



Resilience Practice Framework

We are The Benevolent Society

We help people change their lives through support and education, and we speak out for a fair society where everyone thrives.

We're Australia's first charity. We're a not-for-profit and non-religious organisation and we've helped people, families and communities achieve positive change for 200 years.

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Acknowledgements

The development of this resource was dependant upon valuable input from Benevolent Society practitioners.

ISBN 978-0-9872349-0-2

Originally printed November 2011. Republished January 2014.

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1 Overview



In the community services sector, there is a significant gap between what are known to be effective interventions for children and families (research) and what is being delivered on the ground (practice).

There is an increasing expectation that child and family services adopt and implement evidence-informed practices (EIP) and programs as the main way of improving the health, safety and well-being of the children and families they serve.

Traditional methods to facilitate the engagement of practitioners in evidence-informed practice (such as stand-alone training) have been demonstrated to be ineffective on their own. A more structured process that addresses systemic and organisational issues is required to make sure new practices are implemented effectively. Implementation science offers an evidence based approach to implement practice changes in organisations (Fixen, Naoom, Blasé, Friedman & Wallace, 2005).

In recognition of this, The Benevolent Society (in partnership with the Parenting Research Centre) developed and adopted a Resilience Practice Framework (RFP) across all child and family services. The approach focuses on maximising the likelihood of better outcomes for children by building a protective network around them. Based on the work of Gilligan (1997) and Daniel & Wassell (2002), it identifies six domains of a child's life that contribute to the factors known to be associated with resilience. These domains are: secure base, education, friendships, talents and interests, positive values, and social competencies (Daniel, Burgess & Antcliff, 2012).

Developing the framework

The first phase of work in developing the Resilience Practice Framework was defining resilience, identifying our target population and determining the outcomes or results we were seeking to achieve.

The Benevolent Society defines resilience as “The capacity to adapt and rebound from stressful life events strengthened and more resourceful” (Daniel et al., 2012).

Our target population was identified as children and families in disadvantaged communities in the states of New South Wales and Queensland.

The next step was to map the existing outcomes of all child and family programs and refine them into five high-level child outcomes that all services will be held accountable for achieving.

The five outcomes we agreed upon are:

1. Secure and stable relationships.
2. Increasing self-efficacy.
3. Increasing safety.
4. Improving empathy.
5. Improving coping skills.

Agreeing on these outcomes enables us to systematically evaluate all our child and family services.

The next step was to apply a common elements approach (discrete clinical techniques or strategies e.g. ‘time-out’ or ‘emotional coaching’) (Chorpita et al., 2005a) to identify and document the evidence-informed practices (EIPs) which best fitted the needs of the target group and the outcomes.

The product of this work is the identification of 47 EIPs. These practices were adapted into six Practice Guides which accompany the overarching Resilience Practice Framework. Practice Guide 1 identifies practitioner skills (e.g. Engaging families, Motivational interviewing, and Parenting skills training) that can be used across all of the high level outcomes. Practice Guides 2–6 are themed around each of the outcomes and contain practices known to contribute to achieving that specific outcome. In addition, Practice Guides have been developed around specialist topics such as cumulative harm and infants at risk of abuse and neglect.

2 Snapshot

This document – The Resilience Practice Framework – An Overview – provides an overview of a resilience-led approach to working with children and families and looks at the work The Benevolent Society has undertaken to develop and implement a Resilience Practice Framework.

It outlines:

- the ways in which a resilience-led approach is compatible with the strategic plan and values of The Benevolent Society
- the main principles which underpin a resilience-led approach
- the five child outcomes we are aiming to achieve through the RPF
- an overview of the Resilience Assessment Tool
- an overview of the 47 evidence-informed practices (EIPs)
- a guide to working in a culturally sensitive way
- an overview of the evaluation framework built into the RPF
- the key factors associated with resilience
- an overview of the six resilience domains
- how each outcome links to domains and practices
- frameworks and theories which are congruent with a resilience-led approach.
- critiques of a resilience led approach and the RPF.

3 The Benevolent Society: Strategic plan and values

Strategic plan

Strategic Goal 1 in The Benevolent Society's Strategic Plan (2013–2016) is to develop high quality, innovative and integrated services across Australia.

Our ambition is to extend our reach across Australia, with high quality, innovative services informed by the latest evidence of what works. Our services will be integrated, or connected together, to help:

- children and young people thrive, provide support and education for parents, and help to strengthen family relationships
- older people to age well, maintaining their dignity and independence for as long as possible
- build wellbeing and resilience in people with mental illness and carers; and

- create resilient communities, through partnerships and collective impact.

Our integrated services will, where possible:

- provide a wide range of services to the public in a geographic area that respond to community need
- coordinate with each other, so we can match a client with any service they need within The Benevolent Society, or with other organisations.

Our staff will work as a multi-disciplinary team, across program types. The hallmarks of an integrated service are that a client only has to tell us their story once. There is no 'wrong door' – as we seek to understand people's needs in a holistic way.

Values

The values of The Benevolent Society fit well with a resilience-led approach. They are:

Optimism

We are hopeful that even the most complex social issues can be solved and we work towards the best possible results for clients and their communities.

Integrity

We are an ethical, trustworthy and responsible organisation. Those who come into contact with The Benevolent Society will experience us as open, fair and reliable.

Respect

We show regard and appreciation for people from all walks of life and honour human difference and diversity.

Collaboration

We work jointly with others as we believe that together we can tackle the things that prevent communities and society from being caring and just.

Effectiveness

Our efforts result in us achieving our organisational purpose.

4 The Resilience Practice Framework



4.1 Definitions

A. Resilience

Resilience is not an easy concept to define and a range of descriptions are available from the literature including:

- ‘normal development under difficult circumstances’ (Fonagy, Steele, Steele, Higgitt & Target, 1994).
- ‘qualities which cushion a vulnerable child from the worst effects of adversity in whatever form it takes and which may help a child or young person to cope, survive and even thrive in the face of great hurt and disadvantage’ (Gilligan, 1997).
- ‘manifested competence in the context of significant challenges to adaptation or development’ (Masten & Coatsworth, 1998).

Misunderstandings can arise as resilience has variously been regarded either as a fixed attribute or desired outcome on the one hand or as an adaptive process that ‘enables a person to make use of internal and external resources to adjust to, and cope with, adversity’ (Daniel et al., 2008). These dual aspects are succinctly combined in the following definition:

- ‘a phenomenon or process reflecting relatively positive adaptation despite experiences of adversity or trauma’ (Luthar, 2005).

The Benevolent Society used these various definitions as the basis for work with staff across the organisation to identify a definition that resounded with them. After a series of workshops and consultation, The Benevolent Society agreed upon the definition below.

“Strength in the face of adversity. The capacity to adapt and rebound from stressful life events, strengthened and more resourceful.”

B. A resilient-led approach

A ‘resilience-led approach’ nurtures a child’s adaptive ability and capacity to benefit from the resources which are available or can be made available to them. The child can then make use of those resources to buffer the effects of adversity.

Practitioners may draw on a range of theoretical approaches and practice models to promote resilience. Understanding attachment, for example, is core to understanding resilience. Equally, resilience may also be promoted by a task-centred approach to enabling a child to take part in activities.

4.2 Principles

The Benevolent Society has developed resilience principles that will underpin our work across all our programs. The principles are:

1. We take a resilience-led approach to our work across the lifespan.
2. We respect people's rights to belong, live, work and play in their communities.
3. Our work invites people and communities to utilise their strengths and resources to go beyond merely coping with adversity.
4. Our work supports people to make connections with others, their families, and with their communities.
5. As we are all on a continuous learning journey, we take the time to think critically and reflect on our practice.
6. We hold ourselves and others accountable for maintaining high standards.
7. We believe that while professional support services such as those provided by The Benevolent Society, are part of the solution for people experiencing adversity, they are not the whole solution.
8. The aim of our work must be to give people independence and to leave them more connected and resourceful.
9. We work with and support people to take responsibility for their lives.

A resilience-led approach has a number of under-pinning principles which have direct links with the organisational values and strategic vision.

Value	Principles of a resilience-led approach
Optimism	Strengths-based and dynamic, recognising that there is always scope for change.
Integrity	Open, honest and reliable, working on risks as well as strengths and able to challenge and support.
Respect	Individually-tailored, child-centred, empowering, culturally competent, responsive and with a focus on social justice.
Collaboration	Participatory, relationship-based and building social and community connections.
Effectiveness	Evidence-informed and incorporating measurement of outcomes.

4.3 Outcomes for children

The Benevolent Society has developed five high level child outcomes that are applicable to all child and family services. The identified outcomes are:

- 1. Secure and stable relationships:** Positive parent–child relationships are critical to children’s wellbeing. Interactions that are characterised by warmth, acceptance, praise and positive attention help a child feel good about themselves. Secure, predictable and dependable relationships can also lead to improved child behaviours and improved child emotional wellbeing.
- 2. Increasing safety:** Keeping children safe is a core outcome of a resilience-led approach. Safety can refer to the provision of physical safety in the environment, where children are kept safe from abuse/neglect and family violence, have stable and secure housing which is hygienic and free from hazards, and receive adequate physical care including nutrition, hygiene and health care. Children’s emotional safety is also critical and is achieved through positive relationships with a primary caregiver and increased connectedness to places and friends, siblings, and other significant adults in their lives.
- 3. Increasing self-efficacy:** Self-efficacy is commonly defined as a person’s belief in their capability to achieve a goal or an outcome. It includes the thoughts and feelings that an individual has about their competence and worth, their ability to make a difference and to confront rather than retreat from challenges. Children’s perception of their own competence develops over time through experiences of success and feedback from significant adults. Children who receive strong messages that they have the capability and skills to manage challenging situations are more likely to put in greater effort and persist in the face of setbacks.
- 4. Improving empathy:** Empathy refers to a person’s ability to identify emotions in other people and to subsequently experience that emotion (or similar) themselves. Children who learn about empathy at a young age are better equipped to treat others with compassion, and go on to develop stronger social skills and adjust more easily to the school setting. Empathy is complex and is derived of three primary skills which include: a sense of self-awareness and the ability to distinguish one’s own feelings from the feelings of others; taking another person’s perspective; and being able to regulate one’s own emotional responses.
- 5. Increasing coping/self-regulation:** Self-regulation is a person’s ability to control their attention, impulses, emotions and behaviour in order to attain goals. The ability to regulate emotional responses to frustrating experiences and solve interpersonal problems has consistently been shown to contribute to social competence, academic performance and positive experiences at home and school.

4.4 The Resilience Assessment Tool

The Benevolent Society uses a Resilience Assessment Tool (RAT) which is designed to assist practitioners to undertake comprehensive family assessments and support decision making to select resilience practices known to achieve positive outcomes for children and families. The RAT offers a structured approach to assessment (information gathering and analysis), planning, intervention and reviewing outcomes in the context of the Resilience Practice Framework. This tool contains validated, standardised measures to measure outcomes over time.

4.5 Evidence informed practices to meet outcomes

Following a review of the evidence base for “what works” in supporting and promoting resilience in children, The Benevolent Society (in partnership with the Parenting Research Centre and Australian Centre for Child Protection) identified 47 evidence-informed practices (EIPs) that show the best evidence for achieving the resilience outcomes and for congruency with the six resilience domains.

Resilience outcome	Evidence informed practice	
Secure and stable relationships	<ul style="list-style-type: none"> • Teachable moments • Following your child’s lead • Attending to your child • Listening, talking and playing more 	<ul style="list-style-type: none"> • Engaging an Infant • Family time • Family routines • Descriptive praise
Increasing self-efficacy	<ul style="list-style-type: none"> • Praising for effort and persistence • Setting goals for success • Identifying negative thinking traps 	<ul style="list-style-type: none"> • Challenging negative thinking • Strategies to challenge negative thinking traps
Increasing safety	<p>Positive discipline strategies</p> <ul style="list-style-type: none"> • Tangible rewards • Effective requests • Creating effective child and family rules <p>Reducing unwanted behaviours</p> <ul style="list-style-type: none"> • Implementing natural and logical consequences • Planned ignoring • Time out 	<p>Prevention strategies: attending to physical safety</p> <ul style="list-style-type: none"> • Developing a safety plan • Injury prevention and child proofing • Supervising children • Basic child health care <p>Increasing social connections</p> <ul style="list-style-type: none"> • Social connections map
Improving empathy	<ul style="list-style-type: none"> • Modelling empathy • Praising empathy • Emotion coaching 	<ul style="list-style-type: none"> • Tuning in: Identifying a child’s emotions • Naming a child’s emotions • Using emotions as a teaching opportunity
Increasing coping/ self-regulation	<p>Active relaxation</p> <ul style="list-style-type: none"> • Progressive muscle relaxation • Controlled breathing (child) • Controlled breathing (adult) • Mindfulness and visualisation • Physical exercise (child) • Physical exercise (adult) 	<p>Problem solving</p> <ul style="list-style-type: none"> • Promoting better sleep routines (infant) • Promoting better sleep routines (toddler and young child) • Promoting better sleep routines (adolescent and adult) • Problem solving (child) • Problem solving (adult and family) • Problem solving and decreasing aggression (younger child) <ul style="list-style-type: none"> – The turtle technique

Information and instruction on how to undertake each of these practices is included in six practice resource guides.

- **Guide 1:** Practitioner skills provides general practitioner skills needed for working effectively with children and families, including engaging families, motivational interviewing techniques, creating SMART goals, parent skills training and tips on writing checklists and task analyses.

The other five guides each relate to one of the five resilience outcomes:

- **Guide 2:** Secure and stable relationships
- **Guide 3:** Increasing self-efficacy
- **Guide 4:** Increasing safety
- **Guide 5:** Improving empathy
- **Guide 6:** Increasing coping/self-regulation

Practice guidance on specialist issues is provided in:

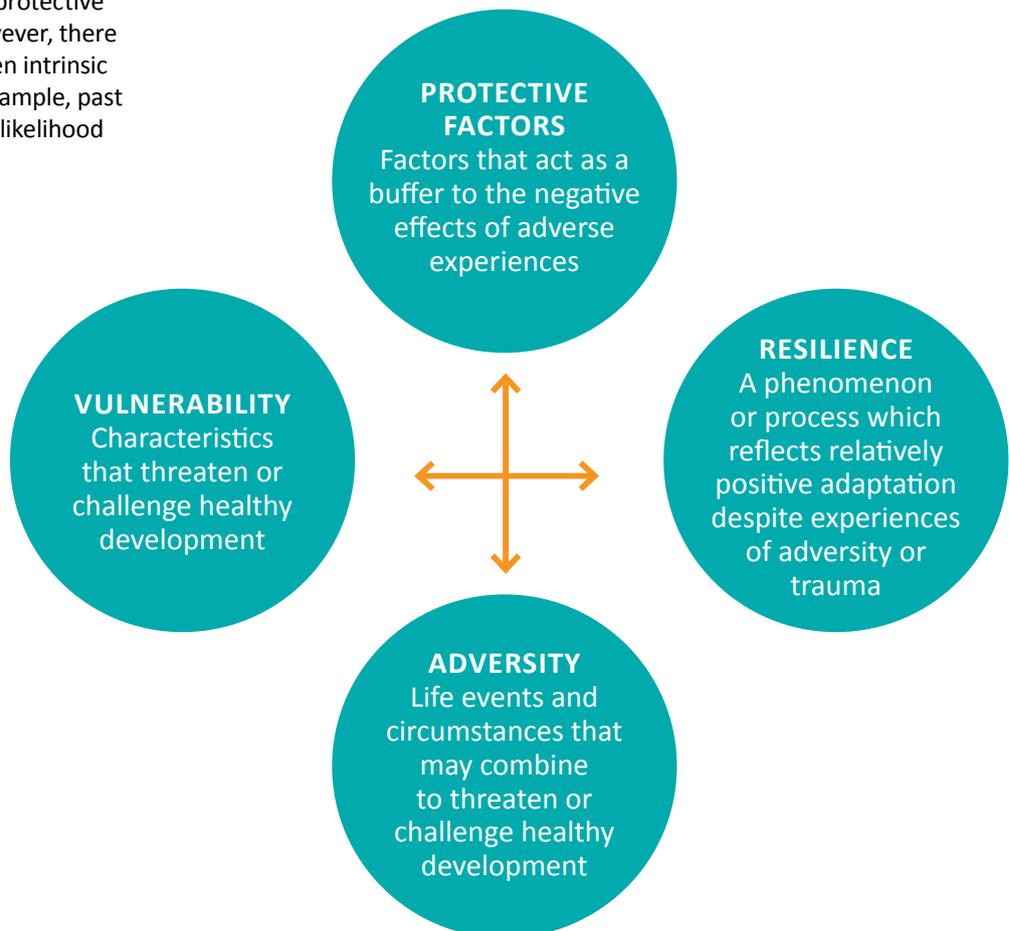
- **Guide 7:** Cumulative Harm
- **Guide 8:** Infants at Risk of Abuse and Neglect.

Key Points

- Assessment needs to link to outcomes and practice.
- A resilience-led approach is a framework which encompasses and is congruent with other theories and practice methods or interventions. It is not a method of work or theory in itself.
- Resilience is a dynamic state that can change over time and in differing circumstances. It can be helpful to consider it within four stages across the lifespan: early years, school age, adolescence and adulthood.
- Working with the whole family and, where possible, the community, to enhance child (and family) resilience is likely to be most effective.
- It is important to start work 'where the child is', that is to say by developing an understanding of what is important to the individual child and offering them a sense of agency.
- A holistic assessment using the Resilience Assessment Tool and Resilience Outcomes Tool to identify a child's strengths and risk factors across all ecological levels is required to develop a clear picture of how his or her resilience can be promoted.

5 The resilience matrix

The resilience matrix is a diagrammatic way of identifying the positive and negative factors affecting a child’s development. Mapping these factors can help those working with the child, and perhaps the child and their carers also, to understand how these factors are interacting to shape the child’s particular needs and strengths. The two dimensions of the matrix refer to primarily intrinsic factors (resilience and vulnerability) and primarily extrinsic factors (protective factors and adversity). However, there is direct interaction between intrinsic and extrinsic factors, for example, past adversity may increase the likelihood of future vulnerability.



5.1 Key factors

There has been extensive research into the numerous factors associated with resilience and general agreement that the presence of protective factors in the following three categories are significant:

- psychological/dispositional attributes
- family support and cohesion
- external support systems (Friborg et al., 2003).

Key factors associated with resilience at each of these levels were outlined by Werner & Smith (1992). Subsequent research studies have developed these to include factors which may be present at all the ages and stages of a child's development and across all ecological levels (individual child, family and community related).

Gilligan (1997) identified the three fundamental building blocks of resilience as:

1. a sense of security
2. good self-esteem
3. appropriate self-efficacy.

When identifying strengths and capacities, coping strategies and problem-solving skills available to the child, it is important to identify those within the child, the family and family supports in order to maximise the potential supports available. One of the key factors is the adaptive capacity to make use of a resource that may be available.

A. Vulnerability

Vulnerability describes the innate characteristics and/or the impact of adverse factors which lead to a child being at increased risk of compromised development and which may inhibit their ability to make full use of protective factors and opportunities. Vulnerability can also result from parents' views or expectations of the child, parental factors which impact on the child and also from the absence of wider supports in the extended family, social network or community.

Those working with the child need to take time to assess and understand the impact on that child of adversity and trauma to try to ensure that protective factors can be put in place at the level of the individual child, the family and/or wider community.

Key factors associated with vulnerability are numerous and can include young age, an early history of abuse and premature birth. The impact of experiences which may render the child particularly vulnerable will be influenced by their age and developmental stage. It is increasingly recognised that traumatic early experiences of maltreatment may have an impact on brain development, the processing of experiences and general functioning (Perry & Pollard, 1998). Early experiences of loss and grief, and particularly multiple separations, are likely to have a detrimental impact on a child's sense of security and thereby increase his or her vulnerability.

Vulnerability can also be influenced by parental/carer and environmental factors. A child who is living with adults for whom serious substance misuse and/or significant mental health difficulties are a feature, or where there is domestic violence, is likely to be at risk of increased vulnerability as a result of additional stressors and a lack of parental emotional availability. Environmental factors which can lead to increased vulnerability include an absence of social and community supports, poverty, a poor relationship with the school and living in a run-down neighbourhood.

Children with a disability may be especially vulnerable to the effects of poor care and neglect. Where support for communication is limited or where children are highly dependent on others for personal care they can be vulnerable to abuse. Children with a disability can also be rendered vulnerable by adverse social attitudes and lack of sufficient support which may prevent them being able to participate fully in society.

B. Adversity

Adversity and vulnerability are closely linked – past adversity may lead to increased vulnerability. As part of a resilience-led approach the aim is to remove or reduce the impact of adversity or maximise any positive coping abilities which the child has developed in the face of adversity or risk situations.

Key factors associated with adversity may be both individual and structural, that is related to particular life events in a child’s family or brought about by general societal factors such as poverty or lack of opportunity. Adverse factors may also be acute – such as a one-off experience of physical abuse, or chronic – such as long term neglect. Adversity is a relative and nuanced concept which requires detailed teasing out for each individual. It is important that practitioners, where possible, explore and start from the child or young person’s own interpretation of events and the extent to which these have been experienced as adverse. For example, living in homeless accommodation could be described as living in adverse conditions and that may well be the experience of one young person; however, it could just as reasonably be seen as a positive improvement for another who may have experienced abuse while living in the family home (Burgess & Daniel, 2009).

A resilience-led approach does not ignore the concept of ‘risk’ and the importance of protecting children from short and long term harm. When undertaking a risk assessment it is necessary to analyse the likelihood that adverse factors will have a dangerous impact upon the child. This can include the immediate risk of harm from acute incidents of abuse, but also the longer term risk of poor developmental outcomes as a result of chronic neglect of basic needs.



C. Protective factors

Protective factors in the child's environment act as a buffer to the negative effects of adverse experiences. They can also provide positive experiences in their own right. One of the aims of a resilience-led approach is to identify and support protective resources which can help the child to cope with future challenges. By building a protective network around the child the likelihood of better outcomes is increased.

Key elements associated with protective factors can be drawn upon from across the three ecological levels (child, family, community). The six resilience domains offer a structure across which a range of protective factors can be developed, tailored to the individual child. Work on the domains appropriate to a child can help him or her to be able to say:

I HAVE... people who love me and help me
(Secure Base and Friendships domains)

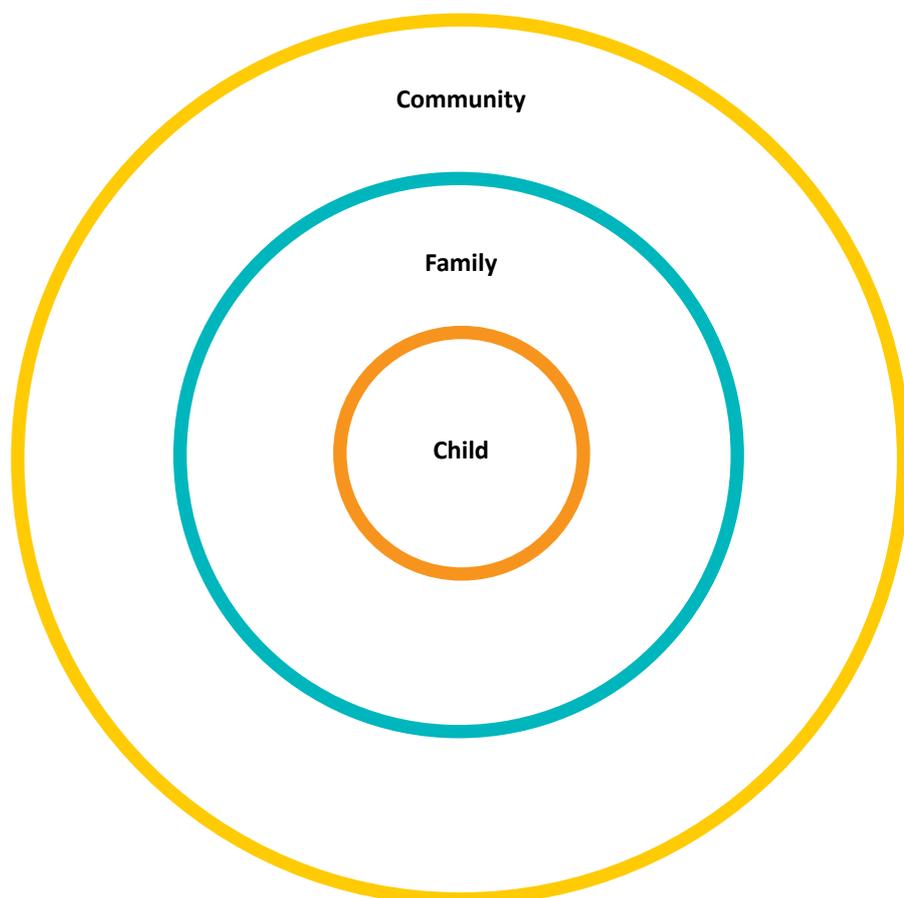
I AM... a person who others like and who is considerate of others
(Positive Values and Social Competence domains)

I CAN... solve problems and exert self-control
(Education and Talents and Interests domains)

5.2 Implications for intervention

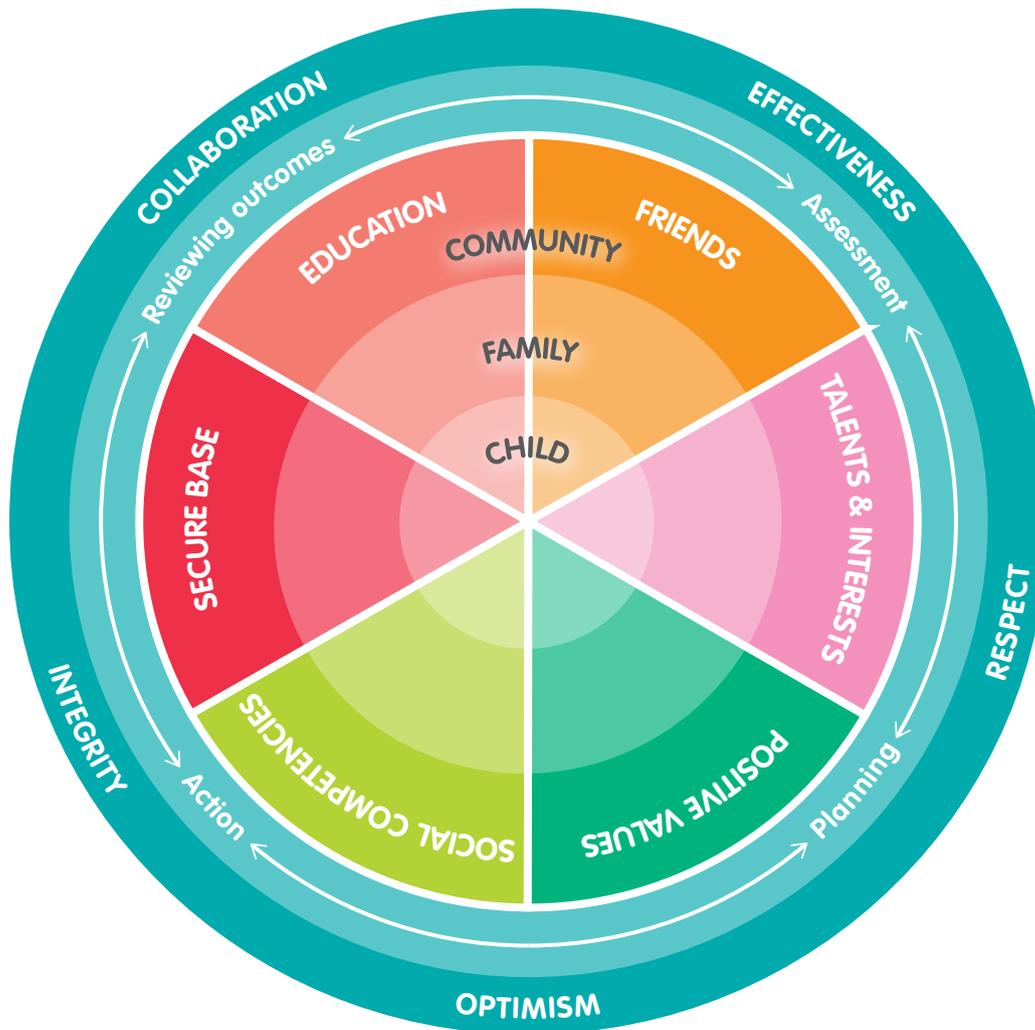
- Masten's (1994) formula suggests that the aim of practitioners should be to:
 - reduce vulnerability and risk
 - reduce the number of stressors and pile-up
 - increase the available resources
 - foster resilience strings, (where working in one domain has positive effects on other domains)
 - alter or reduce the child's exposure to risk.
- 'Turn-around' people: an individual working with a child can make a huge difference to them by providing a caring relationship, high but realistic expectations of them and opportunities for participation and contribution in activities (Benard, 2002).
- Turning points: small incidents may have long-term effects and one positive experience can be an important turning-point for a child (Clausen, 1995). It is important to recognise the often small but vital opportunities for healing and development. You may not be able to change everything in a single step but there can be a ripple effect in building strengths and enabling others to flow from them (Gilligan, 2001).
- A useful overall structure for intervention suggests three approaches (Masten & Coatsworth, 1998):
 - risk-focused, for example projects aimed at reducing stressors associated with transition between primary and secondary education
 - resource-focused, for example adding extra assets for children or improving access to resources, especially when risks are intractable
 - process-focused, for example improving attachment, self-efficacy and self-regulation.
- Once a practitioner has assessed a family's strengths and needs and identified which outcomes should be focused on, they can refer to the six practice guides to determine which evidence informed practices are most likely to achieve these outcomes.

6 Ecological model of factors affecting resilience



The diagram illustrates the ecological framework which should be applied to a resilience-led approach. It demonstrates that there are a range of factors which influence a child's circumstances and which can play a part in improving his or her life chances. This clarifies that a resilience-led approach is not purely an individualised approach and that it supports the identification of adverse structural factors that may be impinging on children and families. The identification of factors at each ecological level allows for intervention at the level of the child, family and wider community.

7 The six domains of resilience



The diagram sets out six aspects of a child's life (or domains) where there can be potential for nurturing factors associated with resilience. For each domain there may be scope to focus on the level of the child, the family and the wider community. It is also helpful to identify existing aspects of strength in any of the domains and at any ecological level. These areas of strength can then provide a useful starting point for fostering 'resilience strings' (Masten, 1994).

7.1 Secure base

A relationship with at least one attuned and responsive adult is known to be closely associated with resilience in later life. Such relationships are not only of particular importance in the early years but also in the school years and in adolescence when the young person faces the maturational task of separation into independence.

Trusting, secure relationships with adults help the child:

- to cope with fear and worry
- to explore with confidence
- to develop their ability to concentrate and learn
- to learn about right and wrong
- to recognise and regulate their emotions
- to attune to the feelings of others
- to cope with separations and transitions

There are significant differences across cultures in the way that caregiving is organised and in some cultures there is less exclusive current emphasis on the mother–child relationship. However, the availability of selective attachments within a small number of reliable and responsive adults is widely accepted as supportive of healthy development in all domains. Children at all stages of development may therefore benefit greatly from the support of an ‘attachment network’ of trusted adults as well as more emotionally intense primary attachment relationships.

Key points from research

- The quality of care offered to the child is of greater significance than the identity of the carer.
- Two key functions of healthy attachment relationships are to a) reduce anxiety and b) promote healthy exploration and learning.
- The more securely the child is attached, the more effective their exploration and ability to make the most of their cognitive position.
- A sense of trust and security within relationships with key adults is strongly associated with positive self-esteem (Howe, 1995).
- Secure attachment relationships are also known to be protective against the negative effects of stress.
- Recent research illustrates the profound negative effects of neglect on the development of a child’s brain (Perry et al., 1995).
- Attachment theory underpins particular interactions. For example, work may be most appropriately focused on encouraging the adults’ reflection on their own childhood experiences of attachment (Main & Hesse, 1990), or on work with the child to build their capacity for attachment (Hughes, 2009).
- Many effective interactions focus on enhancing the quality of caregiving, for example, parenting education and support programs based on strengthening attachment (Howe, 1995).

Practice points

- It is helpful to develop a picture of who is important to the child or young person, in other words, their attachment network, as these relationships may be harnessed in deliberate interaction to promote strengths in other domains.
- Assessment of the child’s attachment style, or ‘survival strategy’ of responses learned from experiences of caregiving, is helpful in designing strategies to help the child to trust.
- Opportunities arise at different stages of development to offer adult support which challenges the negative effects of early experiences of neglect or abuse (Hughes, 1997).
- It is helpful to distinguish between the emotionally avoidant child who has learned not to signal their need for support and comfort and the genuinely resilient child who is able to make use of trusted adults to enhance their effective exploration.

7.2 Education

The educational setting, which can encompass formal schooling and other learning environments such as the home, childcare and community-based groups, can potentially provide a range of opportunities to promote and enhance children's resilience. It offers an environment in which children can experience or be supported to develop the skills, interests and attributes which can enhance the protective factors of the other five domains and provide the context for children to learn about and practice social rules and relationships. In addition, educational attainment is in itself a protective factor and if a child's experience of school is positive and supportive, he or she is more likely to attain his or her highest potential level of attainment. In particular, teachers can help children to develop self-efficacy so that they have a good understanding of what they can achieve and how to attain their goals.

Key points from research

- The relationship between cognitive ability and resilience is not simple. Cognitive ability may be correlated with positive outcomes because it can help equip children with problem-solving skills, information-processing skills which help them understand and cope with adversity, and with increased ability to regulate behaviour and thereby gain positive attention from teachers. Academic competence can be viewed as a protective factor and/or as an outcome in itself. Cognitive ability can also help with understanding social interactions. However, it can also be the case that children facing significant adversity who have an enhanced capacity to analyse and understand their plight may be vulnerable to anxiety and depression.
- Research studies are finding increasing evidence that early deprivation and stress experiences can have adverse effects on brain development and the ability of the brain to adapt to unexpected challenges. Early intervention programs can improve cognitive development in young children who are at particular risk. The Effective Provision of Pre-School Education (EPPE) project (Sylva et al., 2004) findings indicated that high quality pre-school education led to better intellectual and social functioning during early school years.
- Schools which are most effective in helping children who have experienced adversity provide a caring and supportive environment, have high but reasonable expectations of pupils and offer opportunities for meaningful participation within school structures. However, school does not always act as a protective place for children and some children's experience of school can be negative due to bullying by peers or teachers' attitudes.

Practice points

- It may be helpful to consider the three aspects of school – the educational environment as a place, education as process and educators as people – and look at the strengths and problems for the child in relation to each of these.
- Early childhood education and the home learning or childcare environment can provide opportunities for play and the development of cognitive, social and emotional competence which may contribute to higher educational attainment.
- Parents' own experience and attitude to school will influence the child's relationship with school and supporting parents to value education, learn with their children and be more confident in their communication with school staff is likely to be advantageous for children.
- Peer support and 'buddying', extra-curricular activities and 'nurture groups' which encourage emotional literacy, can all be effective techniques in helping children to manage school.
- A crucial first step is to reduce the barriers to school attendance so that the child is able to take full advantage of the many benefits that school has to offer in the promotion of resilience.

7.3 Friendships

The benefit for children of having at least one close friendship with a peer is that it can offer them support, companionship and fun as well as opportunities to learn the skills of socialising with equals, both co-operatively and competitively. Peer relationships are different from those children have with adults, which feature unequal power relations. Friendships and social acceptance are not the same – a child can be accepted but have no close friends and children with close friends can be socially rejected by the majority of their peers (Bagwell et al., 1998).

There is evidence of an association between the quality of attachments and the quality of friendships, although good peer relationships can help to compensate to some extent for poor attachment experiences. Children with insecure attachment to parents or carers may need extra support to form peer relationships. For children who are involved in anti-social behaviour, having close friendships with other children involved in similar behaviour can actually be unhelpful – so having friendships per se may not be sufficient – the nature of the friendships is also important. Friendships between children change as they mature and their expectations of what they value in friendships change. It is important to take account of the nature and quality of friendships as this can have a negative as well as a positive influence on the individual child.

Key points from research

- There is limited research that looks at friendships directly in relation to resilience but what there is shows a positive association between the two. There is more literature which examines the relationship between friendships and positive outcomes for children more generally. Studies show that close and positive relationships with peers can contribute to higher self-esteem, lower anxiety levels and positive educational outcomes.
- Canadian research on adolescents in foster care showed that those with more close friendships were less physically aggressive and showed lower levels of anxiety than those with no close friends (Legaut et al., 2006). Longitudinal studies show that the effects of childhood friendships can last into adulthood in relation to feelings of self-worth (Bagwell et al., 1998).
- Close friendships can act as a protective factor for children who are experiencing stressors in their family life, such as violent marital conflict and harsh discipline. Children can be buffered from the effects of victimisation or rejection by their peers if they have even one stable friendship (Hodges et al., 1999).

Practice points

- Interventions can often take place in a school setting, such as those which involve coaching in friendship-building techniques modelled by either school staff or peer mentors. Those which have been evaluated show that such programs can have a positive impact on socially-withdrawn children.
- A range of techniques can be used to encourage positive peer relationships. A small-scale, non-school based study observed childcare workers using two types of techniques to encourage positive peer interaction. It found that the child-centred techniques which followed the child's lead in their interactions with peers and then offered guidance in resolving any difficulties was more effective than the adult-centred technique which was more directive and managed conflict situations for children (Williams et al., 2010).
- Group-based interventions for adolescents who are at risk must be set up carefully to avoid negative effects such as the reinforcement of anti-social behaviour by peers.
- Supporting parents who are socially isolated to make new friendships can have an impact on their children's opportunities to make peer relationships.

7.4 Talents and interests

A child's resilience can be enhanced through encouragement to participate in activities which they enjoy and in which they may also show signs of aptitude. This builds self-confidence and self-efficacy. The roots of self-esteem lie in early attachment experiences and feeling loved and accepted. Self-esteem can be seen as an integrated sum of self-worth and self-competence (Mruk, cited in Miller & Daniel, 2007).

Encouraging a child's unique interests and talents will help give them a sense of self-worth and builds 'islands of competence' (Brooks, 1994). It is always possible to find something that each child has some capacity for, even in a small way. The skill is to identify even minor pockets of competence and build upon them. It is important that children do not feel pressured into performing or achieving at their chosen activity and that any new challenge is pitched within the limits of their ability (Morgan, 2010). Many children who have experienced significant adversity have not had the chance to participate in activities in which they demonstrate a particular aptitude. Practitioners working with these children need to find ways to create opportunities for them to take part in activities which enable them to experience feelings of success and to value their own abilities.

Key points from research

- There is limited empirical evidence to directly demonstrate the positive effects of encouragement of children's talents and interests on their levels of self-esteem and on long-term resilience-promotion. However, research shows that involvement in leisure activities can help to enhance some of the skills and attributes linked with resilience-promotion (Gilligan, 1999).
- A review of five community arts schemes reported positive results in the development of young people's social, emotional, behavioural and artistic skills but the lack of long-term outcome evidence limited the findings. Two studies of children's participation in organised sports used pre and post involvement measurement scales to show an increase in self-esteem (Stinson, 2009; Yohani, 2008).
- One study linked participation in outdoor activities and a subsequent two year mentoring program with developmental objectives linked to childhood resilience (Gillespie & Allen-Craig, 2009). It found that there were moderate-to-large positive increases in the resilience scores and that participants reported significantly increased self-esteem, community involvement and leadership skills.

Practice points

- When working to enhance children's self-esteem practitioners should be mindful of the complexities inherent in doing so. Crude attempts to do so through an over-emphasis on the self and praise can be harmful (Newman, 2004).
- Involvement in leisure time activities can give children and young people the chance to take part in 'mainstream' clubs and groups which may assist their integration into the local community and offer opportunities for the creation of new social relationships.
- Outdoor activities, especially those which forge community links, can be fun and challenging and broaden children's interest in the wider world.

7.5 Positive values

The term positive values can be defined as 'having the capacity to act in a helpful, responsible and caring way towards others' (Werner & Smith, 1992). It is closely aligned to the concept of 'prosocial' behaviour which includes helping others, sharing, and comforting those who are in distress. Empathy, or the ability to identify emotions in another person and then experience some degree of that emotion oneself, is a related attribute which often leads to sympathy or concern for others. Research has indicated that children who have higher levels of empathy and sympathy display more prosocial behaviour and those with lower levels of emotional sensitivity tend to exhibit more aggressive behaviours. Prosocial behaviour and experiencing empathy are also important factors in the development of social competence. This domain of a child's life is often overlooked in practice.

Key points from research

- There is limited research which looks at positive values or prosocial behaviours directly in relation to resilience. However, there is evidence that prosocial behaviours and empathy are linked to academic achievement and positive peer relationships, both predictors of positive outcomes in adulthood (Capara et al., 2000).
- The development of empathy and prosocial behaviours are linked to children's cognitive development in the same way as that of moral reasoning. Prosocial behaviours usually increase with maturity and developmental stage, but influences such as parenting styles are also important. Parental influences (warmth, expressivity and inductive discipline styles) are closely associated with the development of prosocial behaviours. A harsh discipline style, neglect or abuse of children can lead to aggressive behaviour in children and delay in the development of empathy and prosocial behaviours.
- A child's peers may influence the development or delay of prosocial behaviours as children learn from those around them. This can be detrimental in some cases – for example in at-risk teenagers – and interventions which bring young people together should be managed carefully (Dishion et al., 1999).

Practice points

- Interventions encouraging prosocial behaviours should, if possible, involve the parent or carer, as parenting styles will have a bearing on the child's prosocial development (see above).
- Encouraging children to take on an appropriate position of responsibility within the family home or carry out a socially desirable task in the community can help to develop self-esteem and self-efficacy. Helping behaviours have been identified in a longitudinal study as a protective factor (Werner, 1993).
- Social competence programs in schools which include the development of emotional literacy and problem solving can also encourage prosocial behaviour. Examples include The Incredible Years Dina Dinosaur Program and Healing Species which models empathic behaviour towards an animal (Webster-Stratton & Reid, 2003).
- All interactions with the child should model caring and comforting as imitation is the ideal way for children to learn positive behaviour.
- Dilemma discussion groups (Goldstein, 1999) can offer opportunities to develop moral reasoning and explore the reasons behind different responses to real-life dilemmas.
- It is important to take account of children's cultural background when devising interventions within this domain as feelings of low self-worth stemming from being part of a minority culture can lead to prosocial behaviour difficulties.

7.6 Social competence

Social competence has been defined as ‘possessing and using the ability to integrate thinking, feeling and behaviour to achieve social tasks and outcomes valued in the host context and culture’ (Daniel & Wassell, 2002). It covers a range of skills and attributes including the ability to interpret social cues, anticipate the consequences of behaviour on self and others and translate social decisions into effective social behaviours. It is more than simply the possession of social skills, it involves the development of autonomy and self-regulation. A child’s sense of self-efficacy is also a factor in the development of social competence. The ways in which they attribute explanations for events and others’ behaviour has an influence on this. The capacity for social competence has been shown to be associated with resilience (Luthar, 1991). It is considered to be a significant protective factor for children and one which can contribute towards positive developmental outcomes for the child in school and in the wider community.

Key points from research

- Social competence has been associated with academic achievement and more positive life outcomes; deficits in social competence are associated with diminished peer acceptance, internalising problems such as anxiety and depression in early adulthood and antisocial behaviour (Burt et al., 2008).
- Studies have indicated that there is a different relationship between social competence and internalising problems (for example, anxiety and depression) than that between social competence and externalising problems (for example, impulsivity and hostile defiance). The studies suggest that social competence building for children with internalising problems are more likely to be effective in the long term than for those with externalising problems (Henricsson & Rydell, 2006).
- Studies on social competency interventions with children have shown that there can be an impact on problem behaviours but this does not necessarily mean that the child is coping well or not experiencing emotional distress (Luthar & Zelazo, 2003).

Practice points

- Interventions aimed at improving preschool children’s social competence and which involve both children and parents are most effective if parental stress is also addressed.
- Social skills training for children is more likely to be effective if other factors in a child’s environment such as parenting practices are also addressed.
- Professional staff can undertake individual as well as group social competence skills training with children by teaching them techniques about how to express their feelings and manage their emotions in a positive way. Informal ways can also be used.
- The ‘Chain of Coping’ (Daniel & Wassell, 2002) is a useful tool for helping a child to choose and carry out coping strategies in a social context. It helps to identify both problem-focused and emotion-focused ways of reacting to events.

8 Linking outcomes with domains of resilience and evidence informed practices

Mapping a child's existing strengths within particular domains can inform the starting point for strength-building interactions by harnessing current competencies. Progress within one domain can, therefore, result in more wide-ranging benefits, for example, using an identified talent to build friendship links. In this way strings of resilience can be created across domains in order to enhance overall self-esteem and self-efficacy.

The tables below show each of the five resilience outcomes and the link between resilience domains and evidence-informed practices (EIP), with detail of specific practice elements. Each EIP links to a main domain and has a resilience strings effect into the others – which is represented by the curved arrow in column 1 below.

Domains of resilience (resilience strings)	Evidence informed practice	Practice elements
<ul style="list-style-type: none"> Secure base  <ul style="list-style-type: none"> Talents and Interests Social competencies 	Teachable moments	<ul style="list-style-type: none"> Use of everyday activities and routines to extend a child's knowledge and skills. Sharing books and stories.
<ul style="list-style-type: none"> Secure base  <ul style="list-style-type: none"> Talents and Interests Social competencies Friendships 	Following your child's lead	<ul style="list-style-type: none"> Allow child independence over activity choice. Comment on child's activity. Praise child's ideas and creativity.
<ul style="list-style-type: none"> Secure base  <ul style="list-style-type: none"> Talents and Interests Social competencies 	Attending to your child	<ul style="list-style-type: none"> Using eye contact and open body language to let the child know that the parent is paying attention. Refrain from asking questions.

<ul style="list-style-type: none"> • Secure base  <ul style="list-style-type: none"> • Talents and Interests • Social competencies • Friendships 	<p>Listening, talking and playing more</p>	<p>Describe activities and introduce new words.</p> <p>Reflective and elaboration statements.</p> <p>Simplify language.</p> <p>Pause regularly.</p>
<ul style="list-style-type: none"> • Secure base  <ul style="list-style-type: none"> • Social competencies 	<p>Engaging an infant</p>	<p>Provide education: Explanation that early interactions with their infant plays a part in the connecting and attachment processes.</p> <p>Have the parent smile at the infant and wait, watch for response.</p> <p>Extend the interaction exercise with other expression.</p>
<ul style="list-style-type: none"> • Secure base  <ul style="list-style-type: none"> • Talents and Interests • Social competencies 	<p>Descriptive praise</p>	<p>Explain the role of attention in maintaining behaviour.</p> <p>Identify behaviour parent wishes to increase.</p> <p>Practice providing descriptive praise, e.g. practice difference between ‘good boy/girl’ and clear, descriptive praise.</p> <p>Provide strategies to enhance praise, e.g. parent’s positive body language, ensure timing of praise is immediate.</p>
<ul style="list-style-type: none"> • Secure base  <ul style="list-style-type: none"> • Positive Values 	<p>Family time and family routines</p>	<p>Family time, e.g. bedtime stories, sharing hobbies, ‘special time’.</p> <p>Family routines. Guidelines to assist parents to create new routines to decrease stress.</p>

8.2 Increasing self-efficacy

Domains of resilience (resilience strings)	Evidence informed practice	Practice elements
<ul style="list-style-type: none"> Talents and Interests  <ul style="list-style-type: none"> Secure base Education 	<p>Praising for effort and persistence</p>	<p>Process praise versus trait praise</p> <p>Education regarding benefits of process praise and clarifying when trait praise may be beneficial (e.g. during skill acquisition).</p> <p>Model process praise.</p>
<ul style="list-style-type: none"> Talents and Interests  <ul style="list-style-type: none"> Secure base Education Positive Values 	<p>Setting goals for success</p>	<p>Assisting a child set effective goals that are:</p> <ul style="list-style-type: none"> measurable, specific and achievable build on a child's strengths avoid perfectionism celebrate incremental steps to success.
<ul style="list-style-type: none"> Talents and Interests  <ul style="list-style-type: none"> Secure base Education 	<p>Identifying negative thinking traps</p>	<p>Educating children and parents about the difference between normal worries and anxiety.</p> <p>Providing child friendly strategies for identifying and negative thinking styles 'traps', e.g. example, key words such as 'always' and 'never'.</p> <p>Introduce the child and parent to eight forms of negative thinking traps.</p>
<ul style="list-style-type: none"> Talents and Interests  <ul style="list-style-type: none"> Secure base Education 	<p>Challenging negative thinking traps</p>	<p>Assist child to gather evidence and challenge negative thinking.</p> <p>Re-evaluate negative thinking.</p> <p>Problem solving, once the child is calm, use problem solving strategies to address the issue that triggered the negative thought/feeling.</p>
<ul style="list-style-type: none"> Talents and Interests  <ul style="list-style-type: none"> Secure base Education 	<p>Strategies to challenge negative thinking</p>	<p>Strategies include:</p> <ul style="list-style-type: none"> modeling positive thinking all or nothing thinking (removing the 'negative glasses') overgeneralising (disaster thinking) catastrophising (defusing the 'mental bomb') personalising (playing the blame game) the mind reader (it's not all about me).

8.3 Increasing safety

Domains of resilience (resilience strings)	Evidence informed practice	Practice elements
<ul style="list-style-type: none"> • Secure base  <ul style="list-style-type: none"> • Education • Social competencies • Positive Values 	Positive discipline strategies	
	Tangible rewards	Provide education and rationale. Outline steps of creating a star chart. Consider age of child, type of reward and star chart.
	Effective requests	Engage child in contact moment, e.g. use the child's name, make eye contact. Provide a clear request or instruction. Use active waiting. Give child time to comply. Provide praise when child complies.
	Creating effective child and family rules	Decide on age-appropriate rules. Involve children in creating rules. Phrase rules positively. Ensure consequences for breaking rules are used with consistency.
	Reducing unwanted behaviours	
	Implementing natural and logical consequences	Provide education regarding natural consequences. Provide education regarding logical consequences.
	Planned ignoring	Exercise caution in deciding appropriateness of using planned ignoring. Demonstrate planned ignoring techniques, e.g. avoid verbal communication and eye contact. Provide immediate praise and attention when child engages in alternative, desired behaviour.
	Time out	Exercise caution in deciding appropriateness of using time out, e.g. ensure there is adequate 'time in' before using this strategy Select appropriate area, e.g. lacking visual stimulation for the child. Model the steps of time out with caregiver. Introduce the concept of time out with the child. Ensure the child is clear on process. After time out: Release the child with a clean slate from time out once completed.

<ul style="list-style-type: none"> • Secure base  <ul style="list-style-type: none"> • Social competencies • Positive Values 	Prevention strategies: attending to physical safety	
	Developing a safety plan	Engage with family and identify strengths. Outline risks or concerns to safety. Set clear, measurable safety goals.
	Injury prevention and child proofing	Provide education and rationale to parent. Set clear, measurable child proofing goals, e.g. reducing x number of hazards in kitchen. Model reducing hazards then observe parent. Follow up to ensure correct reduction of hazards.
	Supervising children	Ensure children are taught safety rules. Ensure environment is free from hazards. Ensure supervision while playing.
	Basic child health	Designing checklists and task analyses for child health care skills. Assess parent child health care knowledge and skills. Provide parent training to improve knowledge and skills. This can be applied to include: identifying the symptoms of common childhood illness; recognising when children are ill/injured; implementing timely medical intervention and seeking appropriate care.
<ul style="list-style-type: none"> • Secure base  <ul style="list-style-type: none"> • Positive Values • Friendships • Social competencies • Education 	Increasing social connections	
	Social Connections Maps	(Child) (Adult) Strengthening and extending connections between family, school; community network. <ol style="list-style-type: none"> 1. Review existing connections, e.g. contacts for play, advice giving. 2. Identify supports that are missing or need to be strengthened. 3. Create an action plan to strengthen social supports.

8.4 Improving empathy

Domains of resilience (resilience strings)	Evidence informed practice	Practice elements
<ul style="list-style-type: none"> • Positive Values  <ul style="list-style-type: none"> • Secure base • Social competencies • Friendships 	Modelling empathy	<p>Provide clear explanations of how others are feeling in relation to child's behaviour, e.g. "That makes James feel bad when you call him names".</p> <p>Share simple observations of others' emotions from parents' own emotion. "I'm feeling pretty frustrated right now because I can't find my book."</p> <p>Use others as role model for empathy.</p> <p>Activities and games to model empathy.</p>
<ul style="list-style-type: none"> • Positive Values  <ul style="list-style-type: none"> • Secure base • Social competencies • Friendships 	Praising empathy	<p>Provide clear, specific praise for empathetic behaviour.</p> <p>Reflect what aspect of emotion was created through empathetic behaviour.</p>
<ul style="list-style-type: none"> • Positive Values  <ul style="list-style-type: none"> • Secure base • Social competencies • Friendships 	Emotion coaching	<p>Step 1. Identifying child's emotions.</p> <p>Step 2. Listen empathetically.</p> <p>Step 3. Naming child's emotions.</p> <p>Step 4. Using emotions as a teaching opportunity.</p> <p>Step 5. Problem solve emotionally charged situation.</p>

<ul style="list-style-type: none"> • Positive Values  <ul style="list-style-type: none"> • Secure base • Social competencies 	Tuning in: Identifying a child's emotions	<p>Assist child to gather evidence and challenge negative thinking. Re-evaluate negative thinking.</p> <p>Problem solving, once the child is calm, use problem solving strategies to address the issue that triggered the negative thought/feeling.</p>
<ul style="list-style-type: none"> • Positive Values  <ul style="list-style-type: none"> • Secure base • Social competencies 	Strategies to challenge negative thinking	<p>Develop awareness of child's negative emotions, particularly when expressed at lower level intensity.</p> <p>Intervene early (lower level intensity stage) to redirect child.</p>
<ul style="list-style-type: none"> • Positive Values  <ul style="list-style-type: none"> • Secure base • Social competencies 	Naming a child's emotions	<p>Naming child's emotions, e.g. "I can see that you feel angry/excited".</p> <p>Interactive games and strategies to develop an emotional vocabulary and how to label feelings.</p>
<ul style="list-style-type: none"> • Positive Values  <ul style="list-style-type: none"> • Secure base • Social competencies 	Using emotions as a teaching opportunity	<p>Normalise the child's emotions.</p> <p>Explore with the child what has triggered the emotion.</p> <p>Teach the child to express the emotion in a more appropriate way.</p>

8.5 Increasing coping/self-regulation

Domains of resilience (resilience strings)	Evidence informed practice	Practice elements
Problem solving		
<ul style="list-style-type: none"> • Social competencies  <ul style="list-style-type: none"> • Secure base • Friendships 	Problem solving	(child)(adult) 6 steps of problem solving: 1. Define the problem 2. Brainstorm possible solutions 3. Evaluate the possible solutions 4. Choose a solution 5. Plan the solution 6. Action and review
<ul style="list-style-type: none"> • Social competencies  <ul style="list-style-type: none"> • Secure base • Friendships • Education 	The 'Turtle' technique	(younger child) Read 'Tucker the Turtle' story. Teach child 3 key steps of problem solving: Stop, Pause and take three deep breaths, problem solve the situation. Select a situation to practise the 'turtle technique' and provide tangible rewards for children when they demonstrate use.
Promoting Better Sleep Routines		
<ul style="list-style-type: none"> • Social competencies  <ul style="list-style-type: none"> • Secure base • Education 	Promoting better sleep routines	(infant)(child)(adolescent and adult) Sleep strategies. Providing comfortable sleep setting, establishing regular bedtime habits, keeping a regular schedule, teaching child to fall asleep alone, strategies to manage stress and sleeplessness.

Active relaxation		
<ul style="list-style-type: none"> • Social competencies  <ul style="list-style-type: none"> • Secure base • Friendships • Education 	Progressive muscle relaxation (PMR)	<p>Guide child/adult through muscle tensing and relaxation. Finish and reflect.</p> <p>Set PMR practice activity for homework.</p> <p>(See also alternative strategies for younger aged children).</p>
<ul style="list-style-type: none"> • Social competencies  <ul style="list-style-type: none"> • Secure base • Friendships • Education 	Controlled breathing	<p>(child)(adult)</p> <p>Provide rationale for activity.</p> <p>Demonstrate correct inhalation and exhalation technique.</p> <p>Invite parent/child to practice:</p> <ol style="list-style-type: none"> a. with practitioner in session b. during a stressful situation within the week.
<ul style="list-style-type: none"> • Social competencies  <ul style="list-style-type: none"> • Secure base • Friendships • Education 	Mindfulness and visualisation	<p>(adult)</p> <p>Provide rationale for activity</p> <p>Script/activities:</p> <ul style="list-style-type: none"> • mindful breathing • visualisation/guided imagery • mindfulness in daily life.
<ul style="list-style-type: none"> • Social competencies  <ul style="list-style-type: none"> • Secure base • Friendships • Education 	Physical exercise	<p>Provide rationale</p> <p>Assist parents and family select opportunities for physical exercise.</p>

9 Working in a culturally sensitive way



While many of the aspects of a resilience-led approach are common across all cultures, it may be that what is valued in one culture is not directly transferable to another and this should be taken into account when working with families of different ethnic and cultural backgrounds. For example, research indicates that while friendships are generally beneficial for children across all cultures, the ways in which friendships are conceptualised and levels of closeness within friendships may vary depending on cultural expectations (French et al., 2005).

Similarly, while aspects of healthy development such as attachment and self-efficacy might be relevant to all cultures, the relative importance of each may vary when contextual, temporal and cultural variation is taken into account (Unger, 2005).

Whilst there are certain universal childhood needs, concepts of attachment and understandings of who are the important people around children can vary across cultures. Therefore it is important to respect different kin and non-kin structures for caring for children, whilst retaining a focus on the child. Culture has an important effect on the significance and meaning of certain stressors, such as disability, health difficulties and divorce (Luthar, 2003), as well as differing family formations, aspirations and beliefs (Schoon & Byner, 2003). Some ethnic groups are disproportionately disadvantaged and have limited access to good housing, resources and employment.

The Aboriginal Cultural Competence Framework (ACCF), which was written by the Victorian Aboriginal Child Care Agency (VACCA) on behalf of Department of Human Services, was released in November 2008 to assist in understanding the concept of culture and its impact, particularly on Aboriginal people. It highlights that cultural considerations are relevant to all children, whether or not their cultural identity is the same as the dominant culture. It also emphasises the importance of using the lens of culture within all aspects of leadership and decision making. For example, Aboriginal communities believe:

- that the child's educational, physical, emotional or spiritual needs cannot be met in isolation from each other
- the child's relationship to the whole family, not just mum or dad, are among the child's key relationships
- the child's relationship to the land and the spirit beings that determine law, politics and meaning is a key element of their cultural identity.

Working and Walking Together: Supporting Family Relationship Services to Work with Aboriginal and Torres Strait Islander Families and Organisation is a resource developed by the Secretariat of National Aboriginal and Islander Child Care Inc. (SNAICC, 2010). It provides non-Indigenous organisations and workers with information, ideas and guiding principles to develop culturally appropriate services and professional practices that are respectful of Aboriginal and Torres Strait Islander people and their culture.

Strong Souls Resilience Measure 'Footprints in Time' The Longitudinal Study of Indigenous Children being undertaken by FACHSIA (Report from Wave 4) uses multiple measures to capture a broad range of information. The resilience scale used is an adaption of the Strong Souls measure developed by the Menzies School of Health Research in 2010.

The statements include:

- When you get sad or upset, you are able to find something that cheers you up.
- You have a strong family who help each other.
- You get use to big changes in your life quickly.
- You know someone who is a really good person.
- You laugh and make lots of jokes.
- You are really into something.
- You are a good son or daughter to your family.
- You know a lot about [your] Aboriginal or Torres Strait Islander family history and culture.
- People say you are really good at something.
- You got an older person looking out for you.
- You got lots of friends.
- When you are sad or upset you have a person you can talk to.

10 Resilience and links to other frameworks

A resilience-led approach can complement and is congruent with other frameworks developed to structure work with children and families and with other client groups. In some cases a resilience-based approach is directly included as part of the other framework; it should be considered in this way rather than as a separate framework in itself. The frameworks described below complement a resilience-led approach and are used by The Benevolent Society in other areas of its work—notably in mental health and community care work.

The Recovery Framework

The Recovery Framework, which was adopted as part of the National Standards for Mental Health Services in Australia in 2010, has gained increasing recognition internationally particularly in America, UK and New Zealand. It is underpinned by a strengths-based and holistic approach and has similarities to a resilience-led one.

Recovery oriented practice operates from the basis that people who have experienced mental illness and distress can recover. Published longitudinal research from 1968 onwards has demonstrated significant recovery rates for people diagnosed with severe mental illness (Harding et al., 1987). In research looking at what helps in the recovery process, mental health services and mental health practitioners have not rated very highly (Sullivan, 1994, Tooth et al., 2003). Therefore services who seek to work from a recovery oriented approach need to ensure that they do more of what people say ‘helps’ and less of what doesn’t. From the perspective of the individual with mental illness, recovery means gaining and retaining hope, understanding one’s abilities and disabilities, engaging in an active life, having personal autonomy and a social identity, having meaning and purpose in life and having positive sense of self.

It is important to remember that recovery is not synonymous with cure. Recovery refers to both internal conditions experienced by persons who describe themselves as being in recovery – hope, healing, empowerment and connection – and external conditions that facilitate recovery – implementation of human rights, a positive culture of healing and recovery-oriented services (Jacobson & Greenley, 2001).

The Enabling Approach

Within the community care (ageing and disability) system, there is a gradual shift towards a new paradigm of supporting people. The new paradigm focuses on increasing choice and control by the consumer, staff working with consumers in partnership rather than as expert and care recipient, building on people strengths not focusing on their deficits and increasing people’s ability to do things for themselves.

The Enabling Approach embraces this paradigm shift because:

- it builds on the interests, skills, history and culture of each person
- it allows the person to be “the boss” – the service provider’s job is to support them
- it focuses on strategies to increase people’s physical and mental wellbeing so they can do what they want to be able to do
- sometimes community care services can actually make people more dependent than they need or want to be
- it is more flexible and people-focused.

The Enabling Approach focuses more on re-establishing daily living skills and community connections, and less on traditional goals of ‘maintenance’ and ‘doing for’ support. The aim is to foster greater independence for people and help them to rely less on care services wherever possible. This approach aims to identify the person’s goals and potential to improve functioning and wellbeing; and implement strategies to achieve those goals.

11 Parenting/care-giving and resilience



The part that parents and carers can play in promoting children's resilience is well understood, however knowledge about parental resilience itself has to date been based on literature focussing on parenting, family support and parental coping. It has been suggested that parents who have, or are able to develop, problem-centred coping, confidence, flexibility and open, participative communication are more likely to manage stresses more effectively and help the rest of the family to cope well. Parental resilience can derive from some of the characteristics that resilient children have, for example an optimistic outlook and capacity for change (Hill et al., 2007).

Parental factors which promote prospective resilience in children do so by helping them to develop both intrinsic capacity and by directly modelling coping responses to adversities. The factors, identified by a number of studies (for example see Hill et al., 2007, pg 11) are:

- warmth, responsiveness and stimulation
- providing adequate and consistent role models
- harmony between parents
- spending time with children
- promoting constructive use of leisure
- consistent guidance
- structure and rules during adolescence.

When parents contribute to children's adversity the role of other trustworthy adults in providing compensatory care or support is crucial and ways need to be found to encourage the relationship they have with children in this situation.

12 Children's views of resilience



There is little evidence about children's own views of adversity and resilience although there have been some studies which have asked children about the coping strategies they have used to manage difficulties in their lives (Hague et al., 2002; Humphreys, 1998). An Australian study (Howard & Johnson, 2000) explored children's understanding of a 'tough life' and what was helpful to them in trying to do well. They stressed the importance of parents and teachers supporting them with education and some said that a wider range of community activities and more protective attitudes by adults in their local areas would help their resilience. The joint UK/Australian study into the operationalisation of a resilience-led approach (Daniel et al., 2008) asked children's views about the changes they had seen in themselves following interventions which were resilience-based. Half of those interviewed could see positive changes although questions were not related specifically to the concept of resilience.

Practitioners who participated in a seminar focussing on resilience (Burgess & Daniel, 2009) were clear that resilience-promoting work needed to take into account young people's own lived experience of adversity and well-being and what would be helpful to them as individuals to enhance their resilience. Helping young people to articulate their feelings was considered an important first step in helping them to thrive rather than just cope. Some young people define success in terms of current relationships and activities, even if these include criminal activity (Luthar & Burack, 2000). Newman (2004) suggests that this is a form of resilience, however arguably not leading to a sustainable state of well-being, given society's norms and the consequence of breaking its rules.

13 Resilience across the lifespan



The Benevolent Society has extended the application of resilience to our work with communities, older people and those living with a mental illness. Resilience is the guiding approach to all our work across the lifespan.

If children are supported to develop the factors associated with resilience then these can be helpful throughout life. Indeed, in some cases the benefits of interventions in childhood may not be apparent until later. By the same token, it may only be at a stage of transition to young adulthood that apparent resilience will be seen to have been fragile and a period of additional support may be necessary. Times of transition in general offer opportunities for intervention and support.

Opportunities to nurture the factors associated with resilience are not confined to childhood. Increasingly life-span approaches are highlighting the potential for development at any age and stage. For example, people who experienced insecure attachments in childhood can have the opportunity to develop different and more positive experiences in adult relationships. In many cases the parents of children who are referred for support will benefit from attention to the extent to which they also have a secure base, good self-esteem and appropriate self-efficacy. Working to enhance children's resilience can therefore run in parallel with, or overlap with, work to nurture parental resilience.

Resilience in older people has not been extensively studied as yet. What literature there is suggests that, as when considering children and adults, it is still important to assess the contribution of personality assets and environmental resources in the face of challenging times (Bonanno, 2004; Luthar & Brown, 2007; Masten, 2006; Ryff & Singer, 1998). The importance of 'protective social relationships' in older adult resilience is also reiterated in the literature (Ryff & Singer, 1998). The ecological framework is, therefore, applicable throughout the lifespan. It has also been argued that age should not, in and of itself, be regarded as an adversity against which people need to be resilient (Charles & Carstensen, 2009). Adversity can be encountered throughout the lifespan, and while some specific adversities may be more prevalent in older age (for example loss of peers) older age per se should not be assumed to be an adversity.

14 Theories congruent with a resilience-led approach



A resilience-led approach can encompass and include a number of theoretical frameworks and, depending on practitioners' assessment of individual children and families' circumstances and needs, one or more of these can be used to form a basis for work with that child and family.

There are a wide range of theories and those referred to here are just some examples. The scope of this document allows for only a brief description with references and links to resources which offer greater detail.

14.1 Attachment theory

This theoretical framework, originated by Bowlby (1969), helps practitioners to make sense of the development and behaviours of children. The theory is underpinned by the view that a close relationship with at least one responsive and reliable adult is vital for healthy development (Daniel et al., 2010). Through repeated reciprocal actions and sharing of emotion with the attachment figure the child learns to recognise, understand and express his or her feelings. The presence of one 'good enough' attachment relationship is crucial for the child but the consideration of the child's network of relationships is also important. Practitioners are able to assess a child's attachment style and move on to identify appropriate interventions to help the child and carer build secure attachments.

Howe (1995), drawing on the work of Main (1991) and Crittenden (1995), developed a framework which outlined the four attachment patterns (secure plus three types of insecure patterns—avoidant, ambivalent and disorganised). Attachment theory has been explored and developed extensively and a number of critiques have highlighted the need to be careful in applying the theory, not least in relation to the need for practitioners to be sensitive to patterns of care-giving within different cultures and communities.

References:

Howe, D. (2001) 'Attachment' In J. Howarth (ed) *The Child's World*. Jessica Kingsley, London.

Yeo, S.S.(2003) Bonding and Attachment of Australian Aboriginal Children. *Child Abuse Review*. 12, 292–304.

14.2 Neurochemical effects of early brain development

Research into brain development in early life has indicated that disruption to the normal pattern of this can alter later development of other areas of the brain. A stressful event prompts a cascade of neurochemical changes to equip us to survive it. However, if stress is prolonged, for example if a child is experiencing multiple adverse circumstances, the brain's stress management systems become hypersensitive and over active. The term 'toxic stress' describes prolonged activation of stress management systems where there is an absence of support (Bromfield et al., 2007). Children who have experienced this may find it difficult to regulate their behaviour and/or emotional reactions. Toxic stress may sensitise children to further stress and affect future learning and concentration (Shonkoff & Phillips, 2001).

It is possible to work in a remedial way to help a child to experience tolerable or even positive stress. One of the critical ingredients that make stressful events tolerable rather than toxic is the presence of supportive adults who create safe environments that help children learn to cope with and recover from significant stressful experiences. In many circumstances, tolerable stress can have a positive outcome.

Useful links:

Center on the Developing Child, Harvard University. See <http://developingchild.harvard.edu/initiatives/council/>

Perry, BD and Pollard, R (1998) 'Homeostasis, stress, trauma and adaptation: A neurodevelopmental view of childhood trauma', *Child and Adolescent Psychiatric Clinics of North America* 7 (1). Available online here: http://www.childtrauma.org/images/stories/Articles/perrypollard_homeost_adapt_9810.pdf

14.3 Trauma theory

The term 'complex trauma' is often used to describe the experience of multiple, chronic and prolonged traumatic events in childhood (Bromfield et al., 2007). Chronic trauma can have long-term pervasive effects on a child's development (Van der Kolk, 2005).

The fundamental issues for effective prevention and intervention include the need to build healthy attachments between children who have experienced trauma and their caregiver(s); and creating a safe environment for healthy recovery that has been impacted by the trauma. These goals are achieved through attention to four principles: (1) Creating a structured and predictable environment by establishing rituals and routine; (2) Increasing caregiver capacity to manage intense affect; (3) Improving caregiver-child attunement, so that the caregiver is able to respond to the child's affect, rather than react to the behavioural manifestation; and (4) Increasing use of praise and reinforcement, to facilitate the child's ability to identify with competencies, rather than deficits (Van der Kolk, 2005).

Useful link:

<http://tfcbt.musc.edu/> (Trauma focused cognitive behaviour therapy)

Reference:

Van der Kolk, B (2005) *Child Abuse & Victimization*, *Psychiatric Annals*, pp. 374–378.

14.4 Maslow's Hierarchy of Needs

The basis of Maslow's theory of motivation (Maslow, 1954) is that human beings are motivated by unsatisfied needs, and that certain lower needs need to be satisfied before higher needs can be addressed. He suggested that there are general needs (physiological, safety, love, and esteem) which have to be fulfilled before a person is able to act unselfishly. It is possible to work with children and families in a way which seeks to address these needs.

14.5 Theory of change

Weiss (1995) popularised the term "Theory of Change" as a way to describe the set of assumptions that explain both the mini-steps that lead to long term goals and the connections between program activities and outcomes that occur at each step of the way. She challenged designers of complex community-based initiatives to be specific about the theories of change guiding their work and suggested that doing so would improve their overall evaluation plans and would strengthen their ability to claim credit for outcomes that were predicted in their theory. A Theory of Change is a specific and measurable description of a social change initiative that forms the basis for strategic planning, on-going decision-making and evaluation.

Like any good planning and evaluation method for social change, a Theory of Change requires participants to be clear on long-term goals, identify measurable indicators of success, and formulate actions to achieve goals. It differs from any other method of describing initiatives in a few ways:

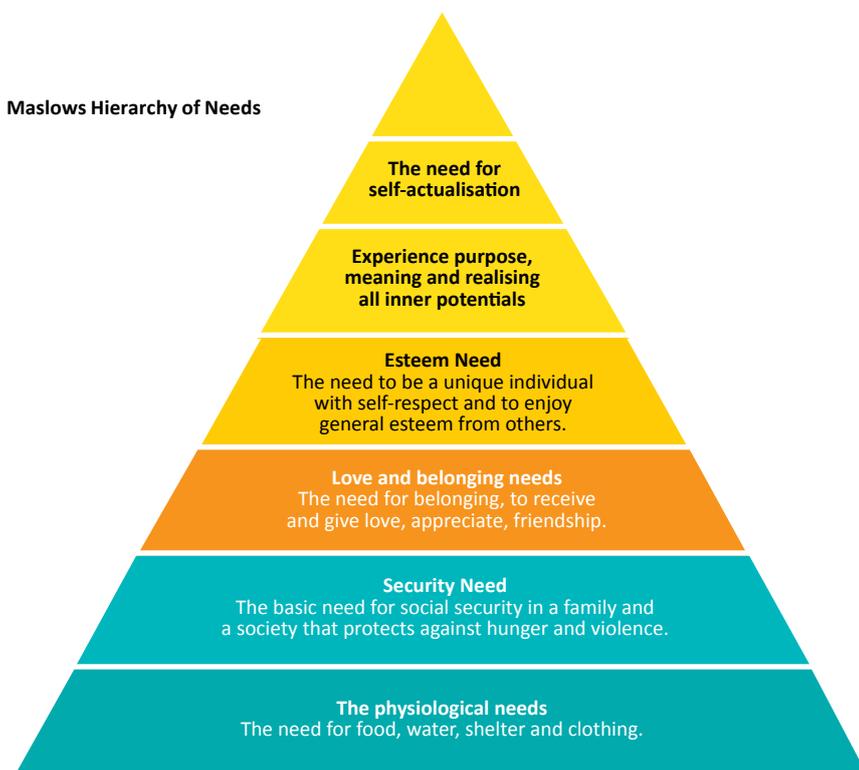
- It shows a causal pathway from here to there by specifying what is needed for goals to be achieved (e.g. you might argue that children attending school a minimum number of days is necessary if they are going to learn).
- It requires you to articulate underlying assumptions which can be tested and measured.
- It changes the way of thinking about initiatives from what you are doing to what you want to achieve and starts there.

Useful link:

www.community.net.nz/how-toguides/community-research/publications-resources/Theory-of-change-and-logic-models

Reference:

Weiss, C. (1995) *New Approaches to Evaluating Comprehensive Community Initiatives*. Aspen, Institute of Human Studies.



14.6 Systemic or systems theory

The term “systems theory” refers to a host of theoretical and methodological practices ranging across different disciplines. Those who study systems theory tend to view any system as the result of a dynamic interrelationship between its component parts and its whole. They view the parts as mutually determinate with the whole. Social workers utilising systems theory view societies and social groups as dynamic systems. Family social workers and child advocates use systems theory to understand family dynamics and to educate and promote healthy family structures. Their aim is to understand how hierarchies and parental responsibility in family structures work, and determine when those hierarchies or responsibilities are not functioning properly, as well as when physical intervention may be necessary to protect members of the family.

Reference:

Dallos, R. (2005) 2nd Ed An Introduction to Family Therapy: Systemic Theory and Practice. Open University Press.

14.7 Ecological perspective

This framework developed initially by Bronfenbrenner in 1979 involves seeing work with the child and their family in an holistic way. Its premise is that: ‘the development and behaviour of individuals can be fully understood only in the context of the environment in which they live’. The theory consists of a nested arrangement of systems including micro, meso, exo and macro which, taken together, refer to the interactions between:

- the child’s developmental needs and their individual resources.
- the parenting capacity available to the child to meet these needs and what influences this; can include family and close friend support networks.
- wider environmental or community/ neighbourhood factors.

In social work practice, applying an ecological approach can be best understood as looking at persons, families, cultures, communities, and policies and identifying and intervening upon strengths and weaknesses in the transactional processes between these systems.

Useful link:

<http://ecologicaltheory.tripod.com/>

Reference:

Jack, G. (2001). Ecological perspectives in assessing children and families. In J. Horwath (Ed.), *The Child’s World: Assessing Children in Need*. London: Jessica Kingsley Publishers.

14.8 Community development

Community practice or community building is a social work approach, developed in the United States, which focuses on larger social systems and social change. The field of community practice social work encompasses community organising, social planning, human service management, community development, policy analysis, policy advocacy, evaluation, mediation and other larger systems interventions. The theoretical basis of the approach is that by building stronger and more caring communities many protective factors can be offered which have the potential to have a positive effect on parenting capacity and children’s development. Social networks and the development of social capital are aligned with this approach.

Useful link:

www.scottishsocialnetworks.org/

Reference:

Hardcastle, D., Powers, P. & Wenecour, S. (2004). *Community Practice: Theories and Skills for Social Workers*. Oxford University Press.

Weil, M. (2005) *The Handbook of Community Practice*. Sage Publications.

15 Theoretical approaches congruent with a resilience-led approach



There are a range of interventions which practitioners use in their work with families, a small selection of which are described below. Many interventions could be considered to be congruent with a resilience-led approach if they aim to nurture factors known to be associated with resilience.

When planning intervention practitioners need to be explicit about:

- Why they have chosen certain interventions and how this relates to a client's needs and goals.
- The intended outcomes and the processes that are targeted as a route to the intended outcomes.
- How this links to the overarching resilience practice framework.

15.1 Strengths-based work

Strengths-based, solution focused approaches enhance the capacities of individuals, groups and communities to deal with challenges identified by themselves. They work on the belief that empowerment results from being treated with respect and having strengths acknowledged and enhanced. Strengths-based practice is used in social work settings to emphasise people's self determination and strengths. Strengths-based practice is client led, with a focus on future outcomes which build on the strengths that the families themselves bring to a problem or crisis.

Useful link:

www.strengthsbasedpractice.com.au/

Reference:

McCashen, W. (2005). *The Strengths Approach*. Bendigo, Victoria, Australia: St Luke's Innovative Resources.

15.2 Relationships-based work

Relationship-based practice (RBP) is founded on the idea that human relationships are of paramount importance and should be at the heart of all good social work practice. RBP is a distinctive style of practice, requiring specific skills and capacities. The skilled use of relationship in practice and management is necessary for overall good practice, and arguably for safe practice, and modifies how other dimensions of practice and management (e.g. the use of protocols or performance management tools) are deployed. RBP is thus an holistic concept which does not stand in opposition to other practice principles, but which does modify them. At the core of this way of working is the belief that without strong and appropriate relationships, other practice principles will usually not be good enough.

Reference:

Ruch, G., Turney, D and Ward, A (2010) (eds) *Relationship-based Social work: Getting to the Heart of Practice*. Jessica Kingsley, London.

15.3 Solution-focused techniques

Solution-focused social work is a method that works alongside clients, carers, parents, families and children, to help them to explore their strengths and to find their own solutions. Positive human change demands creativity, hope and imagination. Solution-focused social work enables people to see better futures, focus on positives, accept strengths and use those strengths and that vision to move forward to a better life. It is closely linked with a strengths-based approach.

Although the solution-focused approach began 20 years ago as a model of therapy, it is now being widely applied across health, social care and educational settings. One of its great strengths is its conceptual simplicity, and its key elements are that, rather than exploring problems, their history and possible causes, the approach seeks to establish a detailed picture of the preferred future. There is an assumption that part of this preferred future will already be happening, however small. The client will already be doing something which is moving them in the direction they wish to go. It is the task of the solution-focused practitioner to help the client focus on anything they are doing which is helping them achieve what they want.

Useful link:

www.solution-focused-practice.co.uk/

Reference:

Corcoran, J and Pillai, V. (2009) A Review of the Research on Solution-focused Therapy. *British Journal of Social work* vol 39 (2) pgs 234–242.

15.4 Cognitive behavioural therapy

Cognitive behavioural approaches focus upon patterns of thinking which in turn affect behaviours, such as parenting styles. With support, parents can learn to identify unhelpful thoughts and attributions about their children and start to change them. Azar (1997) developed a cognitive-behavioural approach which brought together attachment theory and attribution theory to understand and work with parents to put themselves in their child's position and build realistic expectations around more helpful cognitions. A study which looked at 18 parent education programmes (Barlow, 1999) concluded that those which combined a behavioural approach with problem-solving were most effective. These programs included Mellow Parenting, Video Interactive Guidance, Triple P Program and The Webster-Stratton Program.

Reference:

Feather, J and Ronan, K. (2010) Cognitive Behavioural Therapy for Child Trauma and Abuse: A Step-by-Step Guide. London: Jessica Kingsley.

15.5 Family therapy

The aim of family therapy is to help family members find constructive ways to help each other and improve relationships between them. Those practicing family therapy work in ways that acknowledge the contexts of people's families and other relationships, sharing and respecting individuals' different perspectives, beliefs, views and stories, and exploring possible ways forward.

A family therapy approach not only supports change with individuals but also in their relationships in the family and beyond, so children and adults are supported to develop positive relationships with a range of others. Skilled therapeutic support can help to explore the nature of family relationships and patterns which may have developed in the ways in which family members react to one another and to different situations.

Useful link:

www.instituteoffamilytherapy.org.uk

Reference:

Stratton, P (2005). Report On The Evidence Base Of Systemic Family Therapy. Association for Family Therapy.

15.6 Marte Meo approach

The Marte Meo approach of working with families, developed by Maria Aartes over the last 30 years, is a developmental model which focuses on the everyday moments of life, known as Action Moments. The premise of the model is that the child's development takes place during these Action Moments, in the ways in which he or she interacts with his or her caregiver and other adults. The model uses video footage of everyday moments to analyse the interactions and the child's developmental progress using interactional analysis techniques and the Marte Meo elements of development.

15.7 Narrative therapy

Narrative therapy was developed by Michael White and David Epston in the 1980s. It is a respectful and collaborative approach to counselling and community work. It focuses on the stories of people's lives and is based on the idea that problems are manufactured in social, cultural and political contexts. Counsellors and therapists interested in narrative ideas and practices collaborate with people in stepping away from problem saturated and oppressive stories to discovering the 'untold' story which includes the preferred accounts of people's lives, that is their intentions, hopes, commitments, values, desires and dreams. In essence, within a narrative therapy approach, the focus is not on 'experts' solving problems, it is on people discovering through conversations, the hopeful, preferred, and previously unrecognised and hidden possibilities contained within themselves. This is what Michael White would refer to as the 're-authoring' of people's stories and lives.

Useful link:
www.narrativetherapycentre.com

Reference:
Yuen, A (2007) 'Discovering Children's Responses to Trauma; a Response-based Narrative Practice'. The International Journal of Narrative Therapy and Community Work volume 4.

15.8 Parenting programs

Research regarding effective parenting has in recent years moved away from parenting styles (such as permissive, authoritarian and authoritative) to looking at the purpose of parenting (socialisation of children) and the skills parents need to fulfil that purpose.

Effective parenting programs help parents develop new skills in perceptiveness, responsiveness and flexibility. Parenting programs can be also be categorised into relationship focussed programs and behavioural approaches.

"A recent review on programs for parents with three to 10 year olds found that:

- Group-based parenting training programs that adopted a behavioural approach were effective in improving behavioural problems in children
- Relationship focussed programs were also effective in improving children's behaviour, although to a lesser extent.
- Community-based group parent training programs may produce better changes and be most cost effective and 'user friendly' than individual clinic-based programs." (NSW Dept Comm. Services, 2005).

There are numerous parenting programs which can be delivered in a group or individual basis. Information about these programs is widely available; most require some form of training in order to use them in work with families.

The Resilience Practice Framework utilises many of the practices (both relationship based and behavioural) in strongly evidenced parenting training programs such as Triple P and the Incredible years.

The Incredible Years

The Incredible Years programs for parents, teachers, and children reduce challenging behaviors in children and increase their social and self-control skills. The prevention and treatment programs have been evaluated by the developer and independent investigators. Evaluations have included randomised control group research studies with diverse groups of parents and teachers. The programs have been found to be effective in strengthening teacher and parent management skills, improving children's social competence, emotion regulation, and school readiness, and reducing behavior problems.

Useful link:
www.theincredibleyears.com

Triple P

The Triple P – Positive Parenting Program is an evidence-based parenting program that gives parents simple and practical strategies to help them confidently manage their children's behaviour, prevent problems developing and build strong, healthy relationships.

Useful link:
www.triplep.net

16 Some critiques and pitfalls of a resilience-led approach

16.1 A resilience led approach

The concept of resilience has much to offer policy and practice with children and families, however it has been subjected to some critique. Resilience can be displayed in one or more aspects (emotional, social, educational, behavioural) and a child may show signs of 'apparent resilience' for example where outer functioning seems satisfactory but there is ongoing inner distress (Luther, 1991). The dangers of mistakenly interpreting maladaptive functioning in children as indicators of resilience was highlighted by practitioners in the joint UK/Australian study which focused on operationalising resilience (Daniel et al., 2008). This study also highlighted the challenges for practitioners in balancing a resilience-based approach in areas of work currently characterised by thinking about risk and deficit, for example when working with young people exhibiting sexually harmful behaviour.

It has also been suggested that a resilience-based approach can be associated with an overly individualised way of working with children and their families—one which overlooks and fails to address structural issues such as poverty and inequality (Jack, 2000, 2001). Although individualism is not an inherent aspect of the concept of resilience, its translation into practice does tend to become individualised (Rigsby, 1994). The Benevolent Society emphasis on multi-disciplinary working offers opportunities for working with the resilient capacities of individuals, families and communities, that is across all ecological levels. It is important that there is not an overemphasis on internal characteristics, which has the implicit potential for blaming those who do not show resilience or which, by a concentration on the development of coping capacities, can lead to trauma being minimised (Hill et al., 2007).

Research evidence into the effectiveness of resilience-based intervention is growing but is still at a relatively early stage. There is a need for longitudinal studies which explore the longer-term outcomes for children with whom this approach has been undertaken to be designed and funded.

16.2 Considering staff resilience

It has been suggested that 'if workers are as vulnerable as the families they serve, they will be ineffective in improving outcomes for children and families' (Gibbs, 2009a). Gibbs stresses the importance of staff feeling valued, being given support in their work, having a sense of self-efficacy and undertaking reflective practice. She refers to a six-factor model to demonstrate the link between supervision provided to practitioners and outcomes for children and families (Morrison, 2005). She then applies it more broadly than supervision to other management and leadership processes and also to different levels of management. Gibbs suggests that the core component of this model is recognising a 'chain of influence' that exists from manager through practitioner to families; that is, what happens between staff at different levels in the process makes its way through the chain to the practitioner-client relationship (Gibbs et al., 2009b).

A service will be of higher quality if staffed by a robust and resilient workforce who feel secure in their employment, have good self-esteem as a result of their work being valued and who believe in the efficacy of the work they are doing (Antcliff, Presentation for Metro Central, 2010).

17 Conclusion

Increasingly there is an expectation that child and family services adopt and implement evidence-informed practices (EIP) and programs as the main way of improving the health, safety and wellbeing of the children and families they serve.

While the identification of EIPs can be helpful when practitioners and agencies are looking for practices and programs to adopt, the emphasis on finding “effective” programs has not been matched by a corresponding effort to effectively implement such programs (Aarons, Commerfeld & Walrath-Greene, 2009; Mildon & Shlonsky, 2011). Many authors have noted the gap between current practice and available evidence and/or describe multiple barriers to achieving EIP (Fixen, et al., 2005; Mendel et al., 2007; Protector et al., 2008; Mildon & Shlonsky, 2011).

Recognising these barriers, The Benevolent Society, working in partnership with the Parenting Research Centre, developed and are implementing a comprehensive Resilience Practice Framework.

The framework builds on extensive research that shows the benefits of promoting the resilience of children, families and the communities within which they live. This approach considers six aspects of a child’s life (or domains) where there can be potential for nurturing factors associated with resilience. These domains are: secure base, education, friendships, talents and interests, positive values, and social competencies (Daniel, Burgess & Antcliff, 2012). Progress or strengths developed in one domain can often result in more wide-ranging benefits in other domains.

The Resilience Practice Framework identifies five outcomes for children and families and 47 EIPs which have been shown to meet these outcomes. The EIPs have been written into six Practice Guides which step out the practices from start to finish.

A training and coaching framework has been developed to embed the EIPs into practice and provide staff with ongoing support.

A rigorous evaluation framework has been developed to assess the success of both the RPF rollout, including implementation processes and the implementation of evidence-informed practices at program sites, and whether the implementation of the RPF has led to anticipated client outcomes.

The Benevolent Society believes that this Resilience Practice Framework provides the architecture for strategy, policy and practice and makes the link between research and practice in this area of our work. We believe it will contribute to the improvement of outcomes for children, families and communities.

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