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Frontline
Briefing

Building child and family resilience – boingboing's resilience approach in action

Dartington

www.rip.org.uk

Introduction

Between 1940 and 1979 the UK was an increasingly *equal* nation, with the distribution of money evening out more across the population. Inequality rose sharply in the 1980s, when wealth grew rapidly and became more concentrated among a few households. The financial crisis in 2008 had only a very small effect, with the top fifth of the population continuing to take almost half the income, both before and after the crisis.

In 2010:
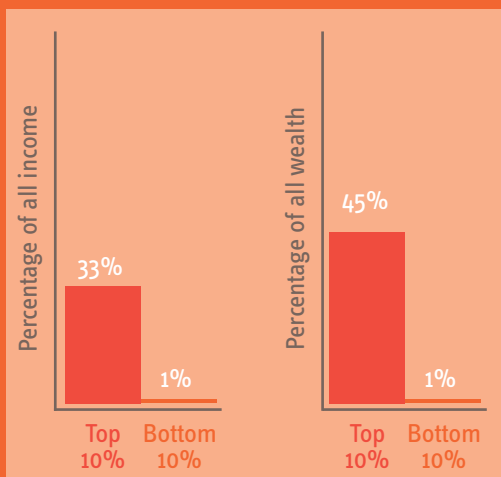
Though the gap between rich and poor fell in 2015, this 'mini boom' is not predicted to continue through the Brexit period and the UK remains one of the most unequal countries outside the developing world.[1]

The social impacts of inequality are measured through a range of statistics on poverty, life expectancy, unemployment, mortality and morbidity rates, and research shows that more equal countries enjoy better physical and mental health, better educational outcomes and lower levels of violence (Wilkinson and Pickett, 2009).

In recent research, the link between social deprivation and families' involvement with child and family services has been made starkly evident. *The Child Welfare Inequalities* project (Bywaters et al, 2016, see page 6) has found that children in the most deprived ten per cent of neighbourhoods in the UK are at least ten times more likely to be in care than children in the least deprived ten per cent, and 24 times more likely to be on a child protection register.

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1 Sources:

www.resolutionfoundation.org/publications/living-standards-2017-the-past-present-and-possible-future-of-uk-incomes

www.equalitytrust.org.uk/how-has-inequality-changed

www.theguardian.com/uk-news/2017/jan/10/uk-inequality-working-people-pensions-ons

This briefing seeks to build practice approaches to building resilience in the context of the social deprivation that is the experience of these families. It introduces a Resilience Framework and Tool (**www.boingboing.org.uk/index. php/resources/category/9-resilience-frameworks**) developed by Angie Hart and collaborators at boingboing, a learning community of researchers, practitioners, students, parent carers and young people, who share a passion to tackle the problems that affect the most under-resourced children and families. Boingboing take an evidence-informed approach combining:

> > research evidence on resilience

> > resilience-based practice

> > the lived experience of being and/or working alongside disadvantaged children and families.

This work takes a strong focus on thinking about and working with inequalities when taking a resilience-building approach (Hart et al, 2016) and suggests ways in which practitioners might join with service users to try to 'disrupt' or 'nudge' some of the larger social systems so that they better support the needs of children and families.

This briefing complements existing Research in Practice resources on resilience:

Promoting resilience in children, young people and families: Frontline Briefing, which introduces core practices for working with individual children and families -
www.rip.org.uk/promoting-resilience.

Building emotional resilience in the children and families workforce – an evidence-informed approach: Strategic Briefing, which supports managers to build organisational support to enable social workers and practitioners to flourish and avoid emotional exhaustion -
www.rip.org.uk/building-emotional-resilience.

The briefing has three main sections:

1. The latest definitions and thinking about resilience – and why it matters.

2. Introducing Resilient Therapy and the Resilience Framework.

3. Key messages to help you stay focused and hopeful in the midst of adversity.

Part One

The latest definitions and thinking about resilience – and why it matters

Resilience is most frequently described as 'positive development despite adversity' (Luthar, 2003) or 'the ability to withstand and rebound from disruptive life challenges, strengthened and more resourceful' (Walsh, 2008). Resilience researchers across the world seek to understand what takes place for those children and families who positively adapt to hardship.

The formal study of resilience can be traced back to the 1970s and it's a controversial and developing concept. Resilience is hard to measure, can be slippery to pin down and thinking shifts as we learn more. For a long time, research largely focused on individual children, in isolation from their environments and social situations, seeing resilience as a personal quality or a set of individual skills that 'enable one to thrive in the face of adversity' (Connor and Davidson, 2003).

The value of a concept of resilience that focuses entirely on individual traits has been challenged for seeming to support a 'just deal with it' attitude to poverty and deprivation (for example Garrett, 2016; de Lint and Chazel, 2013; Harrison, 2012).

While emerging research in neuroscience and genetics continues to explore biological factors (Dudley et al, 2011; Hill et al, 2015; Kim-Cohen, 2004), many researchers and theorists look beyond individual factors to a systems-based, *social ecological* approach to understanding resilience. From this perspective resilience in the face of adversity is not just about an individual's inner psychological resources or innate characteristics; it involves a combination of 'nature' (what a child is born with) and 'nurture' (what they learn and are offered along the way).

Resilience is not a personality trait. Children become more or less resilient depending on the opportunities they are given, not because they are born with a quality called 'resilience'. (Newman, 2011).

Resilience in context: A social-ecological approach

Socio-ecological models were developed to further the understanding of the dynamic interrelations among various personal and environmental factors. The best-known social ecological theory is that of Urie Bronfenbrenner (1979) and his description of the environment (or social ecology) at five different levels (see page 5) can be a useful tool for analysing a child's environment and context and help us decide *where* to concentrate our effort.

If you are working with a social ecological approach to resilience, you will pay attention to the way a child's environment (family, school, community and wider environment) can provide the support and resources needed for their healthy development. Boingboing use the term 'inequalities imagination' to describe what is required for a practitioner to take proper account of how social, economic and health inequalities in their environment impact on child and family difficulties (Hart et al, 2003; 2016; Prilleltensky and Prilleltensky, 2005; Prilleltensky et al, 2008). Developing an inequalities imagination will support a practice understanding of how wider social forces affect the capacities of individuals to change their own lives.

Bronfenbrenner's ecology systems

The **microsystem** is the immediate environment with which a child has direct contact, such as family, caregivers, peer groups, school and neighbourhood. The more encouraging and nurturing these are, the better the child will be able to grow. Furthermore, how a child acts or reacts to those people in the microsystem will affect how they treat the child in return. A child's genetic and biologically influenced personality traits (for example, temperament) may end up affecting how others treat them (and how children respond).
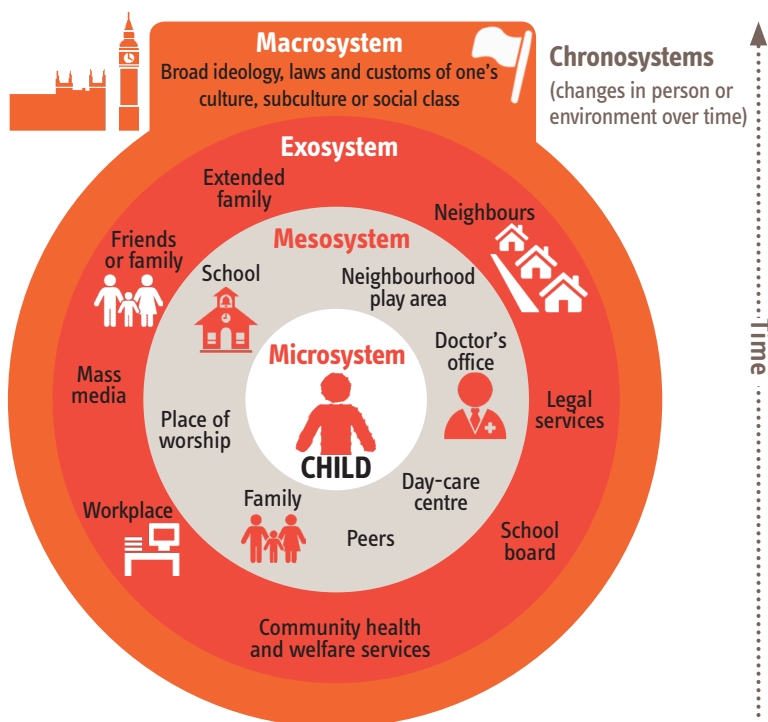
The **mesosystem** describes how the different parts of a child's microsystem interconnect, such as interactions between parents and teachers or relationships between the child's peers and their family. For instance, if caregivers take an active role with school, going to parent-teacher meetings or promoting positive activities, this will help the child's overall development.

At the **exosystem** level are people and places that are likely to have a large effect, even though the child may not interact with them very often. For instance, a parent's workplace does not involve the child but still affects them if their parent loses their job.

The **macrosystem** includes factors such as government policies, cultural values, the economy and political systems, which change over successive generations.

The **chronosystem** refers to life transitions and external environmental or socio-historical events that occur during a child's development and change how they interact with the rest, such as increased educational opportunities for girls, the timing of a parent's death or physiological changes that occur as the child ages.

Practitioners working directly with children and families may think that their work relates largely to the microsystem. However, practitioners have an important role in relation to recognising and addressing inequalities at many different levels.

Macrosystem
Broad ideology, laws and customs of one's culture, subculture or social class

Chronosystems
(changes in person or environment over time)

Exosystem

Mesosystem

Microsystem

Extended family

Neighbours

Friends or family

School

Neighbourhood play area

Doctor's office

Legal services

Mass media

Place of worship

CHILD

Day-care centre

School board

Workplace

Family

Peers

Community health and welfare services

Time

The relationship between poverty, child abuse and neglect (Bywaters et al, 2016)

This international research study shows that there is a strong association between families' socio-economic circumstances and the chances that their children will experience child abuse and neglect. The greater the economic hardship, the greater the likelihood and severity of child abuse and neglect.

Abuse and neglect are caused by many inter-related factors. Many children whose families are *not* living in poverty experience abuse or neglect and most children in families who *are* living in poverty are well looked after and have no such experience. Therefore, poverty is 'neither a necessary nor sufficient factor in the occurrence of abuse and neglect'. Nevertheless, the strong association exists.

The most widely given explanations for the relationship between family deprivation and the prevalence of abuse and neglect suggest either:

> a direct effect - through material hardship or lack of money to buy in support
> an indirect effect - through parental stress and neighbourhood conditions.

Evidence suggests that individual practitioners and children's services systems do not pay enough attention to the role of poverty in child abuse and neglect. It is vital, though, that this is framed as a matter of avoidable social inequality, not as another source of shame and pressure on individual disadvantaged families.

Child protection and the reduction of child poverty are usually thought of as two separate areas of policy but they need to be directly connected. Lessening family poverty across the population is likely to have a positive effect on reducing both the extent and severity of child abuse and neglect (Bywaters et al, 2016).

In light of this research, we can see how collective action to tackle the unequal structure of society needs to be a core part of resilience-building. When hardships faced by children and families result from embedded inequality and social disadvantage, resilience-based knowledge has the potential to influence the wider adversity context, as can be seen in the following practice example.

Practice example

Amaze, a charity in Brighton supporting parents of children with additional needs – **www.amazebrighton.org.uk** – wanted to help parents with the problem of exhaustion from lack of sleep. Getting enough sleep is a basic need and sleep problems threaten the physical and emotional wellbeing of disabled children and their families.

Through a resilience lens, getting enough sleep might be the key to a family doing much better than expected in very difficult circumstances. Highlighting this issue in their 'Family resilience audit' made the charity focus on doing something about it. First, they collected data via the city's Children's Disability Register to highlight the incidence of sleep problems and find the parents who identified this as a problem. Then, parent carers met to explore and support each other with the issue, reducing isolation and increasing their sense of belonging in the process.

One of the ways they coped was to organise and collectively lobby local services for more support using the data collected. They then joined forces with a country-wide campaign for improved access and availability of short breaks which led to the allocation of £280 million for short break care in the Treasury Review in 2007 (Department for Education, 2007).

As in this example, resilience includes the potential for marginalised people to challenge and transform aspects of their adversity, without holding them responsible for the barriers they face. There are countless examples, ranging from internationally known stories like that of Pakistani schoolgirl Malala Yousafzai, who survived an assassination attempt and continues to campaign for girls' education, to the group of young people with learning disabilities who developed collective ways to lobby for better public transport (Hart et al, 2016) to the everyday practices of community groups that develop collective resilience (Walker et al, 2017).

> *Resilience is overcoming adversity, whilst also potentially subtly changing, or even dramatically transforming, (aspects of) that adversity – or, put even more simply, beating the odds and changing the odds.*
> (Hart et al, 2013)

Putting effort into helping children, young people and parents mobilise together for the support they need is an important goal for practitioners; through these processes, individuals who feel oppressed or stigmatised can feel supported and their experience and knowledge elevated. The task for practitioners is to find ways to help increase families' access to 'the tools needed for self-sufficiency' (Mayer, 2003).

Part Two

Introducing Resilient Therapy and the Resilience Framework

Resilient Therapy (RT) was created by Angie Hart, a research academic, practitioner and parent of children with complex needs; Derek Blincow, a child psychiatrist; and Helen Thomas, a senior social worker and family therapist. Practitioners and parents of children with complex needs helped to develop and refine the approach. It was designed with the most under-resourced and socially excluded children and families in mind and is freely accessible for anyone to use at **www.boingboing.org.uk**.

One of its main tools is the **Resilience Framework**, which brings together knowledge from resilience research, the experience of practitioners and those living with adversity, into five key sections referred to as 'potions', each containing a number of interventions known as 'remedies'. As well as this framework aimed at children and young people, there is one for families and another for vulnerable adults.

Why potions and remedies?

Resilience does not come from rare and special qualities, but from the everyday magic of ordinary, normative human resources in the minds, brains and bodies of children, in their families and relationships, and in their communities.
(Masten, 2001)

The potion and remedy metaphor is intended to suggest an element of 'everyday magic'; that paying attention to and choreographing simple, ordinary things in life can make all the difference. Many children and families like this language; for other individuals and cultural groups this language of magic won't be appropriate and the language may be adapted as necessary.

The five potions:

Basics – ensuring the necessities needed for life are in place: like food, sleep, exercise, money, housing, a safe space and the right to be free of prejudice and discrimination.

Belonging – encouraging good relationships: concentrating on positive times and places, remaining hopeful about new connections and having people in your life you can count on.

Learning – having opportunities in and outside of school to develop interests, talents and life skills, including mapping out or having a view to the future.

Coping – embedding the skills needed to manage the knocks of everyday living like problem-solving, staying calm and leaning on others if needed.

Core self – developing those things that help children to develop a strong sense of themselves, including ways to build and nurture their confidence, self-esteem and character.

The Resilience Framework is summarised within the Tool that accompanies this briefing, which can be downloaded from **www.rip.org.uk/frontline**.

Each of these five 'potions' contain up to 12 interventions or 'remedies', from which to appraise and choose what is needed to strengthen a child or family situation, often drawing on more than one area in an effort to support and nudge positive change.

The ideas offered in the Resilience Framework are not hierarchical. Starting anywhere will be good enough and, in fact, wherever you start is likely to have a knock-on effect and build other areas of resilience.

The Resilience Framework is underpinned by a set of key principles called 'The Noble Truths', which were inspired by teachings from Buddhism. They describe underlying values for resilience-building work and can be helpful when the complexity of practising in constellated disadvantage threatens to overwhelm us.

The Noble Truths

> **Accepting** – starting with exactly where a child or family are at, even if it means being at a very sore point, returning to 'unconditional positive regard', which means trying not to judge people and appreciating them for their basic humanity come what may.

> **Conserving** – holding onto anything good that has happened up until now and building on it. When there is so much difficulty around, 'preserving' the little positive that there is becomes even more precious.

> **Commitment** – staying in there and being explicit about what your commitment can be. Being realistic about what's doable and not giving up or expecting things to change overnight.

> **Enlisting** – seeking others to help and moving on from those who might have let us down in the past, noticing that we may not be enough or we may be too much.

Practice example

On a home visit, Jo (a family support worker) introduces Mika, (a mother of two children with complex needs) to the Framework. Jo explains that there is a lot of research and strong messages from people who manage to come through hard times, about what builds resilience and asks Mika if she wants to have a go together, to see if it makes sense.

Starting with the five key potions, they have a conversation about what these mean and Jo explains that the columns of remedies are things we can do to build up these key ingredients.

Jo asks Mika to think about one of her children and their resilience. By using a red, yellow and green pen, she explains that they can record what's going well (green), what is ok but could be better (yellow), or what is not going so well (red). It's always good to start with something going well, so Jo suggests looking for a box to shade green.

They start with **Basics**. Mika says that their *housing is ok* since they were rehoused and each child has their own room now. Mika is encouraged by the support worker to remember the effort she put into making the move happen and shades the box green. They then have a look at the **Belonging** column and Mika stops at *keep relationships going*.

She says she always insists her children send thank you texts for birthday cards because she wants them to have nice manners, but also because it helps people to think kindly of them and to stay in touch. Mika then scans across the framework, stopping at the **Coping** ideas. She explains that the school mentor has taught her son a few new ways to *calm himself down* when he is about to kick off and so she has tried them at home. She's reminded that it's not always down to her, and that what others around her children do matters too.

Then Jo and Mika choose two things from the framework to work on over the coming weeks. Mika thinks that it might be possible to persuade her son to walk the neighbour's dog once a week, so she is going to have a word with her neighbour to see if they would ask her boy directly about help with the dog and to explain the value of him getting some good feedback from someone other than herself. She hopes it might build his sense of *belonging* and get him out in the *fresh air exercising,* but she might have to go with him to start with. Jo says that next time they meet, she must remember to explain the 'Noble Truths' and that Mika can always ring if she wants to talk it over more.

Following the example of how you might use the framework with an individual family, it's useful to go back to Bronfenbrenner and think about using the Framework across his five systems. In the example below, four of the five systems are used to explore practice approaches to support a child with behaviour challenges which were identified by their teacher.

Micro: The school's mental health worker supports a teacher to improve the anger management skills of an individual child by honing in on the '*understanding boundaries*' potion on the Resilience Framework. They enlist the child's parent in that task, having explored with them some of the underlying causes of the child's behaviour, which were partly down to issues at home.

Meso: The class teacher offers adapted curriculum and new strategies such as 'time-out' cards, responsibility for extra tasks and attendance at after-school club activities; the child needs more adult support so the mental health worker engages community-based mentors.

Exo: The school mental health worker engages the whole school to increase staff understanding of behaviour issues, increase support skills and work with parents on joined-up strategies. The student council considers the issue of behaviour support and offers its perspectives at meetings with senior leaders and at a series of assemblies.

Macro: Parents and staff encourage Ofsted to reward behaviour support success; lobby national education policies to promote behaviour support expertise.

Resilience ideas always worth strengthening

Doing all you can to help a child to:

> Have **opportunities to contribute.** For example, raising money for charity.

> Experience a **sense of purpose.** Could be anything – meaning of life or just why we're getting up and going to school that day.

> Realise or set up a **talent or healthy interest.**

> Experience a **sense of self-efficacy –** helping a child to understand what they are good at and to believe they can have an impact on their life.

> Develop their skills in **reflective self-functioning**. For example, understanding why another child is upset and knowing what they think about you.

> Ensure they have **one good adult role model, preferably over time.**

> Have a **'coherent autobiographical' narrative**, or a cover story for what has happened to them in life and a way of joining up bits of their life so it makes overall sense.

> Be able to **self-sooth or calm themselves down.**

> Build their **ability to problem-solve.**

> Understand their **place in the world**, or their own disadvantage in the context of social inequalities. This is tricky and needs sensitivity. If you get it right, this should result in a child feeling less responsible for what is clearly a social responsibility (for example, housing).

Working with resilience and an inequalities imagination doesn't mean ignoring individual factors, but focusing on individual resilience without considering the wider context misses the importance of the way the constant and dynamic interplay with family, school, community and broader social systems affect children for better or for worse (Marmot, 2010; Wilkinson and Pickett, 2010).

You might start at the micro level by working to build awareness of a child's strengths and talents, and help them to understand their place in the world – this could also stretch to increasing their understanding of their rights and opportunities to participate in society. This might include consciousness-raising in relation to inequalities they might face in relation to race, class, gender, disability, sexuality, etc.

Prilleltensky suggests that 'it can be useful to identify characteristics of the setting that are empowering, liberating and health-giving' (2012) and to ask is your family, or your school, or your neighbourhood, or government policy, holding you back or helping you to thrive?

Blackpool is working to support children's mental health through the Big Lottery Funded five year HeadStart programme, which began in 2016. As part of this initiative boingboing is using a community development approach to embed Resilience Therapy (RT), with many practitioners across the town being trained, alongside parents and young people.

Social care practitioners are involved in understanding and promoting the common language of RT with everyone, including parents and young people. Social care practitioners are applying RT in their own practice (for example, families can access resilience coaches to help them use the Resilience Framework in their own lives) and enabling people to access and develop collective initiatives such as the monthly Resilience Forum for education, discussion, debate and activism. HeadStart aims to be a *social movement* rather than a health and social care intervention.

Part Three

Key messages to help you stay focused and hopeful in the midst of adversity

Much of what has been written here chimes well with basic social work and family support practice, and with a community development focus that has been somewhat lost in social work in recent years. Even though we may feel weighed down by individual cases, it is important to look at the wider picture (Hill and Hart, 2016).

For boingboing, trying to influence the conditions that shape the circumstances of children and families' daily lives is a core part of direct practice. Ideas for resilience-working with an inequalities imagination include:

> Consciousness-raising through working with individuals or groups in relation to the various inequalities they might face.

> Emancipatory learning, adult education and legal rights education.

> Mobilising communities, neighbourhood organisation and community development.

> Advocacy work, civic activism or advocating for others can inspire transformation.

> Negotiating, developing and using persuasion skills.

> Lobbying, campaigning and understanding the stages of policy and law-making and, thus, where to focus your effort.

> Co-production, distributing leadership, participatory action research.

(Abercrombie et al, 2015; Croft and Beresford, 1993; Gaventa, 2006; Green, 2016; VeneKlasen and Miller, 2002; Lyne de Ver, 2009).

We all have preferences for where we allocate our efforts and sometimes we can be blinkered to alternative ways of making good resilience moves. Reflective supervision helps us to understand our own blinkers, and a supervisor who is willing to challenge us to think beyond an 'individual approach' can be a good place to start (Aumann and Matthews, 2011; Grant and Kinman, 2014).

Here are some ideas that practitioners using a resilience-building approach identify as important (Hart et al, 2007):

> **Focus on the choreography** of your practice. Resilience-based practice is complex and needs careful planning. Who are you working with, what you are trying to achieve and how are you bringing together a combination of support interventions from the whole Resilience Framework?

  The **management of effective detail** and doing the little things that can make a big difference to something working or not is key here. Making **resilient moves** involves a process of thinking, choosing and acting in specific ways to embed aspects of the Resilience Framework in the midst of adversity. If you're feeling overwhelmed, come back to the Framework and think about just one resilient move you can make.

> **Think in terms of positive chain reactions.** Setting up activities or relationships that then prompt an important change in direction or help to create **turning points** is really important. While we cannot predict those **tipping points,** when small changes create larger ones holding in mind the possibility and hope of change can sustain us.

> **Consider ways to minimise the impact of what we call 'organisational promiscuity'**, where workers, policies, service thresholds and assessments change and alter constantly.

> Help **parents to apply the Framework to** themselves as well as their children. Aumann and Hart (2009) have lots of tips on how to do this.

> Avoid what we call 'down building' or 'deficit talk'; that is, primarily focusing on the negative.

> **Scaffolding** and offering children and families either temporary or longer-term support can help to move them to stronger positions.

> **Copy the Resilience Framework and put it in your diary**. It can be a surprisingly good physical prop to look at when you don't know where to turn.

> **If you're not naturally inclined towards political or social activism, play with the idea in your head and get used to thinking about your practice with Bronfenbrenner's diagram in mind**. Imagine the greater influence you might have if you stepped up your practice in this way.

Top Tips for giving Resilient Therapy a go:

> **Practice** – being creative. Start out small and try just one thing at a time. Strike a balance between taking the risk to give new ideas a go and choosing something that is reasonably achievable. This way you are more likely to have some success, which can often encourage us to keep on trying.

> **Experiment** – children and families won't know whether or not you feel confident about what you're doing, so pretend you are! This allows you to test out new ideas and possibilities even though you're unsure about the outcome.

> **Expect the unexpected** – if you want something to change then be specific, but also remain open to new opportunities, new information and things going a little slower (or quicker) than you might have hoped.

> **Change your focus** – aim to have a few ideas and strategies up your sleeve. This takes the pressure off and gives you other options to try out if necessary.

> **Pick your moments** – decide the best time to give a new idea a go and think about when it's likely to suit the child or family, and you, the best.

> **Listen to children and families** – no matter how old a child is, you have to work at their pace. Use their response to help you, but remember, sometimes things get worse before they get better. It can often be important that they understand what you're doing, as it's their chance to learn what you are encouraging.

> **Take it easy on yourself** – it's reasonable given the nature of what you're doing, and the huge but different demands made of parents and practitioners, to build in breaks, rewards and incentives. Looking after yourself helps to hold the resilient approach in mind. Keep an eye on your own resilience.

> **Notice the little things** – take time to think about the little shifts and achievements. In the context of supporting children with complex needs, they might be huge. Change can come so slowly that it's actually a real skill to notice it. Or it may be that something hasn't got worse, when it might have done if you hadn't stepped in.

Further reading

There are a range of free downloadable resources on the boingboing website and a free monthly Resilience Forum that everyone is welcome to attend in either Brighton or Blackpool.
www.boingboing.org.uk

The Resilience Framework

Looked After Children
www.boingboing.org.uk/index.php/ getting-hold-of-our-stuff/10-static-content/static-pages/191-one-step-forward

Kinship Carers Resource
www.boingboing.org.uk/index.php/ resources/category/13-kinship-carers

Visual Arts Practice for Resilience
www.boingboing.org.uk/index.php/ resources/category/8-arts-resources

Mental Health and the Resilient Therapy Toolkit
www.boingboing.org.uk/index.php/ resources/category/2-rt-toolkit

Resilience Forum
www.boingboing.org.uk/index.php/ resilience-forum

Academic Resilience Approach resources for schools
www.boingboing.org.uk/index.php/ resilience-in-practice/ara

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