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Resilience: A Framework for Positive Practice

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RESILIENCE: A FRAMEWORK FOR POSITIVE PRACTICE

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TABLE OF CONTENTS

CHAPTER ONE INTRODUCTION	4
CHAPTER TWO THE PROPOSED AND ACTUAL METHODOLOGY.....	5
THE MATERIALS.....	5
STRUCTURE OF THE PROJECT	6
SUBJECTS.....	7
MEASURES.....	8
<i>Standardised measures</i>	8
<i>Qualitative measures</i>	9
CHAPTER THREE FINDINGS AND REFLECTIONS ON THE MEASURES.....	11
INDEPENDENT MEASURES	11
QUALITATIVE MEASURES.....	12
CHAPTER FOUR FINDINGS AND REFLECTIONS ON THE MATERIALS AND PROCESS.....	15
WORKBOOKS	15
PROCESS	15
TRAINING	15
CHILD'S INVOLVEMENT.....	16
INVOLVEMENT OF OTHERS.....	16
CHAPTER FIVE REFLECTIONS UPON THE CONCEPT OF RESILIENCE.....	18
VALUE OF RESILIENCE	18
ENHANCED KNOWLEDGE OF THE CHILD	18
SPECIFIC DOMAINS.....	18
<i>Secure Base</i>	19
<i>Education</i>	19
<i>Friendships</i>	19
<i>Positive Values</i>	19
<i>Talents and Interests</i>	20
<i>Social Competencies</i>	20
WRITTEN REPORTS	20
CHAPTER SIX CONCLUSIONS AND IMPLICATIONS FOR A FURTHER STUDY	21
MATERIALS, MEASURES, TRAINING AND PROCESS	21
THE CONCEPT OF RESILIENCE	23
ACKNOWLEDGEMENTS	25
REFERENCES.....	25

CHAPTER ONE INTRODUCTION

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. Child care and protection practice currently has a sharp focus on the assessment of, and reduction of risk. Whilst this is important many practitioners would welcome a framework for intervention that provides a balancing positive focus. A resilience-led perspective to practice is, as Gilligan (Gilligan, 1997) states both ‘optimistic and pragmatic’.

Although there is a considerable amount of research about the factors associated with resilience, 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 for a large-scale evaluative intervention study. Based around a published set of practice materials that aim explicitly to promote resilience in vulnerable children the pilot project aimed to:

- evaluate the value and efficacy of the materials and associated training as a basis for statutory social work intervention with vulnerable children
- pilot and refine a battery of independent tests for the measurement of the child’s level of resilience
- pilot and refine qualitative measures of the child’s well-being and level of resilience
- gauge the value of the concept as a framework for practice with vulnerable children.

CHAPTER TWO THE PROPOSED AND ACTUAL METHODOLOGY

The project was carried out within a local authority in Scotland. Social workers were recruited with the help of a specialist support project for children and families within the authority. The practitioners who took part in the project enthusiastically embraced the opportunity to take part in the study and contributed a huge amount of energy and time to the work. The project commenced in September 2003 and was planned to run for a year. A research assistant was employed for the project on a half time basis. In the event the project was completed in January 2005.

The progress with the study has not followed the structure set out in the original proposal. The learning from this has been invaluable for the development of a larger scale study in the future. The process of seeking consent took much longer than anticipated. Assessments have not been completed in a systematic way for all children and not all measures have been collected. The social workers attributed this to the level of their workload. The nature of the working environment and organisational constraints could also have impeded systematic assessment and planning. There were aspects of the research staffing and planning that also affected the original plan. During the project the lead investigator changed jobs and institutions and there was a change of research assistant. It was very quickly apparent that for a future study of this nature a highly skilled, full time research assistant is required because of the amount of time that is needed to keep track of the progress of each stage of the project for each child.

The materials

The materials that formed the basis for this study have been created for three age-groups and it was the school years version that was used (Daniel & Wassell, 2002). The development of these workbooks was partially funded by the Social Work Services of the Scottish Executive. The workbooks provide a structure for the assessment of potential areas for intervention to boost resilience and provide detailed suggestions for intervention. They are built around six domains of a child's life, are set within an ecological framework and incorporate the factors identified in the literature as associated with resilience:

- secure base
- education
- friendships
- talents and interests
- positive values
- social competencies.

The material is structured in such a way as to lead the practitioner through a process of assessment of potential or actual areas of resilience at each of three ecological levels in each of the six domains. The practitioner is then guided through the development of a plan for intervention that encourages use of the existing available resources to the child at all ecological levels, augmented by services where indicated.

Structure of the project

Table 1 shows the intended and actual structure of the 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.

In the event this proved overly ambitious. The assessment phase was prolonged to the extent that it was not possible to incorporate a sufficient intervention period. Six training and progress days were held with participants and were attended by social workers, foster carers, support workers and teachers, but they focused mainly on the concepts and on the assessment issues. There was a patchy return of completed assessment documents and intervention plans. This was due to a range of structural and process issues:

- participants needed time to become familiar with the materials and with the concept
- participants stated that they preferred to mix assessment and intervention in a more fluid manner than the workbook proposes
- in all cases there had already been some assessment of the child's circumstances, and so the task was not always congruent with the phase of intervention
- some of the children's circumstances changed during the assessment phase
- there was a change of staff in some cases
- participants identified that such an assessment can take more time than they have available for one case
- there was insufficient research assistant time to deliver the extent of support required to maintain the momentum of the assessment process.

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. At the end of the study interviews were carried out with the social workers in order to ascertain their views on the workbooks, the training and the concept of resilience as a basis for practice.

Table 1: Showing the intended and actual overall structure of the project.

Intended action	Project achievement
1. Identify the children and allocate code number.	Completed, although with fewer children.
2. Provide consent information to parents and children.	Completed.
3. Obtain baseline independent measures using standard scales for each child (requires meeting with child and with main carer, and teachers if possible).	Partially completed, see table 2.
4. Obtain baseline qualitative measures of intervention so far using questionnaires (requires meeting with child and main carer, postal survey of teacher if possible, questionnaire to social worker). <i>N.B. 3 and 4 to be combined as far as possible</i>	Partially completed, see table 2.
5. Collect anonymised and coded copies of relevant existing assessment documents (e.g. case conference reports, LAC forms).	Completed.
6. Carry out initial training for social workers	Completed, more days than originally planned.
7. Social workers carry out assessment using resilience workbooks and begin to formulate intervention plan to be over approximately 3 month period.	Partially completed.
8. Carry out follow-up training for social workers where intervention plans are developed and refined, (copy of anonymised and coded assessment and plan submitted to research team)	Very partial, training focused more on the concept and on assessment.
9. Implement intervention plan (for at least six months)	Substantial intervention was occurring, but not specifically linked with a resilience-based assessment.
10. Obtain follow-up independent measures using standard scales for each child (requires meeting with child and with main carer, and teachers if possible) <i>N.B. 9 and 10 to be combined as far as possible</i>	No
11. Obtain follow-up qualitative measures of intervention so far using questionnaires (requires meeting with child and main carer, postal survey of teacher if possible, questionnaire to social worker)	Interviews held with the majority of social work staff, none with teachers, parents or young people.
12. Analyse data and write report	Completed.

Subjects

The original plan had been to recruit 12 children, all between 5 and 11, where the main cause for concern was neglect, 6 living at home and 6 looked after away from home. In the event 8 children were recruited, 7 of whom were being looked after away from home, one by a relative (see table 2). As the project progressed one child was adopted and the child living at home withdrew from the study. Four of the children were receiving therapeutic support from the local specialist project.

The recruitment process provided important learning for the development of a further study. Comprehensive consent materials and protocols were developed and the social workers organised the consent process. The indications are that the arrangements for obtaining consent were complex for children who were living at home. Social workers also described

the extent to which the chaotic nature of some households made it difficult to recruit children into a systematic study. Foster carers, on the other hand, could be brought in as colleagues.

A second, linked study that will focus only on children living at home has now been commenced in another local authority and will be completed in July 2005. It will be informed by the learning from this project and will provide complementary information about the feasibility of such a study with children living at home.

Table 2: Showing details of the subjects and of the data collected.

Child	Sex	Age at start	Living	Copy of existing report	Initial SW Q'aire	Initial YP Q'aire	Initial FC Q'aire	SDQ Parent	SDQ YP	Grid and/or plan	Follow up interview
01	F	9y11m	Foster Care (s.70)	√	√	√			√	√	Social Care worker
02	F	8y9m	Foster Care (freed for adoption)	√	√	√	√	√	√	√	Social Worker
03	F	9y8m	Foster Care (s.70)	√	√	√			√		<i>Change of Social Worker</i>
04	F	7y11m	With relative (s.70)	√	√	√	√	√	√	√	Change Social Worker
05	M	11y9m	At home	√	√						<i>Child Withdrew from project</i>
06	F	10y3m	Foster Care (s.70)	√	√	√	√	√	√		Social Worker
07	M	7y2m	Foster Care (s.70)	√	√	√				√	Social Worker & Change Social Worker
08	M	7y3m	Foster Care (s.25)	√						√	Social Worker and Change Social Worker

Measures

Standardised measures

Resilience is only a salient concept in the context of adversity; it is a pre-requisite of being called resilient that adversity has been withstood. Therefore, large scale studies of resilience normally incorporate a range of measures of stress and adversity (Luthar, 2003). However, for these children who were known to have experienced chronic neglect and in some cases abuse, adversity was taken as a given and measures of external adversity were not included.

In order to measure relative well-being the original plan had been to test a battery of standardised measures for the following constructs all known to be associated with resilience:

- attachment relationships
- self-esteem
- self-efficacy
- anxiety and depression
- behavioural adjustment
- social networks.

Various measures were considered, although there was a complication in that some standardised measures for self-esteem, self-efficacy and attachment had already been incorporated into the workbook as assessment tools; they could not, therefore be used as separate measures. It was also important to avoid overloading the children with scales in conjunction with a major assessment. It was decided to adopt the Strengths and Difficulties Questionnaire (SDQ) which has been extensively tested and validated and is supported by a website for the analysis of data (Goodman, 1997, 1999; Youth in Mind, 2003). This questionnaire has a version for teachers, for parents and for self-report. It produces scores for:

- overall stress
- emotional distress
- behavioural difficulties
- hyperactivity and attentional difficulties
- difficulties getting along with other children
- kind and helpful behaviour
- impact of any difficulties on the child's life.

Diagnostic predictions from 'close to average' to 'high risk' are also produced for:

- any diagnosis
- emotional disorder
- behavioural disorder
- hyperactivity or concentration disorder.

This questionnaire is a robust measure of mental well-being, and as such can be seen as an indicator of 'resilience' if the child shows relatively high scores for well-being despite adversity. During the study further scales were examined and some will be tested in the study with children at home.

Qualitative measures

A set of questionnaires were devised for the before and after stages of the study for social workers, other professionals, carers, parents and children. The first set of questionnaires was designed to gather information about current perceived levels of resilience and about current theoretical frameworks, the second set was aimed at gauging any perceived changes in resilience following intervention and at gathering views about the value of the materials and concept.

In order to gauge perceived levels of resilience participants were asked to rate levels of:

- secure base
- self-esteem
- self-efficacy
- hopefulness
- social integration
- school integration
- ability to control behaviour
- resilience.

There were further questions on levels of:

- the existing model of intervention and how helpful it is
- optimism for the child
- familiarity with the concept of resilience
- whether already using the concept of resilience and how helpful it is.

In the event the set second of questionnaires were used as the basis of semi-structured interviews with six practitioners.

Practitioners were also asked to submit a copy of an existing assessment report and to submit any completed resilience-based assessments and intervention plans.

CHAPTER THREE FINDINGS AND REFLECTIONS ON THE MEASURES

Independent Measures

The SDQ was completed with the children by the research assistant. It proved logistically complex to arrange to meet with all the children and the process highlighted that in such a study the research assistant needs to be highly flexible. No teacher versions were returned and only three parent versions were completed: one by a relative and two by carers. The implication for a future study is that it is probably necessary for the research assistant to personally meet with teachers, parents and carers to support the process of completion of the SDQ.

Table 3: Showing the descriptors relating to the scores for each specific scale and the diagnostic predictions for the 5 children about whom data was collected.

Specific Scores	01 Self Report	02 Self Report And 'Parent' Report	03 Self Report	04 Self Report	04 'Parent' Report	06 Self Report	06 'Parent' Report
Overall stress	VERY HIGH	Close to average	SLIGHTLY RAISED	VERY HIGH	VERY HIGH	SLIGHTLY RAISED	VERY HIGH
Emotional distress	VERY HIGH	Close to average	VERY HIGH	HIGH	HIGH	Close to average	HIGH
Behavioural difficulties	HIGH	Close to average	SLIGHTLY RAISED	VERY HIGH	SLIGHTLY RAISED	SLIGHTLY RAISED	VERY HIGH
Hyperactivity and attentional difficulties	VERY HIGH	Close to average	Close to average	VERY HIGH	VERY HIGH	HIGH	HIGH
Difficulties in getting along with other children	SLIGHTLY RAISED	Close to average	Close to average	Close to average	VERY HIGH	Close to average	HIGH
kind and helpful behaviour	Close to average	Close to average	Close to average	Close to average	SLIGHTLY LOW	Close to average	Low
impact of any difficulties on the child's life	VERY HIGH	Close to average	SLIGHTLY RAISED	Close to average	SLIGHTLY RAISED	Close to average	VERY HIGH
<i>DIAGNOSTIC PREDICTION</i>							
Any diagnosis	HIGH RISK	Low risk	MEDIUM RISK		Medium risk		HIGH RISK
Emotional disorder	HIGH RISK	Low risk	MEDIUM RISK		Medium risk		Medium risk
Behavioural disorder	Medium risk	Low risk	Low risk		Medium risk		HIGH RISK
Hyperactivity or concentration disorder	Medium risk	Low risk	Low risk		Medium risk		Medium risk

When it was completed the SDQ provided very valuable data and it will be retained as a measure in future studies. The results for each scale are shown in Table 3. There is insufficient data to carry out any statistical tests. However, the findings show that all but one of the children were at risk of some form of diagnosis and of emotional disorder. The child whose scores were close to average was adopted during the study and she had already been offered extensive therapeutic support. Where there was a report from a 'parent' their assessments indicated greater levels of problems than the self-report by the children.

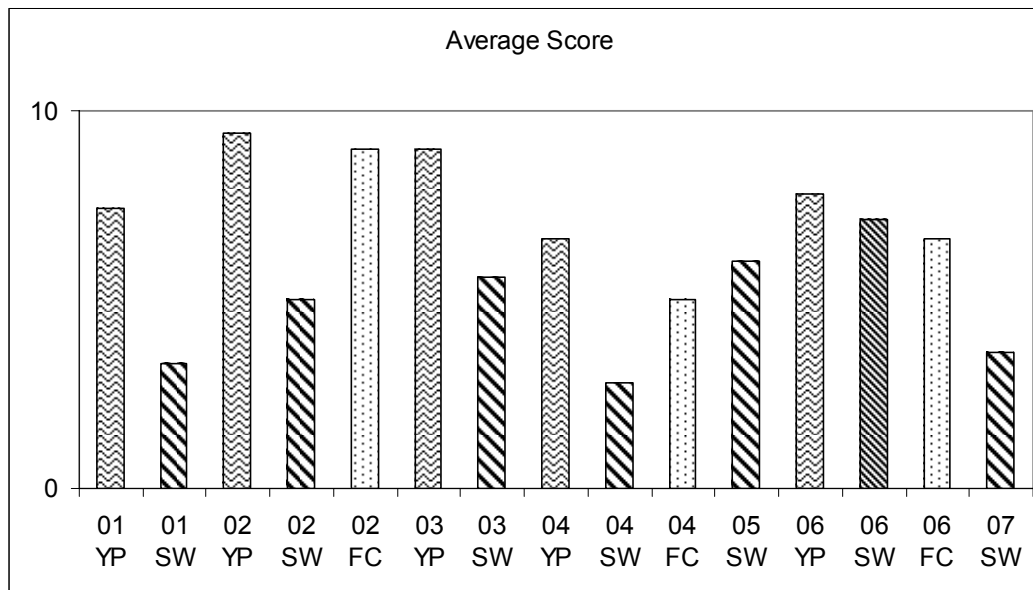
Qualitative measures

Table 4 shows the results of the data that was gathered at the beginning of the study. Again there is insufficient data for statistical analysis, however, the questionnaires provided useful data on the constructs and theoretical frameworks. As with the SDQ, there was a tendency for children (and to some extent foster carers) to be more generous in their ratings on the eight constructs (see graph 1). This is an interesting finding and it would be one that could be explored in far more depth in a larger scale study.

Table 4: Showing ratings for each of the constructs and on models of intervention where obtained from social workers (SW), children (YP) and foster carers (FC) for the pre-intervention questionnaires (1=low level, 10=high level).

	01	01	02	02	02	03	03	04	04	04	05	06	06	06	07
	YP	SW	YP	SW	FC	YP	SW	YP	SW	FC	SW	YP	SW	FC	SW
Secure base	6	9	10	3	10	10	7	10	4	5	6	10	7	6	7
Self-esteem	5	3	10	4	10	8	7	6	3	5	6	8	7	4	3
Self-efficacy	8	2	10	2	8		3	6	1	8	6	6	5	10	3
Hopefulness	8	2	10	7	9	10	5	8	3	7	7	10	7	8	2
Social integration	8	2	10	1	10	10	4	4	3	3	7	10	7	6	4
School integration	8	3	10	9	10	10	7	8	4	3	6	2	7	5	4
Ability to control behaviour	7	2	9	7	8	10	5	4	2	4	6	8	9	4	3
Resilience	9		6	8	8	7	7	4	3	5	4	8	8	10	3
<i>Average</i>	<i>7.4</i>	<i>3.3</i>	<i>9.4</i>	<i>5</i>	<i>9</i>	<i>9</i>	<i>5.6</i>	<i>6.6</i>	<i>2.8</i>	<i>5</i>	<i>6</i>	<i>7.8</i>	<i>7.1</i>	<i>6.6</i>	<i>3.6</i>
Optimism for the child		7		8			9		3		7		8		5
Familiarity with the concept of resilience		7		9			4		5		5		8		5
Already using the concept		8		9			5		6		6		8		6
How helpful a concept		8		9					6		8		8		7
Effectiveness of previous model for improving child's circumstances		8		8					5		8				7
Effectiveness of previous model for developing plans		7		8					5		8				7

Graph 1: Showing the average rating scores (where available) for each child from the child (YP), social worker (SW) and foster carer (FC).



On reflection, though, it was clear that it would have been more straightforward if the questionnaires had concentrated on asking participants to rate children's levels on the same six domains as were covered in the workbook. The questionnaire was originally designed as a complementary method to the SDQ for measuring levels of resilience. This pilot has suggested that, instead, it would be more straightforward to use the questionnaires to measure perceptions of children's rating on each of the six domains before and after intervention and to compare these with scores on the SDQ. The questionnaires have therefore been modified in this way for the study with children living at home.

Practitioners identified a range of theoretical models that they were already using including:

- crisis intervention
- life story work
- task-centred
- non-directive play therapy
- attachment
- systems
- behaviour management
- therapeutic work.

Foster carer's described their roles to include:

- life story work and getting child ready to move on
- offering security and reassurance
- meeting the needs of the children and helping the child understand consequences of behaviour.

Of 6 children who expressed a view, all but one considered that social work support had been very helpful.

CHAPTER FOUR FINDINGS AND REFLECTIONS ON THE MATERIALS AND PROCESS

The information about the materials, process and the concept came primarily from the interviews with the practitioners who were working with the children. Several themes emerged and their views have helped enormously to shape the concept of resilience as a framework for positive practice. The extent of information about the workbooks and process was sufficient to guide future studies and therefore future questionnaires will not need to probe on the workbooks or training.

Workbooks

The views on the workbooks ranged from 'really good', 'child-friendly', 'it's dead simple language, it's not fancy it's plain, it's down to earth' to 'it was actually quite frustrating'; 'the tools for the children were rubbish'. The majority of respondents considered the presentation 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. Some felt that, in places, the language was not child-friendly, and this was particularly the case for standardised existing scales that were included in the workbooks. The specialist project adapted the materials to produce highly useful versions that were more child-oriented. Others adapted the questions as they talked with the children.

Process

Respondents commented on the value of having a focus and structure for their assessment: '...the lists and scenarios that were just well aimed at sorting out what the gaps were.' '...it makes sure you don't miss anything...'
The questions helped 'to make you think a little bit harder.'
'And helpful for as I say even picking up on things that you weren't aware of...'
'...it kind of broke down each individual bit really well..'

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. Those that tried to work systematically through each domain commented that it could become repetitive and that the process took a lot of time. The assessment with one child highlighted the importance of matching the assessment process to the stage of the case: 'for [child] [the assessment] had already been done, so I think it felt frustrating for the worker to kind of have to go over it again...'. Overall, it was very clear that to carry out the full assessment required a lot of time.

Training

During the project attendance at the training was erratic due to the range of demands on staff time and attendance did decline as the project progressed: 'the numbers dwindled in the training, but that's what happens doesn't it, because it was quite a commitment.'

From the interviews it does, though, appear that the training was appreciated by the respondents, and especially the opportunity for discussion with colleagues: 'it was really good to get the experience of what other people were doing...'; 'what was interesting for me

was hearing from lots of other people as well...’ This suggests that, regardless of the specific theoretical approach, practitioners highly value the opportunity for structured reflection with colleagues.

Child's involvement

The comments on the child’s part in the process gave insights into the child’s understanding of, and enjoyment or otherwise, of the process, the scope for opening up discussion and the impact on the worker-child relationship.

As indicated above, the issue of obtaining consent for such a project requires considerable attention. Where commented upon it appears that children had different levels of understanding about the project:

‘she felt important to be part of a project, understood what was going on and liked three adults giving her so much time’

‘Would [child] know that he was part of a resilience assessment?’

The extent of involvement of the children was impeded by the loss of momentum in the project: ‘you can’t say to the child this is what’s going to happen and then just nothing happens’. These comments further underline just how essential it is to invest research team time and resources to ensuring that the project maintains momentum and that regular contact is maintained with participants throughout.

The children appeared to either greatly enjoy the process of assessment or to find it tedious:

‘She enjoyed doing it and she liked going through the book...she would just sail through the sheets, I used to sometimes have to make sure I had lots of copies...’

‘...she did enjoy the work...and the little stories, the scenarios, she loved them as well.’

‘...sometimes she was like, ‘I don’t want to do it’, ‘not more questions.’

‘...she just got totally fed up and didn’t want to do any more of it...’

Several practitioners had submitted anonymised copies of worksheets that children had filled in, or that they had completed with the children. They provide clear evidence that in some cases the children were able to understand and engage with the task.

Several commented on the opportunity to spur conversation and the impact on the working relationships:

‘...it was helpful in that way sort of instigating conversations and things.’

‘...she just loved the individual attention...she was quite humorous and we had a good laugh...’

‘...it gave us a better relationship...it made us a bit closer in respect to doing this.’

A caveat to this is that, as one social worker commented, it could be important for the social worker to already have a good relationship with the child before exploring some of these areas in depth.

The comments relate to earlier themes and reinforce the need to ensure that the assessment is congruent with the needs of the child and that the material is used flexibly.

Involvement of others

As described above, the original plan had been to involve the range of professionals and carers in the project; however, in the event this was patchy. Education is vital for this age-

group of children, as is their whole engagement with school and therefore it would have been useful to obtain the input of teachers. Unfortunately the common experience was: 'I sent the section on education, I sent that to her primary school, and asked them to complete it, but I didn't get it back.'

On the other hand, two staff from education were heavily involved and expressed great enthusiasm for the concept and approach. They actively assisted with the assessment: 'her class-teacher did the questionnaires...the by-product from that again was the kind of time the teacher gave to the child and I suppose that one to one attention helped their relationship in terms of discussing and assessing with the school.'

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.

One of the stated intentions of the workbooks was underlined by the comments:

'it helps you identify who should do certain aspects of the work'

'it was a way of articulating to other people why these things were important.' Because a clear intervention stage has not been charted it is not possible to ascertain how well this has been followed through.

CHAPTER FIVE REFLECTIONS UPON THE CONCEPT OF RESILIENCE

Value of resilience

As can be seen from Table 4, all 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. The practitioners brought different levels of prior knowledge to the project, one, for example had thought she had known what it was, 'but it opened up and confused me for quite a bit and then when I spoke to other people we were sort of able to say, "no, you do know what it means, it's this, this and this." So, it was put on the track again, shall we say.' Two others were very familiar with the concepts, even if they had not used the term as such, and felt that it confirmed what they already knew: 'I've always used a resilience led approach'
'..it was all things we were already doing...we hadn't called it resilience...'

Enhanced knowledge of the child

Several commented on ways in which the concept helped enhance knowledge of the child, and, interestingly, self-knowledge by the child:

'I think that she's maybe got a better understanding of where she is why....it's reinforced positives that she has.'

'..it helped us to be much clearer about the kind of person she was...the girl she presented as, wasn't what she was like underneath...'

'And helpful for...picking up on things that you weren't aware of..'

'...it is interesting to think about what characteristics he has as an individual child that makes him more resilient..'

There was one cautionary note to this in that it was identified for one child that positive factors could be 'kind of masking the gaps that are there.' This could relate to the importance of distinguishing between resilience and 'apparent resilience' (Luthar, 1991).

Specific domains

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. The comments suggest both that secure base underpins a lot of the other areas, but that also, a careful assessment of the other domains can help to highlight difficulties with the secure base. It was as if the practitioners sometimes needed to look away from the secure base in order to see it in greater relief. As an example there was one child who took part in Scottish Country dancing as a hobby that went well until she had to take part in a public performance when neither her teacher nor carer were present and she was unable to cope and regressed to much younger behaviour.

The following are a selection of comments relating to each domain.

Secure Base

‘I found she never mentioned her Mum, her Mum was basically an afterthought.’

‘...secure base, without that then the child really is going to struggle.’

‘..what came out of the resilience work that I did with the child was that she still had very strong attachments to birth mother ...it’s raised issues for me that I didn’t even realise were there for the child especially related to attachment and birth family.’

‘..the secure base issue remained a constant all the way through and it does raise a question I suppose, if that isn’t there can all the other things in this resilience circle show up?’

‘..there’s a danger ..of a model like this being politically high jacked so that ..there’s permission to say, “well these are maybe not the best carers, but if we get them involved in scouts and if we get them involved in school good, and make sure they have a special friend, then that compensates somehow”. And I really don’t think it does compensate...’

Education

‘..education was a problem.’

‘there were other questions there that I felt were quite good, like “do you have a private place to do homework?” “Who helps you with your homework?” Sometimes you take it for granted that they’re doing it in their bedroom and there’s somebody going to help them, other times there’s not.’

Friendships

‘..she tended to think that she had lots of friends and she made out she had lots of friends, but when you really spoke to people, maybe school teachers or her foster carers, she didn’t really.’

‘On the friendship questionnaire, she showed a need to be seen as a great person, and that she wants other to think well of her. Her benchmarks are solid, to do with being reliable, truthful and honest.’

‘..she’s got a good circle of friends...’

‘..the friendships was a problem..’

‘..his friendships have come on..’

Positive Values

‘The conscience bit was just brilliant for me,...I had never had it laid out in front of me before...that was like a light bulb going on when I read it...it highlighted that we were asking too much of her...her conscience development was extremely immature and that we were asking her to take responsibility and make decisions when she wasn’t actually developmentally able to do that, and that has helped the carer...it has removed a lot of the tension in their relationship.....it was clear that she had an excellent grasp of the principles and was good at reading emotions in others, and to a lesser degree, herself.’

‘...I was like “I used to cry at Little House on the Prairie because I used to find it sad about all these little families and these girls” and she goes, “did you?” And she’d go “sometimes I cry at a film”.’

‘..what I did feel I had been particularly successful in my relationship with my child here was understanding how she understood emotions, so the work on that was particularly illuminating.’

Talents and Interests

‘..but his talents and interests and things, he’s in a very, very busy household and I think that’s something maybe to look at to give him more esteem and confidence, to be able to go out and do things.’

Social Competencies

‘We then looked at the locus of control scale. This was interesting to me as it showed that she still retained a little magical thinking.’

‘It’s also maybe helped me to understand the issues that she has in socialising...just her socialising and her behaviour and the impact it has on her whole school life.’

Written reports

It was evident from the prior reports that a considerable amount of supportive intervention had already been, and continued to be provided to the children and to their families and carers. Altogether the prior reports either touched on or covered in some detail each of the domains, although they were not always labelled as such (see Table 5).

Table 5: Showing the number of reports in which each domain was touched on.

Domain	No of reports (n=8)
Secure Base	6
Education	7
Friendships	4
Talents and Interests	6
Positive Values	3
Social Competencies	7

These reports tally with the views of the practitioners that the concepts underpinning the framework were familiar and congruent with existing practice.

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.

Several practitioners indicated that they had since used the materials and concept with other children who were not part of the study. The indications are, therefore, that it would be possible to carry out a comparative documentary analysis of reports written before and after resilience-based training.

CHAPTER SIX CONCLUSIONS AND IMPLICATIONS FOR A FURTHER STUDY

Materials, measures, training and process

Overall the workbooks were well-received, although there were specific comments about some of the materials. The indications are that the training was highly valued. However, it needs to pay more attention to ways in which the materials can be adapted and used flexibly. The modified versions of some of the checklists can also be made available to participants for future studies.

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

The age-group appeared ideal for this study, they were old enough to engage with the materials, some very enthusiastically. But they were young enough for their lives to be less subject to the kind of external variables that affect the lives of adolescents. It was also possible to identify children for whom neglect was the main concern and given the known long term poor outcomes for children who are neglected the argument for continuing to concentrate upon them is strong (Egeland, Sroufe, & Erickson, 1983).

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

The SDQ yielded useful data and proved relatively straightforward to administer and analyse once arrangements had been made to meet with the child. It would be very important to obtain full sets of SDQs from all carers and teachers as this would provide a better picture of the child, and also allow for further exploration of the differences between self-report and report by others. During the study a resilience scale (RS) was identified that has been successfully used in an intervention study with young adults (Neill & Dias, 2001; Wagnild & Young, 1993). A modified version of the checklist used by the International Resilience Project (IRP) was also developed (Grotberg, 1997). These can be piloted in the next short study.

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

Valerie Cairns (Chartered Clinical Psychologist) provided invaluable expertise to the pilot study. It is her view that the pilot project has been successful in identifying that:

- certain of the measures employed are capable of yielding relevant information
- resource limitations impact negatively on the implementation of programmes such as this
- sufficient data has been generated to allow for refinement in the next small study with children looked after at home.

She has reservations about the difficulties of measuring change with standardised measures because of problems of validity, reliability and appropriateness for the individual and the nature of the measures available. So, whilst supporting the recommendation of the continued use of the SDQ she recommends that it is essential to augment such measures with three other approaches. The first is to continue to develop and refine robust, appropriate self-report and observer report questionnaires. The aim would be to focus on capturing practitioners', children's, parents' and carers' subjective experiences of children's well-being and whether it has been enhanced by resilience-based intervention.

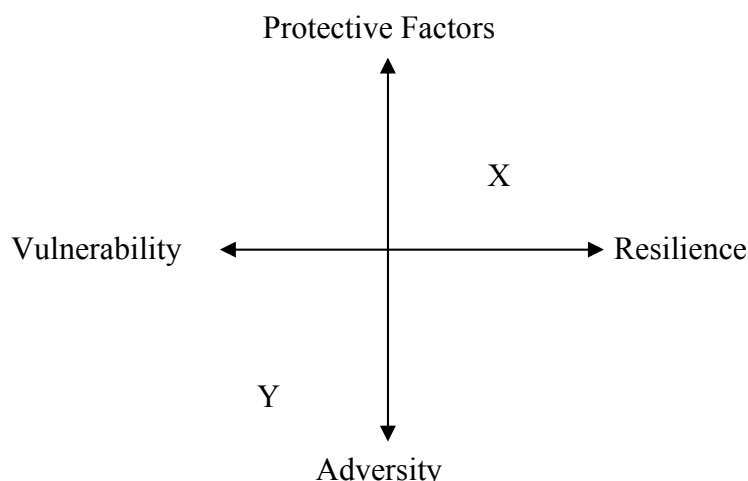
Recommendation 4: modify the questionnaires to mirror the domains in the workbook and use them as the basis for collecting robust qualitative data about levels before and after intervention.

The second is to develop a behavioural measure to correlate with other measures, for example, observation of children taking part in a challenging activity. Independent, paper-based measures are limited in that they are not always child-friendly and they rely heavily on reports on feelings and behaviour. The benefit of observation is that it offers a direct snapshot of the child's capacity. Psychologists have a range of methods for rigorously recording and comparing observations that will be drawn on in the next study.

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

The third is to develop a visual method of 'plotting' children's levels of resilience, perhaps by using the intrinsic axis of vulnerability/resilience and the extrinsic axis of adversity/protective environment as depicted in the workbooks (see figure 1).

Figure 1: Showing an example of visually depicting that child X has high levels of resilience and some protective factors, whilst child Y experiences a lot of adversity and is a little vulnerable.



This should then provide a measure of change as scores would be plotted before and after intervention. This could also provide a framework for long term follow up, to evaluate the long term impact if any of a relatively brief intervention period.

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

The initial assessment of documentary data suggests that a systematic analysis of reports written before and after training in resilience would provide a measure of the value of the concept for planning intervention. The grid for planning intervention provided in the workbook gave a good overview of the domains.

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

It is essential to carry out a before and after intervention study to assess the impact of intervention. The key to this is to ensure that the process is congruent with the stage of intervention with the child and to maintain the momentum of the study. The study raised questions about the process of assessment in statutory social work. The concept of a discrete assessment period culminating in the development of an intervention plan that is then implemented appeared not to fit with a way of working that tended to blend assessment and intervention. However, a set of assessment principles and guidelines will be rolled out in Scotland in the near future and they will reinforce the need for intervention to be planned on the basis of systematic assessment.

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.

In summary, therefore, the original planned structure should be feasible with sufficient resources and longer time scales. Independent measures like the SDQ can be used as general well-being measures that will indicate the extent to which the children have already demonstrated resilience to adversity and whether well-being can be increased with targeted intervention. The qualitative observational and pictorial measures can be used to complement the SDQ. 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 (such as self-esteem, self-efficacy and security). Progress in these domains can be assessed with questionnaires and interviews.

The concept of resilience

The pilot, even though small, has provided further insights into the concept of resilience. For example, it has highlighted the importance of the positive values domain. Having the ability to read the emotions of others, to feel empathy and act kindly makes it easier to develop good relationships with others and showing kindness to others is associated with resilience (Werner, 1990). It may be that some children who have been neglected will have had less opportunity to develop positive values. On the other hand, for some children the experience of abuse and neglect may have made it more important for them to read the emotions of others. There is a need for more research into this domain and the ways in which practitioners can best support children to develop positive values.

The most revealing discussions have been about the extent to which the secure base dimension underpins all others. It could be argued that children who are abused and neglected have most to benefit from the evidence about what it is that enables people to survive adversity. However, there has been a dearth of studies on resilience to maltreatment (Heller, Larrieu, D'Imperio, & Boris, 1999). One of the key aspects that underpins prospective resilience is the presence of supportive parenting that promotes secure attachments (Luthar, 2003). This is precisely what many of the children encountered by child care and protection lack.

Whilst it appears that security is a priority for children who are living in a very unsafe and damaging environment a number of children have been shown to have strengths in other domains that can be developed. But the study suggests that it will be important to carry out further exploration about 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.

Brigid Daniel, Professor of Child Care and Protection, University of Dundee, February 2005.

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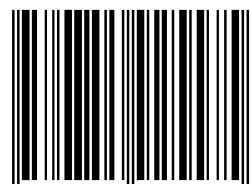
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