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## Working towards resilience in everyday practice, with four letter words

- Everyday practice as an Educational Psychologist
- My ideas came from the best of sources, service users, a group of women meeting together because the worst of risks had actually happened to them
- Over a long time

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## Risk factors

Disrupted childhoods stem from risk factors, which undermine development and wellbeing. These risk factors may include:

- Genetic influences
- Environmental factors, e.g. poverty and deprivation, homelessness
- Abuse, neglect or inadequate parenting
- Parental substance abuse which limits parenting
- Parents with physical or mental health problems, whereby a child's needs are not met
- Family breakdown or parental conflict
- Domestic abuse/ violence.
- Children with a physical and/or learning disability without appropriate support
- Children from conflict zones

The consequences can be: children with emotional or behavioural problems: children demonstrating problems at school; children or young persons misusing alcohol or drugs; mental health problems; and children or young persons offending.

*(Institute of Public Care, Bath (2003) Review of services to promote children's mental health and emotional well-being in Oxfordshire).*

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## Times of austerity

**Austerity** was a concept as far back as the thirteen century, meaning: severity, harshness, asceticism; according to the OECD by 1930s it was frequently used to refer to restraint in public spending; and it has now become the byword of an election winning political party.

### The Troubled Families programme, as a response to risk

- Launched in 2012 with the brief of early identification and intervention
- The stated aims were: to get children back to school; reduce youth crime; and to put adults back on the path to work
- Focus on 120,000 troubled families
- Allocated funding was £400 million
- It was later extended with regard to a further 400,000 families with additional funding of £200 million

### Changes in practice with regard to adoption, as a response to risk

- The ultimate decision to place a child for adoption is always taken by a family court judge
- Local authorities can and do influence what happens in court
- In fact, they influence which children's futures are put before the court, some do so as part of a set target for the number of children they aim to have adopted

### Research based in New Zealand looked at the impact on societal costs of 'high cost adults'

- The study followed 1,000 children from birth
- At the age of 38 years, 20% of the population were deemed to be 'high cost adults'
- Accounting for: 81% of criminal convictions; 78% of pharmaceutical prescriptions; 66% of welfare benefits

## Wider context for thinking about risk

In times of austerity when we want to think about risk, we find that funding is available for:

- £100 billion (CND 2015 figures) for Trident nuclear submarines and replacing the fleet
- £56 billion (Government figures 2015) for HS2 rail links between London and some points in the North
- £37 billion (Government estimate) for Hinkley Point Power Station
- £17.6 billion (MP Stephen Hammond 26.10.16) for a third runway at Heathrow

Whereas funding for services is cut for:

- Housing
- NHS
- Public services
- School building programme

All the while, there continue to be creeping measures of austerity for families of high level and complex needs: Zero hours contracts; more part time working; student fee increases; Children's Centres closing.

*"Lest we have first raised a dust and then complain we cannot see"*

George Berkeley 1685-1753

## Resilience factors

For children with disrupted childhoods, school can be a safe path, providing access to learning, development, independence and success. We do know that there are protective factors, which enhance development and contribute to children feeling good:

- Resilient temperament (biological resilience)
- Children with good health and development
- Children with good problem-solving skills/coping strategies
- Children with positive relationships with parents and for boys, good levels of involvement in parenting by fathers as a protective factor for offending, depression and suicidal thoughts.
- Parent or carer interest in the child's activities, including school
- Supportive and involved grandparents
- Access to high quality early-years education
- Children with a pro-social peer group
- Children attending a school with a 'good ethos' – minimal bullying
- Children with access to challenging activities in and out of school
- Supportive local community

*(Institute of Public Care, Bath (2003). Review of services to promote children's mental health and emotional well-being in Oxfordshire).*

## What schools offer

Schools have a great deal to offer to children who have had disrupted childhoods or who face risks.

- A place away from the experiences of the past and the closeness of family life. A neutral ground, away from painful areas.
- A world where the child can assume a meaningful role in a predictable, child-centred environment.
- Daily contact with concerned adults who model an interest in development, learning and problem solving.
- Opportunities to learn to make relationships with peers and adults, and particularly to make and sustain friendships.
- Routines and structures in which to build personal confidence and social skills.
- Structured learning geared to provide experiences of success and to build self esteem.
- A system which has support agencies and networks, that can be used to provide counselling and support for personal problems.
- An introduction to what is hopefully life-long learning, interests and hobbies.
- Opportunities and achievements which are a gateway to adult life and the world of employment.
- For children who have had disrupted childhoods, school can be a safe path, providing access to learning, personal development, independence and success.

## Challenges to the provision of equitable services for children and young people

- 1981 Education Act and The Code of Practice
- Gatekeepers for special education
- Cuts in budgets and services, leading to traded services
- The demise of Local Authorities and the fragmentation of schools
- Cuts in the resources/staffing of services with whom we work
- Failures in technology to serve the purposes of joint working

## What can psychologists offer to promote resilience?

If we are to incorporate ideas about risk and resilience into our every day practice, are there principles on which we can base our practice of assessment and interventions with regard to risk and promoting resilience?

- The assessment takes a holistic view of the child, family, school, peers, community, and the impact of the work of professionals.
- The age, stage, abilities and situation of a child will be an essential context to any assessment of resilience/risk, for example 'difficulties recognising and articulating feelings' as a risk factor will need to be very clearly viewed differently depending on age and understanding.
- Any assessment of concerns about a child should be open and transparent, and shared with the child's parents, unless it is unsafe or inappropriate to do so. The use of the framework must include the views of the child.
- Assessments of resilience/risk need to be undertaken over a period of time, with consideration given to views about the child in different settings.
- The framework is written as 'more likely to be resilient' v 'more likely to be at risk', to emphasise that absolutes of resilience and/or at risk, are not accurate or helpful.

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## Look

Rather than specify reasons for referrals in terms of the special needs of the child, we could look for children and families at risk, and not allow ourselves and our services to be overwhelmed when children and families live with risk. An alternative set of reasons for referrals to our services could read as follows:

- Children who have more than one/several types of difficulties, and a complexity of needs
- Families who are not able to manage to support their child(ren), for whatever reason
- Children and families who are involved with more than one agency, whereby networks of support are needed and should be ongoing
- Schools/systems, which don't/can't provide for the needs of a child/family
- Families and children who have experienced trauma, abuse, bereavement, the impact of criminality, conflict and war
- Young carers

Then our availability becomes key – We should open our services to children and families on a basis of a shared view of what constitutes high level of risk/need, and advertise them as such.

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## .....and when we look?

I am suggesting that we need different risk/resilience frameworks for the different challenges that children and families face. I have been working on doing just this, to produce risk/resilience frameworks to meet different risks, here are examples:

- Framework of assessment with mothers of children who have been sexually abused
- Resilience-Risk Assessment Framework: Self Harm
- Resilience-Risk Framework for working with families when alcohol/drug dependency is a problem in the family
- A framework for moving schools-what does it take to make inclusion work for your child
- Framework for assessment of Resilience-Risk factors with regard to safeguarding children and young people

If we create frameworks for service users to understand the risks they face and their need to work towards resilience, then we can truly involve them in working for solutions in which there are responsibilities on both sides.

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## Time

We can combine the ideas about risk and resilience into a single frame – This would make it possible to conceptualise children, families, adults, as moving between risk and resilience in a way which identifies risks as complex, not just located in the individual, but in the layers of society around the individual, and in the way that professionals work. There are then implications for the way we work:

- We could make our services open to accepting referrals directly from children and families, for example with regard to a particular type of work, or in a given partnership, or in joint work with existing groups
- Show respect and give time for parents and children – Where there are records, we need time: to read the file; prepare a chronology; and check this with the person whose history is being charted
- See parents first – Before we discuss or observe or assess their children, we should be checking out the parents' views, understanding their concerns and hopes/expectations of our involvement
- When we are concerned about risk, we need to be clear – It will never be enough to label and stigmatise parents, for example: 'parents with physical or mental health problems, whereby a child's needs are not met', we will need to be clear about the specific risks
- When we want to promote resilience – We need to link the specifics of risk to achievable targets for resilience on which we can work with the child(ren) and family, this is a challenge for our practice and resources

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## Hear

When we see parents and children, it can often be that we are told things about them by staff in school or other professionals. It may be that they are too demanding, or difficult, or so mired in the risks they face, that interventions have or will fail. We need to wonder if these impressions are a consequence of the way services have been offered previously or not offered at all. If we are to be able to hear people, then we may need to signal our belief in the parent and child, by the way we respond:

- **Listen** – For the length of time that the child or family needs to talk, not a preordained half hour, or in a meeting where the parents are outnumbered
- **Flexibility** – With regard to where and when we meet children and families
- **Continuity** – Investment in services which prioritise continuity of staff over time, with regard to a particular child, or with regard to different children in family who are in different schools, offering a psychologist for the family
- **Advocacy** – Work on behalf of children and families with other services
- **Accountability** – Ensuring that materials and resources being used with children and families, inform, represent and empower them

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## ..... and when we do hear?

- We learn more: from the service user who is in front of us; about the risks which mean they need help at the time; and we are in a position to enter into a partnership with them towards resilience
- We are affected both professionally and personally
- Our ideas about what we will do next, are changed from what they might have been

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## Help

We need to be responsible for what we do, for how this is taken up and aware of the impact of the wider context of local and national stresses

- **What we do**  
Less able to protect: Sessions offered by the worker are a reaction to what is said or happening as the worker visits  
More able to protect: Worker offers a clear plan of work which is followed through
- **How what we do is taken up**  
Less able to protect: Continued antagonism resentment shown to SSD involvement as evidenced by overt and/or covert aggression  
More able to protect: Works in partnership with professionals in a give-and-take exchange of ideas and understandings
- **Stresses from the wider context**  
Less able to protect: No supervision for the worker or aloof critical management  
More able to protect: Regular supervision for the worker

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## Overview: ideas towards resilience

- There are limitations of lists of risk, in capturing the parameters of risk
- We need an alternative set of reasons for referrals to our services
- We need to agree on principles on which we can base our practice of assessment and interventions, with regard to risk and promoting resilience
- Separate lists of risk and resilience factors: are not specific enough; they can't be flexible to change over time; and they lack transparency
- We need risk/resilience frameworks to meet different risk situations

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## Overview continued

- We need to see children and families, as moving between risk and resilience in a way which identifies risks as complex, not just located in the individual, but also in the layers of society around the individual, and in the way that professionals work.
- We must consider the consequences of the ways that services have been offered previously, or not offered at all.
- We need to be responsible for what we do, for how this is taken up, and aware of the impact of the wider context of local and national stresses
- The actions of those who govern can substantially increase the risks we face and hamper moves towards resilience

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## A message to the wider system

We are all in this together.

Risk is not about the other than us or about service users, it is omnipresent in all of our lives. This is not a niche area of professional practice, it is the reality of all our lives

Risk comes about by way of: generations, our birth, life events, disasters, the actions/inactions of those around us, and those who govern us all

It is complex and multi layered arising from disadvantages/abuse/ trauma impacting on: the individual, the family, our peers, schools, communities, society, professional agencies, organisations, and it includes the actions of government

We are all more likely to be at risk when:

- The provision of services varies by location or with respect to minorities/socially excluded groups
- Services are under financial pressure, and so limited in resources, that access for support is stigmatised
- There is no transparency to make questioning and action possible against unjust authority

We are more likely to be at resilient when:

- The government makes a statutory commitment to provide equitable services
- Services and resources are provided for both prevention and crisis work
- There is questioning and representation available for challenges against unjust authority

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