

REVIEW SUMMARY

A systematic review of the use of the concept family resilience in interventions with families with children and young people

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Abstract

Objective: To review the evidence on using family resilience as a concept in interventions by public health nurses/health visitors with families with children and young people as part of an evaluation of the evidence base for the Family Resilience Assessment Instrument and Tool (FRAIT). FRAIT was developed by University faculty with Health Visitors and a Community of Practice in Wales, and is used by Health Visitors in Wales with families with children under 5 years to assess family resilience.

Method: A standard Cochrane Systematic Review methodology was used to review published literature. A protocol (crd.york.ac.uk/PROSPERO/display_record.php?RecordID=230845) was submitted to Prospero in September 2021, and reviewing began in January 2022. Title and abstract searching were undertaken 12 databases and results were captured using PRISMA and Excel spreadsheet. Second reviewers reviewed title and abstract screening, and full-text extraction.

Results: Initial title screening brought back 1350 papers across 12 databases. Titles and abstract screening reduced these to 106, 44 papers were considered for full-text extraction, with 25 papers included for review.

Discussion: Results demonstrated a focus on specific demographics, and use of family resilience with families living with specific health problems. Existing family resilience scales showed improved results in selected specific demographic groups, albeit in a reactive way. FRAIT has originality within the literature as it is used in a universal, preventative way with all families regardless of demographic or health issues. There is evidence to show that using a family resilience program in this way has originality and implications for the physical and mental health of children and young people.

No patient or public contribution: This was a systematic review of existing literature so public or patient contribution would not have been appropriate.

KEYWORDS

children, children's well-being, family resilience, family well-being, FRAIT, health and social care, health visiting, systematic review

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1 | INTRODUCTION

This article reports on a systematic review of evidence supporting the use of the concept of “family resilience” in social care or health care interventions with families who have children. The FRAIT (Family Resilience Assessment Instrument and Tool) was developed through a partnership between University Faculty and Health visitors in Wales to support health visitor (HV) decision-making using the concept of family resilience with regard to care planning, and planning further intervention and resource use in daily practice (www.frait.wales). HVs are registered nurses or midwives with post-graduate community public health nurse training who work with populations to maintain and protect public health (NHS, 2022).

1.1 | Family resilience: Concept and background

Family resilience has been defined by Walsh (2016) as the ability to withstand and bounce back from disruption in life. It involves dynamic processes that enable successful, positive family adaptation and flexibility when they meet crisis or adversity and go through recovery and growth. The concept of family resilience extends our understanding of healthy family functioning in adverse or crisis situations and helps identify why some families emerge stronger while others do not, and why the quality of life and well-being outcomes for children in similar situations vary.

The focus of the concept of resilience during the 1980s and 1990s was applied to individuals rather than family units, and families were seen as contributing to risk (Walsh, 2016). Using the notion of family resilience as opposed to family risk allows parental strengths to be acknowledged and their potential for positive outcomes alongside any limitations. This helps HVs in their work to strengthen family relationships, mental health and well-being (Walsh, 2016).

1.2 | FRAIT background

FRAIT was developed in response to a request from the Chief Nursing Office for Wales for a unified health visiting assessment tool. An All-Wales consultation process with senior HVs and frontline HVs identified levels of family resilience as central to HV assessments. A group concept mapping exercise (GCM) was undertaken with HVs in 2014 (Wallace et al., 2019). GCM is a structured methodology that rapidly organizes a group's ideas about a given phenomenon to form a commonly agreed framework. This can then be used for activities such as planning, evaluation, or research (Kane & Torchim, 2007). The statements generated in the HV GCM were formatted to form the FRAIT. Testing of the FRAIT, guidance documents, prompt tools and learning/teaching materials occurred in the University Hydra Minerva simulation suite in 2015 and a pilot study was undertaken in 2016. Some refining was undertaken and FRAIT was launched for use by all HVs in Wales in 2017.

2 | METHOD

A standard Cochrane Systematic Review methodology (Thomas et al., 2019) was used to carry out a comprehensive review with minimal bias, and suitable reliability. Stages included (a) formulating the scope of the review and development of research questions (b) a rigorous literature search using the PRISMA model (see Table 1 for search results) (c) thorough and detailed data extraction and (d) combining and integrating main findings and implications of the review.

2.1 | Literature search and inclusion criteria

FRAIT was grounded in the academic literature during its development phase and a rigorous narrative review was undertaken (Pontin et al., 2019). Following the evaluation of its use in practice, it was considered appropriate to carry out a systematic review of the literature around public health nurses/HVs using family resilience as a concept when working with families with children under 5 years. In particular, to identify whether there were specific interventions that have used the concept of family resilience as part of everyday practice. The following research question was developed by the authoring team:

- What evidence is there to support the use of the family resilience concept in social care or health care interventions with families with children?

A specialist team of reviewers was set up for the systematic review (ST, CW, AL, MT and TF) and DP contributed to the protocol development. CW is a Professor of Community Health and Care Services. AL is a Senior Lecturer in Adult Nursing. MT is a Senior Lecturer in Nursing and Health Visiting. TF is a Senior Lecturer in Human Nutrition. DP is Professor Emeritus whose expertise included public health and social care. All authors have a background in social care research and/or public health nursing. CW, DP and MT were instrumental in developing and disseminating FRAIT to HVs across Wales and provided expert knowledge and expertise to the team. They therefore have an extensive knowledge of the concept of family resilience and using this in HV practice.

Database selection was based on systematic review team discussions with the Faculty research librarian. Searches were based on two key elements—the explicit use of the term “Family Resilience” in the title, and whether the paper used the family resilience concept in regard to children under 5 years. Studies selected were primarily sourced via academic journal articles. Studies published prior to 2010 were not included as the family resilience concept was not prominently used before that date. International articles published in English were included. Papers were sourced if they referred to children under 5 years only, however, no papers were found that fitted this criteria. Consequently, the inclusion criteria were expanded to include “children” in the title, rather than specifying an age range. The papers included in the review therefore refer to children and young people rather than a specific age range.

TABLE 1 Search results.

Database	Search terms	Filters	Dates of searching	Number of results
PubMed	Famil* AND Resilien*	Year: 2010–2022 Title only	04.01.2022	647
ASSIA	Famil* AND Resilien*	Year: 2010–2022 Title only	04.01.2022	18
Child Development and Adolescent Studies	Family AND Resilience	Year: 2010–2022 Title only	05.01.2022	157
CINAHL	Family Resilience	Year: 2010–2022 Title only Age: 0–5 year OR infant OR toddler	05.01.2022	22
Cochrane Review	Family Resilience	Year: 2010–2022 Title Only	06.01.2022	5
Emerald Insights	Family Resilience	Year: 2010–2022 Title Only	06.01.2022	11
Maternity and Infant Care Database	Family Resilience	Year: 2010–2022 Title Only	06.01.2022	1
MEDLINE	Family Resilience	Year: 2010–2022 Title Only	07.01.2022	268
PROQUEST	Family Resilience AND Children 0–5	Year: 2010–2022	07.01.2022	22
Psycarticles	Family Resilience	Year: 2010–2022 Title Only	07.01.2022	24
Scopus	Family Resilience AND Children	Year: 2010–2022 Title Only	08.01.2022	157
Social Care Online	Family Resilience AND Children	Year: 2010–2022 Title Only	08.01.2022	18
				Total: 1350

Note: PubMed, ASSIA, Child Development and Adolescent Studies, CINAHL, Cochrane Review, Emerald Insights, Maternity and Infant Care Databases, MEDLINE, PROQUEST, Psycarticles, Scopus, and Social Care Online.

TABLE 2 Inclusion criteria.

Inclusion criteria
Explicit use of “Family Resilience” term in title
Inclusion of the word “children” in title and participants
2010–2022
Articles published in English

Table 2 (see Table 2 for inclusion criteria) outlines the inclusion criteria for articles included in the review.

Table 3 (see Table 3 for PRISMA diagram) is the PRISMA diagram, which records the numbers for each stage of the review, including the title screen, abstract screen and full-text extraction.

2.2 | Study selection

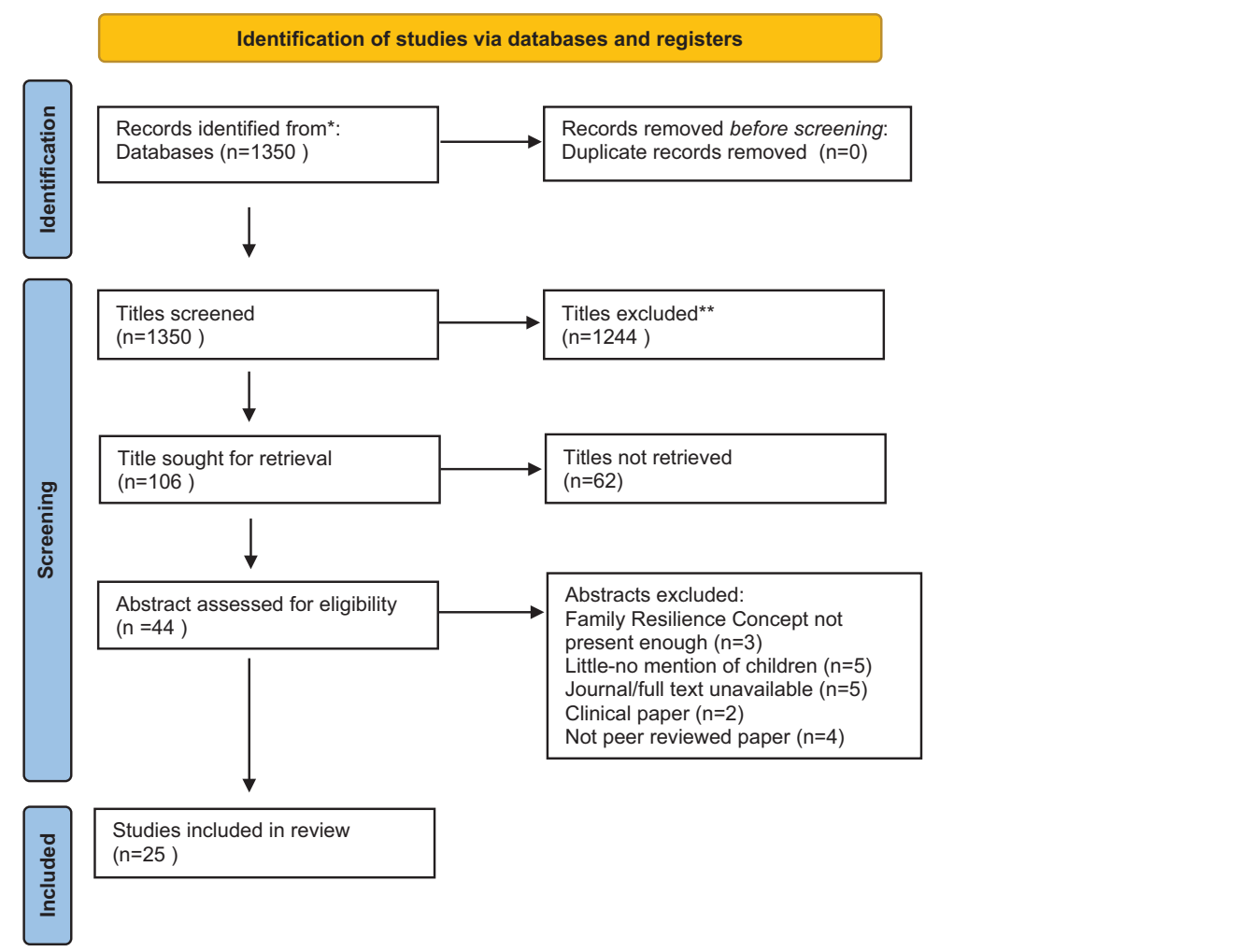
Table 3 outlines the PRISMA process used for study selection, 1350 unique papers were identified in January 2022. ST used the inclusion/exclusion criteria to screen all titles. A second reviewer (MT)

reviewed a 20% sample with a 90% agreement rate. This left 106 papers for abstract screening by ST, 44 abstracts selected for full text extraction. Of the 44 selected, 19 were excluded using the following criteria: 2 due to being clinical papers (this review is interested in only social care/community care/integrated care perspectives, not clinical perspectives, as authors do not have clinical expertise) 3 which had a little discussion of family resilience, 8 due to the unavailability of full text of papers, 1 due to not being a peer-reviewed article, and 5 had no mention of children. ST reviewed the abstracts of 44 papers and using the exclusion criteria above selected 25 papers for full-text extraction. CW, TF and AL reviewed 16 papers with a 100% agreement rate. The final selection amounted to 25 papers.

2.3 | Data extraction

An Excel spreadsheet was used to capture extracted data from the studies in a systematic and standardized way (see Image One). Thematic analysis (Braun & Clarke, 2006) was used to analyze the final set of papers, and this thematic analysis structures the results shown in the evaluation section of this paper.

TABLE 3 PRISMA.



Author	Year	Title	Journal	Design Type	Measures Used	Sample achieved	Theoretical Framework	Unit of Measurement	Quantitative?	Qualitative?	Literature review?	Characteristics of statistics
Saltzman, W et al		Enhancing family resilience through family narrative co-2013 construction	Clin Child Fam Psychol Rev, 2013 Sep;16(3):294-310.	Literature review	N/A	N/A	Extended encoding/scaffolding	N/A	N/A	N/A		N/A

FIGURE 1 Database excerpt. [Color figure can be viewed at wileyonlinelibrary.com]

Image One: Extracted data

Title, year of publication, author, journal, design type, measures used, sample achieved, theoretical framework, unit of measurement, methodology (quantitative, qualitative or literature review), and characteristics of statistics.

Figure 1 outlines the structure of the database used to record results.

3 | RESULTS

The following section presents the results from the review and ongoing themes and analysis of the review.

3.1 | Study characteristics

Table 4 presents the design types and characteristics of the papers selected for analysis. The largest group used quantitative methods (n-15), 4 papers used qualitative methods, and 6 were literature or systematic reviews. The study population samples varied depending on the research design used, that is, secondary quantitative data or primary quantitative/qualitative data. Secondary data analysis sample size range was 1131–5,375,670. The reason behind this large disparity in sample sizes is that some studies used publicly available datasets which enabled them to have such large sample sizes. and qualitative study sample size range was 5–20. Quantitative statistical analysis methods used included: mean analysis, linear and logistical regression,

TABLE 4 Study characteristics.

Methodology			Sample size		Data analysis		
Quant	Qual	Lit review	Secondary data	Primary data	Quant	Qual	Lit review
15	4	6	Smallest: 1131 Largest: 5,375,670	Smallest: 6 Largest: 505	Mean analysis, linear and logistical regression, hierarchical multiple regression analysis, confirmatory factor analysis, correlation analysis, multiple linear regression analysis, and ordinal logistical regression	Narrative sharing, qualitative interviews, and intervention mapping	Systematic review, literature review

TABLE 5 Specific demographics.

Paper	Demographic
Kim, E, Dababnah, S, Lee, J. (2020) 'The Influence of Race and Ethnicity on the Relationship between Family Resilience and Parenting Stress in Caregivers of Children with Autism' in <i>Journal of Autism and Developmental Disorders</i> 50:650–658	Different ethnicities included
Lester, P, and Stein, J, Saltzman, W, Woodward, K, MacDermid, S, Milburn, N, Mogil, C, Beardslee, W. (2013) 'Psychological Health of Military Children: Longitudinal Evaluation of a Family-Centered Prevention Program to Enhance Family Resilience,' in <i>Military Medicine</i> , 178, 8, pp. 838	Children of parents in the military
Gomez, A. (2021) 'Associations between family resilience and health outcomes among kinship caregivers and their children,' in <i>Children and Youth Services Review</i> 127	Children of kinship caregivers

hierarchical multiple regression analysis, confirmatory factor analysis, correlation analysis, multiple linear regression analysis, and ordinal logistical regression. Qualitative data collection methods included narrative sharing, qualitative interviews, and intervention mapping. One systematic review was included, alongside five literature reviews.

3.2 | Themes from papers

Thematic analysis was used to highlight the themes present in the papers, the form the papers took and their contribution to using the family resilience concept.

3.3 | Specific demographic groups

Table 5 (see Table 5 for specific demographics) outlines the specific demographics addressed in the papers in the review. Two papers focused on children from specific demographic groups—military families, and kinship caregivers. Lester et al. (2013) addressed psychological health of children living with parents involved in the military. They evaluated Families Over Coming Under Stress (FOCUS), a family-centered

prevention program to enhance family resilience that addressed the psychological adjustment of military children. FOCUS was developed by the US Navy Bureau of Medicine and Surgery, UCLA and Harvard using family resilience as a core concept to assist military families and their children deal with military life stressors, for example, deployment and reintegration. They hypothesized that improved family functioning will result in improved child psychological health outcomes. Using the family resilience concept as a core program element had a positive impact on military families' and children's long-term outcomes. Aspects of family functioning associated with family resilience processes were more successful in reducing children's distress. This paper indicates the positive impact of using the family resilience concept in interventions targeted at children.

Gomez (2021) addresses the associations between family resilience and health outcomes among kinship caregivers and their children using multigenerational health and mental health outcomes from the USA 2017–2019 National Survey of Children's Health. Gomez used data on families with children 0–17 cared for by a kinship carer, that is, a non-parent family member or non-relative kinship carer. Measures included family resilience, caregiver mental health, caregiver physical health, parenting stress, child health, child internalizing disorders, and child behavioral problems. Regression analysis was used prior to hypothesis testing, and results were reported for all of measures stated above. Findings suggest that mutual support and problem-solving during adversity are associated with improved intergenerational health and mental health outcomes. Grandparents have greater family resilience than other relative kinship carers. Family resilience is positively associated with kinship caregiver health and mental health, and negatively associated with parenting stress, and higher ratings of child health. This paper exemplifies research showing the positive impact of family resilience on families and children, supporting the use of the family resilience concept in FRAIT. This was also one of the few papers that included children aged 0–5 in its sample demographic, albeit via secondary data.

3.4 | Children and families with health issues

Table 6 (see Table 6 for list of health issues) shows the various health issues addressed in the papers in the review. Family resilience in relation to children or families with specific health issues was examined by 11 papers. These included, mental health issues such as autism,

TABLE 6 Health issues.

Paper	Health issue
Herbell, K., Breitenstein, S., Mazurek-Melnyk, B., & Guo, J. (2020). Family resilience and flourishing: Well-being among children with mental, emotional, and behavioral disorders. <i>Research in Nursing and Health</i> , 43 (5): 465–477.	Mental, emotional and behavioral disorders
Van Schoors, M., Caes, L., Verhofstadt, L., Goubert, L., & Alderfer, M. (2015). Systematic review: Family resilience after pediatric cancer diagnosis. <i>Journal of Pediatric Psychology</i> , (9), 856-868	Pediatric Cancer
Song, J., Fogarty, K., Suk, R., & Gillen, M. (2021). Behavioural and mental health problems in adolescents with ADHD: Exploring the role of family resilience. <i>Journal of Affective Disorders</i> , 294, 450–458.	Behavioral and mental health problems
Suzuki, K., Hiratani, M., Mizukoshi, N., Hayashi, T., & Inagaki, M. (2018). Family resilience elements alleviate the relationship between maternal psychological distress and the severity of children's developmental disorders. <i>Research in Developmental Disabilities</i> , 83, 91–98.	Psychological maternal distress and children's developmental disorders
Gardiner, E., Mässe, L. C., & Iarocci, G. (2019). A psychometric study of the Family Resilience Assessment Scale among families of children with autism spectrum disorder. <i>Health Qual Life Outcomes</i> , 17, 45.	Health and Quality of Life Outcomes (2019) 17:45
Vermulen, T., & Greef, A. (2015). Family resilience resources in coping with child sexual abuse in South Africa. <i>Journal of Child Sexual Abuse</i> , 24, 555–571.	Child sexual abuse
Liu, P. M. M., Yin, P., Zhu, Y. H., Zhang, S., & Sheng, G. M (2021). The correlation of family resilience with sleep quality and depression of parents of children with epilepsy. <i>Journal of Paediatric Nursing</i> , 56, 49–54.	Family sleep quality and children with epilepsy
Ma, Q., Yan, Z., Chang, L., Zhang, Q., & Li, Y. (2021). Family resilience and subjective responses to caregiving for children with epilepsy. <i>Epilepsy & Behavior</i> , 125.	Children with epilepsy
Park, M., Choi, E. K, Lyu, C. J, Woo-Han, J., & Min-Hahn, S. (2022). Family resilience factors affecting family adaptation of children with cancer: A cross-sectional study. <i>European Journal of Oncology Nursing</i> , 56, 102078.	Children with cancer
Heerman, W., Samuels, L., Pena, T. G., van Wyk, C., Mayberry, L., Lounds-Taylor, J., & Martin, N. (2020). Family resilience and childhood obesity among children exposed to adverse childhood experiences in a national survey. <i>Obesity Science and Practice</i> , 8, 3–11.	Childhood obesity
Brent, D. (2016). Prevention programs to augment family and child resilience can have lasting effects on suicidal risk. <i>Suicide and Life-Threatening Behaviour</i> , 46(Suppl. 1), S39–S47.	Mental health, suicidal risk

pediatric cancer, maternal distress, and epilepsy, and a variety of tools were used to examine a range of primary and secondary data. There is wide heterogeneity of study design precluding further analysis. An analysis of seven of these papers follows.

P. M. M. Liu et al. (2021) correlated family resilience with sleep quality and depression in parents of children living with epilepsy. They surveyed 157 children, and their parents/caregivers using the shortened Chinese version of the family resilience assessment scale (FRAS-SC), the Pittsburgh sleep quality index (PSQI) and the self-rating depression scale (SDS), along with general demographic questions. A mean + standard deviation approach was used to analyze measurement data, and t-test and ANOVA were used to analyze demographic factors effects in variables with statistical significance. Pearson's correlation was used to identify the correlation between family resilience and sleep quality and depression of parents of children living with epilepsy.

Results show the positive impact of high family resilience on well-being, that is, quality of sleep and depression in parents of children living with epilepsy. The FRAS-SC total score significantly and positively correlated with family communication, problem solving, maintaining positive opinions, and total scores for sleep quality. Higher FRAS-SC scores were associated with lower depression levels. Multiple linear regression analysis revealed high family resilience levels have a positive

effect on depression levels in families of children living with epilepsy. This again shows the positive impact that high levels of family resilience can have on family well-being.

Suzuki et al. (2018) found that family resilience reduced maternal psychological distress and mediated maternal psychological distress and severity of children's developmental disorders. Park et al. (2022) found that family resilience factors positively affect family adaptation of children living with cancer and highlight the need for interventions to promote family resilience.

Heerman et al. (2020) used USA National Survey of Children's Health (2016-2018) data to examine family resilience, adverse childhood experiences (ACEs) and childhood obesity. Children aged 10–17 exposed to ACEs had higher overweight and obesity rates which may be reduced if there is higher family resilience. The authors state that due to the width of the confidence intervals for combinations of ACE and family resilience scores, there is a limit to how much it can be firmly concluded that “family resilience mitigates the effects of ACEs on childhood overweight/obesity,” (Heerman et al., 2020, 6). However, they do note a consistent trend in the analysis, which shows a “dose response,” whereby (1) children with more ACEs tend to have higher odds of overweight and obesity, and (2) among children with ACEs, children with higher scores on the family resilience scale have the most attenuation of the odds ratios between ACEs and overweight/obesity,

(Heerman et al., 2020, 6). Despite the limitations, this study displays the importance of family resilience program in countering adverse child experiences and its attenuating effects on physical health issues such as obesity.

Brent et al. (2016) explored longitudinal data from family-based preventative interventions focused on improving family resilience and their effect on suicide risk and found that these interventions can decrease child suicide risk, sometimes many years after delivery. Family resilience is used as a preventative measure here rather than as a reactive measure to a health crisis. This is like FRAIT which aims to build family resilience from birth. This was one of the few studies to focus on preventative interventions using the family resilience concept.

Song et al. (2021) used data from the USA National Survey of Children's Health to examine associations between the family resilience connection index (FRCI) and behavioral and mental health issues of 10–17-year-olds living with ADHD. Family resilience acted as a protective factor for young people leading to decreased conduct problems, despite them experiencing adversity. They suggest family resilience may be promoted by teaching families coping strategies around ADHD diagnosis, and behavioral problems.

Irang et al. (2019) found that the relationship between family resilience, for example, family communication and hopeful thinking, and parenting stress differs by race/ethnicity for parents caring for children living with autism when controlled variables are constant. Family resilience variation across different cultural demographics needs further exploration in future family resilience research.

These findings indicate the potential for using family resilience with families of older children or living with specific health conditions but have limited utility for FRAIT. FRAIT's originality comes from the fact that it is used with *all* families with children under 5 years, not just those in crisis or with specific adversity or health conditions to overcome. FRAIT differs from the available research and literature in that it aims to be used in a preventative manner, to identify family health and family resilience in families from the start, regardless of demographic or existing issues. Its universality is part of its originality and utility.

3.5 | Family resilience scales and interventions

Table 7 (see Table 7 for Family Resilience Scales) show a list of the Family Resilience scales used in papers in the review. Existing family resilience scales include the Family Resilience Assessment Scale (FRAS), Chinese Family Resilience Assessment Scale (FRAS-SC), FOCUS Family Resilience Program, FCRI, and Paterson's Family Risk model. This section looks at papers specifically discussing these scales, specific family resilience interventions, and literature or systematic reviews on family resilience.

The FOCUS Family Resilience Program is a family-centered, strength-based program designed to address the diverse population needs linked to trauma or loss experiences,' (Saltzman, 2016, 648). It was developed for military contexts and has been extended for use with civilian communities, and medical, clinical and school settings. Saltzman (2016) evaluated FOCUS via qualitative case studies.

FOCUS offers both preventive and targeted services to families. Preventive to those exposed to high levels of stress or loss who are at risk of psychological disturbance or impaired adaptation. Targeted services to families already living with psychological or behavioral impairment. The program aims to elicit family systemic goals, provide family psychoeducation, developmental guidance, develop shared family narratives using a timeline technique, support open and effective communication, and enhance selected family resilience skills. They present a case study where open and effective communication was initiated with parents. They identified sources of long-term misunderstandings, shared context and backstory which softened polarized positions. FOCUS uses Walsh's family resilience concept as a core tenet, and there is evidence of its success across various contexts and demographics. This is another example of the positive impact that foregrounding family resilience can have on interventions for families and children, as it uses family resilience in a preventative and targeted way.

Orte et al. (2019) evaluated family resilience changes in families engaging with the Family Competence Program (PCF). This is an adaptation of the Strengthening Families Program based on FRAS. They found participation in PCF improved family resilience via improved short- and long-term adaptive skills and recommend taking a longitudinal approach to developing good practices in family interventions.

Bethell et al. (2019) analyzed data from the USA National Survey of Children's Health 2016–2017 to examine the relationship between promoting US children's flourishing and family resilience. They established a three-item index of children's flourishing—children's interest and curiosity in learning new things, persistence in completing tasks, and capacity to regulate emotions (Bethell et al., 2019). The Family Resilience and Connection Index (FRCI) was used to determine two things. Firstly, whether higher FRCI scores are associated with a greater prevalence of flourishing; secondly, whether the association strength between FRCI scores and flourishing varies according to children's adversity levels (i.e., ACEs, household income, and special health care needs). Increased flourishing was associated with greater family resilience and connection levels. The strong association between flourishing and parent-child connection in the FRCI score is consistent with evidence linking safe, stable, and nurturing relationships to optimal child development. This has implications for FRAIT, as it further shows the impact that foregrounding family resilience has on parent-infant relationships, and the ongoing effects this can have on children's flourishing and long-term well-being.

Zhou et al. (2020) conducted a systematic review on measurement properties of FRAS and questionnaires and identified and reviewed 15 family resilience questionnaires. They identified 23 studies using one or more scales, and identified scales worked best over various domains, including health care and social. They recommend the FRAS and Walsh-IT for the health care domain, FRAS for the social domain with specific adversity, and the FRQ for social domain without specific adversity. Strong evidence of positive internal consistency for FRAS was found, but only moderate evidence for positive content validity, hypothesis testing and criterion validity. Limited evidence was found for structural validity and cross-cultural validity. FRAS rates well where adversity is linked to the social domain. The original questionnaire assumes the

**TABLE 7** Family resilience assessment scales.

Family resilience scale	Acronym	Author	Title	Year	Journal
Family resilience assessment scale	FRAS	Chiu, SJ, Chou, YT, Chen, PT, Chien, LY	Psychometric properties of the mandarin version of the Family Resilience Assessment Scale	2019	Journal of Child Family Studies
Family resilience inventory	FRI	Burnette CE, Boel-Studt S, Renner LM, et al.	The Family Resilience Inventory: a culturally grounded measure of current and family-of-origin protective processes in native American families	2019	Family Process
Family resilience assessment	FRA	Duncan Lane C, Meszaros PS, Savla J.	Measuring Walsh's family resilience framework: reliability and validity of the family resilience assessment among women with a history of breast cancer	2017	Marriage & Family Review
Chinese family resilience assessment scale	C-FRAS	Dong C, Gao C, Zhao H.	Reliability and validation of family resilience assessment scale in the families raising children with chronic disease	2018	Journal of Nursing Science
Family resilience assessment scale among families of children with autism spectrum disorder	FRAS-ASD	Gardiner E, Måsse LC, Iarocci G	A psychometric study of the Family Resilience Assessment Scale among families of children with autism spectrum disorder	2019	Health Quality of Life Outcomes
Walsh IT	Walsh IT	Silvana R, Claudio G, Roberto B	The Walsh family resilience questionnaire: the Italian version	2017	Neuropsychiatric Disease and Treatment
Family resilience questionnaire	FaRE	Faccio F, Gandini S, Renzi C, Fioretti C, Crico C, Pravettoni G	Development and validation of the Family Resilience (FaRE) Questionnaire: an observational study in Italy	2019	BMJ Open
Family hardiness index	FHI	Liu et al.	Reliability and validation of the Chinese version of family hardiness index	2014	Journal of Nursing Administration
Multidimensional individual and interpersonal resilience measure	MIIRM	Martin et al.	Development of a new multidimensional individual and interpersonal resilience measure for older adults	2015	Ageing & Mental Health
Family resilience assessment scale-Chinese version	FRAS-C	Li Y et al.	Psychometric properties of the shortened Chinese version of the Family Resilience Assessment Scale	2016	Journal of Child and Family Studies
Family strengths index	FSI	Zhu, J	The Revision of Family Resilience Scale by the Measure of Urban Low-Income Families	2015	Conference Paper
The individual, family, and community resilience profile	ICFR:ICFR-R	Distelberg BJ, Martin AVS, Borieux M, Oloo WA	Multidimensional family resilience assessment: the individual, family, and community resilience	2015	Journal of Human Behavior in the Social Environment
Family resilience scale for veterans	FRS-V	Finley EP, Pugh MJ, Palmer RF	Validation of a measure of family resilience among Iraq and Afghanistan veterans	2016	Military Behavioral Health
Chinese family strengths measure	CFSM	Lee SS, Yeung JW, Lee EM, Defrain J	Development and validation of a Chinese family strengths measure for family services intervention in Hong Kong	2012	Revista de Cercetare si Interventie Sociala
Family resilience questionnaire	FRQ	Bu, T, Liu, H	Development of family resilience questionnaire	2015	Psychology

main family adversity is social problems. Further systematic reviews could be conducted using a similar structure but including FRAIT in the analysis of FRAS. FRAIT also has uses across both health and social domains, which points to its originality amongst family resilience scales once again.

3.6 | Conclusions: Contextualizing FRAIT within the literature

This review highlights the originality of the FRAIT tool within the literature. Where many of the papers in this review used family resilience concept in a reactive way, to address pre-existing conditions or social or mental issues. FRAIT is different because it is delivered universally to all families with children under 5 years in Wales, regardless of demographic or health status. It has a preventative orientation aiming to measure family resilience from the first day of a child's life. HVs may then note any potential negative issues and address them prior to their escalation to crisis point. This is where the FRAIT's originality lies. Its use with families from birth, its universality and preventative nature marks it out from existing literature, research, and interventions. This implementation of an assessment tool that foregrounds family resilience from birth may have implications for all kinds of issues, whether that be physical health issues such as obesity or physical disabilities and diseases, or mental health issues such as depression, anxiety, autism and social issues such as school readiness.

This review indicates a limited evidence base for interventions or research explicitly using family resilience. There are 15 scales which address family resilience but no papers use family resilience in a first-hand intervention with families with children under 5 years. Quantitative papers tended to use secondary data from the USA National Survey of Children which has implications for other settings outside the USA. Interventions using family resilience use it differently to FRAIT that is, these interventions focus on family resilience for specific demographics (e.g., military families) or specific health conditions (epilepsy, autism, obesity, cancer). Only Brent's (2016) paper used family resilience preventatively, albeit with older children at risk of suicide. Other interventions occurred once families met a certain level of mental or physical health crisis. Further research is needed to examine how using FRAIT compares to the other FRAS identified in this review.

CONFLICT OF INTEREST STATEMENT

The authors declare no conflicts of interest.

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available from the corresponding author upon reasonable request.

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REFERENCES

- Bethell, C., Gombojav, N., & Whitaker, R. (2019). Family Resilience and connection promote flourishing among us children, even amid adversity. *Health Affairs*, 38(5), 729–737. <https://doi.org/10.1377/hlthaff.2018.05425>
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3, 77–101. SAGE Publications, England. <https://doi.org/10.1191/1478088706qp0630a>
- Bu, T., & Liu, H. (2019). Development of family resilience questionnaire. *Psychology*, 7, 173–182.
- Burnette, C. E., Boel-Studt, S., Renner, L. M., Figley, C. R., Theall, K. P., Scarnato, J. M., & Billiot, S. (2019). The Family Resilience inventory: A culturally grounded measure of current and family-of-origin protective processes in native American families. *Family Process*, 59, 1–14. <https://doi.org/10.1111/famp.12423>
- Brent, D. (2016). Prevention programs to augment family and child resilience can have lasting effects on suicidal risk. *Suicide and Life-Threatening Behaviour*, 46(Suppl. 1), S39–S47. <https://doi.org/10.1111/sltb.12257>
- Chiu, S. J., Chou, Y. T., Chen, P. T., & Chien, L. Y. (2019). Psychometric properties of the mandarin version of the family resilience assessment scale. *Journal of Child and Family Studies*, 28, 354–369. <https://doi.org/10.1007/s10826-018-1292-0>
- Distelberg, B., Martin, A., Torres, J., Foster, L., Kramer, K., & Lloyd, G. (2017). Multidimensional resilience: Predictive and construct validity of the individual, family, and community resilience profile. *Marriage and Family Review*, 54, 459–485. <https://doi.org/10.1080/01494929.2017.1403997>
- Dong, C., Gao, C., & Zhao, H. (2018). Reliability and validation of family resilience assessment scale in the families raising children with chronic disease. *Journal of Nursing Science*, 33, 93–97. <https://doi.org/10.3870/j.issn.1001-4152.2018.10.093>
- Duncan Lane, C., Meszaros, P. S., & Savla, J. (2017). Measuring Walsh's family resilience framework: Reliability and validity of the family resilience assessment among women with a history of breast cancer. *Marriage & Family Review*, 53, 667–682. <https://doi.org/10.1080/01494929.2016.1263588>
- Faccio, F., Gandini, S., Renzi, C., Fioretti, C., Crico, C., & Pravettoni, G. (2019). Development and validation of the Family Resilience (FaRE) Questionnaire: An observational study in Italy. *BMJ Open*, 9, e024670. <http://doi.org/10.1136/bmjopen-2018-024670>
- Finley, E. P., Pugh, M. J., & Palmer, R. F. (2016). Validation of a measure of family resilience among Iraq and Afghanistan veterans. *Military Behavioural Health*, 4, 205–219. <http://doi.org/10.1136/bmjopen-2018-024670>
- FRAIT website <https://www.frait.wales/> (accessed 15.08.2022)
- Gardiner, E., Mässe, L. C., & Iarocci, G. (2019). A psychometric study of the Family Resilience Assessment Scale among families of children with autism spectrum disorder. *Health Qual Life Outcomes*, 17, 45. <https://doi.org/10.1186/s12955-019-1117-x>
- Gomez, A. (2021). Associations between family resilience and health outcomes among kinship caregivers and their children. *Children and Youth Services Review*, 127, 106103. <https://doi.org/10.1016/j.childyouth.2021.106103>
- Heerman, W., Samuels, L., Pena, T. G., van Wyk, C., Mayberry, L., Lounds-Taylor, J., & Martin, N. (2020). Family resilience and childhood obesity among children exposed to adverse childhood experiences in a national survey. *Obesity Science and Practice*, 8, 3–11. <https://doi.org/10.1002/osp4.497>
- Irang, K., Dababnah, S., & Lee, J. (2019). The Influence of Race and Ethnicity on the Relationship Between Family Resilience and Parenting Stress in Caregivers of Children with Autism. *Journal of Autism and Developmental Disorders*, 50, 650–658.
- Kane, M., & Trochim, W. (2007). Concept mapping for planning and evaluation. published by SAGE Publications Ltd.



- Lee, S. S., Yeung, J. W., Lee, E. M., & Defrain, J. (2012). Development and validation of a Chinese family strengths measure for family services intervention in Hong Kong. *Revista de Cercetare si Interventie Sociala*, 36, 7–30. Doi: unavailable.
- Lester, P., Stein, J., Saltzman, W., Woodward, K., MacDermid, S., Milburn, N., Mogil, C., & Beardslee, W. (2013). Psychological health of military children: Longitudinal evaluation of a family-centered prevention program to enhance family resilience. *Military Medicine*, 178(8), 83. <https://doi.org/10.7205/MILMED-D-12-00502>
- Li, Y., Zhao, Y., Zhang, J., Lou, F., & Cao, F. (2016). Psychometric properties of the shortened Chinese version of the Family Resilience Assessment Scale. *Journal of Child & Family Studies*, 25, 2710–2717. <https://doi.org/10.1007/s10826-016-0432-7>
- Liu, P. M. M., Yin, P., Zhu, Y. H., Zhang, S., & Sheng, G. M. (2021). The correlation of family resilience with sleep quality and depression of parents of children with epilepsy. *Journal of Paediatric Nursing*, 56, 49–54. <https://doi.org/10.1016/j.pedn.2020.07.016>
- Liu, Y., Yang, J., Ye, B., Shen, Q., & Chen, M. (2014). Reliability and validation of the Chinese version of family hardiness index. *Journal of Nursing Administration*, 14, 770–772. Doi: unavailable.
- NHS. (2022). Health Visitor. <https://www.healthcareers.nhs.uk/explore-roles/public-health/roles-public-health/health-visitor/health-visitor>
- Orte, C., Ballester, L., Amer, J., & Vives, M. (2019). Building family resilience through an evidence-based program: Results from the Spanish strengthening families program. *The Family Journal: Counselling and Therapy for Couples and Families*, 27(4), 409–417. <https://doi.org/10.1177/1066480719872753>
- Park, M., Choi, E. K., Lyu, C. J., Woo-Han, J., & Min-Hahn, S. (2022). Family resilience factors affecting family adaptation of children with cancer: A cross-sectional study. *European journal of oncology nursing*, 56, 102078. <https://doi.org/10.1016/j.ejon.2021.102078>
- Pontin, D., Thomas, M., Jones, G., O’Kane, J., Wilson, L., Dale, F., Whitcombe, D., & Wallace, C. (2019). Developing a family resilience assessment tool for health visiting/public health nursing practice using virtual commissioning, high-fidelity simulation and focus groups. *Journal of Child Health Care*, 24(2), 195–206. <https://doi.org/10.1177/1367493519864743>
- Saltzman, W. (2016). The FOCUS Family Resilience Program: An innovative family intervention for trauma and loss. *Family Process*, 55, 647–659. <https://doi.org/10.1111/famp.12250>
- Silvana, R., Claudio, G., Roberto, B., Vitacca, M., Scalvini, S., Della Vedova, A. M., Roselli, G., Ramponi, J.-P., & Bertolotti, G. (2017). The Walsh family resilience questionnaire: The Italian version. *Neuropsychiatric Disease and Treatment*, 13, 2987–2999. <https://doi.org/10.2147/NDT.S147315>
- Song, J., Fogarty, K., Suk, R., & Gillen, M. (2021). Behavioural and mental health problems in adolescents with ADHD: Exploring the role of family resilience. *Journal of Affective Disorders*, 294, 450–458. <https://doi.org/10.1016/j.jad.2021.07.073>
- Suzuki, K., Hiratani, M., Mizukoshi, N., Hayashi, T., & Inagaki, M. (2018). Family resilience elements alleviate the relationship between maternal psychological distress and the severity of children’s developmental disorders. *Research in Developmental Disabilities*, 83, 91–98. <https://doi.org/10.1016/j.ridd.2018.08.006>
- Thomas, J., Kneale, D., Mckenzie, J. E., Brennan, S. E., & Bhaumik, S. (2019). Determining the scope of the review and the questions it will address. in Higgins, J. P. T., Thomas, J. eds *Cochrane handbook for systematic reviews of interventions* published by The Cochrane Collaboration and John Wiley & Sons Ltd.
- Walsh, F. (2016). *Strengthening family resilience: Third Edition*. Guildford Press.
- Zhou, J., Heb, B., Hec, Y., Huanga, W., Zhua, H., Zhanga, M., & Wang, Y. (2020). Measurement properties of family resilience assessment questionnaires: a systematic review. *Family Practice*, 37(5), 581–591.
- Zhu, J. (2015). *The revision of family resilience scale by the measure of urban low-income families*. SHH: East China University of Science and Technology.

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