

Resilience, Recovery and Partnership Working

Helen Arnold-Jenkins

Josh Cameron

Angie Hart



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Introduction

- Who we are.
- Why we are here.
- Who are you?
- Why are you here?

What does 'resilience' mean to you?

?

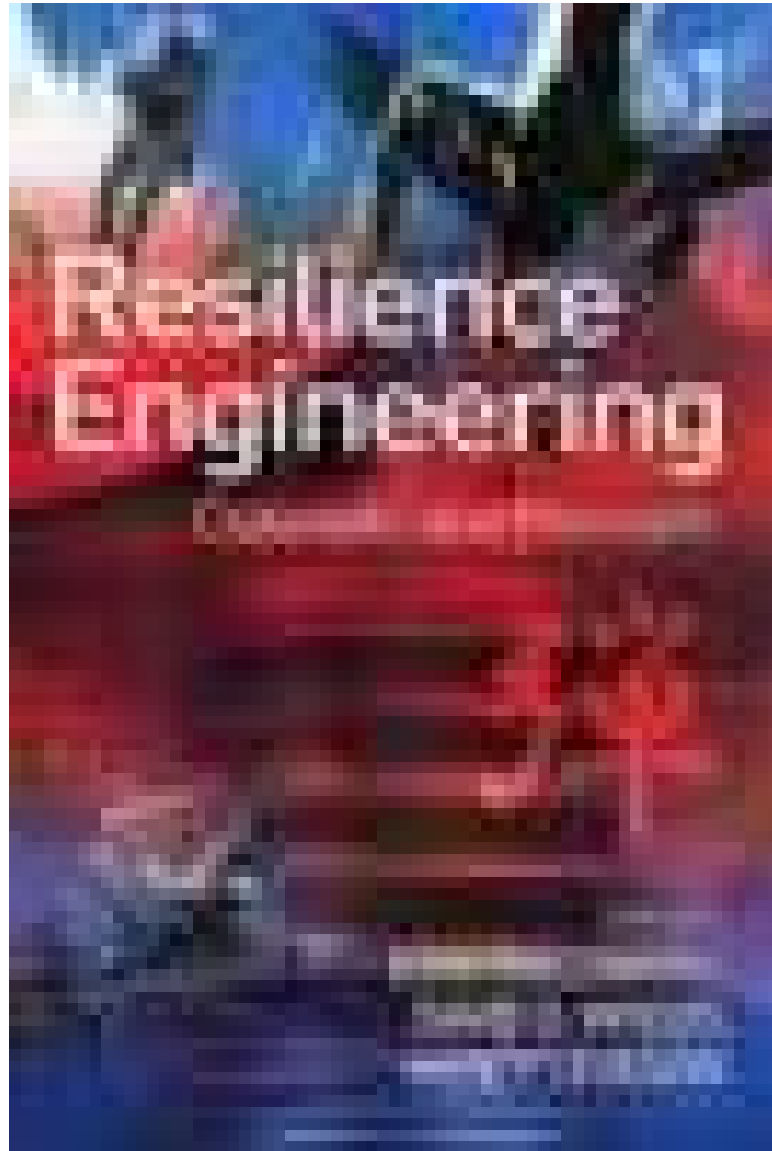


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Brazil's Economy



Increasing annual growth trend and strong near-term forecast













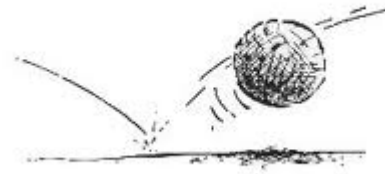
Images of Resilience

- Physical, natural & or social world?
- Solitary or community?
- Innate or developed?
- Heroes only?
- Whose responsibility?
- Response to or buffer against adversity?



Resilience is about...

- Bouncing back/up
- Staying strong
- Looking on the bright side, when its very dark outside
- Doing better than you think you would be doing in the circumstances
- Nurturing potential – not something you are just born with.




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What is resilience?

“... a class of phenomena characterised by good outcomes in spite of serious threats to adaptation or development.”

(Masten 2001)



What is Resilience? 2

- ‘Resilience is an emergent property of a hierarchically organized set of protective systems that cumulatively buffer the effects of adversity and can therefore rarely, if ever, be regarded as an intrinsic property of individuals.’ (Roisman, Padrón et al. 2002: 1216)
- ‘Adequate provision of health resources necessary to achieve good outcomes in spite of serious threats to adaptation or development.’ (Ungar 2005: 429)



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What is resilience? 3

- The indication of a process which characterizes a complex social system at a moment in time.' (Fonagy, Steele et al. 1994: 233)
- 'Resilience does not constitute an individual trait or characteristic... Resilience involves a range of processes that bring together quite diverse mechanisms...' (Rutter 1999: 135)



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Strands of Resilience Research

- Individual attributes
- Social factors
- Processes and mechanisms
- Cultural context
- Children & young people
- Adults (Reich et al 2010)
- Communities
- Resilient practices (Aumann & Hart 2009)



Resilient Therapy (RT)

(Hart & Blincow 2007)

- RT strategically harnesses selected therapeutic principles and techniques
- Originally developed in relation to children, families and young people
- Now exploring relevance beyond that (adults – communities)
- Developed for use across contexts and by different practitioners, including parents and young people themselves
- Designed to work with people as co-collaborators in the development of the methodology rather than as recipients
- Is user-friendly and readily accessible – you don't need a lengthy specialised training
- Non-pathologising – 'upbuilding'



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Resilient Therapy

Basics - this potion conjures up the basic necessities needed for life

Good enough housing
Enough money to live
Being safe
Access and transport
Healthy diet
Exercise and fresh air
Playtime and leisure
Being free from prejudice and discrimination



Coping - these potions help children to get by in everyday life. Help child to:

Understand boundaries and keep within them
Be brave
Solve problems
Put on rose-tinted glasses
Foster their interests
Calm her/himself down, self-soothe
Remember that tomorrow is another day
Help child to lean on others when necessary

Belonging - we use the spells in this potion to help a child make good relationships with family and friends

Find somewhere for the child to belong
Tap into good influences
Keep relationships going
The more healthy relationships the better
Take what you can from any relationship where there is some hope
Get together people the child can count on
Belonging involves responsibilities and obligations too
Focus on good times and places
Make sense of where a child has come from
Predict a good experience of someone/something new
Help child make friends and mix with other children
Help child understand her/his place in the world

Learning - Learning not only includes school education, but also helping with their life skills, talents and interests

Make school life work as well as possible
Engage mentors for children
Map out career/life plan
Help the child to organise her/himself
Highlight achievements
Develop life skills

Core self - the potions here work very deeply to shape a child's character

Instil a sense of hope
Teach the child to understand other people's feelings
Help the child know her/himself
Help child take responsibility for her/himself
Foster their talents
There are tried and tested treatments for specific problems, use them

**RESILIENT THERAPY:
ORDINARY MAGIC**

Angie Hart & Derek Blincow ©

Resilient Therapy – Magic Box (Adapted for Adult Mental Health)

POTIONS	BASICS	BELONGING	LEARNING & Work	COPING	CORE SELF	
REMEDIES	Good enough housing;	Find somewhere to belong;	Make work & learning as successful as possible;	Understanding boundaries and keeping within them;	Instil a sense of hope;	
		Help understand place in the world; and that others may face similar situations				
	Enough money to live;	Tap into good influences; (eg peer support)	Engage mentors	Being brave;	Promote understanding of others	
		Keep relationships going; (eg educate/support partners/carers/family)		Identifying & solving problems; (reduce self blame and guilt)		
	Being safe;	The more healthy relationships the better;	Map out career or life plan;	Putting on rose-tinted glasses; Reframing/reappraising	Help the person to know her/himself;	
	Access & transport;	Take what you can relationships where there is some hope;				
	Healthy diet;	Get together people the person can count on;	Help self organisation	Fostering their interests;	Help the person take responsibility for her/himself;	
		Responsibilities & obligations;		Calming down & self-soothing; Support reflection Not to feel overwhelmed by illness		
	Exercise and fresh air;	Focus on good times and places;	Highlight achievements;	Remember tomorrow is another day;	Foster talents;	
	Enough sleep;	Make sense of where the person has come from;		Lean on others when necessary;		
	Leisure and work occupations	Predict a good experience of someone or something new;	Develop life skills;	Have a laugh;	There are tried and tested approaches for specific problems, use them;	
		Make friends and mix				
	NOBLE TRUTHS					
	ACCEPTING Interpersonal skills Empathy		CONSERVING Interpersonal skills Trust		COMMITMENT Ongoing support issues	
ENLISTING Self (eg not passive), Family, Friends, MH profs GP						

Community of Practice (CoPs)

- “CoPs are groups of people who share a concern, a set of problems, or a passion about a topic, and who deepen their knowledge and expertise in this area by interacting on an ongoing basis.”

(Wenger et al 2002)



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A Community of Practice is:

.... A group of people who

- Share similar challenges
- Interact regularly (met once a month)
- Learn from and with each other
- Improve their ability to address their challenges



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CoPs

- Add to our understanding of how we come to know and learn
- Raise issues about what knowledge is, whose knowledge we are talking about, how we come to know things, whether different approaches to finding things out result in different knowledge
- Offer a frame work to see past the usual way of knowing and learning that happens organisations and classrooms
- Focus is on engagement with practice & the informal learning that comes with that engagement



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CoPs value all kinds of knowledge

- Knowledge is produced by communities of practice in context of practice
 - Conceptual knowledge brought in from training etc & applied to work
 - Experiential knowledge (of service users and practitioners) equally valued based on daily routines
 - Often this is tacit not explicit
 - Therefore aim is to make it explicit through different CoP methods (Frost et al 2005, Robinson & Cottrell 2005)
- CoPs compatible with diversification and multi agency & service user engagement


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CoP Outputs

- Training
- Parenting Leaflet
- RT Bingo Game
- RT Organisational Audit
- RT for Kinship Carers
- Inclusive arts project
- Social enterprise website



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We could be a CoP

- Could think of ourselves as a CoP considering potential relevance of Resilience & RT to supporting recovery from Mental Health problems?
- What kinds of expertise/knowledge do people think we have in this room?



Exploring Resilient Therapy: Leisure as an example

- How does leisure affect your resilience?
- Complete eggs for a Potion:
 - Basics
 - Learning/Work
 - Core Self
 - Belonging
 - Coping



Exploring Resilient Therapy: Leisure as an example

- What might someone experiencing mental health problems need to enable them to gain these benefits of leisure?
- How can different experiences/knowledge & expertise help make this happen?



Musical Interlude: Resilient songs!



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Helen's Personal Reflection on Mental Health Recovery & Resilience



Reviewing Resilience

- Not just individual trait
- Not an alternative to support
- Not just for individual children
- *Resilience arises from factors around a person as well as within*
- *Services should aim to foster and be resilient themselves*
- *Resilience is about bouncing back/up from adversity – this can happen in adults and for whole communities.*



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Recovery and Resilience

- Where *recovery* is the individual's journey following crisis or adversity ...
- *Resilience* is a constellation of internal and external factors that can support and sustain that recovery.



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Resilience Recovery & Partnership

- Fostering resilience can be a shared concern of mental health service users, practitioners, researchers and wider society.
- Partnership working through a Community of Practice approach can promote that shared concern, mutual understanding and respect...
- ... and find ways to harness and develop the expertise of *all* participants to promote recovery through resilience practices.



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Resilience - Why bother?

Share, swap and debate resilience research and practice knowledge

6-7 APRIL 2011

University of Brighton, England

OVERVIEW

This exciting conference promises to be a creative mix of different individuals and groups, coming together to examine what resilience research is telling us AND consider ways of working in light of these findings. Just how does resilience help us to foster healthy responses in times of trouble?

The programme will include keynotes from leading international academics, parents, young people and practitioners. Expect workshops, panel debate, posters and networking.

A conference for those who are passionate about the field of resilience:

- Researchers
- Practitioners
- Parents and carers
- Policy makers
- Service users
- Young adults

Attending will enable you to:

- Learn about resilience research and practice application in different health, social care and community contexts
- Develop research and practice partnerships

Network with others working with resilience from the UK and beyond.

CONFIRMED SPEAKERS INCLUDE:

Professor Michael Ungar: Dalhousie University, Canada. Internationally recognised expert on resilience with at-risk young people, Social Worker and Family Therapist.

Professor Angie Hart: University of Brighton. Co-author of two books on Resilient Therapy.

Professor Pat Dolan: National University of Ireland. Director of the Child and Family Research Centre.

Professor Petra Engelbrecht: North-West University of Potchefstroom, South Africa.

Zoe Williams: British columnist and journalist who describes herself as left-wing, feminist and a humanist with a specific interest in resilience.

Karin Anjos, Helen Arnold-Jenkins, Samantha Selway: Members of the Brighton Parent Resilience Advisory Group who work with Kim Aumann from Amaze, to develop their expertise applying resilience ideas and strategies with their families.

Young people from Experience in Mind: a volunteering project for 16 to 25 year olds who have experience of mental health issues.

REGISTRATION / INFO

<http://bit.ly/bV8CRQ>

CALL FOR CONTRIBUTIONS

<http://bit.ly/bV8CRQ>

PROGRAMME

A provisional conference programme will be available from November 2010



The conference is a collaborative venture, organised by the University of Brighton with community partners, Amaze and BoingBoing.

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Contact: j.cameron@brighton.ac.uk

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Working in constellated disadvantage

- Multiple adversities
- Inequalities imagination
- Some of our practices can disadvantage further
- Incredibly hard work
- Often undervalued
- Most experienced people promoted away from the front line



Organisational/policy issues

- Continual reorganisation
- Deficit talk
- Collaborative inertia
- Defensive practices
 - Managerial distance (effective detail)
 - Short-termism
 - Promiscuity

