 software.

The internal consistency of the instrument. The values of the Cronbach a coefficient, which describes the internal consistency of the subscales used (Field, 2009), are presented in *Table 2*.

Correlational analysis aims to measure the association between the quantitative variables that describe the risk, the protective factors (individual, social, belief and values) and the outcomes. The Pearson coefficients describing the direction and intensity of the association between these variables are given in *Table 3*. According to this data, significant and positive correlations are found between individual traits and social protection factors – belief/values ($r = 0.588$, $p < 0.001$), support in the centre ($r = 0.413$, $p < 0.001$) and support in school ($r = 0.398$, $p < 0.001$) – but also outcomes – status and power ($r = 0.583$, $p < 0.001$) and perceived welfare ($r = 0.477$, $p < 0.001$). Status and power also correlate positively and significantly with support in the placement centre ($r = 0.504$, $p < 0.001$), with belief and values ($r = 0.338$, $p < 0.001$) and with support in school ($r = 0.282$, $p = 0.002$). Perceived welfare correlates positively and significantly with support in the centre ($r = 0.523$, $p < 0.001$) and with belief and values ($r = 0.388$, $p < 0.001$). The correlations obtained between the components of resilience are shown in *Figure 5*.

Table 2. The values of the Cronbach α coefficient corresponding to the subscales of the instrument

Variable		Cronbach α	Number of items	
I. Risk/threats		0.649	5	
II. Individual traits		0.955	25	
	Self-efficiency and autonomy	0.842	7	
	Planning	0.794	4	
	Internal locus of control and determination	0.812	5	
	Optimism	0.849	4	
	Sociability	0.849	5	
III. Social support		0.934	43	
	III.1. Friends	0.900	4	
	III. 2. School	0.920	25	
		III.2.1. School attractiveness	0.899	6
		III.2.2. Support from at least one teacher	0.955	8
		III.2.3. Experiences in school	0.927	11
	III. 3. Placement centre		0.927	15
		III.3.1. Conditions in centre	0.903	10
		III.3.2. Relationship with staff	0.882	5
IV. Belief and values		0.862	6	
V.1. Perceived status and individual power		0.795	8	
V.2. Perceived welfare		0.680	4	

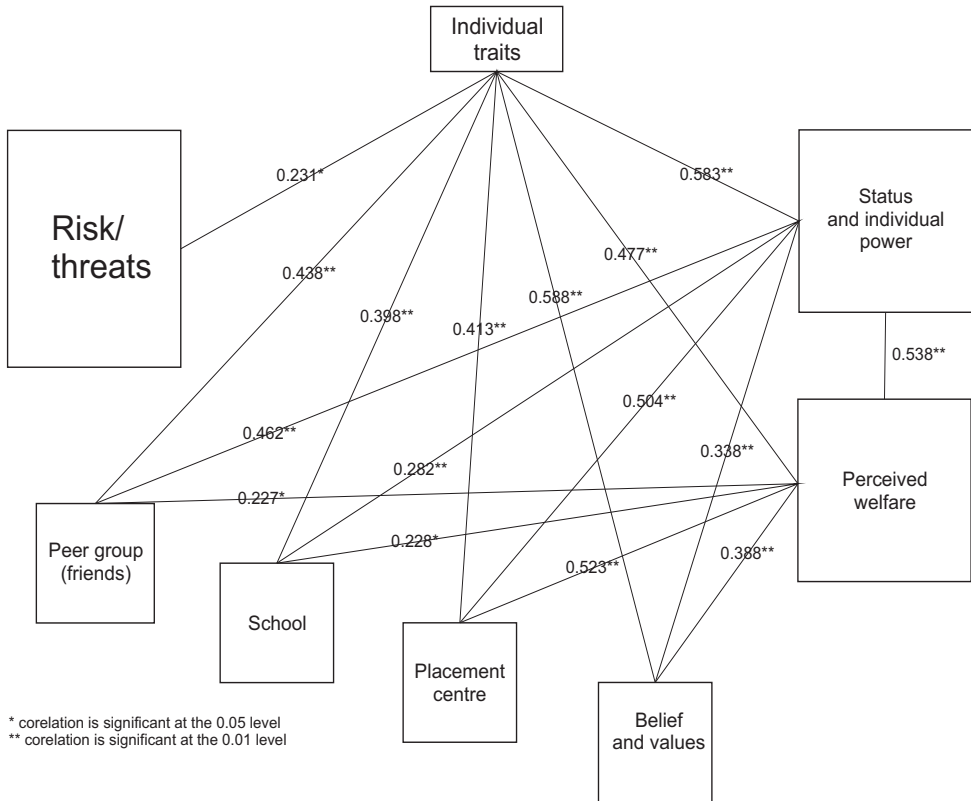


Figure 5. Significant correlations between the components of resilience

Models of multiple linear hierarchical regressions. In order to determine the role of individual and social factors and of belief and values in supporting positive outcomes, we built models of multiple linear hierarchical regressions. As criteria, we took the two components of the obtained outputs and as predictors – the individual traits and the social resources accessed by the young persons in the placement centre and outside it – the case of school or friends.

Before analysing the data, we verified that the assumptions concerning linearity, multicollinearity and the avoidance of extreme and influent cases were observed (Labar, 2008: 285).

The individual's position in the group and the power he/she believes to have on one's own self and on the others. In successive explicative models we have introduced as predictors variables that describe the personal traits, the social resources, the religious faith and the values shared by the individual.

Table 3. Correlations between the variables that describe the resilience of young persons in placement centres

	Traits and resources			Outcomes				
	Risks	Individual traits	Friends	Support in school	Support in centre	Belief and values	Status and power	Individual welfare
Risks	1							
Individual traits	$r = 0.231^*$ $p = 0.011$	1						
Friends	$r = 0.082$ $p = 0.376$	$r = 0.438^{**}$ $p = 0.000$	1					
Support in school	$r = 0.111$ $p = 0.228$	$r = 0.398^{**}$ $p = 0.000$	$r = 0.247^{**}$ $p = 0.007$	1				
Support in centre	$r = 0.081$ $p = 0.379$	$r = 0.413^{**}$ $p = 0.000$	$r = 0.201^*$ $p = 0.028$	$r = 0.395^{**}$ $p = 0.000$	1			
Belief and values	$r = 0.140$ $p = 0.129$	$r = 0.588^{**}$ $p = 0.000$	$r = 0.141$ $p = 0.127$	$r = 0.569^{**}$ $p = 0.000$	$r = 0.455^{**}$ $p = 0.000$	1		
Perceived status and power	$r = 0.230^*$ $p = 0.230$	$r = 0.583^{**}$ $p = 0.000$	$r = 0.462^{**}$ $p = 0.000$	$r = 0.282^{**}$ $p = 0.002$	$r = 0.504^{**}$ $p = 0.000$	$r = 0.338^{**}$ $p = 0.000$	1	
Welfare	$r = -0.050$ $p = 0.588$	$r = 0.477^{**}$ $p = 0.000$	$r = 0.227^*$ $p = 0.013$	$r = 0.228^*$ $p = 0.013$	$r = 0.523^{**}$ $p = 0.000$	$r = 0.388^{**}$ $p = 0.000$	$r = 0.538^{**}$ $p = 0.000$	1

*. Correlation is significant at the 0.05 level (2-tailed).

**. Correlation is significant at the 0.01 level (2-tailed).

In Model 1 we considered as a predictor individual traits (a compound variable that expresses the average of the indicators concerning self-efficiency and autonomy, planning, internal locus of control and determination, optimism and sociability. The total variance explained by this model is 26.3%, and the individual traits appear to be a significant predictor of status ($p < .001$).

Table 4. The results of hierarchical regression for outcomes (status and welfare) obtained by the young persons in placement centres

	Perceived status and power			Welfare		
	B	Beta	Std.err.	B	Beta	Std.err.
Step 1	$R^2 = .270$			$R^2 = .147$		
Constant	2.21		0.30	2.31		0.20
Individual traits	0.47	.51***	0.07	0.22	.38***	0.05
Step 2	$\Delta R^2 = .111$ ($p < .001$)			$\Delta R^2 = .018$		
Constant	1.95		0.28	2.24		0.20
Individual traits	0.30	.33***	0.07	0.17	.30*	0.05
Friends	0.26	.38***	0.05	0.06	.15	0.04
Step 3	$\Delta R^2 = .002$			$\Delta R^2 = .004$		
Constant	2.10		0.36	2.36		0.26
Individual traits	0.31	.34***	0.07	0.18	.32*	0.05
Friends	0.26	.39***	0.05	0.07	.16	0.04
Support in school	-0.04	-.05	0.07	-0.03	-.66	0.05
Step 4	$\Delta R^2 = .011$			$\Delta R^2 = .039$ ($p < 0.05$)		
Constant	1.82		0.41	2.02		0.3
Individual traits	0.29	.32***	0.07	0.16	.28*	0.05
Friends	0.25	.38***	0.05	0.06	.14	0.04
Support in school	-0.08	-.08	0.07	-0.07	-.13	0.05
Support in centre	0.1	.11	0.07	0.13	.21	0.05
Step 5	$\Delta R^2 = .001$			$\Delta R^2 = .008$		
Constant	1.82		.41	2.02		0.3
Individual traits	0.31	.34**	0.09	0.13	.23*	.06
Friends	0.25	.37***	0.06	0.07	.17	.04
Support in school	-0.07	-.07	0.08	-0.1	-.17	0.06
Support in centre	0.11	.12	0.07	0.11	.19*	0.05
Belief and values	-0.02	-.03	0.07	0.06	.12	0.05

*** $p < .001$, ** $p < .01$, * $p < .05$

In Model 2 we introduced as a predictor, apart from individual traits, the relationship between the young person and the peer group. The total variance explained by this model is 37%, and both variables are statistically significant (individual traits: $p < .001$; relationship with the peer group: $p < .001$).

In Model 3 we considered as a predictor the support the young person receives in school, aside from the predictors took into consideration previously. Model 3 explains 36.7% of the total variance of the status variable, while the statistically significant variable are still individual traits ($p < .001$) and the relationship with the peer group ($p < .001$).

Model 4 – which explains most of the total variance of the status variable (37.3%) – has introduced as predictors individual traits, the relationship with the peer group, the support received from the school and the support received from the placement centre. The significant variables in this model are still individual traits ($p < .001$) and the relationship with the peer group ($p < .001$).

Finally, Model 5 explains 36.8% of the total variance of the status variable, including the predictors individual traits, social resources (the relationship with the peer group, support from school and placement centre), adding the influence of values and religious faith. In this model as well, the statistically significant predictors are individual traits ($p < .001$) and the relationship with the peer group ($p < .001$).

Welfare perceived by the individual. The explicative models have included the same predictors concerning individual traits and social resources.

Model 1 considers as a predictor only the individual traits that are statistically significant ($p < .001$); the model explains 13.9% of the total variance of the criterion taken into consideration. Model 2 adds as a predictor the relationship with the peer group; only the variable concerning individual traits is statistically significant ($p = 0.002$) as a predictor of perceived welfare. This model explains 15% of the variance of the *Welfare* variable. Model 3 – which introduces as a predictor the support received from the school – explains 14.7% of the variance of the *Welfare* variable, individual traits being statistically significant ($p = 0.002$). By adding to these predictors the predictor “support received from the centre”, we obtain Model 4, which explains 17.9% of the variance of the criterion considered here. Also, personal traits are, here as well, a statistically significant variable ($p = 0.004$). Finally, Model 5, which adds to individual traits and to social resources the role of religious belief and of values, explains 18% of the total variance, the highest level of the explicative models for Welfare. The statistically significant predictors of this model are individual traits ($p = 0.041$) and the support of the placement centre ($p = 0.040$).

Discussion

Resilience continues to remain difficult to operationalise, given the numerous possible approaches of the concept's components: risk, protective factors and outcomes. Bearing in mind this structure, we have built an instrument in order to determine which protective factors act directly on risks (protective mechanisms) and which of them act on outcomes (compensatory mechanisms) (Zimmerman *et al.*, 2013). Also, by verifying several models, we have identified those that explain best the positive results obtained in conditions of adversity, relying on individual traits and accessing social resources.

Following the research carried out in the largest placement centre in the county of Iași we found that, despite the ecological approaches, which focus on social conditions in supporting resilience, the personal traits of individuals remain important in obtaining good results in conditions of adversity. In fact, the placement centre is possibly one of the most important organisations in analysing the importance of individual traits, because here most social resources – which pertain to the placement centre (living standards, staff), to the quality of the peer group, to a great extent to the school attended by the teenagers, to values etc. – are identical for most residents. Bearing this in mind, what remains is the manner in which these resources are negotiated by each individual (Ungar, 2012) in order to obtain positive results. In terms of protective mechanisms, individual traits – considered here as being self-efficiency and autonomy, planning, the internal locus of control and determination, optimism and sociability – appear to be, according to the data obtained, the only protective mechanism, which acts directly on risks. Our conclusion concurs with those of similar studies such as that carried out by Luthar (1991) among inner-city teenagers. On the other hand, the finding may be useful for intervention programmes concerning children in placement centres: developing individual traits through psychotherapy, counselling and support makes teenagers more able to cope with difficult situations.

In the statistical models that focused on explaining the status and the power perceived by the individual in relation to oneself and to others, individual traits were statistically significant. In the case of the models that aimed to explain welfare, the role of the factors that pertain to individual traits and to social resources seem to have a lesser explicative power. One explanation for this finding could be that *welfare* also concerns the perceived health status, but we need to take into consideration that many young people in this placement centre have a motor disability.

Individual traits are not just a component of protective mechanisms, but they also have a direct, positive connection to the results obtained by the young persons, being of importance as compensatory mechanisms (Zimmerman & Arunkumar, 1994). Compensatory mechanisms are also described by the other social resources. Among them, what stands out is the large and statistically significant

scores obtained by the variable *placement centre*, associated with the young people's good results. We can state, bearing in mind the classic model of protection factors (individual, familial and extrafamilial) (Hauser & Allen, 2006; Masten *et al.*, 1999; Wright *et al.*, 2013), that for the young individuals residing in the placement centre the role of the family as a social resource has been taken over by the placement centre. Far from the widespread image of this type of institution, especially in Romania's case, the placement centre, through the standards it provides and through the connection between the carers and the clients, manages to be a protective environment for the latter. As expected in a group of teenagers and as it has been underlined by other researchers (Masten & Obradovi', 2006), the peer group is associated with the good results obtained by individuals in difficult circumstances. Also, religious faith and the values promoted by the young persons (attitude towards work and towards school as a springboard for development) have important scores, being associated positively with the results obtained. Thus, the role of beliefs (including of religious faith) and of convictions is reconfirmed in re-building the meaning that the individuals find for existence as a whole, and particularly for the traumas they have experienced (Park & Folkman, 1997), so that they can continue to develop despite negative experiences (Affleck & Tennen, 1996).

Finally, the school's support is also important, as the results obtained here (not just the academic ones) can be included in a pattern of successful behaviours. Both the formal and informal activities undertaken in school, as well as the support of at least one teacher can become elements that break the chain of negative reactions (Rutter, 1987) occurring, as a rule, in children who are placed in such an environment.

Our study has several important limitations that need to be taken into consideration. Firstly, a transversal study such as this cannot capture the processual character of resilience (Egeland *et al.*, 1993), which is considered to be a dynamic interaction between the individual and the environment in which it lives. It is accepted that resilience is neither an individual trait, nor a static element; the same person may come well in certain circumstances and may fail in others, or may have notable results at a certain stage in life and poor results in another (Freitas & Downey, 1998). On the other hand, our instrument captures very little of the multidimensional character of resilience (Luthar, Doernberger, & Zigler, 1993); for instance, other categories of results can be taken into consideration in the same circumstances of risk and protective factors: academic results or anxiety levels.

Bearing in mind these limitations, it would be worth pursuing research in this environment, using qualitative studies that could capture the manner in which the individuals interact with their environment, how do they assign meaning to risks, protective factors or outcomes, or, the way Ungar puts it (2005) how the young "navigate" to wards and "negotiate" for the resources the environment provides to them.

Conclusions

The children who manage to develop “spectacularly”, to remain “normal” despite what is happening to them or to recover from traumatic experiences manage to challenge researchers and are the bearers of a promise (Fraser *et al.*, 1999): that their success can be a teaching tool and that the conclusions obtained can be passed on to the other children. In this respect, in the case of children in placement centres we believe it would be useful to implement programmes that, above all, develop the individual traits that form a strong and autonomous young person: self-efficiency, self-esteem, an internal locus of control, optimism, planning abilities, determination. Besides, the social resources available to these children (the placement centre, the school) must be multiplied, diversified and delivered in a form that is acceptable by the young person. Finally, the school and the placement centre can foster those beliefs and values that are useful for the implementation of behaviours and actions that will result in personal success.

References

- Affleck, G., & Tennen, H. (1996). Construing benefits from adversity: adaptational significance and dispositional underpinnings. *Journal of Personality*, 64(4), 899–922.
- Anthony, J. E., & Cohler, B. (Eds.). (1987). *The Invulnerable Child*. The Guilford Press.
- Bandura, A. (1977). Self-efficacy: toward a unifying theory of behavioral change. *Psychological Review*.
- Bowen, G. L., & Richman, J. M. (2007). The School Success Profile. A Results-Focused Approach to Assessment and Intervention Planning. *Chapel Hill: University of North Carolina*.
- Bowen, G. L., Rose, R. A., & Ware, W. B. (2006). The Reliability and Validity of the School Success Profile Learning Organization Measure. *Evaluation and Program Planning*, 29(1), 97–104.
- Calhoun, L. G., Cann, A., Tedeschi, R. G., & McMillan, J. (2000). A correlational test of the relationship between posttraumatic growth, religion, and cognitive processing. *Journal of Traumatic Stress*, 13(3), 521–527.
- Cojocaru, S. (2005). *Metode apreciative în asistența socială*. Iasi: Polirom.
- Curelaru, V. (2014). Beneficii adaptative ale eficienței personale percepute. In I. Dafinoiu & Stefan Boncu (Eds.), *Psihologie sociala clinica*. Iasi.
- Cyrulnik, B. (2005). *Murmurul fantomelor*. Bucuresti: Curtea Veche.
- Egeland, B. R., Carlson, E., & Sroufe, L. A. (1993). Resilience as process. *Development and Psychopathology*, 5, 517–528.
- Field, A. (2009). *Discovering statistics using SPSS* (Third Edit). New York: Sage Publications Ltd.
- Fox, N. A., Almas, A. N., Degnan, K. A., Nelson, C. A., & Zeanah, C. H. (2011). The effects of severe psychosocial deprivation and foster care intervention on cognitive

- development at 8 years of age: Findings from the Bucharest Early Intervention Project. *Journal of Child Psychology and Psychiatry and Allied Disciplines*, 52(9), 919–928.
- Fraser, M. W., Richman, J. M., & Galinsky, M. J. (1999). Risk, protection, and resilience: Toward a conceptual framework for social work practice. *Social Work Research*, 23(3), 131–143.
- Freitas, A. L., & Downey, G. (1998). Resilience: A Dynamic Perspective. *International Journal of Behavioral Development*, 22(2), 263–285.
- Gillham, J., & Reivich, K. (2004). Cultivating Optimism in Childhood and Adolescence. *The Annals of the American Academy of Political and Social Science*, 591(1), 146–163.
- Gilligan, R. (1997). Beyond permanence? The importance of resilience in child placement practice and planning. *Adoption and Fostering*, 21(1), 12–20.
- Grusec, J. E. (1992). Social Learning Theory and Developmental Psychology: The Legacies of Robert Sears and Albert Bandura. *Developmental Psychology*, 28(5), 776–786.
- Hauser, S. T., & Allen, J. P. (2006). Overcoming Adversity in Adolescence: Narratives of Resilience. *Psychoanalytic Inquiry*, 26, 549–576.
- Havarneanu, C. (2014). Local controlului. In I. Dafinoiu & Ștefan Boncu (Eds.), *Psihologie sociala clinica*. Iasi: Polirom.
- Labar, A. V. (2008). *SPSS pentru științele educației*. Iasi: Polirom.
- Luthar, S. S. (1991). Vulnerability and Resilience: A Study of High-Risk Adolescents. *Child Development*, 62(3), 600–616.
- Luthar, S. S. (2006). Resilience in Development: A Synthesis of Research across Five Decades. In D. Cicchetti & D. J. Cohen (Eds.), *Developmental psychopathology* (2nd ed., pp. 739–795). Hoboken, NJ, US: John Wiley & Sons Inc.
- Luthar, S. S., Doernberger, C. H., & Zigler, E. (1993). Resilience is not a unidimensional construct: Insights from a prospective study of inner-city adolescents. *Development and Psychopathology*, 5(4), 703–717.
- Masten, A. S. (2001). Ordinary magic. Resilience processes in development. *American Psychologist*, 56(3), 227–238.
- Masten, A. S., & Coatsworth, J. D. (1998). The Development of Competence in Favorable and Unfavorable Environments. *American Psychologist*, 53(2), 205–220.
- Masten, A. S., Hubbard, J. J., Gest, S. D., Tellegen, A., Garmezy, N., & Marylouise, R. (1999). Competence in the context of adversity: Pathways to resilience and maladaptation from childhood to late adolescence. *Development and Psychopathology*, 11, 143–169.
- Masten, A. S., & Obradovic, J. (2006). Competence and resilience in development. *Annals of the New York Academy of Sciences*, 1094, 13–27.
- McIntosh, D. N., Cohen Silver, R., & Wortman, C. B. (1993). Religions Role in Adjustment to a Negative Life Event. *Journal of Personality and Social Psychology*, 65(4), 812–821.
- Nastas, D. (2014). Autodeterminarea. In *Psihologie sociala clinica*. Iasi: Polirom.
- Nelson, C. A., Fox, N. A., & Zeanah, C. H. (2014). *Copiii abandonati ai Romaniei*. Bucuresti: Editura Trei.

- Olsson, C. A., Bond, L., Burns, J. M., Vella-Brodrick, D. A., & Sawyer, S. M. (2003). Adolescent resilience: a concept analysis. *Journal of Adolescence*, 26, 1–11.
- Park, C. L. (2010). Stress-Related Growth and Thriving Through Coping: The Roles of Personality and Cognitive Processes. *Journal of Social Issues*, 54(2), 267–277.
- Park, C. L., & Folkman, S. (1997). Meaning in the context of stress and coping. *Review of General Psychology*, 1(2), 115–144.
- Peel, N., & Beckley, A. (2015). Children in Out of Home Care: Should we give them a Fair Go? *Children Australia*, 40(04), 372–378.
- Rotter, J. B. (1966). Generalized expectancies for internal versus external control of reinforcement. *Psychological Monographs*, 80(1), 1–28.
- Rus, A. V., Parris, S., Cross, D., Purvis, K., & Draghici, S. (2011). Reforming the Romanian child welfare system: 1990 - 2010. *Revista de Cercetare și Interventie Sociala*, 34(1), 56–72.
- Rutter, M. (1987). Psychosocial Resilience and Protective Mechanisms. *American Journal of Orthopsychiatry*, 57(3), 316–331.
- Rutter, M. (2000). Children in substitute care: Some conceptual considerations and research implications. *Children and Youth Services Review*, 22(9-10), 685–703.
- Rutter, M. (2006). Implications of resilience concepts for scientific understanding. *Annals of the New York Academy of Sciences*, 1094, 1–12.
- Rutter, M., Giller, H., & Hagell, A. (1998). *Antisocial Behaviour by Young People*. Cambridge: Cambridge University Press.
- Rutter, M., Kreppner, J. M., & O'Connor, T. G. (2001). Specificity and heterogeneity in children's responses to profound institutional privation. *British Journal of Psychiatry*, 179(AUG), 97–103.
- Ryan, R. M., & Deci, E. L. (2000). Self-determination theory and the facilitation of intrinsic motivation, social development, and well-being. *The American Psychologist*, 55(1), 68–78.
- Schmeelk-Cone, K. H., Zimmerman, M. A., & Abelson, J. L. (2003). The buffering effects of active coping on the relationship between SES and cortisol among African American young adults. *Journal of Health and Social Behavior*, 44, 302–317.
- Soest, T., Mossige, S., Stefansen, K., & Hjemdal, O. (2010). A validation study of the Resilience Scale for Adolescents (READ). *Journal of Psychopathology and Behavioral Assessment*, 32(2), 215–225.
- Stein, M. (2005). Resilience and young people leaving care: Overcoming the odds. *Research Report. Joseph Rowntree Foundation*.
- Stevens, S. E., Sonuga-Barke, E. J. S., Kreppner, J. M., Beckett, C., Castle, J., Colvert, E., ... Rutter, M. (2008). Inattention/overactivity following early severe institutional deprivation: Presentation and associations in early adolescence. *Journal of Abnormal Child Psychology*, 36(3), 385–398.
- Stevenson, F., & Zimmerman, M. A. (2005). Adolescent resilience: a framework for understanding healthy development in the face of risk. *Annual Review of Public Health*, 26, 399–419.
- Taylor, S. E., & Armor, D. A. (1996). Positive illusions and coping with adversity. *Journal of Personality*, 64(4), 873–898.

- Ungar, M. (2005). Pathways to Resilience Among Children in Child Welfare, Corrections, Mental Health and Educational Settings: Navigation and Negotiation. *Child and Youth Care Forum*, 34(6), 423–444.
- Ungar, M. (2008). Resilience across Cultures. *The British Journal of Social Work*, 38(2), 218–235.
- Ungar, M. (2012). Social Ecologies and Their Contribution to Resilience. In M. Ungar (Ed.), *The Social Ecology of Resilience: A Handbook of Theory and Practice* (pp. 13–32). New York, NY: Springer New York.
- Ungar, M., & Liebenberg, L. (2011). Assessing Resilience Across Cultures Using Mixed Methods: Construction of the Child and Youth Resilience Measure. *Journal of Mixed Methods Research*, 5(2), 126–149.
- Ungar, M., & Liebenberg, L. (2013). A Measure of Resilience with Contextual Sensitivity - The CYRM-28: Exploring the Tension Between Homogeneity and Heterogeneity in Resilience Theory and Research. In S. Prince-Embury & D. H. Saklofske (Eds.), *Resilience in Children, Adolescents, and Adults: Translating Research into Practice* (pp. 245–255). New York: Springer.
- Werner, E. E. (1995). Resilience in Development. *Current Directions in Psychological Science*, 4(3), 81–85.
- Wright, M. O., Masten, A. S., & Narayan, A. J. (2013). Resilience Processes in Development: Four Waves of Research on Positive Adaptation in the Context of Adversity. In S. Goldstein & R. B. Brooks (Eds.), *Handbook of Resilience in Children* (pp. 15–38). Boston, MA: Springer US.
- Zimmerman, M. A., & Arunkumar, R. (1994). Resiliency research: Implications for Schools and Policy. *Social Policy Report*, 8(4), 1–20.
- Zimmerman, M. A., Stoddard, S. A., Eisman, A. B., Caldwell, C. H., Aiyer, S. M., & Miller, A. (2013). Adolescent Resilience: Promotive Factors That Inform Prevention. *Child Development Perspective*, 7(4).