

## Building resilience



### **What is resilience?**

Resilience is a key factor in protecting and promoting good mental health. It is the quality of being able to deal with the ups and downs of life, and is based on self esteem. Fonagy defines resilience as 'normal development under difficult circumstances'<sup>1</sup>

### Resilience around the world

Dr. Michael Ungar, in his work with the International Resilience project, has suggested that resilience is better understood as follows:

*"In the context of exposure to significant adversity, resilience is both the capacity of individuals to **navigate** their way to the psychological, social, cultural, and physical resources that sustain their well-being, and their capacity individually and collectively to **negotiate** for these resources to be provided in culturally meaningful ways."*

This definition shifts our understanding of resilience from an individual concept, popular with western-trained researchers and human services providers, to a more culturally embedded understanding of well-being. Understood this way, resilience is a social construct that identifies both processes and outcomes associated with what people themselves term well-being. It makes explicit that resilience is more likely to occur when we provide the services, supports and health resources that make it more likely for every child to do well in ways that

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<sup>1</sup> Fonagy, P. et al (1994) *The theory and practice of resilience*. Journal of Child Psychology and Psychiatry. 35,2,231-257

are meaningful to his or her family and community. In this sense, resilience is the result of both successful **navigation** to resources and **negotiation** for resources to be provided in meaningful ways.

Some of the many different factors that affect resilience include:

- secure early attachments
- confidence of being loved and valued by one's family and friends
- clear sense of self-identity (personal, cultural and spiritual)
- sense of self-efficacy (being able to make decisions and act independently)
- confidence to set goals and attempt to achieve them<sup>2</sup>.

### **Three building blocks of resilience**

The three fundamental building blocks of resilience that underpin the many factors are:

1. A secure base, whereby a child feels a sense of belonging and security
2. Good self esteem, that is, an internal sense of worth and competence
3. A sense of self-efficacy, that is, a sense of mastery and control, along with an accurate understanding of personal strengths and limitations.

(Gilligan, 1997)

Gilligan goes on to identify six domains that contribute to the three building blocks of resilience. These 6 domains can be used understand the areas of impact on a children's resilience:

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<sup>2</sup> *Quality Protects Research Briefing – No 9 : Promoting the mental health of children in need. (Dr Heather Payne & Professor Ian Butler) 2003 DfES, Research in Practice.*



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Each of these domains can be assessed using the Assessment Framework as demonstrated below:

Child health and development	Six domains of resilience
<ul style="list-style-type: none"> <li>• Health</li> <li>• Education</li> <li>• Emotional and behavioural development</li> <li>• Family and peer relationships</li> <li>• Self care and competence</li> <li>• Identity</li> <li>• Social presentation</li> </ul>	<ul style="list-style-type: none"> <li>• Secure base</li> <li>• Education</li> <li>• Secure base/friendships/positive values</li> <li>• Secure base/friendships</li> <li>• Secure base/social competencies</li> <li>• Talents and interests</li> <li>• Social competencies</li> </ul>

By relating the resilience model back to the assessment framework it enables the practitioner to integrate resilience into their assessment and planning work.

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<sup>3</sup> (Brigid Daniel & Sally Wassell – Assessing & Promoting Resilience in Vulnerable Children)

- Understanding a child's resilience factors are crucial when planning to intervene effectively.
- Plans need to take into account both the external protective factors and the internal resilience. These should then be understood in the context of the adversity and protective factors within the child's family, friends, community and environment.



This model can be enriched by adding the understandings of the cultural context that have been drawn from the work of the International resilience project. By placing the child within their cultural frame, and understanding resilience as the ability to negotiate the tensions between the individual and the environment around them it helps broaden the focus from the ages and stages and attachment based model that applies more accurately to experiences of western children.

### **Placing resilience within a cultural framework**

The international resiliency project research also highlights a sense of a power greater than themselves and understanding of their place within the community and an ability to be able to negotiate with that community for resources.

When looking at this model it is important to place it within the cultural context of the child and their family. In other parts of the world, spirituality informs and impacts upon children and families belief in their own ability to make choices and have impact on the environment around them. Their sense of self may be rooted in things other than getting their needs met as an individual.

Below is a table that was amalgamated as part of the research carried out by the International resilience project. It highlights both the common and different responses from children in westerns cultures and those in non western cultures in terms of their sense of attachment, self efficacy and competency. <sup>4</sup> The varying answers to the same set of questions highlight the different ways the groups experienced these phenomena in their lives.

<b>Table 14: Thematic Content of Each Factor by Factor Structure*</b>			
<b>Western girls and boys</b>	<b>Non-western girls</b>	<b>Non-western boys, high social-cohesion</b>	<b>Non-western boys, low social-cohesion</b>
The way I live my life reflects the values of my community (.86)	I experience self-efficacy individually and in community relationships (.82)	I have a respected place in my community (.77)	My health and social needs get met (.70)
My future is mine to create alone and with the help of others (.84)	Solutions to life's challenges are rooted in relationships (.72)	I experience self-efficacy (.75)	I am confident (.91)
I am socially mature (.80)	I have my emotional and instrumental needs met (.77)	I have emotional maturity (.56)	I can express myself in ways I value and others value about me (.92)
I do things adults do (.78)	My life philosophy is rooted in my culture (.75)	I feel responsible for my community (.61)	I have a life-philosophy (.82)
I experience intergenerational respect (.79)	I experience intergenerational expectations (.70)	I live my spirituality (.61)	I am attached to my local culture (.73)
I have values that guide my life, reflecting the social institutions around me (.68)	I show adherence to my local culture (.63)	I am socially competent (.55)	I am responsible for myself and others (.99)
I experience social acceptance of my peers (.52)	I balance dependence and independence with my family (.56)	I behave like an adult (.43)	I have cultural and familial roots (.67)
I have a life philosophy (.48)		My community functions well (.34)	
I have self-worth (-.23)		I am emotionally mature (.35)	

This study further highlighted a number of tensions that young people across the globe seem to experience. It seemed to the research team that the resolution or managing of these tensions contributed to the perception of the resilience.

<sup>4</sup> Pg 15, International Resilience project, January 2006

## **The Seven Tensions**

- |                                 |   |
|---------------------------------|---|
| 1. Access to material resources | Availability of financial, educational, medical and employment assistance and/or opportunities, as well as access to food, clothing, and shelter                        |
| 2. Relationships                | Relationships with significant others, peers, and adults within one's family and community  |
| 3. Identity                     | Personal and collective sense of purpose, self-appraisal of strengths and weaknesses, aspirations, beliefs and values, including spiritual and religious identification |
| 4. Power and control            | Experiences of caring for oneself and others; the ability to affect change in one's social and physical environment in order to access health resources                 |
| 5. Cultural adherence           | Adherence to one's local and/or global cultural practices, values, and beliefs  |
| 6. Social justice               | Experiences related to finding a meaningful role in community and social equality   |
| 7. Cohesion                     | Balancing one's personal interests with a sense of responsibility to the greater good; feeling a part of something larger than oneself socially and spiritually         |

## **Implications for Intervention**

Interventions that seek to bolster aspects of resilience in culturally diverse populations of at-risk children and youth will succeed to the extent that they accomplish the following:

1. Privilege local knowledge about aspects of resilience, comparing and contrasting these to the results of studies from other cultures and contexts. Evaluating outcomes will require participation from local stakeholders in the definition of meaningful and positive health indicators relevant to the population studied.
2. Evaluate the influence of each aspect of resilience on health outcomes taking into account the specific context in which it is found. Interventions need to be sensitive to which aspect of resilience, in a specific context, will have the greatest impact on a particular population.

3. Intervene in multiple forums of young people's lives (e.g. personal counselling, family based interventions, school programs, community mobilization) at the same time in ways that acknowledge the ecological nature in how youth experience resilience.

4. Intervene in ways that address the many different pathways through the seven tensions that children and youth navigate. Interventions that help children to navigate to health resources and negotiate for what they need to resolve these tensions are those most likely to be helpful.

Through the iterative process of the research design, implementation, and analysis, it has been shown that resilience is a culturally and contextually sensitive construct. Therefore, projects that work well with youth in one context are not necessarily going to work well in another. Researchers will need to be more participatory and culturally embedded to capture the nuances of culture and context, while avoiding bias and designing interventions to promote how resilience is understood. The better a youth's own constructions of resilience are documented, the more likely it will be that those intervening identify the specific aspects of resilience most relevant to health outcomes as defined by a particular population.

### **A Multi dimensional Model of Resilience**

There are many factors associated with resilience. Use of the factors below during assessment will support a culturally embedded understanding of resilience.

The more common aspects of successful navigation and negotiation for well-being under stress include the following:

#### **Individual Factors (child health and development)**

- assertiveness
- ability to solve problems
- self-efficacy
- ability to live with uncertainty
- self-awareness
- a positive outlook
- empathy for others
- having goals and aspirations
- ability to maintain a balance between independence and dependence on others
- appropriate use of or abstinence from substances like alcohol and drugs
- a sense of humour
- a sense of duty (to others or self, depending on the culture)

**Relationships Factors (Parenting capacity/wider family)**

- parenting that meets the child's needs
- appropriate emotional expression and parental monitoring within the family
- social competence
- the presence of a positive mentor and role models
- meaningful relationships with others at school, home, and perceived social support
- peer group acceptance

**Community Factors (Environmental factors)**

- opportunities for age-appropriate work
- avoidance of exposure to violence in one's family, community, and with peers
- government provision for children's safety, recreation, housing, and jobs when they are at the appropriate age to work
- meaningful rights of passage with an appropriate amount of risk
- tolerance of high-risk and problem behavior
- safety and security
- perceived social equity
- access to school and education, information, and learning resources

**Cultural Factors (child health and development/wider family/identity)**

- affiliation with a religious organization
- tolerance for different ideologies and beliefs
- adequate management of cultural dislocation and a change or shift in values
- self-betterment
- having a life philosophy
- cultural and/or spiritual identification
- being culturally grounded by knowing where you come from and being part of a cultural tradition that is expressed through daily activities

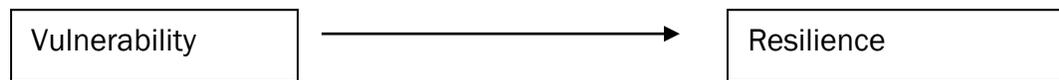
**Physical Ecology Factors (environmental factors)**

- access to a healthy environment
- security in one's community
- access to recreational spaces
- sustainable resources
- ecological diversity (for more on this, see [www.resilienceproject.org/](http://www.resilienceproject.org/) and our publications)

Resilience looks different for each age and stage of development although some factors are common no matter what age. Even though there are common and known factors for children, what is not known is how each area will interplay with the other to affect the individual child.

Resilience and vulnerability are internal characteristics which are shaped by the child's own genetic, nature and nurture factors, along with their own character and how they perceive and respond to situations.

### Internal characteristics



- Assessing resilience is important because it is associated with better long-term outcomes for children, therefore it can be used to guide planning for children whose lives have been disrupted by abuse or neglect and who might require to be looked after away from home (Gilligan, 1997).
- It cannot be looked at in isolation, as the extrinsic factors of protective and adverse environments will interact with the internal model of the child.

### External Characteristics



- Adversity and protective factors come from outside in the child, in the behaviour of adults, the resources available in the community and the ability of the child and family to make use of these.
- Combined these areas create a balance picture of the child, their family and the environment they live in, and how they interact with each other.
- It is important to remember that a child is not a passive receptacle. Interactions between themselves and other people and the environment in which they live will shape their experiences and development. How they respond to adversity will depend upon their own resilience and vulnerability.

- It is in observing and analysing the interactive factors of resilience, vulnerability, adversity and protective factors that we start to understand how best to begin to meet the child's needs.
- The model below has been developed to support practitioners to understand the interaction between the factors and gain some sense of the risks of impairment to the child's health and development and plan interventions.

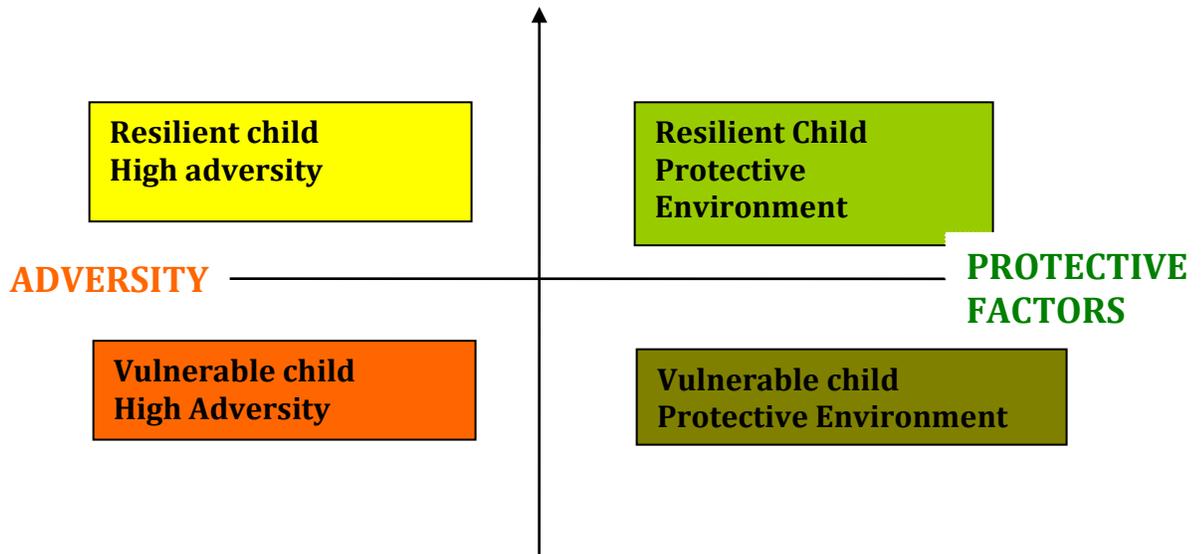
- Variables**
- Timing & age
  - Multiple adversities
  - Cumulative protective factors
  - Pathways
  - Turning points
  - A sense of belonging

• **RESILIENCE**

- Good attachment
- Good self-esteem
  - Sociability
  - High IQ
- Flexible temperament
- Problem solving skills
- Positive parenting
  - Attractive

**Intervention**

- Strengthen protective factors and resilience
- Reduce problems and address vulnerabilities
- Achieve initial small improvements



- Adversity**
- Life events/crisis
  - Illness loss bereavement
  - Separation/family breakdown
  - Domestic violence
  - Asylum seeking status
  - Serious parental difficulties e.g.: drug abuse/alcohol misuse
  - Parental mental illness

• **VULNERABILITY**

- Poor attachment
  - Minority status
  - Young age
  - Disability
  - History of abuse
- Innate characteristics in child/family that threaten /challenge development
  - A loner/isolation
  - Institutional care
- Early childhood trauma
- Communication differences
- Inconsistent/neglectful care

**Protective Factors**

- Good school experience
- One supportive adult
- Special help with behavioural problems
- Community networks
- Leisure activities
- Talents and interests

• Gordon, R. et al, (2000) *The Child's World Training & Development Pack*, NSPCC

**Understanding risk and resilience factors**

- There are a number of common resilience and vulnerability factors identified for different age groups. Once these factors are identified within the individual child the question has to be asked: what is nurturing or hindering that factors influence in the child's life? Each identified factor should be examined against this question.

**Some common factors for child vulnerability**

- Age – children from birth to six are always vulnerable
- Physical Disability – Regardless of age, children who are unable to remove themselves from danger and are highly dependant on others are more vulnerable
- Mental disability – children who are cognitively limited are vulnerable in a number of areas; recognising danger, knowing who can be trusted, meeting their basic needs, and seeking protection
- Perceptions of provocative behaviour – a child's emotional, mental health, behavioural problem can be such that they irritate and provoke others to act out toward them or to totally avoid them.
- Powerless – regardless of age, intellect, and physical capacity, children who are highly dependant and susceptible to others are vulnerable. These children typically are so influenced by emotional & psychological attachment that they are subject to the whims of those who have power over them.
- Defenceless – regardless of age, a child who is unable to defend him/herself against aggression is vulnerable. This can include children who are oblivious to danger. Remember that self-protection involves accurate reality perception particularly related to dangerous people or situations.
- Children who are frail or lack mobility are more defenceless.
- Non assertive – regardless of age, a child who is so passive or withdrawn to not make his or her basic needs known is vulnerable. A child who cannot or will not seek help and protection from others is vulnerable
- Illness- regardless of age, some children have continuing or acute medical problems and needs that make them vulnerable.
- Child vulnerability is the first conclusion you make when completing a risk assessment
- A judgment about child vulnerability is based on the capacity for self-protection
- Self-protection refers to being able to demonstrate behavior that
  - 1) results in defending oneself against threats of safety and
  - 2) results in successfully meeting one's own basic (safety) needs

**Common protective factors for resilience building**

- ▶ To achieve their maximum potential kids will be protected by having all the things we know they need:
  - good education
  - love and sense of belonging
  - decent standard of living
  - great parenting
  - intelligence
  - good looks
  - opportunities to contribute

### **Protective factors for children**

#### **Babies**

- ▶ The input of specialist medical practitioners when babies are born with the HIV or Hepatitis B or C virus.
- ▶ Attendance at clinic for immunisations and developmental reviews.
- ▶ The presence of an alternative or supplementary caring adult who can respond to the developmental needs of the baby.
- ▶ Wider family support and good community facilities.
- ▶ Sufficient income support and good physical standards in the home.
- ▶ The relevant parent acknowledges the difficulties and is able to access and accept treatment.
- ▶ Regular supportive help from primary health care team and social services, including consistent day care.
- ▶ An alternative, safe and supportive residence for mothers subject to violence and the threat of violence.

### **Protective factors for toddlers**

- ▶ The presence of an alternative or supplementary caring adult who can respond to the child's developmental needs and provide continuity of care.
- ▶ Wider family support and good community facilities.
- ▶ Sufficient income support and good physical standards in the home.
- ▶ The relevant parent acknowledges the difficulties and is able to access and accept treatment.
- ▶ Regular supportive help from primary health care team and social services.
- ▶ Regular attendance at nursery or similar day care facility.
- ▶ An alternative, safe and supportive residence for mothers subject to violence and the threat of violence.

### **Protective factors for primary school age children**

- ▶ The presence of an alternative, consistent caring adult who can respond to the cognitive and emotional needs of the child.
- ▶ Sufficient income support and good physical standards in the home.
- ▶ Regular attendance at pre-school facilities.

- ▶ Regular, long-term support for the family from primary health care team, adult social services and children's social care, and community based services.
- ▶ Long-term package of services to meet the diverse and enduring, complex and multiple needs of some families.
- ▶ The relevant parent acknowledges the difficulties and is able to access and accept treatment.
- ▶ An alternative, safe and supportive residence for mothers subject to violence and the threat of violence.
- ▶ Children have the cognitive ability to rationalise drug and alcohol problems in terms of illness. This enables them to accept and cope with parents' behaviour more easily.

### **Protective factors for adolescents**

- ▶ The presence of an alternative, consistent caring adult who can respond to the cognitive and emotional needs of children.
- ▶ Sufficient income support and good physical standards in the home.
- ▶ Regular supportive help from a primary health care team and social services and community based resources, including respite care and accommodation.
- ▶ Regular attendance at school.
- ▶ Positive school climate and sympathetic, empathic and vigilant teachers.
- ▶ Attendance at school medicals.
- ▶ An alternative, safe and supportive residence for mothers subject to violence and the threat of violence.
- ▶ Peer acceptance and friendship.
- ▶ A supportive older sibling.
- ▶ Social networks outside the family, especially with a sympathetic adult of the same sex.
- ▶ Belonging to organised, out of school activities, including homework clubs.
- ▶ Being taught different ways of coping and being sufficiently confident to know what to do when parents are incapacitated.
- ▶ An ability to separate, either psychologically or physically from the stressful situation.
- ▶ Sufficient income support and good physical standards in the home.
- ▶ Practical and domestic help.
- ▶ Regular medical and dental checks including school medicals.
- ▶ Factual information about puberty, sex and contraception.
- ▶ Regular attendance at school.
- ▶ Sympathetic, empathic and vigilant teachers.
- ▶ Belonging to organised, out of school activities, including homework clubs.
- ▶ A mentor or trusted adult with whom the child is able to discuss sensitive issues.
- ▶ An adult who assumes the role of champion and is committed to the child and *'acts vigorously, persistently and painstakingly on their behalf'* (Department of Health 1996, p.24).

- ▶ A mutual friend.
- ▶ The acquisition of a range of coping strategies and being sufficiently confident to know what to do when parents are incapacitated.
- ▶ An ability to separate, either psychologically or physically from the stressful situation.

### **Finding out what the risk and protective factors can be attributed to the individual child:**

These questions were developed by the International Resilience project as an interview guide designed to support development of the Child and Youth Resilience Measure (CYRM). It has subsequently been used in other studies done by the RRC with youth facing significant levels of risk around the world.

These questions could be used with young people to understand their own view of strengths and difficulties.

### **The nine catalyst questions**

1. "What would I need to know to grow up well here?"
2. "How do you describe people who grow up well here despite the many problems they face?"
3. "What does it mean to you, to your family, and to your community, when bad things happen?"
4. "What kinds of things are most challenging for you growing up here?"
5. "What do you do when you face difficulties in your life?"
6. "What does being healthy mean to you and others in your family and community?"
7. "What do you do, and others you know do, to keep healthy, mentally, physically, emotionally, spiritually?"
8. "Can you share with me a story about another child who grew up well in this community despite facing many challenges?"
9. "Can you share a story about how you have managed to overcome challenges you face personally, in your family, or outside your home in your community?"

### **Ten questions to explore when thinking about a child's resilience and vulnerabilities.**

These questions could be adapted for use with other agencies and families.

1. Why are you worried?
2. What sort of behaviour is causing the problem?
3. Who is being affected, how, when and where?
4. When did it start?
5. What factors are present in the child's background (eg divorce/illness)
6. What are the present and past risk and protective factors?
7. Which risk factors be decreased?

8. Which protective factors can be increased?
  9. What are the strengths in the child, family, community, school, and how can they be built on?
  10. What is the worst thing that could happen?  
(From RIP website)
- Decide which factors and responses to minimise and which to maximise will support planning for the child.
  - Factors you identify to maximise or to build on are likely to be the protective and resilience factors, which will ultimately lead the child to full and capable life as an adult.
  - Factors you decide to minimise or reduce are likely to be those which would lead to increased vulnerability and adversity in adult hood.
  - By placing the child at the centre of the risk and resilience matrix and working from their individual characteristics and experiences, you can ensure a tighter focus. Adult needs are less likely to drive the planning if the focus remains on the child's experience, their understanding of that experience and the corresponding child actions and interactions.

## Tools to support understanding the child's world

- ✓ The Assessment Framework,
- ✓ Bear cards or any other type of picture cards that are about feelings.
- ✓ Resilience handbooks by Sally Wassell and Bridget Daniels, *Assessing and Promoting Resilience in Vulnerable children I, United Kingdom, Jessica Kingsley Publishers, 2002*
- ✓ Risk and resilience matrix, found in *The Child's World, Assessing children in need*, Edited Jan Howarth, United Kingdom, Jessica Kingsley,
- ✓ Strengths and difficulties questionnaire from Scales and Questionnaires.
- ✓ A people house – where a child demonstrates their attachment by placing people/animals in different rooms or parts of a house. Who they leave out is as important as who they put in.
- ✓ Observing how children respond to other people – at school, in small peer group, one on one, to managing disappointment, to attempting to learn something, to how they sit, stand and move in 'strange situations'
- ✓ Use story telling – it helps with children if you can keep the story outside the child – it lessens the blame and guilt feelings that children often have when they do not understand what adults want.
- ✓ Sand play – let the children build a world and then tell you about it in a structured session
- ✓ Photos – let them take photos of things that matter to them, take photos of what they make in sessions. Ask if you can use them to help people understand what they see as important.
- ✓ Check with other adults what you have observed including parents, family members, nursery or school teachers, other children (when appropriate).

- ✓ Check in with the child about what are thinking to see if they see it the same way. Make sure you pick a measurement that a child can relate too and check in how they are feeling about things each session – such as colours that THEY give a feeling too (black is sad, red is angry, yellow is happy), or beads that they can weigh or objects to stack if they cannot count properly (the heavier this is the bigger problem it is for me – the lighter the easier it is for me)

**As a supervisor/manager support your field workers too:**

- Plan individual sessions with the child using the above methods
- Use case supervision to get them to draw pen pictures of the child
- Ask reflective questions about the child and the child's wishes
- Understand how they know about the child's developmental abilities
- Remind them to keep checking in with the child as the child experiences different care/responses to their needs. Help them decide on a consistent measurement that will help that child tell their story (could be through pictures, numbers, words, stories, drawings, gestures, photos, eco maps)
- Ensure that the child's voice forms the heart of the assessment work rather than the descriptive story of the adult behaviours and concerns, or the process driven tasks that the social worker has carried out.
- Know the impact the delivery of the plan is having on the child, their situation, and the damage they have already experienced to their health and development.

**Tools for managers to measure outcomes for children**

- Results Based Accountability – Mark Friedman, [www.raguide.org](http://www.raguide.org)
- Key performance targets
- *The 'Most Significant Change' (MSC) Technique A Guide to Its Use* by Rick Davies and Jess Dart
- Feedback from children and their families
- Feedback from other stakeholders