

'Rocky Road' & 'Brick Walls' – Multiple Meanings of Resilience in a Social Work Context through the Lens of Critical Realist informed Grounded Theory

Abstract

This study seeks to build an explanation of the multiple meanings of resilience in a social work context, centralising the interplay between human agency (meaning-making, motivations, intentionality) and social structures (enduring patterns, social rules, norms and laws). Specifically, this research provides insight into how care-experienced people (aged 17-50 years old) and social workers and affiliated practitioners in England make sense of 'resilience' and 'resilient' behaviours. Critical realist informed grounded theory (CRGT) provides unique opportunities here, with critical realist's primacy of ontology as the starting point and grounded theory providing the epistemological force, contextualising research and imbedding this more firmly into practice. Drawing on the four stages of retroductive argumentation proposed by Kempster and Parry (2014) and developed by us, we identify a number of key themes, namely 'Having/Building an Ability' - 'Rocky Road' and 'Brick Walls' - Resilience as Resistance - 'Compliance', as well as causal factors impacting upon the themes (such as traumatic life experiences, protective factors, external support systems, political agendas, structure-agency relationships and stigma, discrimination and marginalisation). The research highlights how multiple causal mechanisms, including interpretations of situations by individuals (in this case care-experienced individuals and social workers/affiliated practitioners) interact and generate multiple meaning in relation to process and outcomes of resilience. The research thus provides insight into deeply embedded interpretations of resilience, which should be viewed in light of the stratified non-linear dynamics of embodied experiences, material/institutional forces and social relationships, that co-constitute subjectivity, as well as having an ongoing influence on body-brain systems.

Introduction

This study seeks to build an explanation of the multiple meanings of resilience in a social work context, centralising the interplay between human agency (meaning-making, motivations, intentionality) and social structures (enduring patterns, social rules, norms and laws), drawing on data from interviews with care-experienced people (aged 17-50 years old) and social workers and affiliated practitioners in the South of England between 2018-2022. The research is novel by providing insight into how care-experienced people and social workers/affiliated practitioners make sense of 'resilience' and 'resilient' behaviours, adopting critical realist informed grounded theory as a systematic tool for defining resilience in light of non-linear causal factors, social structures, and generative mechanisms (such as traumatic life experiences, protective factors, political agendas and social rules/patterns). Critical realism (CR) is a

metatheory developed by Roy Bhaskar as a criticism of empirical realism, proposing that whilst there is an (objective) world that exists independently of people's perceptions, language and imagination, there is also a need to acknowledge that part of that world consists of subjective interpretations, that influence the way in which the world is perceived (Bhaskar, 1975; 1979). Within this causal or generative powers are key, which are regarded as necessary tendencies of agents, social objects and structures, that may or may not be activated depending on conditions (Sayer, 2000). CR embraces a stratified ontology, acknowledging the existence of a multi-layered 'real world' (ontological assumption), which is produced by underlying causal mechanisms (Sims-Schouten and Riley, 2014; Bhaskar, 1989). In practice this means that for critical realists, phenomena exist not only at the level of events and experiences but also at a deeper level that may not be observable (Kempster and Parry, 2011). A critical realist informed stratified model of reality thus allows for the conceptualisation of the 'real' (exploring causal mechanisms of events, such as trauma, abuse, neglect), the 'empirical' (or 'experiential', namely how events are experienced by individuals) and the 'actual' (events and processes that occur, such as in relation to support) (Sims-Schouten and Riley, 2014; 2018; Bhaskar, 2014).

Grounded theory (GT), first introduced by Glaser and Strauss (1967), is a research method concerned with the generation of theory, 'grounded' in systematically collected and analysed data used to uncover the meaning of concepts and social processes, such as social relationships and behaviours of groups. GT has traditionally been a method for researching phenomena that are observable (see Apramian et al., 2016 for an analysis of the four schools of grounded theory). GT is grounded in abductive logic starting with an observation or set of observations and drawing conclusions from the observation. Yet, while early GT, developed by Glaser and Strauss (1967), was to a small extent abductive, or nominally abductive, it was Strauss and Corbin (1990) who adopted genuine abduction. The later variant by Strauss and Corbin was one where theory was officially and explicitly founded on theoretical knowledge

(Reichertz, 2010). While GT adopts an abductive inferencing, centralising dialogue between ideas and data, representing a consistent set of data collection and analytical procedures to developing theory (Charmaz, 2006; Reichertz, 2010), CR adopts a form of reasoning called retroduction. The latter involves moving from the level of observation and lived experiences to making (non-linear) inferences about underlying structures and mechanisms that may account for the phenomena involved. It is within this stratified view of reality, with a focus on abductive logic (i.e. dialogue between ideas and data), retroductive processes (moving between observation and lived experiences on the one hand and underlying structures/mechanisms on the other) and non-linear causality (i.e. the notion that causality can work in different directions), that CRGT provides a framework for making sense of the complexities around resilience.

Resilience in a Social Work Context

Resilience, defined as “positive adaptation despite adversity”, first used by Werner in the 1970s, has become a popular term in research and practice with disadvantaged groups, centralising the role of ‘positive emotions’, ‘successful traits’, and coping mechanisms in adapting to life despite great odds (Werner & Smith, 2002, p. 3). Since Werner’s study significant research has been undertaken around resilience, mostly with a focus on ‘strengths’ and ‘positive’ coping mechanisms and behaviours that allow people to be more or less resilient in the face of adversity (e.g. Masten, 2015; Rutter, 2012). Yet, it has also provoked scepticism, and at present there is little consensus on the referent of the term, standards for its application or agreement on its role in explanations, models and theories; this has been exacerbated by the C-19 pandemic. Some of this is linked to the fact that key terms, such as ‘success’ and ‘positive adaptations’ are not clearly defined, other than being measured in terms of education success, an ‘ability to achieve goals’ and having a ‘positive attitude’, to name a few, whilst ‘resistance to change’ and ‘disordered behaviours’ are equated with lacking in resilience. That is not to say that other

meanings of ‘resilience’ have not been debated. For example, Ungar (2004) highlights that problem behaviours may well be children's hidden pathways to resilience. Recent research and literature have moved away from the notion of resilience as static towards a focus on resilience as a dynamic relationship between the individual and the social context suggesting that while there may be certain traits, skills and attitudes associated with resilience, these are also mediated by the environment in which they occur (Rose and Palattiyil, 2020). Yet, voices from a range of communities, including Black, Asian and minority ethnic communities, are and remain underrepresented in and absent from resilience practice and research (Sims-Schouten and Gilbert, 2022; Joseph-Salisbury, 2018).

Since the mid-1970s the adversities faced by care-experienced people have become increasingly recognised (Sims-Schouten and Hayden, 2017; Foley, 2021). Yet, at present there is little research that looks at care leavers’ experiences beyond the age of 25 (an exception is Duncalf (2010), who looked at care-experience through the retrospective lens of care leavers up to age 78). Research on adverse childhood experiences and trauma, drawing on international data and English language articles, highlights that all care-experienced children will have experienced trauma in some way e.g., roughly 69% of children in care have experienced neglect, 48% physical abuse, 37% emotional abuse and 23% sexual abuse (Chambers, 2017; Zarse et al., 2019). Moreover, official data from the UK shows that the rate of mental health difficulties amongst children in care is about 4 times that of the general population of young people, and this, as well as related issues around loneliness and poverty, has been exacerbated by the Covid-19 pandemic, and the issues last well into adulthood (Munro et al., 2021; NSPCC, 2016). Yet, despite this there is evidence that care-experienced people in need of extra help from the state to safeguard their wellbeing, do not reliably get the support or access to the services that their needs demand, some of this is down to cuts to services. The latter is exacerbated by the Covid-19 pandemic, and the National Audit Office report reveals 94% of councils have reduced service budgets in 2021-22,

with authorities planning reviews of social care packages and increased user charges (National Audit Office, 2021). Moreover, the latter also needs to be seen in light of the fact that ‘the profession of social work hovers in uncomfortable places, always caught between transformative aspirations and bureaucratic constraints’ (Beddoe, 2010, p. 1292). Such contextual, systemic, and structural issues have implications for how resilience is conceptualised, especially in light of the core questions that drive recent scholars who advocate resilience in their research (e.g. Luthar, et al., 2000; Masten, 2015, Rutter, 2012; Ungar, 2004): ‘What are the challenges’ – ‘How is the person doing’ – ‘What processes support success’.

The term ‘resilience’ is often used to reflect the successful transition during key turning points across the life-course, focussing on internal psychological processes as they interact, as well as making sense of (and drawing on) external resources within the environment (Masten, 2015; Rutter, 2012). Specialist services for care leavers developed in the 1980s and offered various forms of support and help with practical skills (Sims-Schouten and Hayden, 2017). Since the Children (Leaving Care) Act 2000 in England and Wales and the introduction of the “Corporate Parenting Model”, representing the collective responsibility of the council, elected members, employees, and partner agencies to provide the best possible care and safeguarding for looked after children and care leavers, there is a sense that quality of care and extended support when leaving care have improved (DfE, 2018). Yet, research has found that care leavers are more likely than young people in care to give a lower score to the ‘corporate parenting’ they received whilst in care, indicating a greater tendency to be dissatisfied with their corporate parents (Dixon et al., 2015). Agency and representation (or lack of) can play a role here. Agency and self-worth, together with individual agency are often cited as predictive of resilient functioning (Furey and Harris-Evans, 2021; Rutter, 2012). Yet care-experienced people are highly likely to have experienced traumatic life events, as well as be overwhelmed by the scale of the demands they face, compromising

their sense and development of agency (Sims-Schouten and Hayden, 2017). For care leavers, experiences during emerging adulthood, may be particularly important in countering previous adverse experiences and enhance resilience, which is particularly important in the context of relationship discontinuities that undermine the development of trusting relationships and successful transitions between life stages (Munro et al., 2021; Zarse et al., 2019). Moreover, for some care leavers, these experiences may result in an unwillingness to commit to new relationships.

This article takes the starting point that exploring causal mechanisms, as both generative and contextual, is imperative in making sense of how people (in this case care-experienced people, social workers and affiliated practitioners) view ‘resilience’ within a social context that is materially and institutionally structured (referring to the physical nature of the world, as well as government agencies/institutions) and embodied (e.g. physical/mental experiences) (Sims-Schouten, Skinner and Rivett, 2019). Critical realist informed grounded theory (CRGT) provides unique opportunities here by 1. allowing for the explanation of social processes that occur within a particular context, 2 providing a tool through which causal powers at specific contextual levels of analysis can be examined, and 3. explaining why in certain contexts generative powers are active and not in others (Sims-Schouten, 2020; Bunt, 2018; Kempster and Parry, 2014). Below we introduce the critical realist informed grounded theory model adopted in this study.

Methodology: Resilience in Social Work through a CRGT lens

Below we present an example of CRGT in action, drawing on data from semi-structured interviews with care-experienced people (aged 17-50 years old) and social workers and affiliated practitioners (including family service managers and community care workers/managers) in the South of England between

2018-2022. In line with grounded theory, theoretical sampling was applied, with a focus on developing a conceptual theory as opposed to creating a descriptive account (Glaser and Strauss, 1967). Theoretical sampling is purpose-driven, with the purpose to explicate and refine the emerging theory (Breckenridge and Jones, 2009). A total of 33 participants took part in the study: 21 were care-experienced people (mixed gender and ethnicity) and 12 social workers and affiliated practitioners (mixed gender and ethnicity). Participants were approached through links with local councils, charities and social service providers in the South of England. Ethical principles were adhered to throughout the study; informed consent was obtained, and participants were informed of their right to withdraw.

Interviews were semi-structured and took place in designated spaces provided by the charity/local council/social service provider that the care-experienced people and practitioners were associated with. The interviews revolved around three key topics, namely service provision, support needs, and resilience. It should be stated that from the outset it was made clear that the research was about the needs and resilience of care-experienced people, rather than social workers and affiliated practitioners (see Rose and Palattiyil, 2020 for research on emotional resilience of social workers). In line with the premise of grounded theory, namely to allow issues to emerge from the data, rather than forcing this into preconceived categories, we applied line-by-line coding. This allowed us to build our analysis from the ground up, leading into focused coding allowing us to create and try out categories for capturing our data (Charmaz, 2006). Combining critical realism and grounded theory, using retroductive argumentation and abductive logic, we identified instances of resilience, and conditions preceding its appearance. This involved moving from the level of observation and lived experiences to making (non-linear) inferences about underlying structures and mechanisms that may account for the phenomena involved. The following stages of retroductive argumentation proposed by Kempster and Parry (2014) and developed by (Sims-Schouten and Barton, 2019) were used here:

1. Explanation of the phenomenon: how care-experienced people and social workers' and affiliated practitioners conceptualise resilience;
2. Description of causal powers and generative mechanisms that produce the phenomenon, i.e. 'resilience', or are a condition for it;
3. Developing theories/concepts to explain how 'real' causal powers shape the participants' perceptions and lived experiences of resilience;
4. Theories are tested against a pragmatic common reference in order to establish if the causal mechanisms make sense. This means testing the theory in reality, to satisfy the central critical realist goal that the theory fits the practice of experience, and in essence means taking the information back to the participants to check whether the causal explanations make sense.

The above was achieved by adopting an iterative dynamic process throughout the research process, leading to the emergence of a number of themes, linked to the data and extant literature, which also involved revisiting the data and questioning initial interpretations (Sims-Schouten and Barton, 2019; Kempster and Parry, 2014). In line with stage 4 and the iterative nature of testing, participants were consulted throughout the analysis of the data, which also involved the retroductive movement of going beyond the data in order to derive generative mechanisms and causal factors that may explain the phenomenon (Sims-Schouten and Barton, 2019). Unlike traditional grounded theory, where there is an expectation to bracket out theory (e.g. see Charmaz, 2006; Glaser and Strauss, 1967), for critical realists theory is perceived as essential to help explore beyond the empirical domain and gain insight into causal powers at play. Thus, CRGT both addresses grounded theory's central premise in relation to observable phenomena/events, as well as CR's focus on 'real' and 'deep' causal factors and powers that are often unobserved.

Resilience through a CRGT lens: key themes

The following themes were established: *‘Having/Building an Ability - ‘Rocky Road’ and ‘Brick Walls’ - Resilience as Resistance - ‘Compliance’*. Applying stages 1-4 of the retroductive argumentation proposed by Kempster and Parry (2014), involved numerous iterations of conceptualisations, testing the theories in practice against a pragmatic common, which led to the extraction of a number of potential causal factors impacting on the themes, namely:

1. Traumatic life experiences – childhood as a formative phase, the role of early relationships, abuse and neglect (Chambers, 2017; Zarse et al., 2019).
2. Protective factors at the individual and familiar level, including self-confidence, self-reflection, self-concept, self-efficacy (Bandura, 1997; Luthar et al., 2000; Masten, 2015; Rutter, 2012).
3. External support systems and institutional structure of social work practice (Foley, 2021; Kingston et al., 2022)
4. Political agenda – causal powers associated with budgets, cuts to services, the place of social care in the wider health care system (National Audit Office, 2021).
5. Marginalisation, discrimination, racism, disadvantage, stigma, bias – leading to unfair treatment (see also Sims-Schouten and Gilbert, 2022; Joseph-Salisbury, 2018)

Structure-agency relationships, including causal powers to do with morphogenesis and morphostasis (the ability of a system to change its form and/or hold its shape), are imbedded in all causal factors above (see also Kempster and Parry, 2014). In the following, we showcase applications of the CRGT tool,

including the causal factors, generative mechanisms, and (literature) frames of reference identified above (Causal factors 1–5).

‘Having/Building an Ability’

It became clear that the care-experienced group and social worker/affiliated practitioner group adopted different tenses in conceptualising ‘resilience’. While both included talk about the past, the care-experienced group then focused largely on the present and the social worker on the future; this will be discussed below. The extract below comes from an interview with a young care leaver (white male, aged 20 years old) who, at the time of the interview, lived in supportive housing with his girlfriend and baby daughter. He had been in care since he was six years old, spending time in residential care homes as well as foster care, and is in regular contact with a social worker, as well as receiving housing support and life skills training through a local charity.

Interviewer: *How do you feel about resilience?*

Interviewee: *Oh that’s quite strong, does that mean like strong? Yeah I haven’t grown to learn cause obviously I wouldn’t say like I’ve had the easiest life so... I’ve learnt how to deal with things, in different ways so... and that. If you grow up in the care system, then there is not much that can scare you. When you’re in that system. Where you’ve got a parental figure and you’ve got nothing like that and people say they’re your parental figure and don’t actually help you.*

In the extract above ‘resilience’ is conceptualised in terms of being ‘strong’ (‘quite strong’), thereby engaging with the common definition of resilience centralising successful traits and positive emotions (Masten 2015; Rutter, 2012). What follows is a slight contradiction, whilst indicating that he hasn’t ‘grown to learn’ because of not having had ‘the easiest life’, he also highlights that there is nothing much that can scare him, due to being in the care system and effectively being led down by the corporate parent, meaning he has become self-reliant. The term ‘corporate parent’ refers to the collective responsibility of the council, elected members, employees, and partner agencies to provide the best

possible care and safeguarding for looked after children and care leavers (DfE, 2018). Research has found that care leavers are more likely than young people in care to give a lower score to the ‘corporate parenting’ they received whilst in care, indicating a greater tendency to be dissatisfied with their corporate parents (Dixon et al., 2015).

Thus, different causal factors come into play in the way ‘resilience’ is conceptualised here. Firstly his (traumatic) life experiences (Causal factor 1), impact his ability to ‘grow’ and become resilient. Second, the support system and corporate parent (Causal factor 3). Third, his own sense of agency and the fact that ‘not much can scare him’ (Causal factor 2). Altogether this means that ‘resilience’ is viewed as something relating to the past (‘I haven’t grown to learn’) and present (‘I’ve learnt how to deal with things, in different ways’). This is different from how the social workers and affiliated practitioners conceptualised ‘resilience’, locating this largely in the past and future, which is evident from the next example.

The extract below comes from a social worker (white female) who supports young care leavers in collaboration with a local family and children’s charity. She refers to resilience as something that she and the charity are helping to ‘build up’. The quote below is in response to a question about the work that they are doing with the young people:

So that is what we do in XX, we might see them once a week, we might see them more often than that... erm we want them to build up some resilience as well so we want them to think about how they might get through challenges in life because for all of us we hit little bumps in the road, we come across difficulties and it’s actually how we deal with those difficulties that makes it a big issue or not. Or not a big issue for us. So it gets us to helping them to think about what are the triggers for them for what they find difficult to deal with in life... and having a bit of thought – while that issue isn’t there. So a bit of a contingency plan about ‘what would you do if’ ... you know those sorts of situations. Erm for those that might be really struggling in those areas of their life particularly if they’ve been through a lot of traumas. That’s the reason they’ve seen themselves into the care system.

Unlike the care leaver above, the social worker conceptualises resilience as something that is in the future, something that needs to be ‘built up’. This is not a surprise, considering that her role is to support the young person to become independent and ‘get through challenges in life’ (Causal factor 3). What is perhaps a little surprising is that there is no mentioning of potential current strengths that can be developed and built upon. Instead, reference is made to past experiences and trauma (Causal factor 1) and how this has inhibited the development of resilience (in relation to ‘triggers’ and ‘struggling in those areas of their life’). Thus, the care system and related support and structures play a mediating role here (Causal factor 3). Within this, building ‘resilience’ is viewed as a ‘bit of contingency plan’ about ‘what would you do if’, embracing a definition of resilience as a dynamic relationship between the individual and the social context suggesting that while there may be certain traits, skills and attitudes associated with resilience, these are also mediated by the environment in which they occur (Rose and Palattiyil, 2020).

‘Rocky Road’ and ‘Brick walls’

Both care-experienced participants and social workers and affiliated professionals addressed the difficulties in relation to developing resilience, describing this in terms of a ‘rocky road’ and ‘brick walls’. Relevant examples are discussed below. The first extract comes from a care leaver (Black female, aged 35) who has been in and out of the care system since she arrived in the UK from the Jamaica as a teenager. Below she provides insight in her life story, as part of her discussion around resilience.

Interviewer: *How do you feel about resilience?*

Interviewee: *Well... my... [uh] its -its been a really rocky road to be honest and it’s been like up and down and all over the place. They moved me. So even though they moved me out of borough, my local – my – my connection was to them so I never had a [name of Local Authority] council social worker. [pause] [um]. So not until they were looking into me, so I had my aftercare worker which was from XX, [um] and she attended the meetings and she was a god-send because she knew me, she – she knew my*

history, she'd, you know, she knew my personality, you know, she knew how much I love my son [um]. She knew that, you know, I'm intelligent, that I'm all these things they – I... It was like when I went in there I was no longer a person, I was just a black female crack cocaine addict that was manipulative, you know. And that – it was like I had no other identity any longer apart from bad mum, black female, crack cocaine addict. Manipulative. That's what people always say about people who have been in care. You know, [um] and [uh] basically, I found that... you know they don't wanna put in place any support. They don't want to help you. They want to sit and judge you and they mirror exactly what's happened and then they turn on you just like our parents have. And they think they know lots of things, they – they think they know wh – what a child in care is. They think we're manipulative. No, we're not we've just had to grow up way too quickly.

In the extract above the participant highlights that she possesses all the successful traits and positive emotions of a resilient person (see also Masten, 2015; Rutter, 2012), i.e. 'personality', 'intelligence' and 'love' (in this case for her son), and subsequently explains that the 'rocky road' that represents her resilience is located in the lack of support that she has received in her life. Here, direct links can be seen between her personal situation, abilities and agency and the external support system, which has been variable (Causal factors 3). It is well documented that voices from Black, Asian and minority ethnic communities are underrepresented in resilience practice and research (Sims-Schouten and Gilbert, 2022; Joseph-Salisbury, 2018; Rhamie, 2012). Here, the danger is that through discrimination and flawed perceptions and interpretations of resilience and 'othering', members from ethnic minority communities are defined as lacking and in need of resilience support (Causal factor 5). 'Othering' is achieved through three distinct representational pathways, namely through representational absence, through representations of difference, and through representations of threat (Chauhan and Foster, 2014). This 'othering' is also evident from this participant's reference to being perceived as 'just a black female crack cocaine addict that was manipulative' and 'I had no other identity any longer apart from bad mum, black female, crack cocaine addict'. Moreover, the fact that her traumatic life experiences (Causal factor 1) also fuel her issues around being resilient in the past and in the here and now is evident from her reference to 'they mirror exactly what's happened and then they turn on you just like our parents have'.

The next extract comes from a former social worker who is currently manager of a homeless charity (white male), working with vulnerable adults (mostly care-experienced) who also receive support through social services.

Interviewer: *How do you support your clients, for example when it comes to resilience?*

Interviewee: *They've come to meet you and can be a bit difficult at times especially if their life's been really chaotic. But we definitely try and understand a bit more and where mental health is concerned, it's having that empathy, I think, is the key thing really. You know, sometimes they've come up against a lot of brick walls because people see them as aggressive and unreasonable because they see them as a 50 plus person and they should be able to rationalise and control themselves in this meeting. But being able to have that empathy and, you know, a piece of work with certain clients sometimes is about us doing some work before they go to an appointment like that. So, you know, liaising with the person they're going to be meeting with to say, you know, these types of things can cause triggers in a meeting.*

In the extract above, instead of equating negative emotions, such as being 'aggressive' and 'unreasonable' with lack of resilience, this participant externalises this by referring to this in terms of 'brick walls' and the fact the problem is located outside the person, namely by how care-experienced people are viewed in society. By doing so, he directly engages with and problematises the 'othering' that the care-experienced person in the previous extract encountered as well. Instead, he highlights that this brick wall to an extent functions to stigmatise the care-experienced person as less capable than others (Causal factor 5), whilst in reality it is their traumatic life experiences and lack of protective factors that have put them in this position (Causal factors 1,2).

'Resilience as Resistance'

The participant below is a care-experienced person in her late thirties (white, female), who has a mixed-race teenage daughter. This participant was taken into care when she was a teenager herself and has since had regular contact with social workers and social services. Below she explains how what she perceives

as being resilient in light of being let down, namely by addressing things head on, is dismissed as bad behaviour and aggression.

***Interviewer:** What do you feel about resilience and your resilience here in light of what you told me?*

***Interviewee:** So [um] I tried to bring that up and say that, "that was a bit wrong". I told the social worker at the time. Nobody would help me, they just sort of ignored it. I think because of my life, and maybe the way I look, and I think that they think I'm more [um] aggressive than I am. Which I find quite odd. I had three different social workers in the time they were working with me, because they kept leaving. They wouldn't talk to me and let me know if they...that they were leaving, or nobody would. I'm...I don't cope well with change, or I don't like it when people don't turn up. And I mean, I know we're all human, that things happen and stuff, but I don't think they should be letting us down really.*

Resilience is generally defined in terms of positive emotions and successful traits, that is not to say that other meanings of 'resilience' have not been debated. For example, researching the experiences of young people on a housing estate in Sydney, Bottrell (2009) conceptualises resistance as the mediating process of resilience targeted at challenging adversity. At the same time, Ungar (2004) highlights that 'problem behaviours' may well be hidden pathways to resilience. The 'problem behaviours/issues' that the participant above highlights in relation to herself, namely confronting social workers with 'that was a bit wrong', 'the way I look' and 'they think I'm more aggressive than I am' could be viewed as a pathway of resilience, in the form of resistance. This is not recognised as such, and instead, she feels ignored and unsupported by a high turnover of social workers. While the first highlights issues around being stigmatised and labelled (Causal factor 5), the latter can also be viewed as structural issues in relation to budget cuts and the place of social work/care in the wider health system resulting in a high staff turnover (Causal factor 4).

The notion of resistance as a pathway of resilience was also mentioned by social workers and affiliated professionals, which can be seen from the extract below, which comes from a social worker (white female) who is working with young care leavers aged 16-25 years old.

Interviewer: *What about pathways to resilience in this context?*

Interviewee: *Yeah and if you think about it that's probably a learnt reaction for the young people because if you are constantly moving from carer to carer or situation, actually that is going to hurt. So you kind of kick back to say, you're not going to hurt me I'm not going to let you so I'm going to be awkward and it becomes a sort of self-fulfilling prophecy around moving foster carers because they're gonna say oh, I'm gunna make sure you can't cope with me. So I'll decide that you're not having me here and that way it is not gunna hurt me. So some of them do build up that kind of resistance pattern so it is no surprise really that with their social worker they're going to do the same. You know, I'm gunna push you away...*

This participant defines resilience in terms of agency, adaptation, resistance and survival. In definitions of resilience causal dynamics stimulated by the structure-agency relationship, as well as the external support system and protective factors at the societal level (Causal factors 2 and 3) play a significant role. It is here that the value of resistance, as a pathway to resilience, contributes to social justice by redefining marginalised and disadvantaged individuals as people endeavouring to overcome adversity (Bottrell, 2009). A focus on agency and structure is important here, with agency reflecting the power that individuals exercise over their lives and social environment, and structure the macro systems that constrain the choices and opportunities of individuals (Causal factor 4).

'Compliance'

Even though resistance was viewed as a valid pathway to resilience by some care-experienced people and social workers and affiliated professionals, there was also a strong focus on the 'positive emotions' and 'successful traits' that dominant common definitions of resilience. Centralising positive behaviour and emotions, such as in relation to being 'calm' and patient, can also be viewed as positioning the person involved as compliant, which will be discussed below. The first extract comes from a young care leaver (white female, aged 19 years old), who discusses her resilience (present tense) in relation to the support that she has received from her social worker, something that has made her more independent.

Interviewer: *What about your resilience?*

Interviewee: *Yeah, made me more independent, more, calmer and a little bit more patient I guess. [Laughs]. I never used to be patient. I used to be Miss. Bossy boots, everything had to be my way. But yeah, in a way they helped me you know to be patient like to be confident. I mean confidence is not all there, but I never used to be confident when on the phone speaking to people but now I am completely confident, I can speak to somebody, yeah.*

Here, resilience is equated to being ‘more calm’, ‘more patient’ and ‘confident’, all positive traits and emotions linked to popular definitions of resilience (Masten, 2015; Rutter, 2012). The participant makes direct reference to protective factors at the individual and societal level as playing a mediating role here (Causal factor 2). By developing a sense of self-confidence and self-efficacy this participant is not only showing herself to be more resilient in the here and now, she has also become more compliant and is no longer ‘Miss Bossy boots’, with everything having to be her own way.

The latter is taken further by a social worker (white female), who like some of the social workers earlier on, refers to resilience as something in the future, namely ‘building up an ability’; in this case this ability is centred around compliance, and ‘think about it in a calmer way’.

Interviewer: *What about resilience in this context?*

Interviewee: *But for the resilience I think a lot of it is the talking through with them getting them to reflect on situations getting them to think while the situation is not there... what they would do, in a given situation so rather than waiting for it to be happening. Get them to think about it hypothetically so that they can think about it in a calmer way but acknowledging what things trigger you not to be able to do that in the same situation. So what would stop you, so what can we do about that to minimise that? And even sometimes having a little plan, so having a little script. So if it is that phoning up about some debts is something you just go to pieces about or you become angry about cause they’re asking loads of questions and cause you don’t wanna talk about it you become really angry and you put the phone down. You might be sitting down and writing a script of – what could you say? What could you do? So if you start to feel angry... what could you do? What could you say? Could you phone them back? Could you ask them to phone you back could you go and put the kettle on could you, have you got a friend that could sit with you that’s really keeping you calm? Is there a particular piece of music that you might listen to... and having that script of what to say? So they might listen to the worker do it first? They might have a go with the worker sat there and then leave them with what worked for them so that next time they could have a go again. So it’s kind of building up, it’s that building up to be able to cope with things yourself.*

In a care system that is dominated by budget cuts, which is exacerbated by the Covid-19 pandemic (National Audit Office, 2021), and as Beddoe (2010, p. 1292) argues 'hovers in uncomfortable places, always caught between transformative aspirations and bureaucratic constraints', it perhaps should not come as a surprise that 'compliance' is embraced as a way forward. This highlights the mediating power and dynamics of current political agendas (Causal factor 4), and the need for the person to 'cope with things yourself' and ultimately become self-reliant and self-responsible. Above this is described in terms of minimising triggers, writing a script and keeping calm.

Discussion

This article focused on how resilience and related needs of care-experienced people are conceptualised by social workers and affiliated practitioners and the care-experienced people themselves. Critical Realist Grounded Theory is helpful here, as it highlights how the world is differentiated and stratified and that in order to make sense of social life, we must engage with and understand the interplay between human agency (meaning-making, motivations) and social structures (enduring patterns, social rules/norms/laws) (Sims-Schouten and Barton, 2019; Bhaskar, 1989). Within this causal or generative powers are key, which are regarded as necessary tendencies of agents, social objects and structures, that may or may not be activated depending on conditions. Defining resilience in a social work context, using CRGT, thus means taking account of multifaceted and interactive effects of personal, material, institutional and political factors as causal factors and generative mechanisms, as well as how resilience is conceptualized through the language used.

Drawing on the four stages of retroductive argumentation proposed by Kempster and Parry (2014) and developed by us elsewhere (Sims-Schouten and Barton, 2019), we identified a number of key themes,

namely 'Having/Building an Ability - 'Rocky Road and 'Brick Walls' - Resilience as Resistance - 'Compliance', as well as causal factors impacting upon the themes (such as traumatic life experiences, protective factors, external support systems, political agendas, structure-agency relationships and stigma, discrimination and marginalisation). Through retroduction and abductive logic, an explanation of 'resilience' in a social work context was generated, identifying and applying the underlying causal powers and generative mechanisms. For example, traumatic life experiences, protective factors and external support, as well structure-agency relationships played a role in how care-experienced participants and the social worker/affiliated practitioner group conceptualised resilience as 'having/building an ability'. Here the care-experienced group largely focused on the present ('having an ability'), whereas the social worker group focussed on the future ('building an ability'). The latter can perhaps be explained by the very nature of the social worker involvement and the 'corporate parent model', representing the collective responsibility of the council, elected members, employees, and partner agencies to provide the best possible care and safeguarding for looked after children and care leavers - although this should not negate the fact that care-experienced people have resilience, regardless. In addition to this, causal factors associated with stigmatising, marginalization and discrimination played a role in the theme 'rocky road/brick walls', highlighting gaps in research and practice and a need to engage with voices of members of a range of diverse communities (see also Sims-Schouten and Gilbert, 2022; Joseph-Salisbury, 2018). Causal factors associated with political agendas, budget cuts and the place of social work in the wider health care system can be seen to be at play in the theme 'Resistance as Resilience', in addition to protective factors, external support and structure-agency relationships. Finally, the theme 'compliance' was viewed in light of causal factors associated with self-confidence and self-efficacy as protective factors (care-experienced group) and political agendas (social work/affiliated practitioner group).

Applying CRGT, this study shows how deeply embedded structures and practices can be made sense of light of the stratified non-linear dynamics of embodied experiences, material/institutional forces and social relationships, that co-constitute subjectivity, as well as having an ongoing influence on body-brain systems (Sims-Schouten and Riley, 2014; Houston, 2010). This also involves critically engaging with distorted perceptions, tainted by bias and misconceptions, and naïve realism (i.e. the notion that aspects of reality can be measured in a non-problematic way). CRGT thus highlights how multiple causal mechanisms, including interpretations of situations by individuals (in this case care-experienced individuals and social workers) interact and generate meaning in relation to process and outcomes of resilience. At the same time, the implicit warning for CRGT (as with GT) is not to stray too far away from objectivity when making sense of phenomena and resultant theory (Kempster and Parry, 2014). By exploring causal mechanisms as contextual and generative in a social context that is materially and institutionally structured (referring to the physical nature of the world, as well as government bodies) and embodied (e.g. physical/mental experiences) (Sims-Schouten and Riley, 2014; 2019), CRGT provides a systematic method/approach for engaging with objectivity. The latter, namely the systematic method presented here, also provides a way forward regarding another warning or criticism, namely in relation to a clash in epistemologies between CR and GT. Taking CR's primacy of ontology as the starting point, with GT's epistemology forming the method our CRGT framework provides ways to take seriously the powers and mechanisms at play in care-experienced individual's and social workers' interpretation of resilience (Sims-Schouten and Barton, 2019; Houston, 2010). However, it should be noted that this also involves making sense of how social workers/affiliated practitioners negotiate resilience in their own lives, something that was not part of this study; see Rose and Palattiyil (2020) for a study on emotional resilience of social workers.

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