

Resilience and Psychosocial Wellbeing for the Holistic Development of Vulnerable Children: A Review

Dr. Sadguna Karri¹, Dr. T. Tripura Sundari²

¹Assistant News Editor, Doordarshan, Vijayawada

²Professor, Sri Padmavati Women's University

Abstract

The development of resilience and psychosocial wellbeing in vulnerable children is crucial for their holistic development. This review synthesizes current research on the factors influencing resilience and psychosocial wellbeing, interventions, and best practices to support vulnerable children. It examines the role of family, community, education, and policy in fostering resilience and outlines future research directions. The findings underscore the importance of a multi-faceted approach in promoting the holistic development of vulnerable children.

Keywords: Vulnerable Children, Resilience, Social Wellbeing, Supporting Systems, Parental care

Background

Vulnerable children, including those affected by poverty, trauma, abuse, and neglect, face significant challenges that impact their development. Resilience, defined as the ability to adapt and thrive despite adversity, and psychosocial wellbeing, encompassing emotional, social, and psychological health, are critical components of holistic development. Understanding the interplay between these factors and identifying effective strategies to support vulnerable children is essential.

Objective

This review aims to consolidate existing literature on resilience and psychosocial wellbeing in vulnerable children, highlighting key determinants, successful interventions, and implications for practice and policy.

Introduction:

Children are valuable assets for the sustenance and development of any society, and all children have the right to enjoy the care and protection essential for their wellbeing without discrimination. According to the UN Convention on the Rights of Children (UNCRC, 1989), a 'child' is any human being below 18 years. The convention provides a legal frame for realizing protection, basic needs and psychosocial wellbeing that every child is entitled to without discrimination.

Children deserve the highest priority in the national realization of Fundamental Rights. However, many children still lack stable homes and families offering proper care and protection. Often, children living under such circumstances fall prey to vulnerable situations like deprivation, exploitation, abuse and violence. Children's disabilities (physical/mental), powerlessness, illness, defenselessness, and passivity

are other factors amplifying their risks of vulnerability. There is a corresponding relationship between vulnerability in childhood (including abuse and neglect, exposure to domestic violence, parental substance misuse and mental health) and levels of violence, antisocial behavior, mental health problems, academic failure, economic underperformance, and lower physical health in adulthood (Felitti & Anda, 2009).

The Situation of Vulnerable Children

Adverse and painful childhood experiences can interrupt psychosocial wellbeing affecting children's developmental pace and social functionality. The children who fall prey to abuse and trauma develop low self-esteem and difficulty mingling and adjusting to society. Vulnerability is "the capacity to be wounded" (Patterson, 2013). Children are more vulnerable as they are at higher risk for exploitation and neglect, considering their age and incompetence for self-protection. Younger children are more dependent on others for their protection and developmental needs.

Vulnerability leads to adopting negative behaviors under high-risk conditions (Zimmerman & Arunkumar, 1994). Prominent causes of child vulnerability include poverty, single parenting, sickness, complex relations, family disputes/violence, frequent migration, parental alcoholism, substance abuse, social discrimination, and isolation. A child needs unconditional positive regard, empathy, acceptance and understanding from others to develop an integrated personality. The various factors influencing resilience and psychosocial wellbeing among vulnerable children are challenging to isolate, define, and quantify.

Family and Supporting Systems

Parents and primary caregivers altogether form a support system essential for child development. They play a vital role in providing self-esteem, spiritual growth, material wellbeing, and education (Piko et al., 2013). Parental death often leads to the loss of social structure and social ties necessary for children's development and mental health (Cluver et al., 2009). After parental death or separation from family, children's overt behavior may not reflect their agony or actual mental state. Their psychological reactions may become apparent only after months or years later after such a mishap. Consequently, the link between stressful events and corresponding responses remains unrecognized.

Research establishes the negative effect of lack of social support on mental health (e.g., Piko et al., 2013). Family offers care and the fundamental shield of protection to children, and the absence of even a single parent or orphanhood develops vulnerability. Such situations lead to psychological problems in children. They may withdraw from society and suffer feelings of guilt, depression, aggression, and disturbances in eating, sleeping and learning patterns (Chipungu and Bent-Goodley, 2004). Children strive for shelter, food, health, education, and other basic needs in dysfunctional families.

Parental distress also negatively impacts the wellbeing of children. Sudden and substantial changes in daily life, and abrupt separation from family, friends, and familiar places ignite children's wellbeing risks. There is ample evidence that children from dysfunctional families whose parents' have disturbed psychosocial status display higher risk rates of psychopathology than those living in healthy and normal families (Heyman et al., 2009).

Cognitive, emotional, physical and social skills build up throughout human life. As children grow and mature, their needs, abilities, interests and challenges change (Brazelton et al., 2000). A child's wellbeing and healthy development requires concrete and responsive social support systems, from the family to the societal levels, to meet the age-appropriate developmental needs of the children. Children living in normal conditions may not require additional psychosocial support to fulfil their developmental needs. Where

family support is ruptured or broken, the state must look after their care and wellbeing. In these circumstances, vulnerable children fall under the purview of the Juvenile Justice (JJ) System.

The Juvenile Justice Act (2015) of India specifies care procedures for children in need of care and protection and delinquent children. Non-Governmental Organizations (NGOs) play a significant role in offering care services to these vulnerable children. Their initiatives are substantial for vulnerable children's psychosocial wellbeing. The NGOs can expand awareness of vulnerable children's wellbeing issues with their networks and contacts. They serve as platforms for researching vulnerability issues in different settings and advocating measures to facilitate the best resilience and psychosocial wellbeing practices at local, national, and international levels.

Factors Developing Vulnerability

Vulnerable children are not homogenous as the nature and factors causing such vulnerability are different. Likewise, a single contributing factor does not lead to child vulnerability but the interaction of several over time. Age, disability, mental health issues, impoverishment, deprivation, parental health and education, family violence, maltreatment, and discriminating environments often contribute to vulnerability.

Childhood vulnerability is multidimensional (Roelen et al., 2012) involving material, social and emotional needs. Material needs include home/shelter to live, nutrition, health care, education and financial resources. While social conditions comprise aspects like mentoring, support and social networks, emotional needs primarily include care and love (Lerner & Trivedi, 2013). Children's psychosocial needs are often neglected because of the complication in assimilating their psychological reactions. Caregivers and stakeholders lack a proper understanding of the socialization process and mostly overlook vulnerable children's social needs.

Vulnerability and Wellbeing

Previous studies revealed that vulnerable children display more emotional, psychological, and physical problems than typical peers. Adverse life experiences in childhood have both short and long-term effects on health and wellbeing. The results are grim when adversities are enduring, cumulative, or occurring during sensitive periods in the early developing phase (Masten & Barnes, 2018).

Vulnerable persons poorly adjust to stressors and express inappropriate responses, while resilient persons can distinguish the adversity as less stressful and practice adaptive physiological and psychological responses (Franklin et al., 2012). Active coping strategies involve optimism and positive secondary appraisal to deal with a challenge, face fears, participate in problem-solving and seek social support. These can produce long-term resilience. Active coping is associated with resiliency, and passive coping is associated with vulnerability (Wood & Bhatnagar, 2015).

UNICEF describes child wellbeing as fulfilling basic needs, addressing age-appropriate physical, intellectual, emotional and developmental needs, upholding positive and supportive social relationships and enhancing resilience. The concept of wellbeing is complex as it varies from individual to individual in different contexts. It encompasses several other mutually linked psychosocial factors, from needs fulfilment to happiness and resilience. Wellbeing is holistic health in all dimensions, i.e., physical, cognitive, emotional, social, psychological and spiritual. Participating in a meaningful social role, feeling happy and hopeful, having positive social relations and a supportive environment, coping with challenges

through appropriate life skills, and having security, protection, and access to quality services contribute to wellbeing.

Significance of Resilience and Psychosocial Wellbeing

Several factors adjust the harmful effects of adverse life situations. Resilience is such a positive development in the face of adversity. Noble and McGrath (2005) defend resilience as an ability to bounce back after confronting difficulties, adverse events, hardships, and returning to the original state of emotional wellbeing. Despite exposure to significant adversity, resilience enables good mental health and development (Luther et al., 2000). Resilience is a process that promotes life skills and meaning, perseverance and self-confidence to face the future and may result in greater wellbeing in young people (Daining & DePanfilis, 2007). Resilient people can prevent depressive or suicidal instincts and maintain emotional wellbeing in dire life situations. Conway and McDonough (2007) defined "emotional resilience" as the ability to generate positive emotions and recover rapidly from negative emotional experiences. Individual resilience refers to successfully adapting to or recovering from stressful and traumatic experiences (Crawford, Wright & Masten, 2005).

Self-efficacy, optimistic and facilitative thinking, and enduring success-oriented futuristic actions are fundamental skills for building resilience. Resilience insulates against depression, anxiety and other negative emotions (Wagnild, 2010). There is a strong association between withered resilience and psychological symptoms such as anxiety and depression (Hjemdal et al., 2011). Resilient children are more likely to cope with life's adversities. Adolescents with higher levels of resilience demonstrate happiness, greater wellbeing, social involvement, self-control, balance, and self-esteem (Munson and McMillen, 2009).

Determinants of Resilience

Resilience includes a host of biological, psychological, social, and cultural factors that interact to determine an individual's response to stressful experiences. It is a dynamic process encircling personal strengths, external resources and larger support systems that capacitate surviving crises and adverse situations (Masten and Wright, 2010). Resilience building among vulnerable children involves enhancing life skills and capacity and improving the surrounding environments. An individual's response and interaction with various social-ecological systems channelize adjustments establishing the interactive nature of resilience (Ungar, Ghazinour, & Richter, 2013).

Resilience is critically associated with interpersonal relationships and social interaction and turnaround over time as a function of development and interaction with the environment (Kim-Cohen & Turkewitz, 2012). Therefore, focusing on approaches that target children and their environment is strongly recommended to build children's resilience. Positive social relationships bring about adjustment to stress and adversity (Solomon & Laufer, 2004). A child who cannot make friends or freely interact with others may have problems asking for help when the need arises. Non-resilient children maintain higher peer problems (Bowen, 2015). Peer support collaborates with higher social connection scores (Olowokere & Okanlawon, 2014).

Vulnerable children can accomplish many positive behaviors and actions with resilience. Internal strengths furthering resilience include proper cognitive functioning, fruitful social relationships, and the capacity to self-regulate. Abled caregivers, friendships, support networks, and constructive schooling are the external influences promoting resilience (Alvord & Grados, 2005). Resilience can be learned and strengthened

with proper interventions. Resilience insulates against depression, anxiety and other negative emotions (Wagnild, 2010). Previous studies suggest that resilience training reduces depression symptoms among young children (Wagnild, 2010). It is fundamental to remember that given an adequate and facilitative environment, people have the capacity for positive change and develop at least some resilience characteristics throughout their lives (Blum, McNeely, & Nonnemaker, 2002).

Resilience is innate potential that can be developed with the help of appropriate interventions. While participating in interventions, children can strengthen resilience and overcome psychosocial suffering. Resiliency depends on multiple individual factors that change over time (Franke, 2014). Previous research establishes the individual's capacity to react positively to physiological, psychological or social threats in the surrounding environment as the most outstanding resiliency feature (Beutel et al., 2017).

Resilience and Wellbeing

The concepts of resilience and wellbeing assume a reciprocal yet distant nature. Resilience contributes to wellbeing. It is essential in preventing and lessening mental health issues. Resilience processes may lead to developing a more positive image about self and others and building a more secure emotional structure, allowing greater wellbeing.

Children who think of adverse events as temporary rather than permanent tend to be more resilient (Seligman, 2002) and higher levels of wellbeing serve as an antecedent of resilience (Kuntz, Näswall, & Malinen, 2016). Children with a greater sense of relatedness are less vulnerable to detrimental outcomes and more resilient while confronting adversities in life (Prince-Embury, 2013). Resilient people are usually optimistic and have good relationships (Newman, 2005). Positive emotions instigate greater resilience enabling flexible thinking and adaptive coping, which helps maintain good social relationships. Resilience correlates with positive mental health indicators, such as life satisfaction and subjective wellbeing. There exists a moderate and positive correlation between resilience and subject wellbeing (Tomyn and Weinberg, 2016). Positive emotions provide an essential function in strengthening the ability of resilient individuals to resolve stressful encounters (Tugade et al., 2004).

Resilience affiliates with other psychological resources, such as life satisfaction, tranquility and optimism. People with higher resilience scores possess positive emotions and experience better moods most of the time. They are more likely to find positive meaning in problems and reduce stress levels (Newman, 2005). Resilience instigated positive life satisfaction outcomes in young adults who suffered trauma in childhood (Vitale, 2015).

Resilience and positive emotions display mutual influence (Smith, 2009). Extensive work reveals that positive emotions promote resilience (Ong, Zautra, & Reid, 2010). Optimistic individuals are more resilient as they deal with situations expecting better outcomes and get more positive responses (Wood, Harms, & Vazire, 2010). Waugh and Koster (2015) studied positivity training interventions to boost wellbeing, positive emotions and resilience had favorable consequences on depression.

Several interventional studies evidenced that resilience training improves mental health status. Resilience-focused interventions using a cognitive-behavioral therapy-based approach are significant relative to control in reducing depressive and anxiety symptoms for children and adolescents (Dray et al., 2017). Positivity training interventions directed at increasing wellbeing, positive emotions and resilience had beneficial effects on depression (Waugh and Koster, 2015). Resilience-training programs have utilized several different approaches for increasing resilience at the individual level (Yost, 2016). These include

the embodiment of a growth mindset, reflective practice, meditation, coping skills training, and providing social support.

There is growing support for resilience-oriented initiations in child welfare. Gilligan (1997) considers resilience as the quality of comforting a vulnerable child from the worst effects of adversity and serving to cope, survive, and even flourish in the face of great hurt and disadvantage. Resilience plays a vital role in psychological wellbeing (Carver et al., 2010). Resilient children with their skills, resources, friendship and support networks are more likely to resolve personal problems and challenging events.

Components of Psychosocial Wellbeing

Psychosocial refers to a complementary relationship between psychological and social factors. Wellbeing consists of physical, cognitive, emotional, social and spiritual dimensions, referring to holistic health. Longitudinal research revealed that receiving social support is an antecedent of wellbeing (Elder, 1998). "Psychosocial wellbeing" is a superordinate construct consisting of emotional or psychological wellbeing and social and collective wellbeing (Martikainen, P., 2002).

Access to necessities, feeling safe, developing emotional bonds with trusted adults and participating in meaningful social roles contribute to wellbeing. Sensing happiness and hoping for positive social and learning experiences in a supportive environment creates healthy coping mechanisms. Psychological wellbeing includes being independent, solving problems, balancing emotions, being empathetic, resilient, and attentive. Studies reveal that victimization, domestic violence, child abuse and parental divorce/mental illness/ drug use reduce children's subjective wellbeing.

INEE describes 'psychosocial' embodying the close connection between psychological aspects of self (e.g., thoughts, emotions, and behavior) and extensive social experience (e.g., relationships, traditions and culture). Mental disorders requiring clinical treatment involve severe psychosocial hardships. Children face difficulty administering thoughts and feelings, preserving relationships, and functioning in expected social roles. Nevertheless, many psychosocial problems may not require clinical interventions but reflect several root causes, including dire poverty, stigmatization, and inability to fulfil social roles.

Psychosocial wellbeing implies the interconnection between psychological (emotions, thoughts, behaviors and coping strategies) and social sub-components (interpersonal relationships, social roles, norms, values, traditions and community life) that contribute to the overall wellbeing. Psychological and social segments continually interact and influence each other as psychological development, and social adjustment contribute to psychosocial wellbeing.

Woodhead (2004) proposed five domains of psychosocial wellbeing. They are cognitive and cultural competencies; personal security, social integration and social competence; personal identity and valuation; personal agency; emotional and somatic wellbeing expressions. There is substantial evidence that development in the social and emotional arena during the early years influences children's health, wellbeing and capacities on all accounts of the life cycles (Denham, 2006). Exposures pampering curiosity, self-confidence, engagement and satisfying mutual relationships enhance self-esteem and the process of socialization.

Psychosocial Wellbeing and Positive Relations

Positive psychological development and relating to a social environment are fundamental for psychosocial wellbeing. Positive social relationships promote adjustment to stress and adversity (Solomon & Laufer, 2004). The accomplishment of psychosocial wellbeing is possible when individuals, families and

communities evolve cognitive, emotional, and spiritual stability enabling positive social relationships. Positive psychosocial wellbeing counts on emotional state and social connections that are healthy and adaptive. On the other hand, poor psychosocial wellbeing crops up when they are predominantly negative, unhealthy, or maladaptive (Gilborn et al., 2006). Impaired psychosocial functioning and adjustment are related to emotional problems, such as anxiety and depression.

Children require a social connection to relate to a group. Their local and ethnic identity should get consideration while developing activities. They strengthen a sense of belongingness and reinforcement among children, ultimately improving social connection, adjustment to stress and positive outcomes for individual health and wellbeing (Spellerberg, 2001). Peer relationships benefit a child's psychosocial adjustment and total wellbeing (Domitrovich et al., 2017). Friendships are essential for wellbeing, developing social skills, and sharing everyday hardships with others. Relationships with peers' guard children from social isolation escalating their problem-solving skills and empathetic qualities. They should be encouraged to work with peers, involving in group activities. Activities including dialogue, drama, group problem solving, and role play enable children to interact with other peers. Children can share their knowledge and experiences in peer circles.

Implications of Psychosocial Support on Child Development

"Psycho-social" is a mutually dynamic interaction between psychological and social effects. A child's psychosocial wellbeing is the "balance" between mental statements and environmental wellbeing, ensuring total growth and development. It induces full potential. The process of social integration and connecting to the social arena must consider children's full-fledged development. The governments and NGOs are more concerned about mobilising basic needs, such as food, shelter, and amenities. However, overlooking the crucial elements of psychosocial support compromises mental and emotional development (Snider, 2005).

Vulnerable children's psychosocial needs are often neglected because of the complication in assimilating their psychological reactions. Most orphans remain exposed to psychosocial distress affecting their functioning in society in the long term. Children exposed to abuse, conflict, discrimination or other adversity may also require psychosocial support. It aims at the age and stage-appropriate interventions to support children's physical, social, and psychological development, incorporating their natural abilities and social and material environments (Richter et al., 2006). Psychosocial support is the intensity of care and support services that impact children's individual and social settings. This process contains care and support delivered by caregivers, family members, friends, neighbors, teachers, health workers, and the community. Parents and stakeholders lack a proper understanding of the socialization process and mostly overlook children's social needs.

Stable nurturing, strong relationships, unconditional love, tolerance and acceptance are essential while offering psychosocial support. The institutions should consider specialized psychological and social services for children who need such interventions. Social support has varying consequences on psychosocial wellbeing from various sources (Zhao et al., 2011). Assessing the children's psychosocial wellbeing enables understanding the integration of cognitive, emotional, physical and behavioral components based on the situation.

Understanding Resilience and Psychosocial Wellbeing

Empirical evidence supports the assertion that the absence of disorder alone does not signify wellbeing

(Stewart-Brown, 2016). It involves a positive self-image and self-esteem, and resilience directly relates to wellbeing, reflecting an individual's ability to cope and adapt. Psychologists describe resilience as adapting well to adversity, trauma, tragedy, threats, or stressful situations. It can also involve eminent personal growth (APA, 2020). Psychosocial wellbeing is a multidimensional construct comprising psychological, social, and subjective elements that accounts for individuals' functionality in realizing their true potential (Kumar C., 2020).

Shephard, Reynolds and Moran (2010) conducted phenomenological research on adolescent girls to investigate the inter-subjective meanings generating resilience. It comprises adolescents' descriptions of the adverse chain of events. The researchers asked the girls to narrate notable moments followed by short and longer-term, multifaceted recovery strategies. The participants acknowledged assimilating new perspectives on their adverse situations. They felt emotional comfort, eliciting cognitive reappraisals and improving peer relationships. The girls considered resilient activities as regular, providing temporary relief from distress. They developed new insights about self and could create psychological distance from the adversity by visualizing progress in education. Nevertheless, they also reported carrying some regrets along with their positive achievements. While navigating adversity, they understood themselves more legibly, felt high compassion and resilience, and could count as better role models.

In child development, resilience relies on physical and cognitive results. Aisha Yousafzai et al. (2013) studied comprehensive pathways to care. They suggested policies facilitating caregiver-child interactions that enhance wellbeing in the long run. The study results identify early childhood interventions as resilience-building pathways of care. The researchers found that nutritional and cognitive deficiencies negatively impact brain architecture, learning ability, social behavior, and health. They suggested the deciding timings for interventions when rapid brain development occurs, i.e., the early thousand days of a child's life.

Dante Cicchetti (2013) reviewed the resilient functioning pathways among children exposed to abuse and neglect in care setups. Research on resilient functioning provides a vital understanding of neurobiological and psychological development pathways and modification of mechanisms. The study explicates resilience as a multidimensional construct requiring longitudinal investigation, multiple-level analysis, and greater specificity regarding experiences of care or maltreatment across developmental domains. It embodies the incredible complexity of body and brain interaction across diverse environments.

Mota, C. P. & Matos, P. M. (2015) analyzed the relationship between significant figures' (teachers, school and institution staff) resilience and wellbeing. The sample consisted of 246 Portuguese adolescents, aged 12–18, of both genders residing in institutions. Using structural equation modelling, the researchers attempted to test the mediational role of resilience in improving quality relationships with significant figures and wellbeing. Results illustrated the importance of a haven and secure base offered by significant figures for adaptation and development. They also verified the importance of equipping caregivers and other significant adults to consider the issues of adolescents in care structure. The study suggests investing in the development of caregivers' competencies and attitudes.

K.S. Leventhal et al. (2015) conducted a randomized controlled trial of a 5-month resilience-based program (Girls First Resilience Curriculum or R.C.) in Bihar, India. The researcher collected data from the rural adolescent girls (sample size of 2308) studying at 57 government schools. Local educated women (at least a 10th grade) were engaged as group facilitators. The results show that girls indulged in R.C. displayed better improvements in emotional resilience, self-efficacy, social-emotional assets,

psychological wellbeing, and social wellbeing. They suggest that girls in high-poverty in rural schools can enhance psychosocial assets and wellbeing while attending a brief school-day program.

Saraswat, Abhishek & Unisa, and Sayeed (2017) examined the psychosocial distress and corresponding coping mechanisms by conducting a qualitative study among the orphans and vulnerable children residing at institutions in New Delhi, India. The findings revealed psychological distress and reduced social cognition among OVC. Though children were happy about fulfilling basic needs, they suffered parental bereavement and yearned for love. Isolation from the external world developed feelings of distress, mistrust, stigmatization, and social exclusion. Some children also reported indulging in self-discrimination, substance abuse, and delinquency. They displayed low self-concept and a lack of purpose in life, wanting advocacy and guidance.

They adopted coping strategies including praying to God, forgetting parents, considering inmates as families, staying away from crowded places, and shifting focus. The research findings revealed that the ongoing programs in those institutions only focused on the materialistic needs of OVC and could not offer the required psychosocial support. Besides quality services, they advocated for innovative interventions to identify and address psychological issues, develop social skills, and improve coping strategies to build resilience among OVC.

Kaur R. et al. (2018) conducted a descriptive study on the behavioral and emotional problems of 292 orphans and OVCA at institutional homes in Visakhapatnam, Andhra Pradesh. The researchers employed a semi-structured questionnaire to collect the sociodemographic data and a Strengths and Difficulties Questionnaire (SDQ) with an impact supplement to assess behavioral and emotional problems. Age, sex, care joining age, stay duration, and reason for such institutionalization were all significantly correlated ($P < 0.05$) considering children's emotional and behavioral issues. They displayed conduct problems (34.90%), peer problems (15.80%), emotional problems (14.70%), hyperactivity (8.60%), and low prosocial behavior (3.40%). The study revealed that the adolescents, either abandoned or having a shorter stay in the institutions, increased the risk of psychological morbidity.

The researchers advised institutions to conduct regular screening to identify conduct, emotional, hyperactivity, and peer problems. They also suggest conducting several multicenter studies among orphans and OVCA staying in institutional homes to arrive at a comprehensive understanding of the emotional and behavioral problems. Furthermore, the study supports designing and implementing specific and timely interventional measures to prevent the damaging effect of these psychological problems on the development of children.

Huynh H. V. et al. (2019) studied child psychosocial wellbeing across "high" and "low" levels of quality of care. The study comprised 36-month follow-up data from the Positive Outcomes for Orphans (POFO) study. It used 2,013 (923 institution- and 1,090 community-based) sample populations from Cambodia, India (Hyderabad and Nagaland), Kenya, Tanzania, and Ethiopia. The researchers used hierarchical linear regression analyses to test the significant effects of the components of quality of care on child psychosocial wellbeing while controlling for demographic factors.

The results displayed minute differences between residential- and community-based care settings, which were primarily negligible, suggesting care quality rather than setting as vital for child wellbeing is quality rather than the care setting. Findings also suggested food security, shelter quality, caregiving quality, and access to health care services as the four higher-level components of care quality, significantly predicting more positive psychosocial wellbeing.

Wu Y et al. (2020) studied a sample of 314 college students in China over four years in three phases to assess the association between resilience and mental health. The researchers examined the relationship between higher levels of resilience and lowered mental illness and identified changes in resilience, mental ill-being and positive mental health over four years. Senior students experienced higher harmful mental health levels and lowered positive mental health levels than juniors. Cross-lagged structural equation modelling analyses displayed that, in the short term, resilience could significantly predict mental health status. It revealed that college mental health education and interventions could be tailored based on students' study years in college.

Eiroa-Orosa F. J. (2020) attempted to understand psychosocial wellbeing in complex and multidimensional environments. The special issue called for papers to analyze the interaction of psychosocial wellbeing and mental health, where the determinants are multivariate. It opines relationships depending on power imbalances and advocates researchers to consider the different cultures, contexts and complexities of the multiple interactions while studying psychosocial wellbeing issues. It also suggests getting awareness and reflecting on the possible biases during research and practice methods to decrease harmful practices that prejudices may cause.

Karunanayake, Danesh et al. (2020) conducted a study exploring adolescents' psychosocial wellbeing in the children's homes in Sri Lanka. The researchers used the convenience sampling method to select six participants aged between 12 to 18 years from two children's homes. They employed semi-structured interviews for data collection and thematic analysis for data analysis. The findings revealed that the living experiences of inmates in children's homes had been different from their family life. Here they could afford necessities, but their psychosocial requirements were primarily unaddressed.

Most of the children reported leading unhappy lives in homes, experiencing psychosocial problems that negatively influenced their wellbeing. The matrons maintained dissatisfying relationships with the children leading to the latter's unhappiness. Even their psychosocial requirements also remained more or less unattended. The present study also found that the inmate children had low intellectual, social, and behavioral abilities compared to other children reared in family settings.

Christopher T. & Mosha M. A. (2021) studied the psychological challenges of orphans and caregivers at the six institutions in Dar es Salaam, Tanzania. The sample consisted of 67 participants selected through a purposive sampling technique, including twelve caregivers, six directors, one social welfare officer and 48 children. The study utilized a descriptive research design. The researchers collected data using in-depth interviews and non-participant observation, and a thematic approach for data presentation. They sorted and coded data based on themes and presented them according to the research questions.

Conclusion:

Resilience and psychosocial wellbeing are essential for the holistic development of vulnerable children. This review highlights the multi-dimensional nature of these constructs and underscores the importance of integrated approaches involving families, communities, schools, and policy interventions. By fostering resilience and psychosocial wellbeing, we can better support the development and future potential of vulnerable children.

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