

Education Department Research Programme

Resilience: A Framework of Positive Practice

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Introduction

There is very little systematic research into strategies aimed at intervening to boost a child's resilience in the face of adversity. This report describes a pilot study that aimed to evaluate the value and efficacy of the materials and associated training as a basis for statutory social work intervention with vulnerable children, to pilot and refine independent and qualitative independent measures of resilience and well-being and to gauge the value of the concept as a framework for practice with vulnerable children.

Main Findings

- Practice materials to assist with assessing levels of resilience need to be adapted and used flexibly to meet the individual needs of different children.
- The concept of resilience is already informing the work of social workers, it offers a helpful framework for the development of positive intervention plans with children who are neglected.
- The nature of the demands upon local authority social workers, and the chaotic circumstances of many neglected children make it difficult to carry out a systematic assessment using a highly structured approach.
- Formal measures such as the Strengths and Difficulties Questionnaire can provide helpful indicators of well-being, but need to be supplemented by observation of the child's behaviour in different settings.
- A large-scale intervention study is required to determine the efficacy of a resilience-based approach to work with neglected children.
- Using a structured approach to assessment can assist social workers to identify domains in the child's life that need attention and this project reinforced the key importance of secure attachments for the development of resilience.

The Proposed and Actual Methodology

The materials that formed the basis for this study are built around six domains of a child's life known to be associated with resilience, secure base, education, friendships, talents and interests, positive values and social competencies.

The project was carried out within a local authority in Scotland with the help of a specialist therapeutic project. The aspiration had been to carry out a 'before and after' study that would explore the feasibility of measuring the impact of a resilience-based intervention plan. Practitioners were to be trained in the concept, carry out an assessment, and implement an intervention plan and any changes were to be measured. 8 children were recruited, 7 of whom were being looked after away from home, one by a relative. The main concern about all these children was chronic neglect.

In the event the original plan proved overly ambitious and it was not possible to incorporate a sufficient intervention period. At the midway stage, therefore, it was decided to focus the study on the learning about the materials, measures and concept from the assessment phase only.

The Strengths and Difficulties Questionnaire (SDQ) was used to measure well-being. This questionnaire has a version for teachers, for parents and for self-report. It can be seen as an indicator of 'resilience' if the child shows relatively high scores for well-being despite adversity.

Questionnaires were used at the beginning of the study to gather information about perceived levels of resilience and about current theoretical frameworks. At the end of the study semi-structured interviews with 6 practitioners were used to gather views about the value of the materials and concept. Practitioners were also asked to submit a copy of an existing assessment report and to submit any completed resilience-based assessments and intervention plans.

Findings

Versions of the SDQ were completed for five of the children. No teacher versions were returned and only three parent versions were completed: one by a relative and two by carers. When it was completed the SDQ provided very valuable data and it will be retained as a measure in future studies.

The questionnaires provided useful data on the constructs and theoretical frameworks. This pilot has suggested that the questionnaires can be used to measure perceptions of children's rating on each of the six domains before and after

intervention whilst the SDQ can be used to measure well-being. Of 6 children who expressed a view, all but one considered that social work support had been very helpful.

The psychologist consulting to the project has suggested that observational measures be developed to provide a different perspective on children's resilience and a visual method of plotting a child's level of resilience be devised.

The majority of interviewees considered the presentation of the workbooks to be good and the tools and checklists to be of value and appropriate for the age range. However, there were some specific comments about the need to tailor and adjust the material to suit the child. Respondents commented on the value of having a focus and structure for their assessment. It emerged that people had taken different approaches to the workbooks in that some had worked their way through the checklists and others had dipped in and adapted them as they went.

The children appeared to either greatly enjoy the process of assessment or to find it tedious. Anonymised copies of children's worksheets provide clear evidence that in some cases the children were able to understand and engage with the task. There is a need to ensure that the assessment is congruent with the needs of the child and that the material is used flexibly.

The plan had been to involve the range of professionals and carers in the project; however, this was patchy. Two staff from education were heavily involved and expressed great enthusiasm for the concept and approach. A day carer and some foster carers helped to complete the assessments and were also enthusiastic about the concept of resilience as a basis for contextualising their work with children. More research assistant time would be needed to ensure that all other practitioners are fully involved in future studies.

All the social workers were already familiar with the concept of resilience, all were using it to a greater or lesser extent and most already found it helpful. In interview all stated that the concept was helpful in some way for developing plans for intervention, even those who had specific criticisms about this methodology. Several commented on ways in which the concept helped enhance knowledge of the child, their relationship with the child and, interestingly, self-knowledge by the child.

The interviews contained very rich material about the individual domains and they were clearly salient to practitioners. Perhaps one of the most significant emerging findings relates to the key role that the secure base plays. It was as if the practitioners sometimes needed to look away from the secure base in order to see it in greater relief.

Where assessments or plans for intervention were completed for this study using the templates in the workbooks they covered each domain in detail, and, importantly, identified areas for potential enhancement and made clear suggestions for intervention. Practitioners were able to locate existing plans within the framework and used more explicit resilience based language in their assessments and plans.

Recommendations for a Further Study

Recommendation 1: Retain the model of training, but increase attention to the process of using the workbooks.

Recommendation 2: Retain the focus on children aged between 5 and 11, where the main cause for concern is neglect.

Recommendation 3: Retain the SDQ, pilot other measures and ensure that there is sufficient research assistant time to meet with all potential respondents and gather all the data.

Recommendation 4: modify the questionnaires to mirror the domains in the workbook and use them as the basis for collecting robust qualitative data about levels before and after intervention.

Recommendation 5: Develop and pilot a behavioural/observational measure of well-being that can assist with gauging resilience.

Recommendation 6: Develop and pilot a visual way of depicting a child's level of resilience.

Recommendation 7: Retain the collection of existing reports and support participants to produce a written resilience-based assessment and plan.

Recommendation 8: Ensure that a larger study is sufficiently resourced with full time skilled research assistants and that project management is also resourced.

Recommendation 9: Plan a longer study to allow for phased entry of children in to the study in a way that is congruent with the stage of assessment.

Conclusion

In summary, the original planned structure should be feasible with sufficient resources and longer time scales. Measures like the SDQ can be used to measure well-being measures and whether it can be increased with targeted intervention. The six domains are not measures of resilience as such, rather the hypothesis is that if intervention is targeted to these domains the factors associated with resilience are likely to be nurtured. Progress in these domains can be assessed with questionnaires and interviews.

The pilot, even though small, has provided further insights into the concept of resilience. It has highlighted the importance of the positive values domain and the need for more research into this domain. It also suggests the need to explore the extent to which it is possible to improve the secure base domain through other domains, or whether the secure base domain must be robust before other domains can improve.

In conclusion, even though the pilot was not carried out in the original intended form, it has provided highly valuable information for the planning of future studies.

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