

Resilient Therapy

Working with Children and Families



in
Child Protection

**Resilience – Why Bother?
Brighton 2011**

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today

the state of the art in child protection

resilience, rt and child protection

what do they have in common?

film

discussion

resources





BRITAIN

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**Child Protection Must Focus on the Child,
not on Rules and Targets**

“An imbalance has developed between the demands of the management and inspection processes and professionals’ need for a work environment – and the right capabilities – to help them exercise professional judgement, provide effective help and keep a clear focus on the best interests of the child”

Professor Eileen Munro
Feb 2011

State of the Art

Areas of reform:

Developing Social Work Expertise by keeping experienced, more senior social workers on the front line.

To strengthen the Local Safeguarding Children Boards in monitoring the impact of practice, training and learning.

Giving other professionals easier access to social work advice when they have concerns about abuse and neglect.

Revising and reducing the statutory guidance 'Working Together to Safeguard Children'.

A national system of trained reviewers of serious case reviews (SCRs).

To test out how to give front line social workers greater autonomy.

Final Recommendations April 2011

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intuition
analysis
judgement
autonomy

neglect (physical, emotional, educational)
abuse (physical, emotional, sexual)
msbp/fibp
domestic violence

resilience in child protection

have we moved beyond the gloss of resilience?

is there any advantage of thinking resiliently?

does an rt approach give more value?

what specific interventions work best?

And does it cover all eventualities?

resilience

what works in adversity?

30 years of cohort research

showing characteristics

some of which are mutable, even
transferable?

so there is research and there are
potential interventions

3rd wave research

turning and tipping points

Context of rt

- Constellated disadvantage
- Long term needs
- Child protection
- Harmful interactions
- Assessing and Intervening
- Complex
- Co-morbidity
- The failure of 'therapy'

Specifically what we need...

- Non-pathologising
- Up-building
- Safe and sound
- Motivation and energy
- Effective detail
- Reflexive
- Open-ended
- Evidence-based
- Culturally sensitive

rt - with
contributions from

Social Work Practice

Rogerian

Attachment

Psychanalytic

Systemic and Organisational

NOBLE TRUTHS

ACCEPTING	CONSERVING		COMMITMENT	ENLISTING	
COMPARTMENTS:	BASICS	BELONGING	LEARNING	COPING	CORE SELF
INTERVENTIONS	Good enough housing	Tap into good influences	Make school life work as well as possible	Understanding boundaries and keeping within them	Instil a sense of hope
	Enough money to live	Find somewhere for the child to belong	Engage mentors for children	Being brave	Teach the child to understand other people's feelings
	Being safe	Responsibilities and obligations	Map out career/life plan	Solving problems	Help the child to know her/himself
	Access and transport	Help child make friends and mix with other children	Help the child to organise her/himself	Putting on rose-tinted glasses	Help the child take responsibility for her/himself
	Healthy diet	Focus on good times and places	Highlight achievements	Fostering their interests	Foster their talents
	Exercise and fresh air	Make sense of where a child has come from	Develop life skills	Calming down – self-soothing	There are tried and tested treatments for specific problems, use them
	Play and leisure opportunities	Get together people the child can count on		Tomorrow is another day	
	Being free from prejudice and discrimination	Predict a good experience of someone/something new		Lean on others when necessary	
		Help child understand his/her place in the world			
		Belonging is not just about people			

the contribution of resilience and rt to safeguarding children

Resilience:	Child Focused Positive Active Outcomes
RT Approach:	Strategic Noble truths <i>Accepting</i> Conserving Commitment <i>Enlisting</i>
RT Interventions:	Basics Belonging Coping

film

20 minutes

One family

One child particularly

Ongoing

Acute on chronic

Long term

Intermittent/episodic

film

Involving:

domestic violence

abuse,

disrupted care,

alcohol,

mental illness,

physical disability,

murder,

poverty,

neighbourhood harassment

school non-attendance

and more.....

some discussion points

is there nothing so bad that you
cannot be resilient about it?

does it cover everything?

we need to do some more work:

- on development

- on culture and context

- on resources

- on perversity

- and on trialing it.....

Context and Risk

Some troubling issues

- social control v support
- traumatic dynamics
- case management and promoting away
- defensive practice and professional distance
- guilt by association
- collaborative inertia
- organisational promiscuity
- pathologising - deficit talk
- policy and the management of effective detail

Reading

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rt references

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 - Prilleltensky & Prilleltensky 2005
 - Hall & Hart 2004
- **belonging:**
 - Hill, Fonagy et al 2003
 - Schofield and Beek 2005
 - Rutter 1995
- **learning:**
 - Masten et al 1999
 - Werner & Smith 2001
 - Brooks and Godstein 2003
- **coping:**
 - Ungar 2004
 - Gilligan 1999
 - Himelein & McElrath 1996
- **core Self:**
 - Van Ijzendoorn & Bakermans-Krandenburg
2003
 - Dozier, Chase et al 2001
 - Winnicott 1965

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CORE SELF

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- Dozier, M., Chase Stovall, K., Albus, K.E. & Bates, B. 2001. 'Attachment for infants in foster care: The role of caregiver state of mind', *Child Development* 72(5), 1467-1477.
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