INNOVATION FUNDING: CASE STUDIES IN PROMOTING RESILIENCE IN VULNERABLE CHILDREN

BACKGROUND

Vulnerable groups of children and young people are often identified as those who may benefit from developing resilience as it supports the child to survive and overcome difficulties. A number of definitions exist for resilience but they are ‘nuances of’ rather than having substantial differences. Two definitions that are relevant for vulnerable children and young people are:

- A phenomenon or process reflecting relatively positive adaptation despite experiences of adversity or trauma (Luthar, 2005:6).
- Qualities that cushion a vulnerable child from the worst effects of adversity...which may help a child or young person to cope, survive or even thrive in the face of great hurt or disadvantage’ (Gilligan, 1997:12)

One of the most important elements of resilience is that ‘adversity’ must be present and this is a consistent assumption within the evidence base.

It is often stated that an advantage of focusing on resilience is that it shifts attention to the child developing strengths rather than focusing on problems, and this also complements the skills and knowledge approach used in PSHE education, SEAL and Healthy Schools. Resilience promotes protective factors that support positive outcomes. It is not solely safeguarding but protecting for growth. The protective factors it addresses are associated with long term social and emotional well-being located at all levels of the young person’s ecological social environment.

The existence of these factors can help explain why one young person may cope better with adverse life events than another. It captures the notion that there is no such thing as a child on their own, but there must be close relationships with families, friends and carers within their environment. The effects of these relationships balance the intrinsic qualities of the person along with extrinsic factors.

There is a large body of literature and evidence in support of using resilience as an approach. There have been a number of attempts to translate this knowledge in to frameworks and guidance for practitioners with varying degrees of success. Encouraging examples of successful translations of the resilience construct exist in to both universal services and targeted interventions at national and sub-national level. Examples include Canada and Scotland. However, recently there has been a significant growth in interest in the resilience construct generating numerous ‘off the shelf’ products that are marketed as interventions. This has unfortunately led to a the construct of resilience being stretched and diluted risking interventions not achieving fidelity to the construct and reducing the degree to which they can be claimed to be evidence based.
The current HeadStart pilot underway in Kent is part of a wider programme funded by the Big Lottery. The role of Alex Hassett (Canterbury Christ Church University) and Mark Kerr (University of Kent), both of whom have extensive knowledge in resilience as a construct, has been that of a ‘critical friend’. They have tried to ensure that both the programme direction and delivery by the partner organisations are congruent with the resilience construct and the underlying evidence base. Although this has been challenging at times, it is accepted that this has been of value and ensured KCC have taken an evidence based approach.

For the purposes of the HeadStart knowledge seminars, the resilience framework developed by Professor Bridgid Daniel and Sally Wassell has been used. The justification for using this framework is:

1. It has been developed by an acknowledged international expert on resilience (Professor Daniel);
2. It has extensive practice resources for practitioners to use to implement;
3. It uses a domain approach that is appropriate for multi-agency approaches to service delivery;
4. It incorporates both risk and resilience in the assessment;
5. It allows for differing levels of need.

The HeadStart seminars have so far only provided the knowledge transfer to partners delivering the projects that are designed to promote the protective factors associated with resilience. However, no work has been undertaken at the earlier stage of assessment using a resilience approach. By introducing a resilience domains approach at the assessment stage, will better inform what HeadStart project is the most appropriate based on a child or young persons individual need.

Overview
The proposed project will involve Alex Hassett and Mark Kerr supporting individual practitioners to assess, refer and evaluate outcomes for four case studies using the domains approach. It is envisaged the case studies will be identified by early help, and it is recommended that the selection criteria incorporates ‘adversity’ i.e. that the child or young person is at risk of, or experiencing adversity. From a KCC perspective this may also encompass needs that are antecedents to potential pathways to high cost services e.g. edge of care or at risk of needing youth justice interventions. If looking at mental health services KCC could consider children with parents that are receiving mental health interventions - equally parents with drug and alcohol problems; all of these examples have a strong evidence base associated with using a resilience approach.
PROJECT ELEMENTS

The project is envisaged to consist of 4 distinct elements shown in figure 1:

**Stage 1: Identification of case studies**
The identification of case studies is an important element of the project. It advisable to maximize learning that this piece of work focuses on individuals with needs the existing evidence base indicates taking a resilience approach would be beneficial. To not do so would be experimental and reduce the benefits of this work. KCC will identify the most appropriate referral route and at that point Alex Hassett and Mark Kerr will begin the work supporting the case manager.

It is suggested that KCC consider incorporating the learning from the Adverse Childhood Experiences (ACE) research. This research clearly makes the link between early experiences of adversity in early life on later outcomes. This supports the idea of focusing on young people or are vulnerable or at risk. The case studies would therefore focus on targeted work with a vulnerable or at risk young person who is not in need of more specialist intervention.

**Stage 2: Assessment**
The framework developed by Daniel and Wassell will be used supplemented with outcome monitoring tools developed to be harmonious with the model. This will mean the assessments are a staged process based on levels of need and complexity of the individual case.

In Scotland the Getting it Right for Every Child (GIRFEC) materials use this approach. Although an adaptation of the work or Daniel and Wassell (and developed in partnership with them) their whole system approach has a similar domain based wheel:
Where the needs are not known or at universal level the ‘My World Triangle’ is used as an assessment guide for practitioners.
Based on the conclusion of the My World assessment, if deemed necessary the individual case is escalated to the resilience matrix.

These frameworks are complimentary and work together. Where appropriate, standardized scales will be used to measure factors associated with resilience.
Stage 3: Intervention and Possible Referral

Based on the findings of the assessment, the individual child or young person will be offered a service whether internally by an Early Help Practitioner or referred to the HeadStart partner organisations that has the most appropriate support service or intervention. The referral will include specific information about the domains identified as requiring improvement based on the assessment. This will in effect provide outcomes expected from the referral. However, depending on need it may be found that the individual case has needs across a number of domains and may require more than one intervention. Support in the form of consultation will be offered to the partner agency in terms of extending the learning to how they might use the approach in working with the child and in terms of the review of outcomes.

Training in the domains approach will be offered by Mark Kerr and Alex Hassett. Ongoing support through consultation and supervision will be offered while the practitioners work with the case (this will not replace the practitioners own organisational clinical supervision. This support is being offered as a training support to embed the knowledge of the domains approach and does not take any clinical responsibility for the cases being worked on).

Stage 4: Outcome evaluation

Following the completion of the partner organisations programme, the domain based assessment will be repeated and progress evaluated. Where possible this will be quantified. It is important to remember that the benefits from a resilience approach may not always be immediate and success evaluated in the context of adversity i.e. that the ‘resilience’ will not be demonstrated until they next experience adversity. For some children and young people adversity may actually be a constant providing opportunity for benefits to be achieved quicker. Based on this it is advisable for KCC to place some form of marker on the individual case and review over a period of time that will allow for a longitudinal view to be taken.

Report
Practitioners will be asked to keep reflective diaries throughout the process. This together with notes from the training and support sessions will be reflected on with the practitioners. Focus groups to assess the learning and impact on practitioners will be undertaken. Following the completion of the 4 case studies a report will be produced highlighting the outcomes for the cases studies and will also include the learning that took place from the practitioner perspective. This will inform the next phase of the HeadStart project providing valuable learning on how KCC can use the domains approach with those identified at risk of adversity.
References
