

## Jargon-Busting Sheet for Resilience Forum

Anyone 'with a pulse' and an interest in resilience is invited to attend the Resilience Forum, so we try to make it as accessible as we can. To encourage everyone to use clear and inclusive language, and explain clearly what they mean, we are developing this jargon-busting sheet.

PS We have quite a mix of people who come along, with varying levels of knowledge about resilience, including personal experience, and everyone's opinion is valid. It is important to bear in mind that some people in the room may be coming at the issue from a very different view point. Topics often bring up strong feelings, and we ask everyone to try to be sensitive to this. Everyone is welcome to offload afterwards with a chat and a cup of tea.

### Jargon you might hear

**Academic** – Often used to refer to lecturers and researchers within a university or place of education.

**Academic Resilience Approach** – “Beating the odds for better results”, a free, collaborative, resilience-based whole-school approach devised by Lisa Williams and Angie Hart and adopted by YoungMinds ([http://www.youngminds.org.uk/training\\_services/academic\\_resilience](http://www.youngminds.org.uk/training_services/academic_resilience)).

**Adversity** - A state or instance of serious or continued difficulty or misfortune. Societally disadvantaged groups face greater and more complex adversity contexts than others. Examples include: living with a physical or mental disability, having a mental health issue/s, economic disadvantage, suffering a family breakdown or experiencing a bereavement.

**ARA** – Academic Resilience Approach (whole school resilience approach)

**Asperger's** – Asperger syndrome, or Asperger's, is a previously used diagnosis on the autism spectrum. In 2013, it became part of one umbrella diagnosis of autism spectrum disorder (ASD) in the Diagnostic and Statistical Manual of Mental Disorders 5 (DSM-5). Typically, strong verbal language skills and intellectual ability distinguish Asperger syndrome from other forms of autism. (<https://www.autismspeaks.org/what-asperger-syndrome>)

**Autism** – Autism is a lifelong developmental disability that affects how people perceive the world and interact with others. Autistic people see, hear and feel the world differently to other people. If you are autistic, you are autistic for life; autism is not an illness or disease and cannot be 'cured'. Often people feel being autistic is a fundamental aspect of their identity. Autism is a spectrum condition. All autistic people share certain difficulties, but being autistic will affect them in different ways. Some autistic people also have learning disabilities, mental health issues or other conditions, meaning people need different levels of support. All people on the autism spectrum learn and develop. With the right sort of support, all can be helped to live a more fulfilling life of their own choosing. (National Autistic Society, <https://www.autism.org.uk/about/what-is/asd.aspx> )

**Boingboing CIC** – Our resilience research and practice social enterprise and website where you can find information about the Resilience Forum and a selection of our materials ([www.boingboing.org.uk](http://www.boingboing.org.uk)).

**CAMHS** – Child & Adolescent Mental Health Service – a service that specialises in providing help and treatment for children and young people with emotional, behavioural and mental health difficulties.

**Clinical** – Involving or relating to the direct medical treatment or testing of patients.

**CMHT** – Community Mental Health Team, community-based services for people who are experiencing mental health issues, from mental health professionals such as community mental health nurses, social workers, occupational therapists, support time recovery workers, administration workers, psychiatrists & psychologists.

**Collaborative** - Collaboration is when two or more people or groups work together through idea-sharing and thinking to accomplish a common goal. It is teamwork taken to a higher level. We believe that effective collaboration can produce new insight and innovation through synergies of different views, perspectives and experiences.

**Community of Practice (CoP)** – Communities that bring together individuals with different backgrounds but a shared passion, where everybody’s knowledge and contribution is treated as equal. The Resilience Forum itself can be considered as an on-going open-ended CoP with an open membership.

**Complex needs** - People with complex needs are understood as having multiple issues in their lives which can include: mental health and/or addictions, developmental issues, involvement in the Criminal Justice system, problems finding and maintaining housing etc. These needs, often in combination with one another, require individuals to access services and support from a wide variety of government systems and community organizations. (<http://navnetnl.ca/needs/>)

**Constellated disadvantage** – Being subjected to multiple forms of risk and adversity, which can cause a domino effect. For example, having a mental health issue meaning that you’re more likely to be unemployed and the lack of income resulting in an increased risk of homelessness.

**Co-production** – Co-production is a way of working that utilises the experience, knowledge and skills of a range of stakeholders to design, produce and deliver better services and resources. It is a highly participative version of “engagement”, which is perhaps a more familiar term for some. It is a value-based approach underpinned by principles such as inclusivity, asset-based, mutuality or reciprocity, co-operation, active agency and disruption of traditional power dynamics.

**CRSJ** – Centre of Resilience for Social Justice (University of Brighton)

**CUPP** – The Community-University Partnership Programme at the University of Brighton, which aims to create lasting partnerships between local communities and the University, helping develop ideas into projects, providing start-up funding, and helping networks and communities of practice to develop (<http://www.brighton.ac.uk/cupp/>).

**EHWB** – Emotional Health and Wellbeing

**Evidence-base** – The collection of knowledge and research results in a particular subject area.

**Evidence-based practice** – Locating, evaluating, and using up-to-date and valid research findings, to inform decision making at work (or at home).

**Hidden and visible disability** – A visible disability is a disability that another person could see just by looking at the person e.g. people who have had limbs amputated, wheelchair users or people who have Down Syndrome. A hidden disability is one which people wouldn't be able to see immediately. For example, some learning disabilities, bipolar disorder, OCD or ME.

**IRT** – Introduction to Resilient Therapy (training course)

**Kinship carer** – A type of care and living arrangement for a child who has to live away from his or her parental home, and is cared for full-time by a member of the child's extended family or a friend, often a grandparent, older sibling, aunt, or family friend (<http://www.kinshipcareuk.org.uk/>).

**Learning difficulty/disability** – Learning disability covers a wide range of abilities and needs. It can be associated with greater challenges in everyday activities – for example household tasks, socialising or managing money – which affects someone for their whole life. People with a learning disability might take longer to learn and may need support to develop new skills, understand complicated information and interact with other people. The level of support someone needs depends on the individual. For example, someone with a mild learning disability may only need support with things like getting a job. However, someone with a severe or profound learning disability may need full-time care and support with every aspect of their life – they may also have physical disabilities. People with certain specific conditions can have a learning disability too. For example, people with Down's syndrome and some people with autism have a learning disability. It's important to remember that with the right support, most people with a learning disability in the UK can lead independent lives. ([www.mencap.org.uk/learning-disability-explained/what-learning-disability](http://www.mencap.org.uk/learning-disability-explained/what-learning-disability)). It is also important to remember that people with learning disabilities/difficulties are also very skilled in other aspects of their lives, depending on the disability and the individual.

**Participatory Action Research** - Participatory Action Research (PAR) is an approach to enquiry which has been used since the 1940s. It involves researchers and participants working together to understand a problematic situation and change it for the better. There are many definitions of the approach, which share some common elements. PAR uses a range of different methods, both qualitative and quantitative. ([www.participatorymethods.org](http://www.participatorymethods.org))

**Pathologizing** – To label someone as abnormal because they live with a medical condition, disability or mental health disorder.

**PhD student** – A university student working towards an advanced degree called a “doctorate” by undertaking an original piece of research work and writing a very long dissertation that very few people will read.

**Practitioner** – Broad term for a person engaged in the ‘practice’ of a profession or occupation, often used to refer to youth workers, community workers, social workers, nurses, teachers etc.

**Research** - The systematic investigation into and study of materials and sources in order to establish facts and reach new conclusions.

**Resilience** – “Positive adaptation to adversity despite serious threats to adaptation or development” (Masten, 1994), “Doing better than you'd think given the circumstances” or “Beating the odds whilst also changing the odds”.

**Resilience Framework** – The Resilience Framework (Hart, Blincow and Thomas, 2007) is based on Resilient Therapy (RT), the name we've given to the set of ideas and practices, or 'Resilient Moves' originally developed by Angie Hart and Derek Blincow, with help from Helen Thomas, with people can do or be supported to do in order to become more resilient.

**Resilient Therapy (RT)** – The name we've given to the set of ideas and practices originally developed by Angie Hart and Derek Blincow, with help from Helen Thomas, after looking at research evidence, practice experience and parenting knowledge.

**SEMH** – Social, emotional and mental health (SEMH) Children and young people may experience a wide range of social and emotional difficulties, which manifest themselves in many ways. These may include becoming withdrawn or isolated, as well as displaying challenging, disruptive or disturbing behaviour. These behaviours may reflect underlying mental health difficulties such as anxiety or depression, self-harming, substance misuse, eating disorders or physical symptoms that are medically unexplained. Other children and young people may have disorders such as attention deficit disorder, attention deficit hyperactive disorder or attachment disorder. (SEND Code of Practice, Jan 2015, [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/398815/SEND\\_Code\\_of\\_Practice\\_January\\_2015.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/398815/SEND_Code_of_Practice_January_2015.pdf) )

**SENCO** - Special Educational Needs Co-ordinator, the person within a school who co-ordinates additional support for pupils with SEN (Special Educational Needs) and liaise with their parents, teachers and other professionals who are involved with them to develop effective ways of overcoming barriers to a child's learning and ensuring they receive effective teaching.

**SEND** – Special Educational Needs and Disability. This term is most commonly used in education, social care and health services.

**Service user** – Someone who has, does or will receive a voluntary or statutory 'service' such as social services, medical or mental health services. This includes young people with experience of being looked after in care, people with learning difficulties, mental health service users, older people, people with physically and/or sensory issues, people using palliative care services and people with drug and alcohol problems (<http://www.scie.org.uk/publications/guides/guide04/gs/10-3.asp>).

**SHS** – The School of Health Sciences, within the University of Brighton where the CRSJ and Boingboing are based.

**UoB** – The University of Brighton.

**YP/Young person** – The definition of 'young person' is up for debate. However, it is usually under the age of 18, or under 25 for young people with more complex needs or additional challenges.

### **Resilience Potions (Sections of the Resilience Framework)**

**Basics** – The essential necessities needed for life such as: good enough housing, living free from prejudice and discrimination, enough money to live and a healthy diet.

**Belonging** – This potion helps a person to form good relationships with family and friends. Resilient moves from this potion include: The more healthy relationships the better, take what you can from relationships

where there is some hope, predicting a good experience of someone or something new, making friends and mixing with others and tapping into good influences.

**Learning-** This potion is not just about learning through education, but learning life skills, talents and interests all through life. Resilient moves from this potion include: Engaging mentors

**Coping-** These resilient moves help a person to get by in everyday life: Examples include: Calming down and self-soothing, problem solving, remembering tomorrow is another day and understanding boundaries and keeping within them.

**Core Self** – This potion contains resilient moves which help to shape a person’s character. It includes moves like: instilling a sense of hope, understanding other people’s feelings, fostering talents and understanding yourself.

### **The Noble Truths (Resilience Framework)**

**Accepting-** This involves properly understanding our resilience baseline for either individual people or communities. So, knowing how what areas of resilience they are doing well with, and which need attention are essential to this. Accepting involves concentrating on what needs to happen and getting on with it and making sensible timelines to do so.

**Conserving** - Lots of good things that have happened in people’s lives can get lost, especially when things aren’t going smoothly. Preserving those good things, noticing them and even sometimes having to dig deep and resurrect them are important.

**Commitment** – Commitment is about holding true to the amount of time, resource and energy you’re going to give to yourself or another person to support being resilient. It’s also about letting yourself be free from the identity of ‘support’ when you’ve committed the time that you agreed to. This helps to ensure longer-term commitment.

**Enlisting** - Some people might need more people involved in supporting them, and you might have to enlist others quite specifically to achieve some well-defined resilience goals. Enlisting is about focussing exactly on who you need with specific skills, not getting too many others involved and getting confused as to who is supporting what part of the process.

If you frequently hear other words that are never explained, let us know what they are so that we can add them to this sheet. As this sheet is constantly under development, if anything is not clear, or could be explained better, please let us know! If you feel shy you can email us instead at [info@boingboing.org.uk](mailto:info@boingboing.org.uk)