How is the Concept of Resilience Operationalised in Practice with Vulnerable Children?

BRIGID DANIEL, SHARON VINCENT, EDWINA FARRALL & FIONA ARNEY

Abstract

Increasing emphasis is being placed on the concept of resilience in policy and practice relating to vulnerable children and their families yet little is known about how, and to what extent, the concept is actually being operationalised in child and family services. This article presents the findings from a study which aimed to analyse the ways in which 'resilience' as a concept is shaping practice in settings that explicitly espouse a resilience-led framework. The study included a UK-based and an Australian component, to allow for international comparisons and contrasts in the use of resilience as a concept in practice. The findings from a survey of 201 practitioners (108 in the UK; 93 in Australia) and 32 case studies (18 in the UK; 14 in Australia) are presented and considered in the light of the existing resilience literature in order to gauge the extent of congruence between practice as described and the principles indicated by the existing literature.

Key Words: Resilience, vulnerable child/ren, intervention

Background

Resilience is generating intense interest as a concept to guide intervention with children who have experienced adversity or who are identified as vulnerable to poor developmental outcomes. Luthar's (2005) recent review and synthesis of five decades of research on resilience provides a helpful landmark for a shift in emphasis from understanding what resilience is, towards grasping the evidence that already exists and exploring whether it can be put into practice for the benefit of abused and neglected children (Masten & Powell, 2003).

Practitioners working with children are drawing implicitly and explicitly on the concept of resilience, especially in non-statutory and specialist projects (Newman & Blackburn, 2002). Recent practice guidance, based upon a literature review and studies of effective practice, confirmed the value of the concept for work with fostered children (Bostock, 2004) and increasingly 'resilience' is being cited as the underpinning principle for practice in a range of child care and child protection settings. A number of guides to intervention based on resilience are now also available (Daniel & Wassell, 2002a, 2002b, 2002c; Gilligan, 1999; Newman, 2004).

Precisely because a resilience led approach depends on a very detailed, individual and specific plan for intervention for each child every plan will necessarily be different. However, the research into factors associated with resilience has led to the development of a number of similar guiding frameworks for intervention via a range of protective factors. Rutter's framework suggests that practice should:

- alter or reduce child's exposure to risk
- reduce the negative chain reaction of risk exposure
- establish and maintain self-esteem and self-efficacy
- create opportunities (Rutter, 1987)

Masten's framework suggests that practitioners should aim to:

- reduce vulnerability and risk
- reduce the number of stressors and pile-up
- increase the available resources
- foster resilience strings
- alter or reduce the child's exposure to risk (Masten, 1994)

And Benard suggests the need for the child to experience:

- caring relationships
- high expectations
- opportunities to participate and contribute (Benard, 2004)

It is also important, as Luthar (2005) points out, to focus on factors that are 'modifiable modifiers', that is, they can be changed rather than being relatively fixed, as is, for example, gender.

Masten and Coatsworth provide an overall framework for intervention by suggesting that prevention and intervention design can be:

a) risk-focused, for example, public-health programmes such as those aimed at preventing low birth weight and projects aimed at reducing the stressors associated with transition between primary and secondary education;
b) resource-focused, for example, adding extra assets for children or improving access to resources, especially when risks are intractable; and
c) process-focused, for example, improving attachment, self-efficacy and self-regulation (Masten & Coatsworth, 1998).

Yates and Masten suggest that the most effective intervention programmes involve all three:

> 'These multi-faceted paradigms attempt to reduce modifiable risk, strengthen meaningful assets, and recruit core developmental systems to enhance positive adaptational processes within the child, the family and the broader community...' (Yates & Masten, 2004 p. 10)

In one of the few previous studies that explored ways in which resilience is operationalised Barnardo's sent a postal questionnaire to 140 education, health and social work professionals in child and family support services in Scotland and received 71 returns (Newman & Blackburn, 2002). In response to a question that asked which of the four approaches identified by Rutter were being used 39 projects identified – 'reduce exposure to risk'; 52 – 'reduce chance of chain reaction'; 63 – 'increasing the child's self esteem' and 60 – 'create opportunities for growth'. The authors concluded that the data 'indicates that many of the respondents did employ strategies to promote resilience'.

Overall, despite an increasing emphasis on the concept of resilience in policy and practice relating to vulnerable children and their families little is known about how it is actually being employed in child and family services. This paper presents the findings from a study in the UK and Australia that examined how the concept of resilience is operationalised in practice with vulnerable, abused or neglected children to answer the following research question:

- When an organisation has the explicit aim of nurturing resilience in vulnerable children:
  - how do practitioners translate that aim into practice; and
  - how congruent is the described practice with the principles indicated by the existing literature on resilience?

The full study examined four main themes:
1. understandings of resilience
2. resilience-based practice
3. measuring resilience and outcomes
4. strengths and weaknesses of the concept

In this paper we will present the findings on resilience-based practice in particular.

Method

The proposal was subject to the approval of a Departmental Research Ethics Committee in the UK and the University of South Australia's Human Research Ethics Committee in Australia. Ethical approval was also obtained from NRES in the UK.

Data were collected by a survey and a set of case studies. A questionnaire was sent electronically to a sample of 128 practitioners who work in a non-governmental organisation in the UK and to a sample of 238 practitioners working in another in Australia. Both organisations include a range of services for children and families that aim to promote resilience and use a range of methods including individual and group work. The target for returns was 100 respondents in each country. In the UK 108 responses were returned (an 86% response rate), in Australia 93 (a 39% response rate). The findings from the UK and Australian survey were analysed separately and then refined in the light of international comparison. Descriptive statistics were produced for quantitative data. The qualitative responses were analysed for emergent themes that also helped to inform the analysis of the case study data.

The case studies were undertaken in four children's services based within the organisations participating in the survey: one in England, one in Scotland and two in Australia.

Children are referred to the English service (E) from a range of routes including Children and Adolescent Mental Health services (CAMHS), education and children's social care. Assessment and intervention is built around the 6 domains identified by Daniel and Wassell (2002a). Parents and children receive between four and 10 interventions, usually over a six months period. The Scottish service (S) undertakes individual support work as well as offering a nurture group which was the focus of the cases in this study. Children are mainly referred by teachers and are assessed using the Boxall profile which covers 'developmental strands' and produces a 'diagnostic profile' (Bennathan & Boxall, 1998). The intervention is not time limited and many children receive support for a number of years.

One of the Australian services (NSWa) works with families where there has been a substantiated child maltreatment report made to the Department of Community Services (DOCS), the state-run statutory child protection authority. If required by DOCS a Parenting Needs Assessment is undertaken, otherwise assessment is undertaken using a range of models, including the Family Strengths and Needs questionnaire. Duration of intervention is not limited. The second Australian service (NSWb) is an early intervention service working with parents and the family unit. Referrals come from community agencies, such as hospitals and preschools, as well as from DOCS reports that have not proceeded to a substantiated notification. Assessment is undertaken over time by a process of engagement with the family and sometimes with the aid of the Family Strengths and Needs questionnaire. Participation is currently limited to a maximum of two years.

The original target sample was 20 children each from the UK and Australia, aged seven to nine, from a range of ethnic backgrounds, with similar referral profiles, who had been the subject of a comprehensive assessment and had been receiving services from the agency for at least 2 months. In the UK the age was raised to 10 to increase the numbers yielding 18 cases. There were 15 boys and 3 girls; 15 children were white and 3 of mixed race.

In Australia families who were indicated as suitable for participation by service practitioners, typically had multiple children and only one or two were within the targeted age range. Case workers felt they would be unable to discuss cases without due consideration of *all* the children involved and it was, therefore, determined that the family would constitute the 'case', yielding 14 cases relating to a total of 28 children, ranging in age from 9 months to 18 years. There were 14 girls and 14 boys in the sample of families. All families, but one, were Caucasian or white Anglo-Australian.

The UK case studies entailed interviews with 12 children, 12 parents/carers, the project workers for all 18 case children and, where there was a parent worker involved in the case, with the parent worker as well, plus 8 other professionals from other organisations who worked with the case children. In Australia 11 parents and carers were interviewed, the project workers for all 14 case families and 3 other professionals.

All interviews were digitally recorded, transcribed and scrutinised for emergent themes. For each case we constructed 'chains' of intervention from the data that traced strands of intended routes towards improved outcomes. Analysis was carried out independently in the UK and Australia and then the findings were considered comparatively and refined accordingly.

Results

Survey – UK

Many respondents equated a resilience based approach with particular principles for practice. For example, several participants stressed that the approach should be particularly child centred and that professionals needed to really listen to children, work alongside them and involve them in intervention. There was an emergent view of a resilience-based approach involving a specific nature of engagement that was inclusive and respectful.

> 'Practice in which the professional does not dominate, dictate or "know best", but one which listens to the individual and is supportive in encouraging the individual to problem solve.'

Another principle implied by a resilience-based approach was the use of solution-focused (de Shazer, 1985) and/or strengths based practice (Saleeby, 1999). 37 participants described resilience as a 'strengths based' approach, 10 people said it focused on the positives in a child's life rather than the negatives and four people described it as an approach that was empowering for the service user. In similar terms seven people said that a resilience approach would look similar to a solution focused approach.

> 'I believe it is a strengths based approach rather than a deficit approach and as such focuses on maintaining identified positives within the person and their situation'.

There was a view that a resilience-based approach was one that targeted different ecological levels (Bronfenbrenner, 1989), however, when referring to practice 75 people gave responses

where the ecological focus of intervention was discernable and the indications were that the focus was often on the child:

- child focus (54)
- child, family and environment focus (9)
- child and family focus (6)
- child and environment focus (6)

Three people stressed that a resilience based approach needed to be a multi agency approach and several people described resilience as a holistic approach:

> 'A resilience based approach, has to be a multi agency approach, no one person could meet all the needs of an individual or a family... the approach draws on the strengths of individual agencies in terms of their skills and knowledge, and brings them together, to provide an overall package to support an individual or family....'

Attachment theory was the second most commonly cited theoretical approach to practice (by 15 participants). Working to promote attachment emerged as highly linked with a resilience-based approach and five participants described the ways in which work around attachment was key to promoting resilience:

> '... they can be helped to improve their resilience by improving their attachment skills.'

Participants identified a number of areas that practitioners should focus on in terms of intervention, the majority of which clustered as follows:

- self esteem/self image/self worth (23)
- attachment/secure base/relationships (13)
- problem solving skills/coping strategies (11)
- education (8)
- interests/activities (6)
- building confidence (6)
- building support networks (6)
- assessing/reducing risks (5)

The largest proportion of responses as to what a resilience-based approach involves in practice fell into the themes of:

- identifying, assessing or focussing on a young person's current strengths/skills/talents (18);
- helping, encouraging or enabling that young person to build on/develop their strengths/skills/talents (26).

Eighty per cent of respondents said they had successful strategies in place to increase a child's resilience. Some of these strategies involved individual work, some involved groupwork. In summary the strategies included:

- activities such as board games that encourage problem solving or increase self-esteem, or drama whereby young people 're-script' scenes to demonstrate resilience;
- play therapy;
- life story work, charting life changes and identifying lessons learnt;
- discussion groups or group work to explore how to cope with knock-backs and to enhance peer relations and social networks;
- including the views of young people and making them feel valued as an individual, listening to the views of the child at Child Protection conferences;
- peer support and mentoring;
- dealing with the source of the problem, for example, using parenting classes to improve attachment and help parents understand the effect of their volatile relationship on their child;
- understanding the child's history;

- providing clients with the space and time to reflect and explore their feelings;
- counselling;
- offering positive role models and building trusting relationships with the child;
- providing positive feedback;
- Using programmes and publications, including -
  - *Assessing and promoting resilience* (Daniel & Wassell, 2002c)
  - Webster Stratton Programmes (The Incredible Years Programs)
  - *The Emotional Competence Model* (as described in (Dlugokinski & Allen, 1997).

In summary, therefore, the main themes emerging from the survey in the UK relate to principles for practice and specific practice suggestions. The key suggested principles were:

1. respectful engagement with, and involvement of the service user in practice
2. the use of solution-focused and strengths-based approaches to practice
3. the need to target all ecological levels
4. the need to take a holistic and multi-agency approach

Themes in relation to practice included:

1. an emphasis upon raising self-esteem as a focus of intervention
2. problem-solving and coping as a further focus of intervention
3. the identification of attachment as a focus of intervention and practice based upon attachment theory as closely allied to a resilience-based approach
4. examples of resilience-based practice that described assessing, and promoting children's strengths, skills and talents
5. descriptions of interventions that draw on a range of methods and creative approaches to direct work with children and their parents

Survey – Australia

Australian respondents referred to a resilience-based approach to practice as one that includes:

- identifying, building and supporting individual strengths and capacities;
- promoting skills, characteristics and interests that enable coping and positive adjustment; and
- building and reinforcing connections to community and social support networks.

> 'A framework of practice which fosters the development of resilience through connecting children and families with support networks within their home, school and community, encouraging the development of skills, interests and talents, education around health relationships and the need for strong, safe, sustainable and secure base (eg. family, friendship networks)'.

Overwhelmingly, resilience-led practice was identified as commensurate with a strengths-based approach. This included features such as identifying, assessing, and building on existing strengths, as well as the development of new skills and talents.

> 'Exploring and acknowledging with the family their strengths, times in their past when they may have overcome challenges and identifying what assets helped, encouraging families to identify processes that can strengthen their ability to overcome challenges'.

The development of connections to community supports and of strong social relationships and networks were seen as key protective factors for children and families.

> 'Ensuring that families are linked to services available through local communities – that is, encouraging participation in school and community for example, as a buffer against an adverse home environment. Where kids and families are connected to the wider community there is a greater

probability for kids developing strong relationships outside their home and having others in their daily lives who can detect vulnerabilities.'

A smaller number of respondents also identified the need for clients to be able to reflect on their resilience, make meaning from their experiences and take a positive perspective.

> 'Encouraging people to find meaning in the dominant story of oppression/suppression and to re-form this in a way that will provide a sense of one's ability to manage one's life in a holistic and positive way. Allowing space to reflect on life's difficulties and celebrating the passing of the 'hard times' so that the person can 'see' the good things that happen'.

As well as describing what a resilience-based approach incorporates, some respondents described the importance of their engagement and relationships with clients as part of a resilience-based approach.

> 'A resilience based approach in practice may look like working through the strengths of the relationship, the therapist- client- child relationship so that as a result of a good therapeutic, and trustworthy relationship, the family gain strengths which aid them in dealing with the tough times that may follow'.

Identified strategies for practice included those which focused specifically on the child (and developing their confidence, skills, talents and behaviours), specifically on the parent (and developing their parenting knowledge, skills and behaviours), and/or those which focused on developing and supporting relationships (e.g., between parents and children, between families and the wider community, and between organisations and agencies). As such, the strategies incorporated a variety of settings such as individual work, group work, child care settings, camps, and after-school hours care. Approaches included:

- parent education and parent-child attachment programs (e.g., the Incredible Years, Marte Meo);
- quality child care;
- using games, play and outdoor activities;
- mentoring for children and young people (e.g., Big Brother/Big Sister programs);
- tutoring;
- the use of praise and positive reinforcement with children;
- improving interagency responses;
- the use of role play, modelling and coaching with parents and children;
- reflective techniques and therapeutic letter writing;
- counselling; and
- referral to other services.

> 'Allowing children to explore nature, camping out in the cold, going for bush walks, adventure through safe creek areas, supervised from a distance, be able to challenge their own ability with nature, climb trees, rock throwing in a safe place, riding bikes safely.'

The content of these strategies varied widely and included general areas such as 'strengths' as well as more specific areas associated with resilience such as:

- problem-solving skills;
- goal setting;
- positive behaviours;
- social skills;
- coping strategies;
- emotion regulation (e.g., the Seasons for Growth program);
- empathy;

- communication skills;
- help-seeking behaviour;
- stranger danger; and
- parenting knowledge and parents' knowledge of attachment and child development.

All such strategies described as being relevant to or underpinning a resilience-based approach to practice were also commensurate with the other theoretical approaches that respondents named as being promoted by their service or organisation:
- Strengths-Based Practice (39 respondents); and
- Attachment Theory, including Circle of Security (Cooper, et. al 2005) (33 respondents).

In summary, a significant degree of congruence with the UK survey findings of resilience-based practice was seen, with a number of common principles and themes identified, particularly as regards the use of a strengths-based focus and the need to connect with other services and agencies. Specifically, the Australian sample identified the following principles as key to resilience-based practice:
- the use of solution-focused and strengths-based approaches to practice
- the need for a holistic and multi-agency approach
- the need to build and reinforce connections to community and social support
- the need to acknowledge strengths and skills, as well as difficulties and weaknesses, as part of a holistic approach to practice

Themes in relation to practice included:
- a tendency toward pragmatic strategies and solutions (e.g., tutoring, childcare, education) to achieve the goals of the case plan or intervention
- a strong focus on attachment processes
- a degree of emphasis on enhancing emotional regulation and interpersonal skills

Case studies – UK

There were some similarities with the survey findings as well as some differences in emphasis. There were also some differences between the two services. Like the survey respondents, the practitioners equated a resilience-based approach with particular principles and styles of working. Most notably the concept of involving the service user was to the fore and in every case there was evidence that the child was involved in the work and that practitioners viewed this as a key aspect of resilience-based practice:

> 'we always talk about coming to the group to practice things, making friends, and sometimes it's controlling your anger, just different things with different children, but we do talk about it in that way with them...' (nurture group workers S).
>
> '[child worker] doesn't shout at you, like teachers do, when you've done something wrong. She just sits down and talks to you nicely like' (child E).

There was less explicit reference to solution-focused and strengths-based approaches, although it was mentioned, and was certainly implicit in the descriptions of practice.

In keeping with taking a broader ecological approach in the English service parents (usually mothers) were involved in the intervention because there was a child and a parent worker in every case, and the Scottish workers engaged with the parents in at least three of the cases.

> 'You know [child's] views and opinions were taken on board as well and to sort problems out you need to have both parties involved with and both bodies pulling together and working together, that was definitely done' (mother E).

In six of the cases there was also explicit reference to involving the school, although in several other cases the teachers appeared not to have been involved in the process.

> 'so we were looking at building her communication with the school' (parent work E)
>
> 'I think that was brilliant, because it meant educating the teachers as well' (mother E).
>
> '...it was like a bridge between the school and us...' (mother E).

There was far less reference to involvement of the wider community or other professionals, although a worker from an alcohol service noted that *'we were going in the same direction'* (alcohol service E).

In comparison with the survey there was also less emphasis upon in-depth strategies to improve attachment relationships. Attachment issues were recognised as key in many of the cases, and several of the children were affected by issues of separation from their father. However, structurally the services were less able to tackle these with much intensity – in the English service because of time limits and in the Scottish service because the main emphasis was upon groupwork with children. However, there was an emergent theme in the cases of encouraging an environment of consistency and clear boundaries and one that would promote better attachment relationships. Parent work encouraged more positive attitudes towards the children, more praise and support for children.

> '...help for her to bond with [child]' (parent worker E).
>
> 'every parent, like, they try their utmost to bring up their child as best they possibly can, but sometimes somebody from the outside can teach them and what the thing was, we were giving praise for little things when they should have got praise for bigger things...' (mother E).

The described resilience-based practice was wide-ranging. For the English cases the plans were built around the 6 domains of secure base, education, friendships, talents and interests, positive values and social competence, with varying levels of emphasis depending on identified need:

- all six domains (3 cases)
- positive values and social competences (2 cases)
- friendships and social competences (1 case)
- education, talents and interests and friendships (1 case)

The domains provided an organising structure for practice, however, the strategies varied depending on the needs of the children and work in different domains was often linked.

For the Scottish children the plans were developed on the basis of the Boxall profile, for the majority the focus tended to be on improving aspects of negativism towards self and others. Taking all the data together from interviews and case files the following intervention themes emerged as key in many of the cases:

- improvement of self-esteem/to like self more
- improvement of peer relationships
- improvement in school experience/behaviour
- control of anger/managing disagreements
- naming feelings/emotional literacy

Just as raising self-esteem was highlighted in the survey, in the majority of case studies self-esteem was mentioned as a key aspect of the work:

> 'It was to do with issues around self-esteem....for her to be proud to be E to be happy in E's skin, to walk with her head held high and she knows that she does have an internal self control, but she

is in charge of her own life and she can be confident in the fact that she can make decisions' (child worker E).

In delving deeper the circularity and inter-connectedness of many of these themes becomes apparent. Improved self-esteem, for example, can be described simultaneously as an intended outcome, but also as a route to outcomes. Similarly, improvement in peer relationships can be seen as a positive outcome, but a route to better outcomes. Figure 1 shows some examples of chains of explanations where these themes are components.

From such chains of intervention it was clear that strategies for intervention focused on a blend of approaches that included a focus on the underlying processes seen to be associated with better outcomes (and therefore resilience) as well as the external manifestation of underlying processes such as behaviour. As suggested by the survey respondents, intervention was linked with the promotion of coping strategies and problem-solving, although not always described in those exact terms. In addition, there was attention to the human environment around the child – the messages about self and the structure of responses to behaviour.

The main apparent difference in descriptions of practice lay in a greater overt emphasis on the provision of strategies to control anger in the English setting and a greater emphasis upon emotional literacy in the Scottish setting. Despite this, there was much overlap in the descriptions of the work. Overall, the data seems to suggest that improvement of self-esteem, peer relationships and schooling emerge as key intended outcomes, with strategies to control anger and improve emotional intelligence as the main routes to these outcomes (see figure 2).

The survey respondents also identified schooling as an important area of focus, but in comparison, appeared to place greater emphasis upon talents and interests and less upon peer relations than in the case studies. This could be related to the fact that the case study children were often referred because of their problems in school, which were, in turn, often associated with poor peer relationships and poor anger control. Related themes include strategies to improve:

- sharing
- being able to deal with surprises
- improving concentration
- increasing assertiveness
- coping with losing games
- acceptance of disappointment

A range of specific activities were used to assist children to control their anger and behaviour. A number of the English children were taught 'cool down' techniques. These included the use of pictures of volcanoes to illustrate the concept of the point of explosion. The children were supported to understand the feelings associated with anger and to use techniques such as counting to ten and visualising a cool drink to combat anger. The children were given laminated cards to remind them of the techniques and in some cases a set of cards was made for them to keep at school – and a teacher set up a 'cool down' zone in school for one child.

> 'he was sick with all these emotions inside him, he didn't know how to cope with them... When I would say, quite early in the work, "we'll look at ways for how to manage your anger" and he would say "really, can we really do that?"' (child worker E).
>
> 'different strategies have been put in place, like when feeling angry to go and do such and such...' (mother E).
>
> 'helping him recognise why he's got anger' (mother E).
>
> 'We did these cards, like for cool drinks and stuff to calm you down, thinking on a beach – a cold drink' (child E).

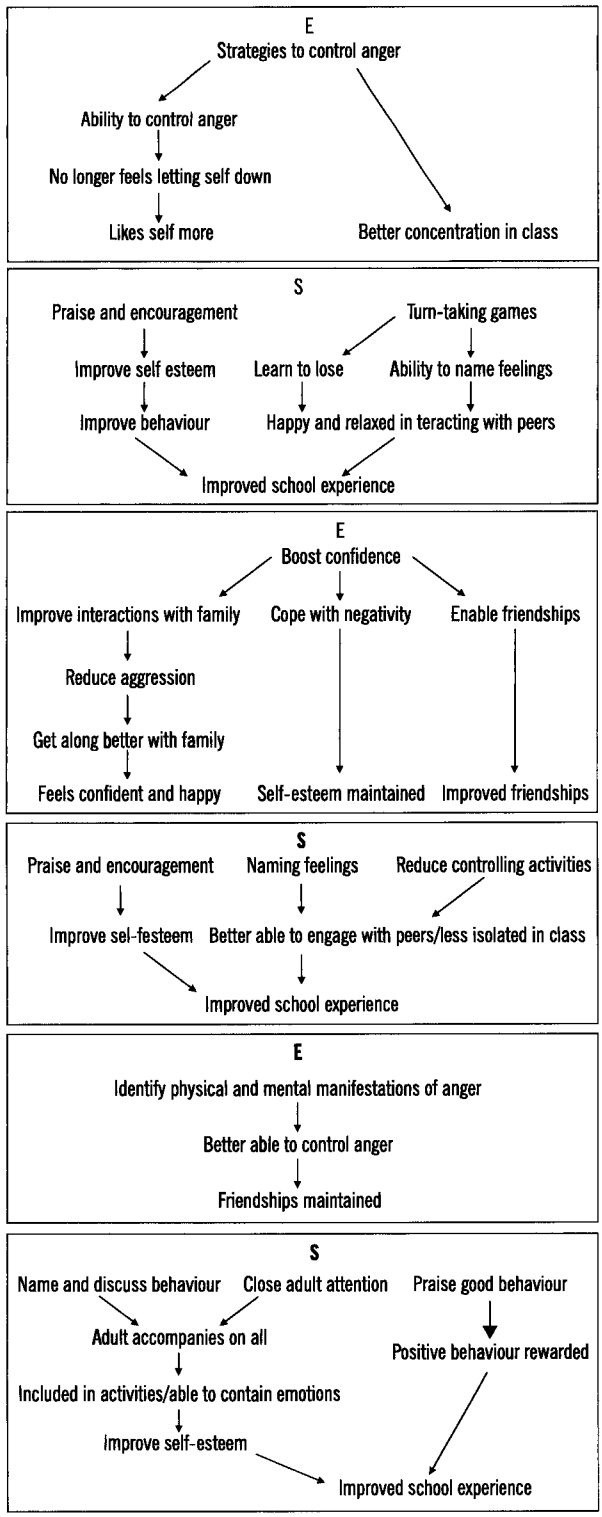


Figure 1
Examples of 'chains' of explanation for intervention strategies in the UK.

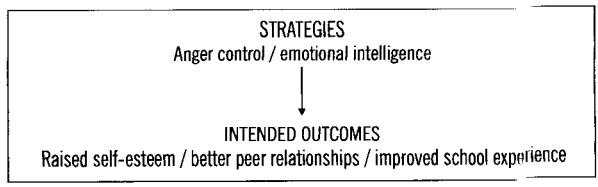


Figure 2
The inferred main strategies and intended outcomes running through the UK case study data.

> 'To get over my anger, and be responsible towards other people' (child E).
>
> 'Sometimes we played strengths cards and sometimes we did pictures of when we feel angry....When I was angry and I'd get into fights and get excluded. But [worker] would say "don't let your anger out, just count to ten and breath in and out"' (child E).

In the Scottish service practitioners used group activities to assist the children to learn different ways of reacting. With the close support of the groupworkers children could be 'coached' to identify trigger points and shown conflict-resolution techniques. There was an emphasis on learning to share and to understand feelings.

> 'giving him his words, acknowledging the feelings that were obviously around for him although he couldn't say' (worker S).
>
> 'Every chance to praise and mention a behaviour that you're trying to encourage' *(worker S)*.
>
> 'He plays with dough, plays in a group and interacts with other children....they're training him, like if he wants to play with dough, he's got 10 minutes and then he'll have to allow someone else a go. He's learning how to share' (mother S).
>
> 'they kinda help his attitude' (mother S).
>
> 'Being nice, sharing and stuff...playing games' (child S).
>
> 'Needed to learn to share toys' (child S).
>
> 'To behave better' (child S).
>
> 'To get more confident talking to people' (child S).

Although the work was aimed at improving the child's engagement with education, the teachers interviewed were not always clear about the nature of the work:

> 'To be honest I'm not sure. I've been told that they'll go along and have a bit of toast or a drink and things like that and then play games. I've seen the notes, you know, about the games that he has played and how he has reacted...' (teacher S).
>
> 'I think a lot of group activities, turn-taking, and really just a snack time and they all helped...' (teacher S).

Overall the practitioners described a large range of creative and detailed work with children and their parents in individual and group-work settings. In summary, their accounts of practice were similar in some ways to that described by the UK survey respondents. The principles of involving the service user in the work certainly emerged as central in both services. Solution-focused and strengths-based approaches were not emphasised in the same way, but elements of them were implicit. Attachment and attachment problems were identified as key, but there were limits in the extent to which attachments were the focus of specific intervention strate-

gies. As with the survey respondents, the actual descriptions of practice tended to highlight the direct work with children, and, in many cases, the parents. The extent to which practice was able to target all ecological levels and to be wholly multi-disciplinary was less clear. Again, as with the survey respondents, there was a focus on equipping children with coping skills, but there was a greater emphasis in the case studies upon the control of anger, the improvement of peer relationships and emotional literacy.

Case studies – Australia

In the Australian services, the majority of practitioners did not, in fact, see themselves as conducting explicitly resilience-led practice; rather, the concept of resilience was either seen as inherent in or complementary to strengths-based practice, or was just one component of a whole collection of possible theories and frameworks that workers might draw upon as part of a more eclectic approach. Indeed, the words 'eclectic' and 'holistic' were used by 4 out of the 8 service practitioners when describing their approach to practice:

> '... I don't work to a specific model. My thinking is informed by lots of different approaches and lots of different knowledges' (worker, NSWa).

> '... it's very holistic and eclectic. There's no one size fits all for anyone, you need to draw on the best parts' (worker, NSWb).

3 out of the 8 case workers stated that the 'strengths-based' approach would be the one predominating model or theory used to guide their practice. One of these workers went as far as to say that the strengths-based approach underpinned the entire service's philosophy. It seemed, however, to be more a key component of a 'mixed bag' of methods by the other workers, including those who saw themselves as primarily 'eclectic' in their approach. The strengths-based approach was typically seen as useful due to the empowering potential it invoked for clients:

> '... I believe everybody's got the potential to change, and focusing on people's strengths is, in my experience, the only way you can do that... the key to resilience or strengths-based work is the relationship you begin with I guess... I'm understanding more and more about this as I do this work for longer and longer' (worker, NSWa).

Two service workers also noted potential problems or challenges surrounding this strengths-based approach, however, in terms of the limits it might impose on best practice:

> '... It's pretty easy when you spend most of your time or a lot of your time with the adults in these families to forget – not 'forget' about the children – but to really hold in your head that these children are being seen by this service because there are some pretty big risk factors ... maybe if you focused entirely on a strengths model, you could easily lose sight of some of the risks' (worker, NSWa).

Attachment theory and the 'Circle of Security' (Cooper, et. Al. 2005) model was a strong feature of responses to the survey, however only 3 of the 8 service workers involved in the interviews explored this concept in detail in interviews. Fostering attachment did emerge as a feature of intervention plans, but only one worker provided a theoretical insight into this:

> '... you can help parents to create better attachments with their kids, because we know that parents and kids with better attachments have better relationships in general and better relationships

with others in the future. So we help parents connect with children, and then we know kids are happier, and parents are happier, and there's more harmony in the family' (worker, NSWa).

In the other 2 cases where attachment was raised as potentially relevant, it was mentioned as more of an aside, as something not especially pertinent, or even useful:

> '... attachment, circle of security – I think, well to me, it's a bit of a commonsense thing.... it's experience I guess' (worker, NSWa).

A common focus of the case management plans across both services was *building connections*. This broad theme extended from fostering connectedness and strengthening relationships within the family, to linking parents and families in with their community to increase their social support networks. Another common aspect of relationship building seemed to revolve around fostering attachment between children and parents or carers. Further, a number of more practical considerations, such as housing, finances, and access to education, emerged from the data surrounding intervention goals and plans. The need to liaise constantly with other professionals and services was seen as critical to the work of both services. The 'intervention chains' shown in figure 3 demonstrate the varying and eclectic types of interventions seen in the Australian case plans.

Building connections *to* families as a practitioner, *within* families to strengthen relationships, and *across* to their wider community was a major component to case management:

> 'A lot of it's about building support networks. Also... building respect, and trust between the client and myself' (worker, NSWb).

> '... To make connections in the community and with other agencies. To get children to a "safe place" and support the needs of parents and carers' (worker, NSWa).

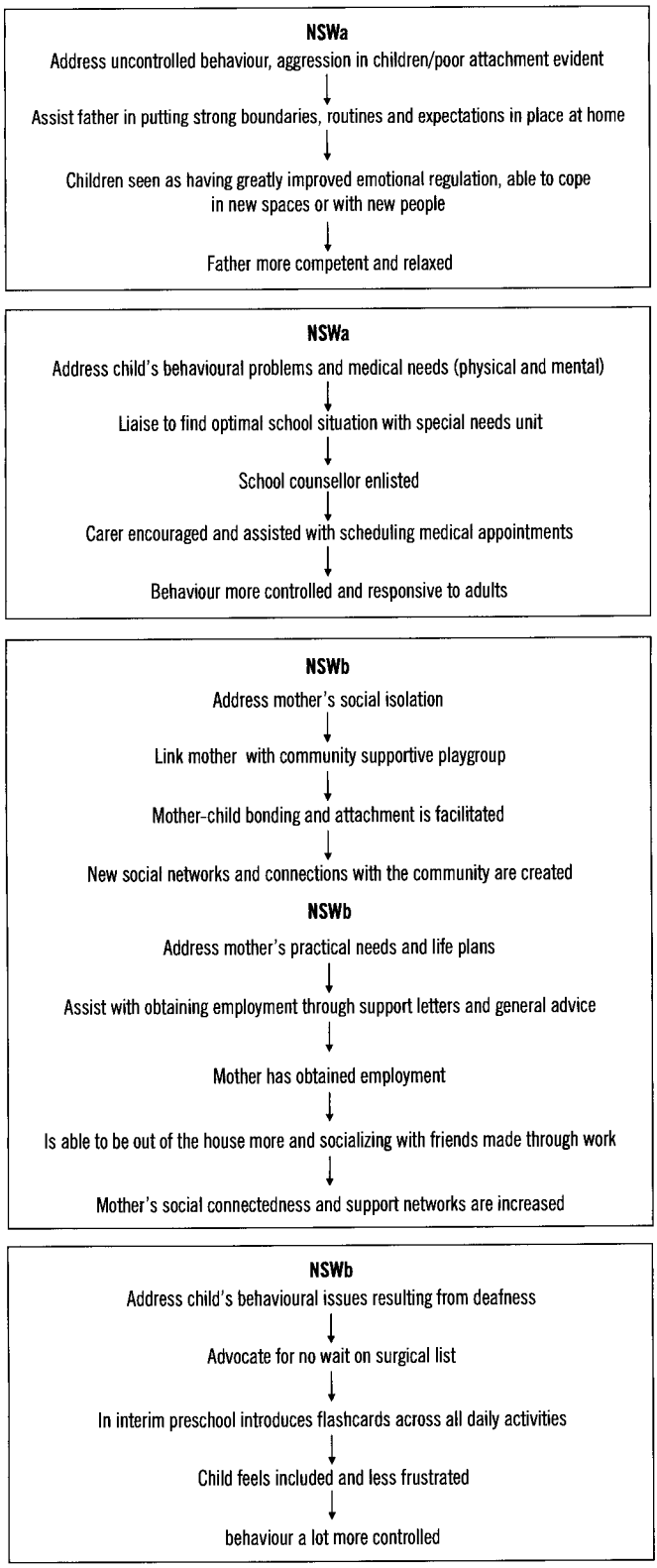
The most common types of intervention foci were:

- implementing boundaries and routines in the home to address behavioural concerns (22% of plans)
- fostering attachment between parents/carers and children (14%)
- addressing physical or medical health needs (11%)
- reducing social isolation (10%)

International comparison of findings: UK vs. Australia

There was a significant degree of congruence between the UK and Australian survey findings, with a number of common principles and themes identified as being linked to resilience based practice, particularly as regards the use of a strengths based approach and the need to connect with other services and agencies. The UK respondents tended to place greater emphasis upon the concept of self-esteem than the Australian respondents, whilst the latter tended to place greater emphasis upon community links and social networks. Taken together the responses encompass a vast array of creative approaches to work with children, families and communities.

The case study analysis suggested that the Australian approach was highly similar to the work of the UK practitioners in terms of the capacity and desire to work creatively and reflexively. However, the findings from both Australian services indicates a less structured approach than that taken in the UK services. Practitioners in Australia draw on a range of activities and methods for their case management, tailoring their approach with individual families in holistic and reflexive ways. The described reason for this approach lies in meeting the specific and


NSWa
Address uncontrolled behaviour, aggression in children/poor attachment evident
Assist father in putting strong boundaries, routines and expectations in place at home
Children seen as having greatly improved emotional regulation, able to cope in new spaces or with new people
Father more competent and relaxed
NSWa
Address child's behavioural problems and medical needs (physical and mental)
Liaise to find optimal school situation with special needs unit
School counsellor enlisted
Carer encouraged and assisted with scheduling medical appointments
Behaviour more controlled and responsive to adults
NSWb
Address mother's social isolation
Link mother with community supportive playgroup
Mother-child bonding and attachment is facilitated
New social networks and connections with the community are created
NSWb
Address mother's practical needs and life plans
Assist with obtaining employment through support letters and general advice
Mother has obtained employment
Is able to be out of the house more and socializing with friends made through work
Mother's social connectedness and support networks are increased
NSWb
Address child's behavioural issues resulting from deafness
Advocate for no wait on surgical list
In interim preschool introduces flashcards across all daily activities
Child feels included and less frustrated
behaviour a lot more controlled

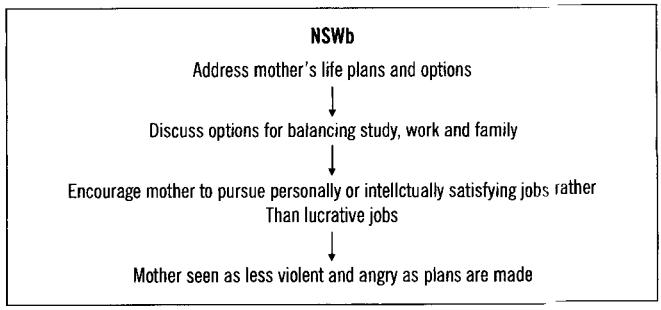


Figure 3
Examples of 'chains' of explanation for intervention strategies in Australia.

unique needs of individual families, rather than taking a structured approach which may not be flexible enough to meet families' needs. The practitioners in the UK services also aim to work in partnership with parents and children and also draw on a range of models and methods in practice; however, their work is more overtly structured around specific frameworks. Without detailed measurement of outcomes we cannot draw conclusions about the relative merit of these variations.

In the Australian services, the focus is very much on the families' or parents' goals or hopes. Unlike the practice described in the UK direct work with children was rarely detailed. The majority of child-relevant case management pertained to advocacy or liaison on children's behalf, addressing the environments and supports children had or needed, and fostering their resilience and well-being in these less proximal ways. The UK practitioners placed greater direct emphasis upon promoting children's self-esteem, peer relationships, school, behaviour, emotional literacy whilst the Australian practitioners tended to emphasis fostering parental networks and supports.

Discussion

The findings from the UK suggested that, for many practitioners, the concept of resilience denotes a number of principles for practice. The first of these is that practice should be respectful and involve service users. This is a principle that is congruent with most, if not all, current practice frameworks and is not uniquely relevant to resilience. However, it could be argued, that for vulnerable children this kind of approach to practice could contribute to the development of self-efficacy. Many vulnerable, abused and neglected children have few opportunities to make choices about their lives or to impact upon the decisions made on their behalf. Neglect, in particular, can render children vulnerable to developing the internal, stable and global pattern of attributions associated with learned helplessness (Seligman & Peterson, 1986; Zimmerman, 1988). By engaging with children in a way that involves them in assessment and planning, that encourages them to contribute to decisions about their lives and that provides them with positive choices practitioners could help to shift such attributions and create the conditions for the development of better self-efficacy.

Concepts of solution-focused work and strengths-based practice are often linked in discourses about resilience. The research on resilience does not, of necessity, directly imply that such approaches are key although there is an optimistic discourse in the resilience literature. It may

be that all these terms are being used as shorthand to denote more positive approaches to practice that counteract the preoccupation with risk and problems that can characterise child protection and safeguarding bureaucratic systems (Daniel, 2006). Further research could explore this in more detail, and in particular, examine whether the adoption of optimistic discourses can lead to better outcomes for children over and above the specific model for intervention that is used.

The importance given to attachment in our study is highly congruent with the literature on resilience. In all the research the existence of a secure attachment relationship emerges as a key protective factor in the face of adversity (Luthar & Zelazo, 2003). The practitioners in the UK survey and case studies could identify the impact of insecure attachments upon children's development; evidently attachment theory informs assessments. The Australian case practitioners also aimed to improve attachment relationships. However, because we did not ask the question directly, we cannot draw strong conclusions about the extent to which interventions are directly aimed at improving or repairing attachment relationships. Further, there is a need for more research about the extent to which a focus on other factors associated with resilience may be compensatory in circumstances where attachment problems are intractable.

Our respondents also spoke of the importance of intervention that targets different ecological levels and is multi-disciplinary. The extent to which they were able to put these principles into practice appeared to be more restricted in reality. However, the research showing factors at different ecological levels to be associated with resilience supports this approach (Werner & Smith, 1992). As Newman and Blackburn (2002) indicate, interventions that build on naturally occurring resources in the child's network are likely to be more effective and enduring. The role of schools is also crucially important and therefore it is important that strategies are developed with consistent and complementary approaches across the professional network (Gilligan, 1998).

There appeared to be slightly different ecological emphases in the UK and Australia. In fact, it could almost be said that the UK and Australian services taken together in their entirety represent a more complete and multi-level approach to promoting children's resilience and well-being, the former focusing heavily on the coping and skills of the individual child with associated support for the parents or carers, and the latter dedicated to improving the well-being of parents and family unit and placing that unit within the best possible community network.

In our study, as in Newman and Blackburn's, self-esteem emerged as a key concept, especially in the UK data. There has been much debate about self-esteem in the literature and the evidence is coalescing around a view that direct attempts to raise self-esteem may not be helpful (Newman, 2004). Self-esteem should, instead, be linked with the development of mastery and with achievement through effort (Seligman, 1996). In fact, our UK respondents talked of building resilience by working with children's strengths, skills and talents and in supporting coping and problem-solving– so are likely to have been targeting the underlying processes associated with resilience. The Australian respondents were also aiming to mobilise protective processes, but the conduit for these was via parents and social networks. Again, without further comparative research incorporating outcome data it is difficult to gauge the relative efficacy of these different emphases.

In the UK case studies, strategies focused on anger management and understanding the emotions of self and others are congruent with the evidence about the role of emotional regulation and the capacity to interpret the emotions of the self and others (Luthar, 2005). The focus on promoting good peer relationships is also congruent with the research, especially if it aims to foster friendships with children in the mainstream who are not experiencing problems (Luthar, 2005).

As described, therefore, resilience-based practice was congruent with the principles implied in the literature, but was varied and entailed different emphases. Encouraging a discourse that more overtly explores the underlying processes that are being targeted could be helpful.

In conclusion, the practitioners surveyed and interviewed in the current research pointed to the importance of engaging in respectful, inclusive, and reflexive practice when working with vulnerable children and families. While the ultimate congruence of this described practice with the literature was not absolute, and the reconciliation between concepts of resilience versus strengths-based or attachment-focused practice principles could not be fully documented, the degree of investment in resilience-relevant work amongst the practitioners was inarguable. This investment, coupled with the service satisfaction evinced by the vast majority of parents and carers, reinforces the imperative to conduct sound outcome-focused evaluation research to inform the evidence-base. This preliminary scoping has served to highlight the practical utility and conceptual appeal of resilience-based practice and indicates that its continued exploration is both warranted and timely.

Acknowledgements

This study was funded by *The British Academy* for the UK element and the *Australian Centre for Child Protection* for the Australian element and we are grateful for this support. The two non-governmental organisations provided extensive support for the research. Thanks also to Sally Wassell for conceptual development and to the researchers in the UK organisation who undertook data collection and analysis for us. Our thanks to all the practitioners, parents and children who took part in this study.

References

BENARD, B. (2004). *Resiliency: What Have We Learned?* San Francisco: WestEd.

BENNATHAN, M., & BOXALL, M. (1998). *The Boxall profile: A guide to effective intervention in the education of pupils with emotional and behavioural difficulties.* Manchester: Published on behalf of: Nurture Group Consortium by AWCEBD.

BOSTOCK, L. (2004). *Promoting Resilience in Fostered Children and Young People: Resource Guide No. 4.* London: Social Care Institute of Excellence.

BRONFENBRENNER, U. (1989). Ecological systems theory. *Annals of Child Development,* 6, 187-249.

DANIEL, B. (2006). Operationalising the concept of resilience in child neglect: Case study research. *Child Care Health Development, 32*(3), 303-309.

DANIEL, B., & WASSELL, S. (2002a). *Adolescence: Assessing and Promoting Resilience in Vulnerable Children III.* London: Jessica Kingsley.

DANIEL, B., & WASSELL, S. (2002b). *The Early Years: Assessing and Promoting Resilience in Vulnerable Children I.* London: Jessica Kingsley.

DANIEL, B., & WASSELL, S. (2002c). *The School Years: Assessing and Promoting Resilience in Vulnerable Children II.* London: Jessica Kingsley.

DE SHAZER, S. (1985). *Keys to Solution in Brief Therapy.* New York: Norton.

DLUGOKINSKI, E., & ALLEN, S. (1997). *Empowering children to cope with difficulty and build muscles for mental health..* Bristol, PA: Taylor & Francis Group.

GILLIGAN, R. (1998). The importance of schools and teachers in child welfare. *Child and Family Social Work,* 3(1), 13-26.

GILLIGAN, R. (1999). Enhancing the resilience of children and young people in public care by mentoring their talents and interests. *Child and Family Social Work, 4*(3), 187-196.
LUTHAR, S. (2005). Resilience in development: A synthesis of research across five decades. In D. CICCHETTI & D.J. COHEN (Eds.), *Development Psychopathology: Risk, Disorder and Adaptation* (2nd ed., Vol. 3). New York: Wiley.
LUTHAR, S.S., & ZELAZO, L.B. (2003). Resilience and Vulnerability: Adaptation in the Context of Childhood Adversities. In S. LUTHAR (Ed.), *Resilience and Vulnerability*. New York: Cambridge University Place.
MASTEN, A. (1994). Resilience in individual development. In M.C. WANG & E.W. GORDON (Eds.), *Educational Resilience in Inner-City America*. Hillsdale, N.J.: Erlbaum.
MASTEN, A.S., & COATSWORTH, J.D. (1998). The development of competence in favorable and unfavorable environments. *American Psychologist, 53*(2), 205-220.
MASTEN, A.S., & POWELL, J.L. (2003). A resilience framework for research, policy and practice. In S.S. LUTHAR (Ed.), *Resilience and Vulnerability: Adaptation in the Context of Childhood Adversities*. Cambridge: Cambridge University Press.
NEWMAN, T. (2004). *What Works in Building Resilience*. London: Barnardo's.
NEWMAN, T., & BLACKBURN, S. (2002). *Transitions in the Lives of Children and Young People: Resilience Factors*. Edinburgh: Scottish Executive Education Department.
RUTTER, M. (1987). Psychosocial resilience and protective mechanisms. *American Journal of Orthopsychiatry, 57*, 316-331.
SALEEBY, D. (1999, 15.4.99). *The Strengths Perspective in Social Work*, Trinity College, Dublin.
SELIGMAN, M. (1996). *The Optimistic Child*. New York: Harper.
SELIGMAN, M.E.P., & PETERSON, C. (1986). A learned helplessness perspective on childhood depression: theory and research. In M. RUTTER, C. TIZARD & R. READS (Eds.), *Depreseeion and Young People: Developmental and Clinical Perspectives*. New York: Guildford Press.
The Incredible Years Programs. from http://www.incredibleyears.com/index.asp
WERNER, E.E., & SMITH, R.S. (1992). *Overcoming the Odds: High Risk Children from Birth to Adulthood*. Ithaca and London: Cornell University Press.
YATES, T.M., & MASTEN, A. (2004). Prologue: the promise of resilience research for practice and policy. In T. NEWMAN (Ed.), *What Works in Building Resilience?* Barkingside: Barnardo's.
ZIMMERMAN, R.B. (1988). Childhood depression: New theoretical formulations and implications for foster care services. *Child Welfare, 67*, 37-47.

Author's notes

Brigid Daniel
Professor of Social Work
Colin Bell Building
University of Stirling
Stirling
FK9 4LA
UK
01786 467726
b.m.daniel@stir.ac.uk

Sharon Vincent
Senior Research Fellow
Centre for Learning in Child Protection
University of Edinburgh
Edinburgh, UK

Edwina Farrall
Research Assistant
Australian Centre for Child Protection
University of South Australia

Fiona Arney
Senior Research Fellow
Australian Centre for Child Protection
University of South Australia, Australia