Beyond Blue

Building resilience in children aged 0–12

A practice guide

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Suggested citation

Beyond Blue Ltd. (2017). *Building resilience in children aged 0–12: A practice guide*

Acknowledgements

Beyond Blue thanks the following organisations and individuals whose expertise were integral to the development of this guide:

- Parenting Research Centre and the Australian Research Alliance for Children and Youth (ARACY) for developing the content of the guide
- Members of the Children's Resilience Taskforce – Professor Brett McDermott (Chair); Gillian Calvert AO; Professor Marc de Rosnay; Professor Linda Gilmore; Professor Andrew Martin; Professor Craig Olsson; Glenn Pearson; Professor Ron Rapee; Professor Ann Sanson and Professor Susan Spence AO
- Members of the Expert Panel, practitioners, and parents and children who provided their insights in the consultation phase. The voices of practitioners, parents and children appear in the guide in the form of anonymous quotes and drawings.

Beyond Blue gratefully acknowledges the financial support provided by the Future Generation Global Investment Company Limited, and their commitment to improving the lives of children in Australia who are affected by mental health conditions.

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Foreword

It is well accepted that many of our childhood experiences stay with us throughout our lives. From the day we are born, our routine interactions influence the way we think and feel. They lay the groundwork for the identities we forge and the contributions we make. We begin to recognise our strengths and weaknesses, to celebrate our wins and regret our losses. We grow from some experiences and retreat following others.

It is often said that the lessons we learn as children can set the scene for how we deal with life's challenges as adults. Therefore, we should ask ourselves how we can better prepare our young people to achieve their very best. What can we do to help children in Australia foster their own sense of resilience?

The National Mental Health Commission's recent review of mental health programs and services identified a critical gap in prevention and early intervention resources, supports and services for children from birth to 12 years. Investing in this area will go a long way to preventing mental health conditions later in life, which is why Beyond Blue developed this guide. It aims to create a shared understanding of children's resilience, and highlight the best ways to build resilience through everyday strategies and structured interventions.

The term 'resilience' is known to have many meanings, and is broadly understood as the ability to bounce back from adverse life events. However in theory and practice there has been significant debate about how to best define, build and measure resilience – particularly in relation to children. In developing this guide, we consulted a diverse panel of experts to determine levels of agreement regarding children's resilience. Ninety two per cent of them told us that there is value in building consensus on what resilience means. That is what this guide seeks to achieve – to build a common language and understanding among people who work with children.

In addition, 83 per cent of experts agreed that 'increasing resilience among children aged 0–12 could potentially prevent mental health issues during childhood and/or later in life'. At Beyond Blue we agree, and this guide will form the basis for our future efforts to support children's mental health.

This guide was created for practitioners working across a broad range of settings including early childhood education and care settings, primary schools, welfare and community-based health and mental health settings. With a common approach, the messages being taught at home and in education and other settings will reinforce each other, and help provide the best start in life for our children.

I thank those involved in producing this guide, and recommend it to all professionals working to help children survive and thrive in the face of adversity. We hope this guide and your expertise will help the next generation realise their full potential.

The Honourable Julia Gillard AC,
Beyond Blue Chair

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About this guide

There is a range of views on what resilience means, what it looks like and how it functions in everyday life. For people who work with children and families, these conflicting viewpoints can be challenging. Although they understand the importance of resilience in children's lives, it can be difficult for practitioners to know exactly how to promote it.

Beyond Blue believes that to promote children's resilience, it's necessary to develop a common language. With that goal in mind, Beyond Blue sought to establish consensus about resilience, including an agreed definition of resilience, and how to promote it in children aged 0–12 years. This guide aims to assist practitioners to promote children's resilience and raise community awareness about it more broadly.

How was this guide developed?

This guide was developed as part of the Children's Resilience Research Project. The information in this guide is based on:

- a review of existing research about resilience
- the knowledge and expertise of four groups:
  - a **Taskforce** comprising 10 child resilience experts across Australia
  - an **Expert Panel** comprising 25 academic researchers, leaders in a range of sectors involved in service delivery to children and families, and community leaders[1]
  - **school-aged children** (6–12 years) and their **parents and carers**
  - **practitioners** in the health, education and community services sectors who work with children (0–12 years) and families.

This guide presents a series of consensus agreements, which came from three rounds of consensus-building surveys (using the 'Delphi' method). We used the Delphi method to establish the shared views of the Expert Panel on resilience definitions, measures and interventions in Australia.

The Delphi method is a widely used and accepted method for determining consensus by using a series of questionnaires to collect data – often from experts – within certain topic areas (Hsu and Sandford, 2007).

More than 70 per cent of the Expert Panel must have 'agreed' or 'disagreed' with a consensus statement in order to be classified as having reached consensus (e.g. 'Resilience is a useful concept in professional practice').

Appendix 1 provides further information about how we developed this guide.

Who is this guide for?

This guide is for practitioners working across a broad range of settings including early childhood education and care, primary schools, welfare and community-based health, and mental health.

How to use this guide

The advice offered in this guide can assist you to:

- communicate with others about resilience (Chapters 1–3, Toolkit 1)
- plan approaches, activities and interventions to build resilience in children (Chapters 3–4)
- apply key principles and practical tips when developing your professional practices or selecting interventions to implement in your setting (Chapters 3–4)
- raise awareness of resilience, and the importance of resilience to children's development and long-term outcomes, among colleagues, families and other members of your community (Chapters 1–3, Toolkit 2).

[1] Members of the Expert Panel were carefully selected based on a set of criteria approved by the Taskforce, including diversity of professional background and representation of all Australian states and territories.

Glossary of terms

Adversity
Hardship, or a difficult or unpleasant situation.

Buoyancy
A term used to describe how children cope with everyday setbacks and challenges.

Co-design
An approach that services use to develop interventions in conjunction with stakeholders and clients.

Competency
An ability or skill, demonstrated by children in a range of areas, such as social competence, academic competence and emotional competence.

Early childhood education and care (ECEC)
Services that provide education and care to children prior to beginning primary school. Forms of early childhood education and care include preschool/kindergarten, long day care, occasional care and family day care.

Everyday challenges
The types of challenges that all children will face at some point during their childhood. Examples include schoolwork pressures and disagreements with friends.

Healthy thinking habits
Healthy thinking means looking at life and the world in a balanced way (Canadian Mental Health Association, 2011). Healthy thinking teaches children to know how their thoughts (both helpful and unhelpful) affect problems or feelings in everyday life. With practice, children can learn to use accurate thoughts that encourage them instead of negative thoughts that discourage them.

Implementation science
The study of how evidence-based practices are implemented in the 'real world'.

Intergenerational trauma
Trauma that is passed from one generation to the next. Policies such as the forced removal of Aboriginal and Torres Strait Islander children from their families have led to intergenerational trauma in many Aboriginal and Torres Strait Islander Australian families and communities.

Locus of control
The extent to which an individual believes they have control over the outcome of events in their lives. A person with an internal locus of control believes that he or she can influence the outcomes of events, while an external locus of control is associated with a belief that life is controlled by external factors and are therefore outside of a person's control. A greater internal locus of control is generally considered preferable.

Mastery experiences
Mastery is the ability to acquire a comprehensive knowledge of a subject or the superior display of a particular skill(s). Mastery experiences come in many forms and are those experiences that often incrementally build a person's ability to handle various situations, and is an efficient way of supporting an individual to gain self-efficacy.

Mental health
Mental health is a positive concept related to the social and emotional wellbeing of people and communities. The concept relates to the enjoyment of life, ability to cope with stress and sadness, the fulfilment of goals and potential, and a sense of connection to others (Hunter Institute of Mental Health, 2015). Throughout this document, the term 'mental health' should be interpreted as a broad concept that includes wellbeing, and exists on a continuum from positive, healthy functioning, to severe impact on functioning.

Mental health condition
A mental health condition is a clinical condition (such as anxiety, depression or post-traumatic stress disorder) diagnosed by a mental health professional that interferes with a person's cognitive, emotional or social abilities (to varying degrees of severity).

Mindfulness
Mindfulness involves a series of attention-training practices and cognitive strategies that can help you unhook from unproductive thought patterns and behaviours. It involves learning to pay attention to the present moment rather than worrying or dwelling in the past. It also involves developing an attitude of friendliness toward yourself, as opposed to criticism or judgement.

Research shows that mindfulness can reduce stress, enhance cognitive performance, improve study/work performance and help improve relationships and overall wellbeing. It can complement approaches which aim to address the work-related sources of stress, such as fatigue and occupational violence (Monash University, 2017).

Parent

The primary adult caregiver of a child. For the purpose of this guide, the term 'parent' is used inclusively and incorporates carers – that is, adults who are not the biological parents of the child but have taken on a primary caregiving role (e.g. grandparents, foster carers, kinship carers).

Pro social skills

Pro social skills or behaviour means positive actions that benefit others, and are prompted by empathy, moral values, and a sense of personal responsibility rather than a desire for personal gain.

Protective factors

Factors that decrease the likelihood of a poor outcome.

Psychological wellbeing

Incorporates a sense of empowerment, perceptions, self-efficacy and competence, as well as an awareness of factors that enable control over one's environment and circumstances.

Resilience

Doing well during or after an adverse event, or a period of adversity.

Risk factors

Factors that increase the likelihood of a poor outcome.

Scaffolding

In education, scaffolding is a method of teaching, which offers students structure and support as they learn new concepts. The level of support is reduced as the student gradually masters the skill.

Self-efficacy

Self-efficacy, or confidence as it is commonly known, is the optimistic self-belief in one's competence or chances of successfully accomplishing a task and producing a favourable outcome.

Sense of agency

The ability to make choices and decisions to influence events and to have an impact on the world. It is the 'sense' of a person's role in causing or generating an action. People have a sense of 'agency' when they feel in control of the things that happen and when they feel they can influence events in life.

Sense of coherence

The extent to which one has a strong and ongoing feeling of confidence that one's environment is predictable and that things will work out as well as one might reasonably expect. It includes a mixture of optimism and control.

Social and emotional wellbeing

A facet of child development which refers to the way a child thinks and feels about themselves and others. Social and emotional wellbeing incorporates behavioural and emotional strengths. In Aboriginal and Torres Strait Islander communities, social and emotional wellbeing is understood as a multidimensional concept that encompasses wellbeing, spirituality, kinship, community, culture and Country.

Socio-economic disadvantage

Relative disadvantage relating to access to material and social resources, as well as the ability to participate in society. Socio-economic disadvantage is a multi-dimensional concept that incorporates, but is not limited to, poverty.

Targeted interventions

Interventions that prioritise or target a particular sub-population, such as at-risk children and young people.

Temperament

Aspects of an individual's personality that are innate rather than learned. Temperament is evident in characteristics such as sociability, shyness, adaptability, focus, determination, persistence and sensitivity.

Toxic stress

Strong, frequent and/or prolonged adversity that occurs without adequate adult support can cause a toxic stress response in children. Toxic stress can disrupt children's development, and continue to have a negative impact on individuals well into adulthood.

Trauma

An incident that is so distressing or disturbing it affects a person's ability to come to terms with that event. Traumatic experiences can be single events (e.g. a car accident) or ongoing experiences (e.g. chronic neglect).

Universal interventions

Interventions that improve the wellbeing and resilience of whole communities or populations. Similarly, universal services are those catering to whole populations, e.g. maternal and child health services, which are for all babies and children.

Chapter **1**

Understanding **children's resilience**

Given its potential to improve children's short and long-term outcomes, building resilience is a topic of great interest and debate among researchers and practitioners who work with children and families, as well as parents.

Improving children's resilience helps them to deal with the adversities they experience during childhood. It provides a foundation for developing skills and habits (e.g. coping skills, healthy thinking habits) that enable them to deal with later adversities during adolescence and adulthood.

Resilience is also important for children's mental health. Children with greater levels of resilience are better able to manage stress, which is a common response to difficult events or adversities. Stress is a risk factor for mental health conditions if the level of stress is severe and/or ongoing.

Interventions that build resilience are important for all children (i.e. universal interventions), including those at risk of poorer outcomes as a result of socio-economic and other forms of disadvantage (i.e. targeted interventions). Universal and targeted approaches to building resilience have potential social and economic benefits to society, including better mental health outcomes for children and savings in mental health treatment costs.

Importantly, removing adversity is always preferable to building resilience. However, adversity is not always avoidable. It is not always possible to prevent natural disasters, parent separation and deaths in families, for example. We can however, build children's resilience so that they can better manage life's adversities when they occur.

Healthy thinking

Healthy thinking means looking at life and the world in a balanced way (Canadian Mental Health Association, 2011). Healthy thinking teaches children to know how their thoughts (both helpful and unhelpful) affect problems or feelings in everyday life. With practice, children can learn to use accurate thoughts that encourage them instead of negative thoughts that discourage them.

Targeted interventions

Targeted interventions prioritise or target a particular sub-population, such as at-risk children and young people.

Universal interventions

Universal interventions improve the wellbeing and resilience of whole communities or populations. Similarly, universal services are those catering to whole populations, e.g. maternal and child health services, which are for all babies and children.

What is resilience?

Resilience has been described in various (sometimes opposing) ways. It has been described as a process, a capacity and an outcome, and there is much about resilience that remains unclear or unknown. The Children's Resilience Research Project, which formed the basis for this guide, aimed to bring consensus and clarity to the concept of resilience and how resilience can be used to support children.

In this guide, resilience is defined as 'doing well during or after an adverse event, or a period of adversity.' The following table contains our agreed statements for resilience. Statements that 100 per cent of the Expert Panel agreed with are marked with an asterisk.

The best indicator of whether or not a child is 'doing well' is to compare their progress to other children who are experiencing similar adversities (i.e. hardship or a difficult or unpleasant situation). Factors that might indicate a child is doing well include high levels of competence (e.g. academic competence, social competence), and good physical, psychological, and social and emotional wellbeing.

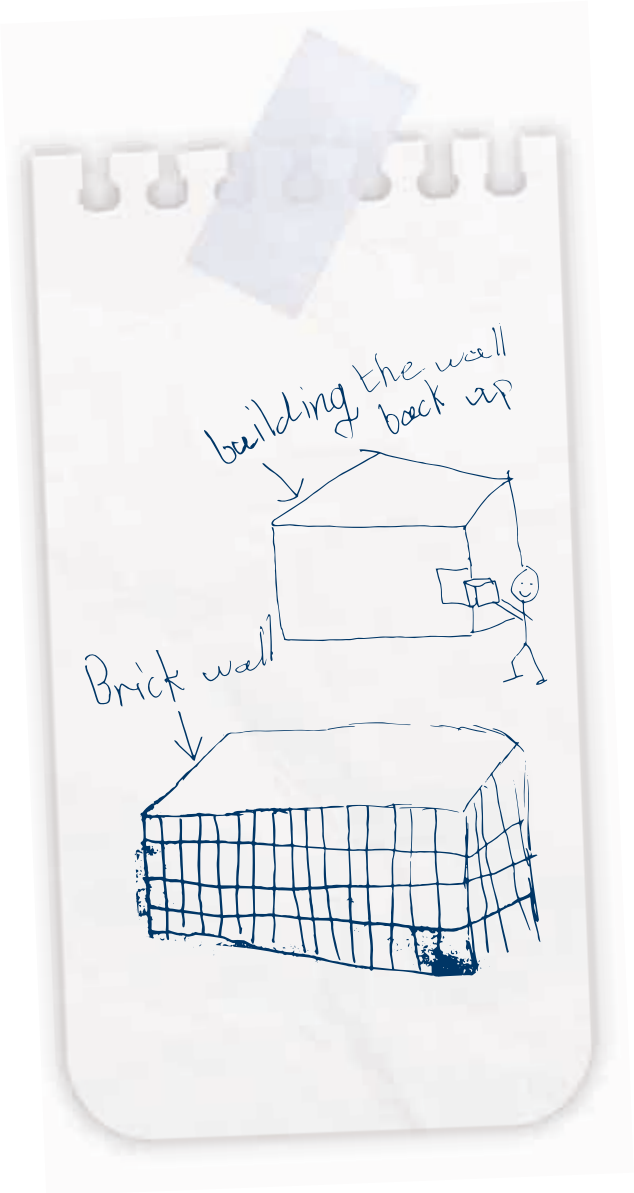
It's important to note that the definition of resilience depends on context. In certain cultural contexts, for example, a child who is autonomous from their family might be considered to be 'doing well'. In another cultural context however, a child's willingness to participate in family life might be considered to be 'doing well'.

Table 1: Resilience definition and consensus agreements about what resilience is and is not

Definition: Resilience is doing well during or after an adverse event, or a period of adversity.

Resilience is:	Resilience is not:
✓ Something that develops through a dynamic process involving individual factors (e.g. temperament), environmental factors (e.g. family relationships) and the interaction between those factors	× Something a child has or does not have
✓ Something that exists on a spectrum	× Solely about the skills and capabilities of the individual child
✓ Something that can change over time*	× An innate quality that only some people are born with
✓ Something that everyone can learn – to deal with current adverse experiences or to prepare for future adversity	× A fixed character trait (i.e. you either have it or you don't)
✓ Something that may look different in different settings, including family, cultural and broader community environments	× Freedom from negative emotions*

*Statements that 100 per cent of the Expert Panel agreed with.



> "[This is] a brick wall that has fallen over ... you need to be resilient to build [the wall] back up.
>
> *Child, Western Australia*

What is adversity and how does it relate to building resilience?

In this guide, we define adversity as a hardship, or a difficult or unpleasant situation. Some experts argue that when it comes to resilience, adversity can only be defined as serious hardship (e.g. chronic socio-economic disadvantage) and does not include everyday challenges such as schoolwork pressures or disagreements with friends. Although some adversities clearly pose a greater risk to a child's development and mental health, the severity of adversity in a child's life depends on context.

Different children will have different experiences of adversity. As an example, a child who has a network of strong, supportive relationships (known as protective relationships) may not experience the death of their grandparent as a serious hardship. In comparison, a child whose grandparent provided frequent support in the absence of other protective relationships is going to experience the death of that grandparent much more adversely.

Sources of adversity include those related to the child (e.g. disability), and those related to the child's environment – either the child's immediate environment (e.g. socio-economic disadvantage within the family), or broader structural factors (e.g. systemic discrimination).

Figure 1 below shows that a child's experience of, and reaction to, adversity is influenced by a range of factors including those within the:

- **individual child** (e.g. coping skills, self-regulation, self-confidence, social skills)
- **child's environment**, including:
  - their family (e.g. parenting, family relationships, family connectedness)
  - their community (e.g. connections with peers, educational settings, opportunities to participate in healthy risk-taking)
  - broader society (e.g. public policies), and
- **interactions between the child and their environment over time.**

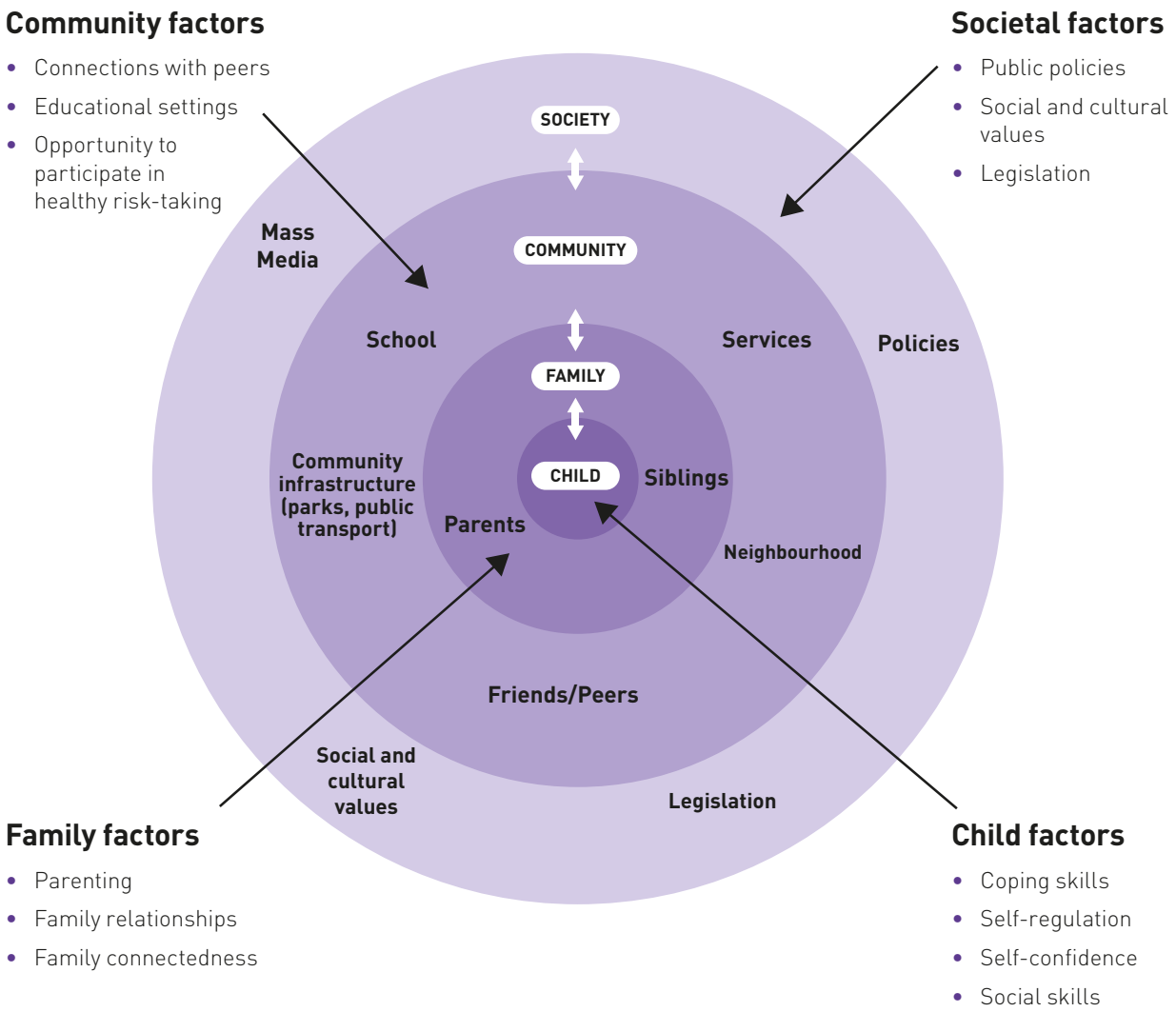
For this reason, even when facing the same adversity, one child might react quite differently to another. Siblings raised in the same household by the same parents, for example, can respond very differently to the same adversity.

Therefore, rather than making a clear distinction between what is and is not an adversity, in this guide, adversity is viewed on a spectrum. The severity of adversity depends on the environment within which it is occurring and the perceived and subjective experience of the adversity by the child.

Finally, adversity is not the same as trauma. Although traumatic events may be considered 'adversities', not all adversities are traumatic (i.e. so distressing or disturbing that they affect a person's ability to come to terms with them). In some circumstances, trauma will affect how a child responds to resilience initiatives. For example, for children who have experienced strong, frequent or prolonged trauma, the resulting 'toxic stress' can have a detrimental impact on their development and, thereby, their ability to learn new skills (e.g. coping skills, healthy thinking habits).

Figure 1: Factors that influence a child's experiences of and reactions to adversity

How a child experiences and reacts to adversity is influenced by individual, family and community factors.



Do children need to experience adversity to build resilience?

Adversity can be a good thing. Children can be motivated by experiencing a manageable level of adversity or stress, and this can contribute to overall positive development.

When children experience adversity, it helps them become resilient. The support children receive while experiencing adversity – and the extent to which that support meets their needs and circumstances – helps develop resilience. Depending on the nature and severity of the adversity, some children will need access to additional specialised support (e.g. clinical support, family therapy).

However, you can support children to develop the foundations for resilience at any time. The Expert Panel agreed that resilience is something that every child can learn, with support from others.

Even if children are not currently experiencing adversity, developing resilience skills and strategies will help them prepare for future adversities in their lives.

Children from any background can experience adversity and because of this, it is necessary to build children's resilience through universal interventions. However, targeted interventions are also important. This is particularly true for socio-economically disadvantaged children and their families, as they are at greater risk of experiencing multiple adversities over a longer period of time, which may impact the child's development. In this instance, you need to address the broader factors that cause socio-economic disadvantage.

> "Some children thrive when facing adverse circumstances, and others don't. The concept of resilience pulls in a number of things and can help us understand what's going on for these children and better support them."
>
> *Practitioner, South Australia*

Should we build resilience or prevent adversity?

One of the contentious issues regarding resilience is the idea that by focusing on resilience, we take focus away from the conditions that lead to adversity. Supporters of this argument might claim, for example, that rather than preparing children for the adversity associated with socio-economic disadvantage, we should focus on eliminating the factors that cause socio-economic disadvantage in the first place.

While it is preferable, in theory, to prevent or remove adversities that are detrimental to children's development, it is not always possible in practice. Therefore, you should seek to build children's resilience while also addressing the source of adversity where possible. It is also generally easier to build resilience than to prevent adversity.

Chapter **2**

Factors that **build resilience in children**

In this chapter, we outline what you can do to build resilience in children. Resilience is important for *all* children. For this reason, the strategies and approaches recommended in this guide are primarily universal and can be used with all children.

However, some of these strategies and approaches can be adapted to support children in targeted settings. As a practitioner, you are best placed to decide which you think is most appropriate in your setting. For more information, refer to 'Guidance for building resilience in specific professional settings' in Appendix 2 on page 59.

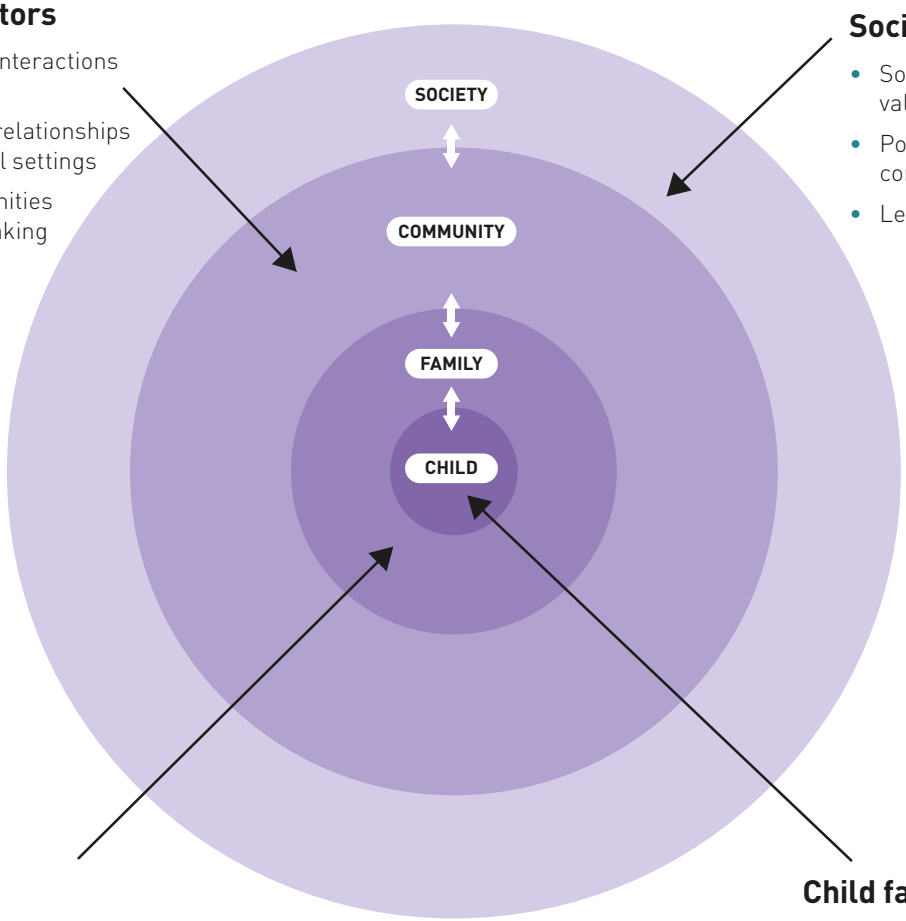
Some children, such as those who have experienced traumatic events or experiences, may benefit from additional specialist support to manage the effects of that trauma (see the Support services section on page 51 for a list of supports).

Experts consulted in the research agreed with 100 per cent consensus that 'resilience interventions should focus on both the child and environment'.

This finding supports the value of interventions, which operate at multiple levels as in Figure 2 (on the following page), including the:

- **individual child** (e.g. enhance children's coping skills, social skills and capacity to self-regulate, and promote healthy thinking habits such as self-confidence)
- **child's environment:**
  - their family (e.g. enhance parenting skills, family relationships and family connectedness)
  - their community (e.g. improve positive interactions with peers, improve positive relationships within educational settings, and increase opportunities to participate in healthy-risk taking)
  - broader society (e.g. public policies, social and cultural values, and legislation)
- **interaction between the child and their environment over time**.

Figure 2: Factors that build children's resilience



Community factors

- Improve positive interactions with peers
- Improve positive relationships within educational settings
- Increase opportunities for healthy risk-taking

Societal factors

- Social and cultural values
- Political and economic conditions
- Legislation

Family factors

- Enhance parenting skills
- Enhance family relationships
- Enhance family connectedness

Child factors

- Enhance coping and social skills
- Enhance children's capacity to self-regulate
- Promote healthy thinking habits

Building children's resilience involves both improving the skills and capabilities of the child, and improving the environments around the child. Therefore, to build children's resilience, we need to focus on approaches that target children, as well as their environment – including their parents, family, peers, and educational and community settings. High quality relationships – both within and outside a child's family is critical to children's resilience.

Table 2 on the following page lists some of the factors that build resilience in children. This is not a complete list of all factors, but a list of those identified through the consultations undertaken for the Children's Resilience Research Project.

Table 2: Factors that build resilience in children

Factors within the child	Factors within the family	Factors within the community and society
• Genetic and biological factors • Coping skills • A sense of positive self-esteem • Positive self-talk and self-compassion • A sense of autonomy and independence (to try things for oneself) • Being able to identify and articulate feelings or needs • Development of self-regulation • A sense of confidence and self-competence ('I can handle this') • Positive social skills and empathy • A sense of optimism or a positive attitude • A sense of responsibility in connection to family/community • A sense of belonging • Healthy thinking habits	• Positive family relationships • Family identity and connectedness • Effective parenting	**Peers** • Connections and interactions with peers **Educational settings** • Educational settings that provide positive encouragement and positive relationships **Neighbourhood and community** • Socially inclusive and family- and child-friendly community values and beliefs • Socially inclusive and family and child-friendly spaces (e.g. parks, community centres) **Society** • Socially inclusive and family- and child-friendly public policies
	• Opportunities for children to participate in healthy risk-taking • Opportunities for positive experiences • Having an ongoing, meaningful relationship with at least one significant supportive adult who the child can talk to (e.g. family member, teacher, community mentor)	

As highlighted in Table 2 above, there are many areas of focus to consider when designing a resilience intervention. Unfortunately, our research was unable to determine the relative impact of one area of focus (e.g. family cohesion) compared to another (e.g. sibling relationships). Therefore as practitioners, it's difficult to know where the greatest opportunities are for building resilience.

Table 3 on the following page captures the views of the Expert Panel. It's important to note that while the panel reached more than 70 per cent consensus for all areas, some areas were more positively supported by panel members than others. Some areas of focus, which may be unfamiliar to readers, are marked with an asterisk and explained in the Glossary of terms on page 6.

Table 3: Level of expert consensus agreements on interventions

Level of consensus that resilience interventions should focus on the following areas

100% consensus	91-99% consensus	81-90% consensus	71-80% consensus
• Family cohesion • Family environment • Peer relationships • Pro-social skills* and empathy • Positive coping skills • Self-regulation • Sense of agency* • Self-reflection • Problem-solving • Self-efficacy*	• Social connectedness • Extra-familial support (sports or community groups) • Planning • Self-compassion • Sense of meaning and purpose • Optimism • Hope • Positive emotional experiences • Environmental resources	• Sibling relationships • Cultural connectedness • Locus of control* • Sense of coherence* • Mindfulness* • Perseverance • Mastery experiences* • Cultural identity	• Mentors • Humour • Physical activity • Talents and interests

*See Glossary of terms on page 6 for definition.

In the absence of more concrete advice on where the best opportunities are for building resilience, we analysed all the evidence available to develop a framework of five key areas that we believe offer the greatest opportunity for building children's resilience. See Figure 3 below.

Figure 3: Framework for building children's resilience

As outlined in Figure 4 below, we can build children's resilience by working with children, parents and families, and/or communities on one or more of these five key areas. Within this framework, you can apply two distinct approaches to build children's resilience. These include:

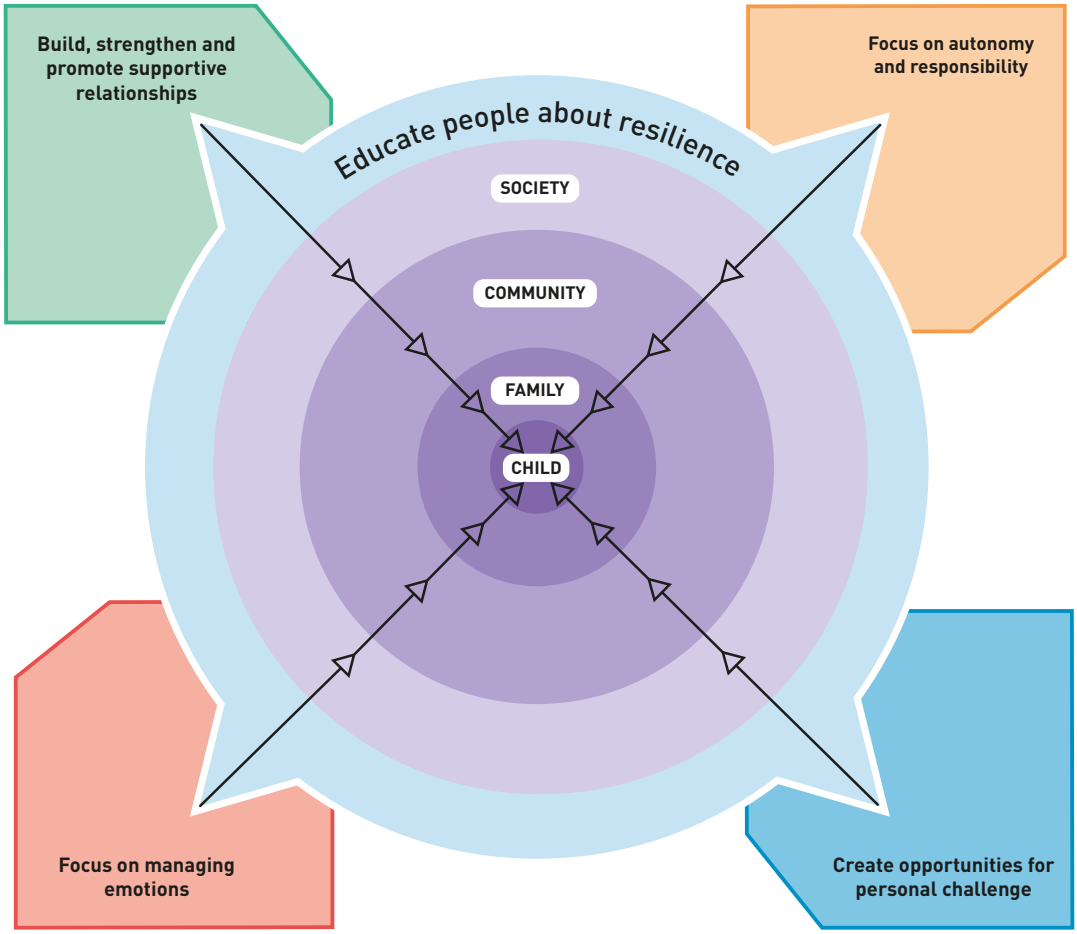
- **everyday strategies**, which are incorporated into routine practice and service delivery and are designed to be used whenever an appropriate opportunity arises. These strategies rely on the same skills you might use every day when working with children and families.
- **structured resilience interventions**, which typically require intervention-specific training and are often accompanied by a guide or manual. Structured resilience interventions differ from everyday strategies as they are delivered over a specific period of time.

There are advantages and disadvantages of both everyday strategies and structured interventions. Everyday strategies are easier and quicker to implement than an intervention, and generally don't require additional resources. On the other hand, interventions are easier to evaluate and where an intervention has been evaluated previously, practitioners can be more confident about whether the intervention is likely to achieve good outcomes.

Chapters 3 and 4 provide specific advice about applying everyday strategies and structured resilience interventions.

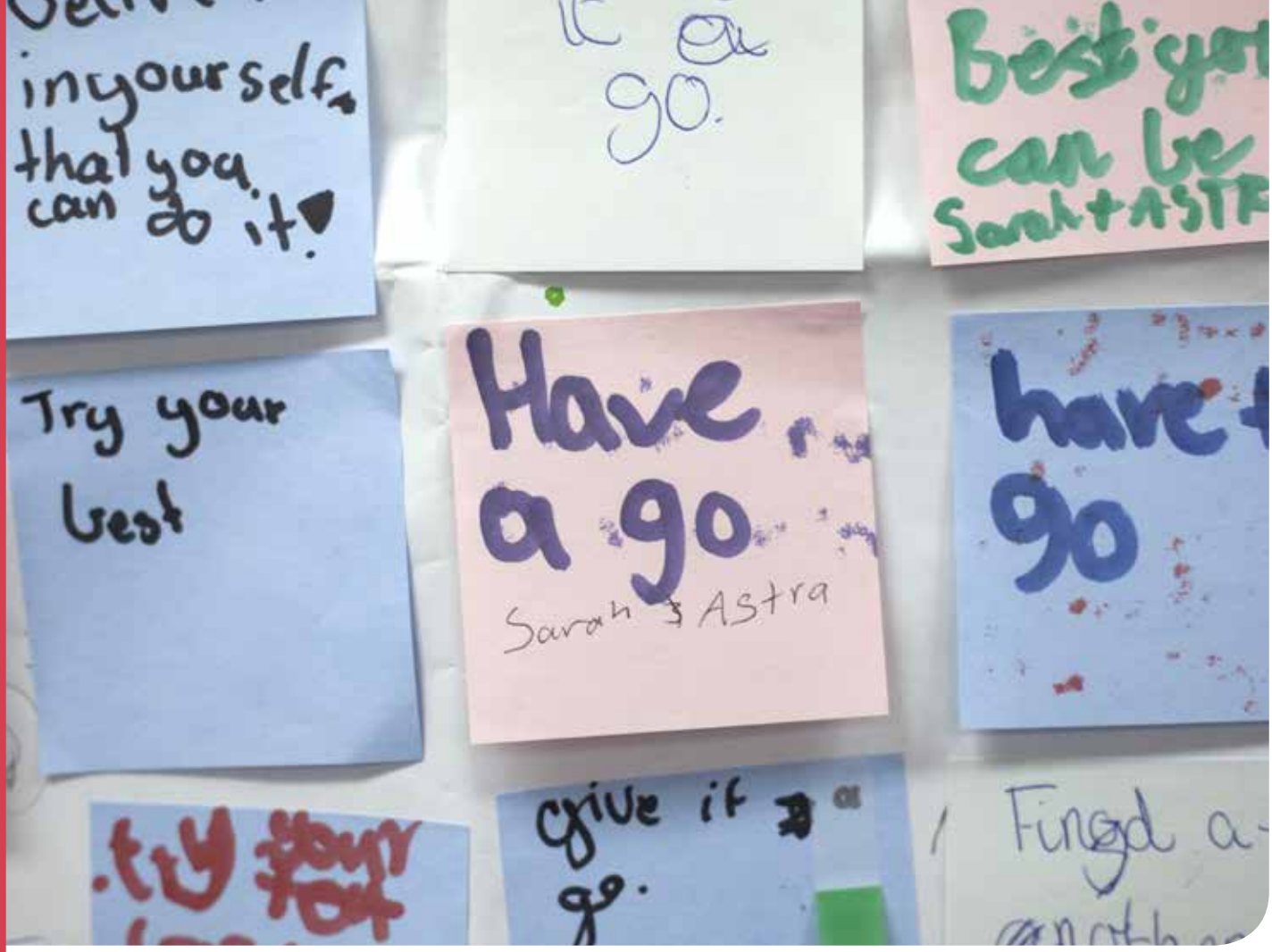
Figure 4: How you can build resilience in children

Addressing five key areas among children, families and within communities



Chapter **3**

Everyday strategies **for building children's resilience**



When considering the use of everyday strategies in your setting, it's important to note that any approach to building children's resilience needs to consider the individual child, their needs and their unique circumstances. Some of the following strategies will only be appropriate in certain settings and some will need adjustments to meet the needs of a particular child or age group.

A. Educate people about resilience

Resilience appeals to many people, but it is often not well understood. Educating children, parents and the community about what resilience is and how it develops is the first step towards improving the conditions that build resilience. The more consistent we are in our use of language, the more likely we are to increase the community's awareness and understanding of resilience.

When working with children

- Teach children about the meaning of resilience. Explain it in simple terms using everyday examples. Emphasise that resilience can be built and it can change over time.

  Use Toolkit 1: 'A metaphor for resilience' (page 54) to explain to children how resilience works.
- Read age-appropriate stories to children about people who have overcome difficult situations. For school-aged children, write a list of books about people who have overcome adversity. Be sure to include stories and books about a diverse range of people including women, people from a range of cultural backgrounds, and people with disabilities.
- Encourage children to talk about people they know who have overcome adversity including people in the public eye, and people in their own family and community. Encourage stories about a diverse range of people, including people from non-English speaking backgrounds, Aboriginal and Torres Strait Islander people, people from a range of professions and people who have experienced different types of adversity (e.g. natural disasters, political oppression).

- Remind children that it's OK for them to ask for support. Brainstorm with them about where and who they can go to when they need support (e.g. school chaplain and wellbeing officers – note that titles may vary across states and territories).
- Talk to children about when they might need support, such as when something bad happens, when they're going through a difficult time, or when they need to talk to someone about how they're feeling.
- Explain to children that facing challenges in life can be useful – they help us grow as a person and give us knowledge and skills that make us better prepared the next time something challenges us.

> "Talking to parents about resilience doesn't have to be a formal sit-down discussion. It could be incidental. It might just be [saying], "This is what your child did today and that's how he showed resilience."
>
> *Practitioner, Victoria*

When working with parents

- Teach parents about the meaning of resilience. Explain that resilience is influenced by multiple factors. Emphasise that it can be built and can change over time. Use Toolkit 1: 'A metaphor for resilience' (page 54) to explain to parents how resilience works.
- Describe to parents how their child demonstrates resilience. For example, ask them to think about a difficult time their child had recently and how he or she coped well and moved on.
- When talking to parents about children's resilience, rather than focusing only on what the child is struggling with, encourage them to think about the child's strengths in relation to resilience. For example, 'Ari reflected on how she could do better in next weekend's football game' shows a positive attitude. 'Teemu always looks out for his friends' demonstrates social skills.
- Explain that building the skills of the child (e.g. coping skills, healthy thinking habits) is an important part of the process but not the only part. It's also about improving the environments around the child to promote resilience. Provide an example of something in a child's environment (such as family relationships, or a child's connections with their peers) that could contribute to their child's resilience.
- Provide families with access to information and tools that can be used to improve the conditions that promote resilience such as positive family relationships, family connectedness and effective parenting (see 'Healthy Families' in the Resources section on page 50, and Toolkit 2 'Building children's resilience: Ideas for families' on page 55).
- Provide parents with information about where they can go to get support – and encourage them to seek support – when they, or their family, are going through a difficult time. Display posters and flyers about support services in your local area.

When working with communities

- Build community awareness about child resilience, how it develops, why it's important and what role the community can play in promoting it. For example, when presenting at community meetings or to community groups, use Toolkit 1: 'A metaphor for resilience' on page 54 to explain how resilience works.
- When working with other practitioners who work with children or families, tell them about resources you have used that have helped you learn about resilience (see the Resources section on page 50).
- Hold high aspirations for all children, regardless of what they have experienced, and encourage parents and colleagues to do the same.

> "Rather than [viewing resilience as] a package that someone is going to 'do' to a child, it's about scaffolding of skills. We need to point out [to parents that] these are the things that the child is already doing [that demonstrate resilience], these are the things that you're doing, let's take the next step."
>
> *Practitioner, Victoria*

B. Build, strengthen and promote supportive relationships

High-quality relationships are fundamental to children's resilience. You can develop children's resilience by helping them build and strengthen supportive relationships with their parents and others, and by working with parents and the community to do the same.

When working with children

- Provide children with opportunities to practise empathy. For example, when reading a book to a group of children aged three to four years, about a character who is having a difficult time, ask them how they would feel if they were experiencing the same things as the character.
- Encourage children to practise and improve their social skills. For example, encourage 10 and 11 year olds to participate in activities that allow them to meet new people, or encourage six and nine year olds to work together to solve a problem, such as building a tower.
- Encourage children in a positive and supportive way when they are undertaking a challenging task or activity. For example, when encouraging a young child with a challenging task say, "I can see this is difficult and it's so good that you are trying!" Let children know that you are listening to them and encourage them to talk about how the challenge is making them feel.
- Avoid making assumptions on the child's behalf. Listen to the child's description of the challenge they're experiencing and find out what they value. For example, you could say, "Tell me about what's difficult for you".

- Encourage environments that promote children's sense of belonging. For example, when working with a family, ask children for their opinion and encourage everyone to listen when they respond.
- Brainstorm with children about how they can support their friends when they're going through a challenging time. Perhaps ask children to work together in groups to come up with ideas about how to support their peers during difficult times. Put all the ideas in a folder and make it available to children throughout the year.

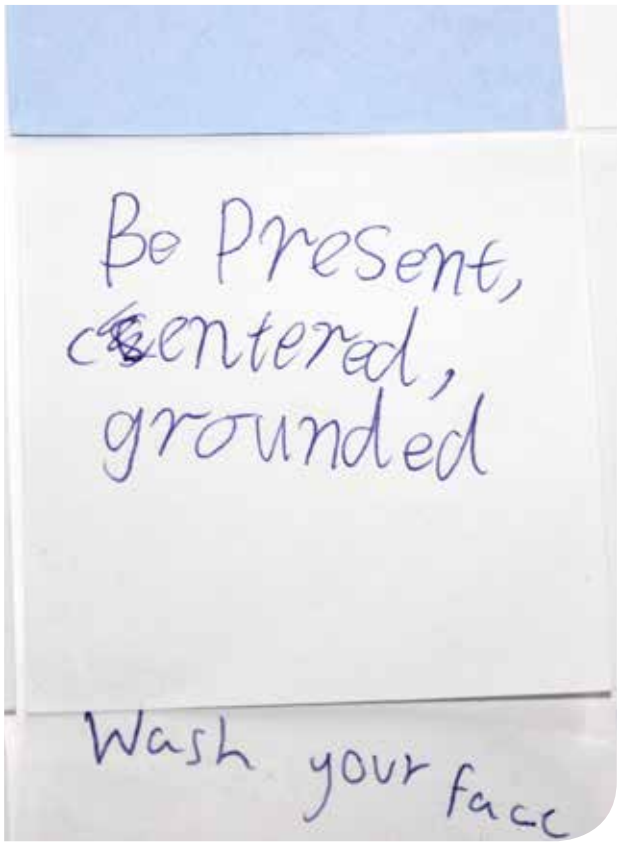
> "I was scared to join, but then I talked to my friend and I played and then I had fun."
>
> *Child, New South Wales*

When working with parents

- Remind parents about the importance of their support, as their child develops and maintains relationships with extended family members and friends. For example, tell a parent, "We sometimes forget how much we can help children connect with others, even just by organising for them to spend time with family or friends".
- Talk to parents about their parenting strengths, especially when they're being hard on themselves. Remind them of what they do well by saying things like, "You always greet Luca with a big smile and a hug – it's great to see", or, "You've helped Djarrah learn heaps about his culture – it's really great for him".
- Encourage parents to develop friendships with other parents that allow them to talk openly and honestly about parenting. Let them know about places in the local community where those opportunities might arise – such as playgroups and first-time parent groups.
- Remind parents that when they feel supported it will have a positive impact on their relationship with their children.
- Encourage environments that promote parents' sense of belonging and trust. For example, if there is a specific area where parents can wait to speak with you, provide facilities for them to make a cup of tea or coffee for themselves and talk with each other.

When working with communities

- Educate others about resilience and how to build it. For example, in sports clubs promote approaches that support children to manage losses and setbacks.
- Advocate for family-friendly public policies. For example, when you are provided with opportunities to contribute to policy-making processes (e.g. invitations to submit to government inquiries), highlight how family-friendly workplace policies can help build stronger parent-child relationships, and how supportive relationships play a critical role in children's resilience.

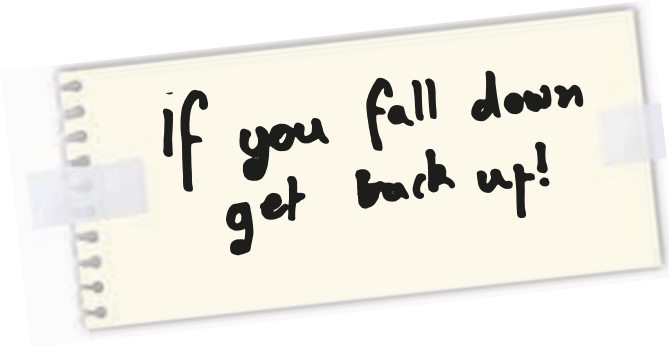


C. Focus on autonomy and responsibility

Autonomy and responsibility play an important role in building children's resilience. You can encourage children to take on responsibilities and develop a sense of autonomy. You can also encourage parents and community members to encourage children to do the same.

When working with children

- Talk to children about how they can develop plans and strategies when they are experiencing difficult situations. For example, help them develop their own strategy for when they feel left out of a friendship group. Brainstorm with them about who else might be able to help them with those strategies when they need it. For example, you could ask 10 to 12 year olds questions such as, "Do you think you could talk to your parents about making a plan to help you when you feel stressed about school tests?"
- Provide children with opportunities to make meaningful decisions about their environment. For example, let them decide how they want to arrange a room, or what they want to do as an end of year celebration.
- Provide children with opportunities to problem solve. For example, ask preschool children to build a simple bridge between two tables by working as a group to come up with and try different ideas.



When working with parents

- Encourage parents to talk to their children about how their child might address a problem, rather than rushing in to solve the problem for them. For example, a parent could talk to an eight year old about what they might do if they forget their lunchbox, so the child doesn't have to rely on their parents delivering the lunchbox to school.
- Let parents know that occasionally being bored is not necessarily bad for children. Offer parents examples of times when 'bored' children came up with their own ideas (such as devising a new game or building a cubby house) and how these occasions help children develop their sense of autonomy.
- Talk to parents about how even simple tasks – such as handing money to a shopkeeper or using their own house key – can encourage independence.

When working with communities

- Encourage programs and services to include children in genuine decision-making processes. For example, school-age children can participate in the evaluation of programs and services. By age six, most children have the skills to participate in focus groups and by age nine, most children can complete a written survey.

"When I go to the petrol station to get petrol and I'll get [my son with autism] to go in and pay for the petrol ...

He walked home from school the other day. He knocked on the door. I said 'Where's your house key?' He said 'It's in my pocket.' I said 'Well use it!"

Parent, Victoria

D. Focus on managing emotions

Being resilient is not always about feeling better or having fewer emotional reactions. It's about managing and responding to emotions in a healthy and positive way. You, and other adults in a child's life, play a role in helping children articulate, respond to and manage emotions.

When working with children

- When a child is distressed, acknowledge their experiences and feelings in the moment. For example, say to the child, "I can see you're sad", and "It's OK to cry".
- Help children put words to how they're feeling. For example, for children who are developing language say, "You're smiling – you must be happy!" Help children put words to how others are feeling as well – this will help them develop empathy, and help them understand those feelings in themselves.
- Help children develop healthy thinking habits that help them respond to and manage their emotions, such as positive self-talk, self-compassion, a sense of optimism and a positive attitude.
- Talk to children about how they can prepare for events they are nervous or anxious about. For example:
  - if a young child is nervous about getting lost in a supermarket, talk to them about what they can do in that situation. Remind them at a later point about the strategies they came up with, "Remember those ideas you came up with for if you get lost? Shall we go through them again together?"
  - if a child is anxious about doing a presentation at school, encourage them to do a practise run with you in a calm, quiet space or at home with their family.

- Use open-ended questions when talking with children, "What's the best thing that happened today?", "What was the toughest thing about today?" This helps children learn to acknowledge and articulate their feelings, and opens opportunities to help children develop coping and problem-solving skills.
- Incorporate mindfulness, breathing activities or other relaxation techniques into everyday routines and activities in educational settings.

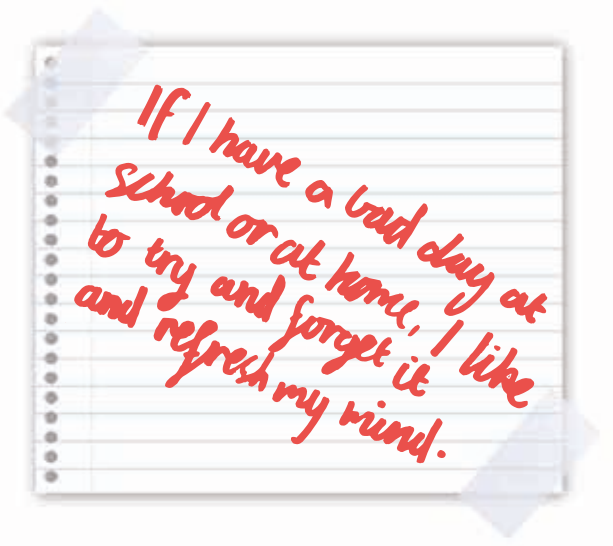
When working with parents

- Explain to parents the importance of encouraging children to talk about how they are feeling. For children who find it difficult to talk about their feelings, encourage parents to remember times when their child did talk about how they felt – what was it about that particular situation or environment that helped their child open up?
- Explain to parents that improving children's resilience is not about helping them feel less, but helping them to manage their feelings in a healthy way. Let parents know that children with a sensitive temperament can be just as resilient as any other child.
- When a family is experiencing adversity, talk to parents about how different children respond differently and that each of their children may need different types of support. For example, one child might avoid talking about a one-off adverse event (e.g. a natural disaster) and act as if it hasn't affected them at all. You might need to gently encourage the child to talk about how they feel, and remind them that it's OK to feel sad or stressed. Another child might become very anxious about specific situations (e.g. going to school) and parents may need to develop strategies with siblings, school staff and the child's friends to ensure the child feels safe and secure.

> "I have three children who are all teenage boys and I know those children have different levels of resilience depending on what's happening. So for each child we have a different scaffolding based on what they need."
>
> *Parent, Australian Capital Territory*

When working with communities

- Identify programs and services in your local region that can support children to regulate emotions in a healthy way. Make information about these services readily available, particularly to families who may be experiencing adversity.



E. Create opportunities for personal challenge

Children have opportunities to build their confidence and learn how to deal with obstacles, success and failure when they undertake personal challenges.

> "Many parents feel judged [and] bad about themselves for letting their kids take risks ... particularly first-time parents [who are] trying to work out appropriate exploration and risk-taking."
>
> *Practitioner, New South Wales*

When working with children

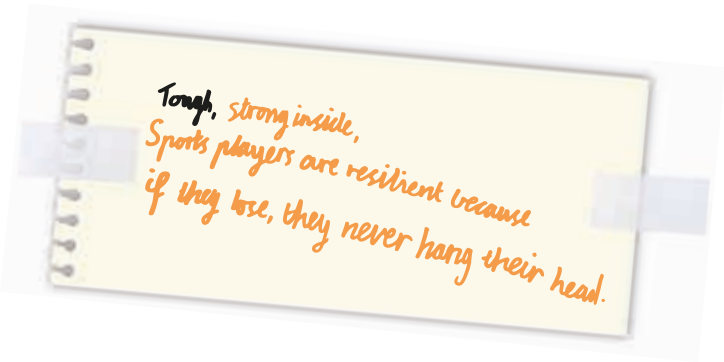
- Give children opportunities to experience 'everyday' adversity. This might involve taking a group of preschool children on a walk in the bush, even when there's a chance of rain. Coping with the rain will help children learn how to manage obstacles.
- Include activities in early childhood education and care (ECEC) settings that encourage free play, to complement other more structured and goal-oriented approaches. Free play provides children with unique opportunities to build resilience.

When working with parents

- When working with groups of parents, encourage them to talk as a group about 'healthy risks' (age and developmentally appropriate risks such as walking to the shops with a sibling or alone). What do they consider to be a 'healthy risk'? What risks have they let their children take? What was the outcome? When might they have encouraged their child to take a healthy risk but haven't?
- When talking to parents about healthy risk-taking, explain that healthy risks are not only about the risk of getting physically hurt, but also about the risk of losing, failing and making a mistake.

When working with communities

- Support and share information with community members and decision-makers (e.g. local government) about community organisations that provide children with opportunities to take healthy risks and develop their confidence, such as sports and creative arts organisations (e.g. drama and theatre groups, dance classes, the Scouts and Girl Guides). Describe how these organisations promote resilience through activities such as orienteering, camping, leadership, physical activity and volunteering.



Chapter **4**

Structured **resilience interventions**

In addition to using everyday strategies for promoting resilience (refer to Chapter 3 beginning on page 25), you can build children's resilience by implementing structured interventions in your service setting, or by developing your own interventions.

You may choose to develop your own intervention if existing interventions:

- do not match the outcomes your service is wanting to achieve
- are not suited to the needs, values or circumstances of the children and families you and your service are working with
- are too costly or too resource-intensive to implement effectively.

The following section outlines what the focus of child resilience interventions should be. It also provides advice on when and where you should deliver the interventions and how to measure them.

What should the intervention focus on?

As we know, resilience is influenced by a range of factors, including the skills and capabilities of the child, as well as their relationship with their environment (refer to Figure 1 on page 13). One of the biggest challenges is deciding what to focus on when selecting or designing a resilience intervention.

Be clear about the goals of your intervention and what you want to achieve. This will help you decide which existing intervention to select or, if you are designing your own intervention, what your intervention will focus on.

Broadly, goals for resilience interventions should include:

- introducing protective factors for children
- enhancing existing protective factors for children
- providing resources and experiences that build children's resilience
- reducing risk factors among children
- building attributes in children.

Because these goals are so broad, the framework for building children's resilience (refer to Figure 3 on page 21) can be used to narrow the focus and identify the desired outcome(s) of your intervention. We have provided some examples in Table 4 on the following page. This approach could be used to identify an existing structured intervention (e.g. an intervention that has been shown to improve communication and negotiation skills within children's families), or as the basis for designing your intervention (e.g. 'our intervention will involve strengthening healthy mind habits among children').

Table 4: Goals for interventions

Broad goals for resilience interventions	Focus of the intervention	Outcome of the intervention (examples)
• Introduce protective factors for children	• Build, strengthen and promote supportive relationships	• Improve communication and negotiation skills within children's families (e.g. solving problems, asking for and giving support)
	• Help children manage their emotions	• Strengthen children's 'healthy mind habits' (e.g. positive self-talk, positive attitude)
• Improve existing protective factors for children	• Build, strengthen and promote supportive relationships	• Strengthen infant attachment and bonding (0–2 years)
		• Increase families' informal social networks (e.g. community networks)
• Provide resources and experiences that build child resilience	• Educate people about resilience	• Increase the knowledge of children's sport coaches about how to promote children's resilience through sport
	• Promote autonomy and responsibility	• Increase parents' knowledge about how to promote children's autonomy (e.g. making decisions and choices)
• Reduce risk factors among children	• Help children manage their emotions	• Increase children's ability to effectively manage stress (e.g. self-awareness and coping skills)
	• Build, strengthen and promote supportive relationships	• Increase children's sense of belonging and cultural connectedness (e.g. develop a sense of community, share cultural traditions and understanding)
• Build attributes in the child	• Provide opportunities for personal challenge	• Increase children's ability to problem solve (e.g. creative thinking, critical-thinking skills)
	• Build, strengthen and promote supportive relationships	• Improve children's social skills (e.g. listening, showing empathy and responding appropriately to others)

As with everyday strategies, the intervention you choose should ideally target children and their environments. Some existing resilience interventions include a parent or family focused component, however few include a community-focused component.

If your intervention targets children on an individual level, it's preferable to include activities that involve children's environments. Examples of these activities may include:

- parent information sessions about the intervention
- encouraging parents to replicate the messages from the intervention in the home
- home-based tasks, related to the intervention content, that children and parents can do together
- skill development opportunities for practitioners.

If you plan to adapt an existing intervention (e.g. replacing a child-focused activity with a parent-focused activity, adding sessions that involve parents), you need to ensure this will not undermine the effectiveness of the intervention. You may also need to get permission to adjust the intervention from those who developed it.

To further assist in narrowing the focus of your resilience intervention, we examined the common characteristics of a range of existing structured interventions designed to improve children's resilience. Table 5 below lists those common characteristics and shows that most interventions target 10–12 year olds, are undertaken with students in a school setting, and are delivered in a group format.

At what age should the intervention be delivered?

Interventions that improve resilience among children of any age are worthwhile. Research indicates that building resilience can be achieved at any point in the child's life cycle and resilience interventions should be available across the life cycle (Luthar et al., 2000).

Most research on resilience focuses on children over the age of 10 within structured resilience interventions (see Table 5 below). There are fewer interventions for children aged birth to five years. However, frameworks such as the Australia's Early Years Learning Framework, *Belonging, Being & Becoming* (see Resources on page 50) identify resilience in the context of children under five developing a strong sense of self-identity and a strong sense of wellbeing.

There is also no 'right time' for resilience interventions; they can be valuable at any time throughout the child's life. However, resilience interventions during transition periods – such as the transition from primary to high school – are especially beneficial. Similarly, programs that target children who are experiencing significant turning points in their lives, such as grief or major changes in their parenting or living arrangements, are also worthwhile.

Table 5: Common characteristics of resilience interventions

Intervention characteristics	Most common
Age range	1. 10–12 year old children 2. 6–9 year old children 3. 0–5 year old children
Setting	1. Schools 2. Other (e.g. home, ECEC settings, health-care settings)
Participants	1. School students (i.e. universal programs) 2. Vulnerable and at-risk children (e.g. homelessness, child of a parent with a mental health condition) 3. Children with an existing mental health condition or behavioural issue
Mode of delivery	1. Delivered to a group 2. Delivered to an individual child
Method of delivery	1. Cognitive-behavioural therapy approach 2. Traditional educational approach (e.g. lectures, homework activities) 3. Therapeutic techniques and theories (e.g. mindfulness, cognitive reframing)
Content	1. Social skills and building relationships 2. Problem solving and decision-making 3. Stress management and relaxation

Where should the intervention be delivered?

Any setting where practitioners work with children and families is a potential setting for implementing a resilience intervention. There are many potential settings including general health practice and allied health settings; early childhood intervention settings; maternal and child health centres; out of school hours care; child protection or out-of-home care settings; family support services and community settings where children are engaged (e.g. playgroups, sporting clubs, churches, Scouts and Girl Guides).

Some settings may be more conducive to building children's resilience than others. For example, the resources needed to implement a particular intervention, or the duration and frequency of contact required with children and their families for effective implementation, may exclude some settings.

As seen in Table 5, schools are a common setting for resilience interventions. This may be because schools are the most effective, convenient or best-resourced setting for delivering interventions. When resilience interventions occur in ECEC settings, they offer children opportunities to develop core skills early. Parents are supportive of resilience interventions in schools and ECEC settings.

How should the intervention be measured?

When deciding on a structured resilience intervention or designing your own, it's important to consider how you will know if the intervention has been successful. Measuring resilience is both important and complex, and there are several psychometrically validated measures[2] to consider.

There is currently no single resilience measurement scale that is considered 'gold standard' when it comes to measuring resilience in children under 12 years of age. Therefore, it's important when evaluating change, that you measure resilience in a way that reflects the goals of your intervention, and how you expect the intervention to work.

Some measures require a teacher or parent to observe the child in a variety of circumstances. Some require children to complete a survey. Other measures involve multiple stages of data collection – such as a survey by the child, followed by an additional assessment for children who demonstrate vulnerability, as well as surveys for teachers and parents (to verify the results of the child's survey). The measure selected will determine the most effective way of collecting the data.

Approaches for measuring resilience vary. One approach is to use a resilience scale to measure resilience as an 'outcome' such as the Connor-Davidson Resilience Scale (see Table 6 on page 43).

Another approach is to use a resilience scale, which measures the availability of protective factors, therefore measuring the 'process' by which someone builds resilience.

Alternatively, a non-resilience specific measure such as the 'Strengths and Difficulties Questionnaire' (SDQ) could be used for measuring related concepts such as psychological wellbeing (Goodman and Scott, 1999).

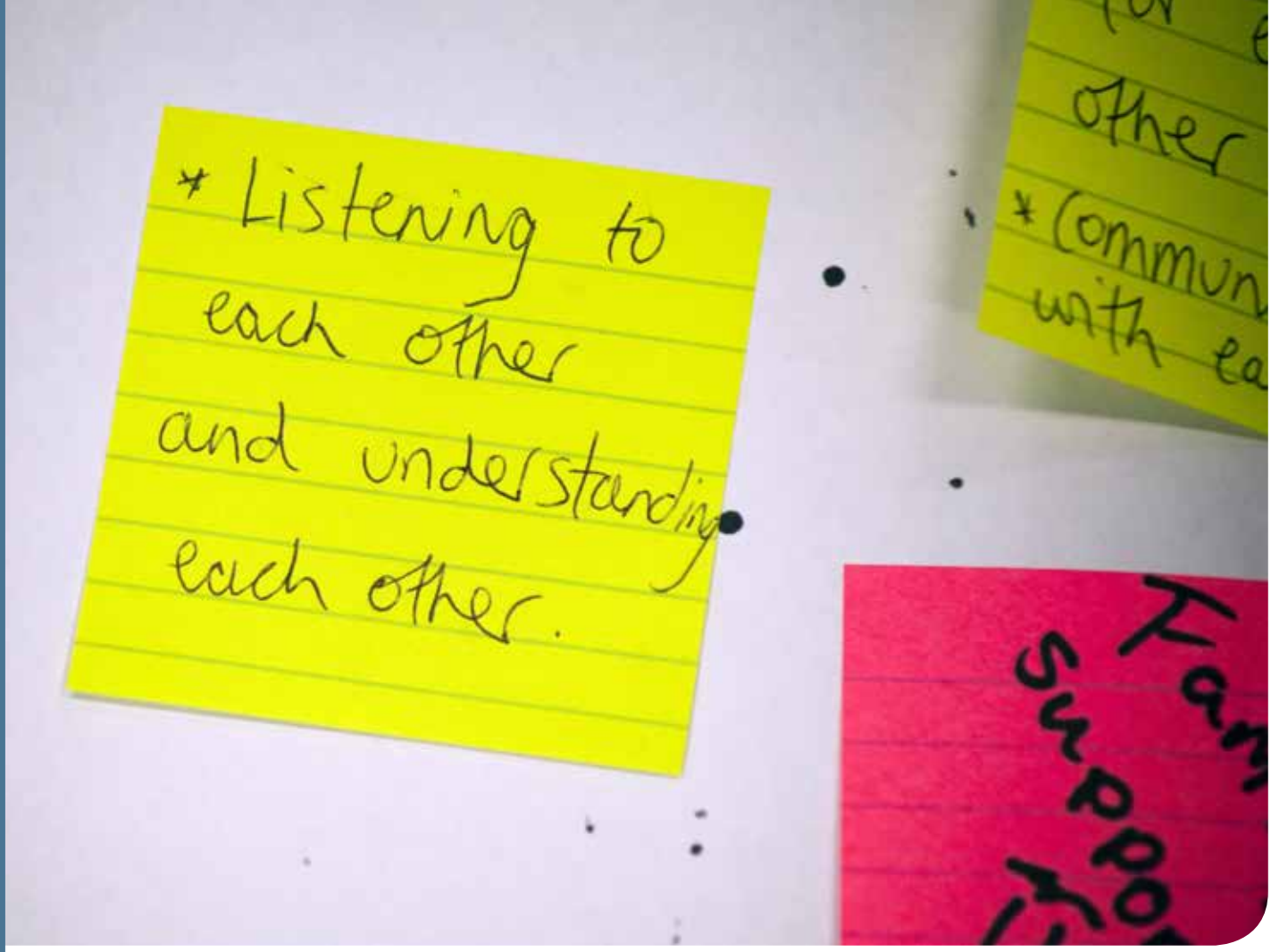
Resilience measurement scales

In a review of 15 resilience measurement scales undertaken by Windle et al. (2011),[3] there were a number of features that were common across the majority of resilience measures. Table 6 on page 43 provides a brief summary of these scales. All scales used self-report measures (i.e. participants complete the measure by themselves without any input from others). In the majority of scales (nine out of 15 scales), resilience was measured at an individual level, and did not take account of family and community factors which can also influence resilience. The measures were also unable to show the change created by the intervention (i.e. cause and effect).

The highest rating resilience measures assessed by Windle et al. (2011) were scales developed and validated with adults: Connor Davidson Resilience Scale (CD-RISC – 25 items[4]), the Resilience Scale for Adults (RSA – 37 items), and the Brief Resilience Scale.

While these three measures rated highest among the resilience scales assessed, the overall quality of the scale (considering all quality criteria[5]) is moderate. An earlier review of six resilience measures conducted by Ahern et al. (2006) also found that the CD-RISC and RSA are acceptable scales when used with adults.

[2] Psychometric validity refers to the reliability of questionnaires in measuring what they are designed to achieve.
[3] We recommend readers access Windle et al. (2011) for specific information about the psychometric properties of the resilience measurement scales assessed.
[4] Questions in a survey.
[5] The criteria included content validity, internal consistency, criterion validity, construct validity, reproducibility agreement, reproducibility reliability (test-re-test), responsiveness, floor/ceiling effect and interpretability. Explanations of each of these criterion are provided in Windle et al. (2011).



Resilience measurement scales used with children and adolescents

A number of measures shown in Table 6 (on page 43) have been used with children, adolescents, and young adults ranging from 8.9–23 years. While none of these scales rated highly on Windle et al.'s (2011) quality criteria, in the absence of validated measures, these measures offer a useful starting point.

Windle et al. (2011) recommend that consideration be given to measures that achieved the highest score on some of the criteria. For example, the Resilience Scale for Adults (READ) scored a maximum of two points each for content validity[6] and construct validity[7], and reached a total score of five out of seven. Therefore the READ might be a useful measure for interventions involving adolescents aged 13–15 years. According to Ahern et al. (2006), the Resilience Scale scored the highest of six scales and can be used with all ages and ethnic groups.

Windle et al. (2011, page 16) suggests that 'resilience research with children has tended to operationalise resilience by looking at ratings of adaptive behaviour made by other people such as teachers and parents rather than by the children themselves'.

Compared with resilience measures used with adults, resilience measures used with children and adolescents examined school-based resources, rather than focusing at the individual level only (Windle et al., 2011). This is important because resilience is built at multiple levels (i.e. the individual child, and their environments such as the family and community, as shown in Figure 2).

The research suggests that no single measure currently exists that is suitable for studies which run across a child's life cycle. Additionally, none of the validated resilience measurement scales involved children under the age of 12 years.

The absence of a validated measure of resilience in children under 12 is both a limitation and a challenge. However, it highlights the critical need to measure interventions in children aged 0–12. It further raises the need for practitioners and researchers in the field of resilience to measure the success of interventions in younger children, and to help build the evidence base on 'what works' to build resilience.

[6] Content validity measures the extent to which the items in a survey accurately measure the information that is being assessed.
[7] Construct validity measures the extent of agreement between a theoretical concept and a specific measure (e.g. observation or survey).

Table 6: Self-report resilience measurement scales used with target populations under 23 years of age[8]

Name of measure (alphabetically)	Target group	Description of the measure	Number of survey items in the measure	Score (out of 7)
Adolescent Resilience Scale (Japan)	Young adults (19–23 years)	Assesses resilience including exploring novel situations, regulating emotions, and how positively one sees their future	21 items	4/7
California Healthy Kids Survey – the Resilience Scale of Student Survey* (USA)	Primary school children (average ages 8–12 years)	Assesses individual characteristics and protective factors including family, peer, school and community factors	34 items	2/7
The Child and Youth Resilience Measure* (CYRM) (11 countries**)	Youth at risk (age 12–23 years)	A culturally and contextually relevant measure of child and youth resilience including individual, relational, community and cultural factors	28 items	3/7
The Connor-Davidson Resilience Scale (CD-RISC) (USA)	Young adults (average age 19 years)	Developed for clinical practice as a measure of stress-coping ability	10 items	5/7
Ego Resiliency (2) (USA)	Adolescents and young adults (average age 16 and 22)	Assesses ego-resiliency (i.e. the ability to adapt one's level of emotional control to suit the circumstances) such as optimism, productive activity, insight and warmth	102 items	2/7
The ER 89 (USA)	Young adults (18–23 years)	Assesses ego-resiliency	14 items	6/7
The Resilience Scale* (RSA) (Australia)	Young adults (age 16–23 years)	Assesses individual resilience including personal competence and acceptance of self and life	25 items	6/7
Resilience Scale for Adolescents* (READ) (Norway)	Adolescents 13–15 years	Assesses protective factors including personal and social competence, family cohesion and external social support	39 items	5/7
The Resiliency Attitudes and Skills Profile (USA)	Youth (age 12–19 years)	Assesses resilience characteristics (i.e. the desire to live a good and productive life) such as insight, independence, creativity, humour and initiative	34 items	4/7
Youth Resiliency: Assessing Developmental Strengths* (YR:ADS) (Canada)	Youth (aged 12–17 years)	Assesses protective factors and developmental strengths such as family, community, peers, work commitment and learning, school (culture), social sensitivity, cultural sensitivity, self-concept, empowerment and self-control	94 items	3/7

* These five scales assess resilience across multiple levels, rather than the majority of scales, which focus on individual factors only.

** The CYRM has been used in 11 countries and is worthy of consideration for cross-national studies as measures of resilience may be culturally and contextually dependent.

[8] Adapted from Windle et al. (2011).

Guiding principles for selecting an appropriate measure when working with children

The following principles may help you with the selection of a suitable approach to measuring resilience.

1. Where possible, use measures that have been proven to be reliable and valid, and have been used among a similar target group to yours.
2. Select measures that will suit your purpose. The measures you use to assess the effectiveness of your resilience intervention will be highly dependent on the changes you want to achieve. A resilience intervention that aims to improve social connectedness in a child's environment, for example, would be assessed using a different measure to one that aims to improve children's ability to self-reflect.
3. Use age-appropriate and developmentally appropriate measures. For example, a simple questionnaire for younger children may be appropriate, but for older children, situation-specific measures or qualitative observational measures such as role-play may be more appropriate.
4. The format you choose for the measure is also important. For example, if participants have to spend considerable time completing questionnaires, you may get a low response rate and insufficient data. Test the measure (e.g. the questionnaire) with a pilot group or via consultation first.
5. Resilience measures should be useable in multiple settings (e.g. home, educational setting), which may mean using a range of measures across the different settings.
6. Resilience measures should include the child's views about their own resilience, as well as other people – such as parents and teachers.
7. When measuring resilience outcomes, consider the child's characteristics and information about the child's family and environment. Incorporate the child's knowledge of supports available to them.
8. Measure resilience at multiple points over time using consistent measures that are directly comparable.
9. When measuring resilience, gather quantitative and qualitative data. Quantitative data can help you compare how a child is doing compared to other children of the same age. Qualitative data can help provide details that are specific to the individual child and their environment. Both can help to inform decisions about the support needed.

> "If a child has experienced grief or bereavement, it's totally normal for them to be really upset, so if we're saying we're going to measure [their] resilience at that time [by looking at whether] the child is not coming to school that would be unfair ... In a year's time [the experience] might have helped them gain a lot of strength."

Practitioner, New South Wales

Chapter **5**

Conclusions and **recommendations for practice**

Resilience means doing well during or after an adverse event, or a period of adversity. It can change over time, and is influenced by factors within the child, and factors within the child's environment.

Resilience is something that every child can learn, and it's important that every child is provided with opportunities to build resilience.

Regardless of background, every child can benefit from learning skills and strategies to manage current and future adversity.

In this guide, we have provided a framework for building children's resilience, for practitioners to use in a broad range of settings. We hope that it provides you with a clear way forward for building the resilience of the children and the families you work with.

We offer the following recommendations to inform your practice.

General recommendations

- There is no single skill or capacity for building resilience. It is best to take an approach that focuses on different levels including the individual child and building a supportive environment.
- High-quality relationships are a critical aspect of children's resilience so consider interventions and strategies that build and improve supportive relationships, such as relationships between children and their:
  - peers
  - parents
  - other significant adults in their lives.
- Look for opportunities to improve resilience during times of transition, such as the transition to primary school and the transition to high school.
- Look for opportunities and resources to boost support for individual children during significant life transitions – for example, a death in the family, parent separation or changing schools.
- Always consider the age and development of the children you're working with, and design your resilience intervention accordingly.

Recommendations for universal and targeted interventions

- If you are going to deliver interventions directly to children, inform parents about the intervention and encourage consistent messaging at home.
- When designing a structured resilience intervention to improve children's skills and capabilities, include components that also improve their existing protective factors and environments.

- If using an existing intervention, consider whether the intervention has been:
  - shown to be effective
  - used with your target group (e.g. six to nine year olds, Aboriginal and Torres Strait Islander families, families from non-English speaking backgrounds)
  - used in the setting you are working, and if it has not, what barriers might exist to implementing it in your setting.
- Develop a detailed plan for implementing the intervention, using the principles of implementation science. Implementation science is a field of research concerned with how evidence-based practices are implemented in the 'real world'. Implementation science provides structured frameworks for ensuring the effective delivery of an intervention (for further information see Halle et al. (2013).
- When designing an intervention, employ a 'co-design' approach. Co-design is a method for solving problems, which involves working with the target audience and other stakeholders when designing a product or service. This approach considers the children's and families' values, circumstances and environments, which will lead to greater engagement and better outcomes.

Recommendations for targeted interventions

- Wherever possible, build targeted support into universal interventions (this approach is commonly referred to as 'proportionate universality'[9]). This might involve, for example, running a school-based group program for vulnerable and at-risk children after delivering a resilience information session to all students.
- Intervening during the early years is especially important for improving outcomes for vulnerable and at-risk children. Although some young children will be exposed to resilience interventions (for example, in ECEC settings), there will always be some children who 'fall through the cracks' because they are not attending, or have minimal contact with services. Deliver targeted resilience interventions in universal settings for children who are vulnerable and at-risk and have minimal contact with ECEC settings.
- Tailor targeted resilience interventions to the unique circumstances of children to ensure they are appropriate to the type of adversity the child is experiencing and the intensity of support they need.
- Ensure you have options available for children and families who need or request additional specialist support to deal with adversity or trauma (e.g. a list of available specialist services and referral options. Refer to **beyondblue.org.au/find-a-professional**).
- Focus on improving resilience among vulnerable and at-risk children during significant transitions. They and their families may be facing other issues that make the transition especially stressful, or limit their capacity to manage the transition.

> "A resilience intervention should not be an add-on, but a core component within a practice."
>
> ***Practitioner, New South Wales***

[9] Proportionate universalism refers to the adaption of universal interventions to a 'scale' and 'intensity' that is 'proportionate' to the needs of the target audience.

Resources

Information for parents and carers

Healthy Families (Beyond Blue)

healthyfamilies.beyondblue.org.au

A website giving parents and carers the information, knowledge and confidence to support the young people in their life and to take care of their own mental health and wellbeing, especially for new or expectant parents.

Raising Children Network

raisingchildren.net.au

A website for all Australian parents and carers, providing up-to-date, evidence-based, scientifically validated information about raising children and caring for yourself as a parent or carer.

ReachOut Parents

parents.au.reachout.com

A website providing information, tools and resources to help parents and carers support the 12–18 year-olds in their family environment.

Parenting Strategies: Protecting your child's mental health

parentingstrategies.net

Learn some parenting tips to protect your child from mental health issues.

Information about resilience

The following websites contain information specifically about building resilience in children and families.

Healthy Families (Beyond Blue)

healthyfamilies.beyondblue.org.au/building-resilience

KidsMatter

kidsmatter.edu.au/mental-health-matters/social-and-emotional-learning/resilience

kidsmatter.edu.au/primary/KidsMatter-and-resilience

Raising Children Network

raisingchildren.net.au/understanding_development/understanding_pre-teen_development.html

Resources for identifying structured resilience interventions

KidsMatter

kidsmatter.edu.au/primary/resources-for-schools/other-resources/programs-guide/programs

KidsMatter contains a list of over 100 programs that can be implemented in primary schools.

MindMatters

mindmatters.edu.au/tools-resources/programs-guide

MindMatters contains a list of mental health programs that can be implemented in secondary schools.

Practice frameworks, guides and tools

Belonging, being & becoming: The early years learning framework for Australia

docs.education.gov.au/system/files/doc/other/belonging_being_and_becoming_the_early_years_learning_framework_for_australia.pdf

Australia's first national Early Years Learning Framework for early childhood educators, which aims to extend and enrich children's learning from birth to five years and through the transition to school.

Resilience Practice Framework (The Benevolent Society)

benevolent.org.au/~/media/2B6F258D5F0035B59AE267F5B5CCFDFB.ashx

The Resilience Practice Framework 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.

Wellbeing for Learning and Life Framework (Department for Education and Child Development, Government of South Australia)

decd.sa.gov.au/doc/wellbeing-learning-and-life-framework

The Wellbeing for Learning and Life Framework has been developed to support educators, allied health professionals and other practitioners working with children and young people to inspire, engage and empower children and young people's development, learning and overall wellbeing.

Victorian Child and Adolescent Monitoring Framework (Education and Training, Victorian State Government)

education.vic.gov.au/about/research/Pages/vcams.aspx

A portal allowing for the exploration of data about children and young people at state and LGA level.

Support services

Beyond Blue

beyondblue.org.au

Learn more about anxiety, depression and suicide prevention.

beyondblue.org.au/find-a-professional

Find information on the different types of mental health services and treatments, and access information about available practitioners from national health professional directories.

Beyond Blue Support Service

1300 22 4636

beyondblue.org.au/get-support

Talk through your concerns with Beyond Blue's Support Service. Our trained mental health professionals will listen, provide information, advice and brief counselling, and point you in the right direction so you can seek further support. *beyondblue's* Support Service is available by phone (24 hours/7 days a week), web chat (3pm–12am AEST/7 days a week) or email (response within 24 hours).

Beyond Blue online forums

beyondblue.org.au/forums

Access free, anonymous peer support around the clock from Beyond Blue's online forums. The forums are a group support space where people with experiences of anxiety, depression and suicidal thoughts share tips and advice on what works during the tough times.

Lifeline

13 11 14

lifeline.org.au

Lifeline provides 24/7 crisis support and suicide prevention services. You can contact Lifeline by phone (24 hours/7 days a week) or web chat (7pm–12am AEST/7 days a week).

Kids Helpline

1800 55 1800

kidshelpline.com.au

A free, private and confidential telephone and online counselling service specifically for young people aged between 5 and 25.

References

Ahern, N. R., Kiehl, E. M., Sole, M. L., & Byers, J. (2006). 'A review of instruments measuring resilience'. *Issues in Comprehensive Paediatric Nursing,* 29, 103–125.

Alvord, M. K., & Grados, J. J. (2005). 'Enhancing resilience in children: A proactive approach'. *Professional Psychology: Research and Practice*, 36(3), 238–245.

Australian Bureau of Statistics. (2011). Socio-economic Indexes for Areas (SEIFA), cat. no. 2033.0.55.001. Canberra: ABS.

Australian Government Department of Education, Employment and Workplace Relations for the Council of Australian Governments. (2009). *Belonging, Being and Becoming: The Early Years Learning Framework for Australia. (1st edition) Australia*. Retrieved 19 September 2017 from https://docs.education.gov.au/system/files/doc/other/belonging_being_and_becoming_the_early_years_learning_framework_for_australia.pdf

Australian Institute of Family Studies. (2016). *Child protection and Aboriginal and Torres Strait Islander children* (CFCA Resource Sheet). Melbourne, Victoria: Child Family Community Australia, Australian Institute of Family Studies. Retrieved 18 July 2017 from https://aifs.gov.au/cfca/publications/child-protection-and-aboriginal-and-torres-strait-islander-children

Australian Institute of Health and Welfare. (2012). Social and emotional wellbeing: Development of a Children's Headline Indicator, cat. no. PHE 158. Canberra: AIHW.

Beyond Blue Ltd. (2016). *What is mental health?* Retrieved 18 July 2017 from https://www.beyondblue.org.au/the-facts/what-is-mental-health?

Briere, J. N., & Scott, C. (2016). 'What is trauma?' in *Principles of Trauma Therapy: A guide to symptoms, evaluation and treatment* (pp. 3-11). Los Angeles: Sage Publications.

Canadian Mental Health Association British Columbia and Anxiety BC. (2011). *Wellness Module 8: Healthy thinking*. Retrieved 19 September 2017 from http://www.heretohelp.bc.ca/sites/default/files/wellness-module-8-healthy-thinking.pdf

Centre on the Developing Child. (2017). Toxic Stress. Retrieved 27 June 2017 from http://developingchild.harvard.edu/science/key-concepts/toxic-stress/

Collie, R. J., Martin, A. J., Malmberg, L. E., Hall, J., & Ginns, P. (2015). Academic buoyancy, student's achievement, and the linking role of control: A cross-lagged analysis of high school students. *British Journal of Educational Psychology*, 85, 113-130.

Department for Education and Child Development, Government of South Australia. (2016). *Wellbeing framework for learning and life: A framework for building resilience and wellbeing in children and young people.* Retrieved 19 September 2017 from https://www.decd.sa.gov.au/doc/wellbeing-learning-and-life-framework

Department of Education and Training, Victorian State Government. *Victorian Child and Adolescent Monitoring Framework (VCAMS).* Retrieved 19 September 2017 from http://www.education.vic.gov.au/about/research/Pages/vcams.aspx

Goodman, R., & Scott, S. (1999). 'Comparing the strengths and differences questionnaire and the child behaviour checklist: Is small beautiful?' *Journal of Abnormal Child Psychology*, 27(1), 17-24.

Halle, T., Metz, A., Martinez-Beck. 2013. *Applying Implementation Science in Early Childhood Programs and Systems*. Paul H. Brookes Publishing: Baltimore, US.

Hsu, C. C., & Sandford, B. A. (2007). 'The Delphi Technique: Making sense of consensus.' *Practical Assessment, Research & Evaluation*, 12(10). Retrieved 19 September 2017 from http://pareonline.net/getvn.asp?v=12&n=10

Hunter Institute of Mental Health. (2015). *Prevention First: A Prevention and Promotion Framework for Mental Health.* Newcastle, Australia. Retrieved 21 September 2017 from https://s3-ap-southeast-2.amazonaws.com/himh/assets/Uploads/Prevention-First-mental-health.pdf

Khanlou, N., & Wray, R. (2014). 'A whole community approach towards child and young resilience promotion: A review of resilience literature.' *International Journal of Mental Health and Addiction* 12, 64-79.

LeMoine, K., & Labelle, J. (2014). *What are effective interventions for building resilience among at-risk youth?* Community Health Initiatives, Strategic Policy, Planning and Initiatives Health Services. Community Health Initiatives, Strategic Policy, Planning and Initiatives Health Services, Region of Peel. Retrieved 2 June 2017 from https://www.peelregion.ca/health/library/pdf/rapid-review-resilience-at-risk-youth.pdf.

Luthar, S. S., Cicchetti, D., & Becker, B. (2000). 'The Construct of Resilience: A Critical Evaluation and Guidelines for Future Work'. *Child Development*, 71(3), 543–562.

Martin, A. J. (2013). 'Academic buoyancy and academic resilience: Exploring 'everyday' and 'classic' resilience in the face of academic adversity'. *School Psychology International* 34(5), 488-500.

Martin, A. J. (2014). 'Academic buoyancy and academic outcomes: Towards a further understanding of students with attention-deficit/hyperactivity disorder (ADHD), students without ADHD, and academic buoyancy itself.' *British Journal of Educational Psychology* 84, 86–107.

Martin, A. J. & Marsh, H. W. (2009). 'Academic resilience and academic buoyancy: multidimensional and hierarchical conceptual framing of causes, correlates and cognate constructs.' *Oxford Review of Education*, 35(3), 353–370.

Martin, A. J., Colmar, S. H., Davey, L. A., & Marsh, H. W. (2010). 'Longitudinal modelling of academic buoyancy and motivation: Do the '5Cs' hold up over time?' *British Journal of Educational Psychology* 80, 473–496.

Martin, A. J., Ginns, P., Brackett, M. A., Malmberg, L. E., & Hall, J. (2013). 'Academic buoyancy and psychological risk: Exploring reciprocal relationships.' *Journal of Psychology and Education* 27, 128-133.

Martin, A. J., Nejad, H. G., Colmar, S., Liem, G. A. D. (2013). 'Adaptability: How Students' Responses to Uncertainty and Novelty Predict Their Academic and Non-Academic Outcomes.' *Journal of Educational Psychology* 105(3), 728–746.

Monash University. *Mindfulness*. Retrieved 21 September 2017 from http://www.monash.edu/__data/assets/pdf_file/0006/233898/what-is-mindfulness.pdf

Moore, T., McDonald, M., & McHugh-Dillon, H. (2016). *Community engagement: A key strategy for improving outcomes for Australian families* (CFCA Paper No. 39). Melbourne, Victoria: Child Family Community Australia, Australian Institute of Family Studies. Retrieved 18 July 2017 from https://aifs.gov.au/cfca/publications/community-engagement/building-community-engagement-practice

Reavley, N., Bassilos, B., Ryan, S., Schlichthorst, M., & Nicholas, A. (2015). *Interventions to build resilience among young people*. Melbourne, Victoria: Victorian Health Promotion Foundation (VicHealth).

Shean, M. (2015). *Current theories relating to resilience and young people: A literature review*. Melbourne, Victoria: Victorian Health Promotion Foundation (VicHealth).

The Benevolent Society. (2014). Resilience Practice Framework. Retrieved 19 September 2017 from https://benevolent.org.au/~/media/2B6F258D5F0035B59AE267F5B5CCFDFB.ashx

Tollit, M., McDonald, M., Borschmann, R., Bennett, K., von Sabler, M., & Patton. G. (2015). *Epidemiological evidence relating to resilience and young people: A literature review*. Melbourne, Victoria: Victorian Health Promotion Foundation (VicHealth).

West Sussex County Council. (2014). *Children and young people's emotional resilience evidence review*. West Sussex, UK: UK Government. Retrieved 2 June 2017 from https://www.westsussex.gov.uk.

Windle, G., Bennett, K. M., & Noyes, J. (2011). 'A methodological review of resilience measurement scales'. *Health and Quality of Life Outcomes*, 9(8), http://www.hqlo.com/content/9/1/8

World Health Organization. (2016). Mental health: *Strengthening our response*. Retrieved 27 June 2017 from http://www.who.int/mediacentre/factsheets/fs220/en/

Yeager, D., Hulleman, C. S., Hinojosa, C., Lee, H. Y., O'Brien, J., Romero, C., Paunesku, D., Schneider, B., Flint, K., Roberts, A., & Trott, J. (2016). 'Using Design Thinking to Improve Psychological Interventions: The Case of the Growth Mindset During the Transition to High School'. *Journal of Educational Psychology*, 108(3), 374-391.

Zentner, M., & Bates, J. E. (2008). 'Child Temperament: An Integrative Review of Concepts, Research Programs, and Measures'. *European Journal of Developmental Science*, 2(1/2), 7-37.

Zimmerman, M. A. (1995). 'Psychological empowerment: Issues and illustrations'. *American Journal of Community Psychology*, 23(5), 581-599.

Toolkit 1: A metaphor for resilience

One way of explaining the concept of resilience is to imagine a plane in mid-flight encountering poor weather. The poor weather represents adversity. The ability of the plane to get through the poor weather and reach its destination depends on its level of resilience, including factors related to:

- the pilot (the child)
- the co-pilot, the flight crew and the ground crew (parents, siblings, grandparents, other extended family, ECEC practitioners, teachers, health practitioners)
- the equipment available to the pilot, flight and ground crews (the resources available to the child, family, services and practitioners)
- the type of plane (child temperament, age)
- how severe and how long the poor weather lasts (the severity and duration of the adversity).

All these factors will determine how much the plane is able to stay on course.

Different planes will respond to poor weather conditions in different ways, in the same way that different children respond to the same adversity in different ways.

Regardless of this, the pilot cannot handle the poor weather adequately without the assistance of the flight and ground crews (the child's resilience depends upon the support they get from the people around them). The pilot, flights and ground crews all rely upon the equipment available to them to ensure the plane gets through the poor weather safely (the people around the child need resources to support the child).

Although the plane itself cannot be made stronger by the adversity, the pilot (child) will likely have improved skills and capabilities as a result, as will the ground crew (family, practitioners etc.).

Toolkit 2: Building children's resilience: Ideas for families

Parents can build children's resilience by providing opportunities for children to develop the skills, habits and attitudes that help build resilience.

These include:

- coping skills
- positive thinking
- self-confidence.

What families can do for children dealing with adversity

- Let children experience their emotions – acknowledge how they feel, help them put words to feelings.
- Take time to listen attentively when children speak about what worries them.
- When children experience a difficult situation, ask them how they would like you to support them.
- Help children develop strategies to deal with difficult situations and encourage them to come up with their own solutions.
- It can be helpful to encourage children to experience failure rather than protect them from it. When they do fail at something, help them put the failure into perspective.
- Suggest more helpful self-talk if your child is talking negatively – for example, if your child says, "I'm going to die of embarrassment speaking in front of my class", help them reframe it to something like, "Public speaking isn't my favourite thing, but I'll be able to cope".

Other ways families can promote resilience

Role model

- Try to role model healthy thinking when facing challenges of your own. You can do this by thanking other people for their support, and saying, "Things will get better soon and I can cope with this". This shows that you expect that good things are possible.
- Model calm and rational problem-solving with the other adults in your life. This teaches children what problem-solving looks like. It also teaches them that problems and issues can be worked through in a calm and rational way.

Talk about it

- Your child is more likely to feel positive if he or she can see that difficult times are a part of life, that they'll pass, and that things will get better. You might be able to help your child with this by talking about how you, people you know, or even famous people have gone through difficult times.
- Use role-plays and have discussions to practice how to handle difficult situations.
- Have positive conversations with each other, for example: "What's the best thing that happened today?" or "What was something that did not go well today?".

Have a go

- Encourage a 'have a go' attitude by listening and validating children's concerns while encouraging problem-solving and help-seeking when necessary.
- Allow for age-appropriate risk-taking and experimentation by children.

Keep things on track

- Set up and stick to family routines. These can relate to eating, sleeping, family activities and rituals. Routines help things flow more smoothly, for example having a clear routine for each morning before school.
- Encourage healthy exercise and activities.

Connect

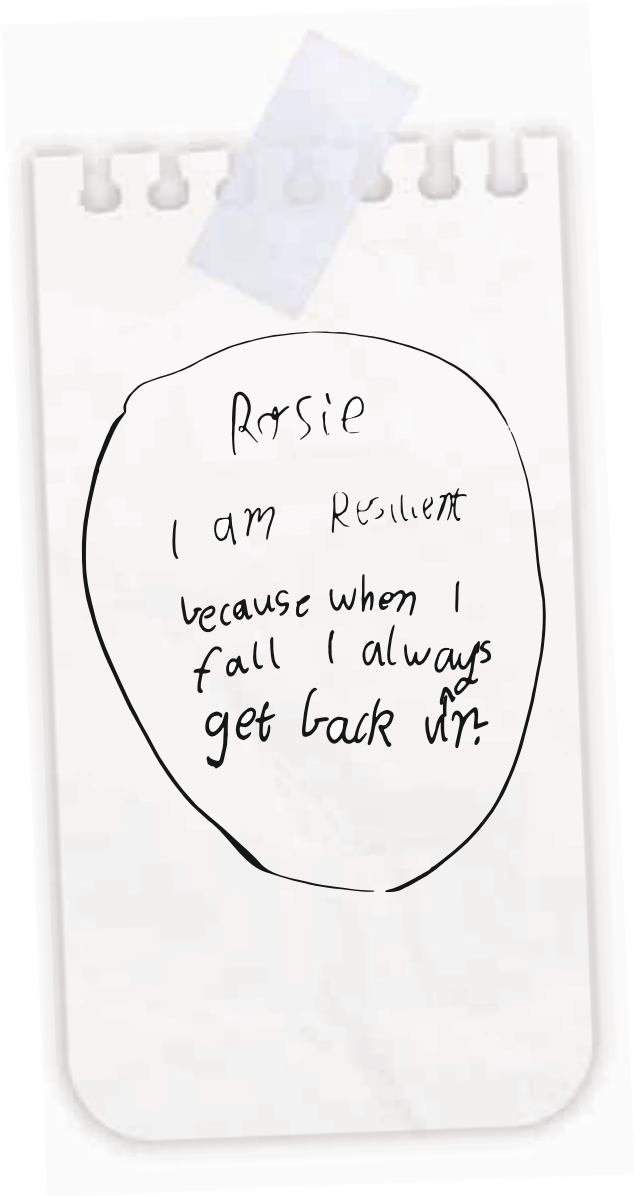
- Do things as a family that you enjoy, for example taking walks or watching your favourite movies together.
- Help children connect to the people and history in their families. Tell stories from the past about family members or go over some good memories by looking through photographs.
- Encourage children to connect to community through simple things like participating in community events, working bees etc.

"You need to have an environment somewhere in your life, whether it's at home or a school facility that supports you."

Practitioner, Victoria

"... being brave, forgiving, be nice, grateful, making good choices, smart decisions, don't dwell on it, being smart and strong, a hug, tell the teacher, support, talking to Mum, don't hide, think before you do, being tough, talking to somebody, talking, thinking good things, deep breaths, playing, strong in your mind, family, friends, courage, having something to do/ accomplish."

Children summing up resilience, Western Australia



Appendix 1

How did we develop this guide?

This guide was developed as part of the Children's Resilience Research Project.

The information in this guide is based on:

- **a summary review of existing research** about resilience
- the **knowledge and expertise of four key groups:**
  - a **Taskforce** comprising 10 child resilience experts
  - an **Expert Panel** comprising 25 academic researchers, leaders in a range of sectors involved in service delivery to children and families, and community leaders
  - **school-aged children** (6–12 years) and their **parents**
  - **practitioners** in the health, education and community services sectors who work with children (0–12 years) and families.

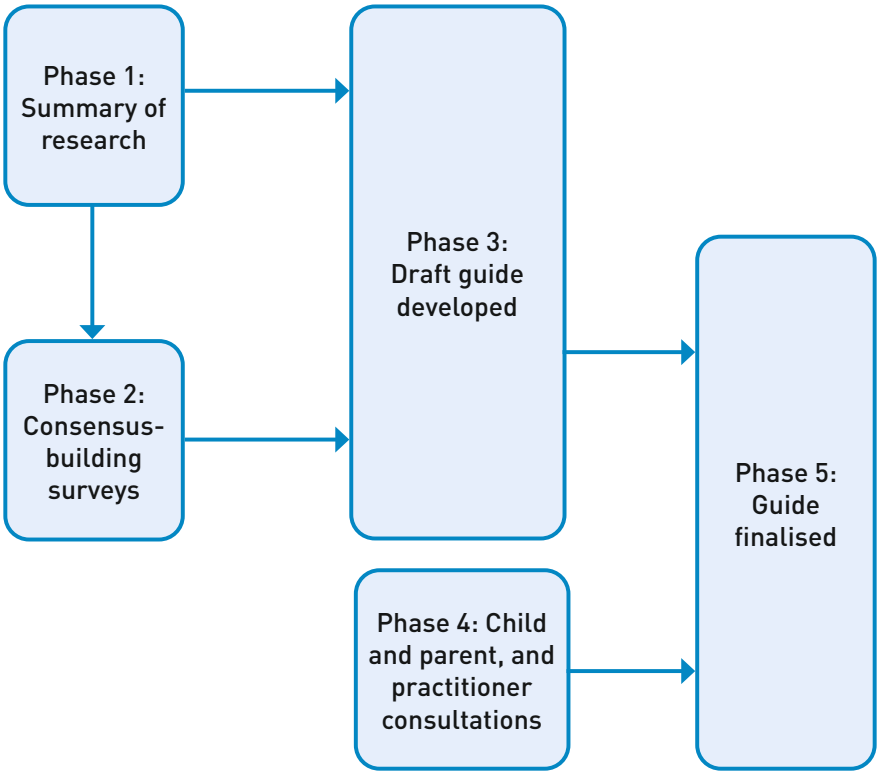
The tasks involved in collecting information from these four groups is summarised in Table 7 below. The tasks below were coordinated and undertaken by the Parenting Research Centre (PRC) and the Australian Research Alliance for Children and Youth (ARACY) in collaboration with Beyond Blue from June 2016 to June 2017.

Table 7: Tasks involved in gathering information for the practice guide

Task	Description of task	Information sourced from
Summary of research	Definitions and concepts relating to resilience in key publications were summarised and key characteristics of existing resilience interventions were identified	Six publications that summarise existing literature about resilience, supplemented by information from seven publications suggested by the Taskforce
Consensus-building surveys	Members of the Expert Panel participated in three survey rounds using the Delphi consensus -building methodology	Expert Panel
Draft guide developed	Development of a draft guide that included information about the definition of resilience, and how to build and measure resilience	Findings of review of research, consensus-building surveys, and input from the Taskforce
Child and parent consultations	Face-to-face consultations with groups of children and their parents in school settings	School-aged children and parents (NSW, VIC and WA)
Practitioner consultations	Face-to-face consultations undertaken with groups of practitioners	Practitioners (ACT, NSW, QLD, SA, VIC and WA)
Guide finalisation	The draft guide was revised to incorporate practitioners' feedback	Draft guide, consultations, and input from the Taskforce

PRC and ARACY undertook these tasks as part of a phased approach, with information from some phases informing subsequent phases (refer to Figure 5 on the next page). The Taskforce, comprising 10 child resilience experts, provided guidance and advice during each phase.

Figure 5: Children's Resilience Research Project process flowchart



Summary of research

The summary of research provided a starting point for discussion among the Taskforce, and informed subsequent research phases. The summary did not aim to be exhaustive, but to inform key aspects of the research including: supported definitions of resilience and adversity; commonly identified strategies for improving resilience; tools for measuring resilience; and common characteristics of existing resilience interventions.

Consensus-building surveys

The consensus-building surveys (using the 'Delphi' research method) established shared views among experts on resilience definitions, measures and interventions within the Australian setting. The group of participating experts (Expert Panel) was carefully selected based upon a set of criteria approved by the Taskforce. The criteria included diversity of professional background and representation from all Australian states and territories.

Responses from the first and second survey rounds were analysed by researchers and rewritten as statements or questions. These formed revised surveys that were provided to the Taskforce for feedback. They were then sent back to the Expert Panel for the subsequent survey round. At least 70 per cent of respondents needed to have agreed or disagreed with a statement or the answer to a question before consensus was classified as having been reached.

Draft guide developed

We used the summary of research and the findings from the consensus-building surveys to develop a draft of this guide. The Taskforce reviewed the draft and it was then presented to participants involved in the practitioner consultations for feedback and comment.

Child and parent consultations

Child and parent consultations involved children aged six to 12, and their parents. They provided unique insights into children's and parents' perspectives and experiences about resilience, helping to ensure that the guide was relevant to the 'real world' of children and families. The voices of parents and children appear in the guide in the form of anonymous quotes and drawings.

Practitioner consultations

The purpose of the practitioner consultations was to better understand practitioners' perspectives and experiences about resilience, and to receive direct feedback on the draft of the guide. Practitioners came from a range of sectors including health, ECEC, primary school, family support and community development. Anonymous quotes from these consultations appear throughout this guide.

Guide finalisation

All of the information sourced from each of these phases, as well as feedback from the Taskforce, was used to inform the final guide, which was edited by Beyond Blue staff.

Appendix 2

Guidance for building resilience in specific settings

What you can do to promote child resilience will partly depend on your professional setting. Table 8 below offers a non-exhaustive list of considerations for settings where practitioners work with children and families.

Table 8: Considerations for resilience in different settings

Health and disability services (e.g. general practice, allied health, early childhood intervention)	Education (e.g. ECEC services, primary school, out-of-hours school care)	Child Protection, out-of-home care	Family support services	Community (e.g. community playgroups, sporting clubs, churches)
Parents of children with disabilities may need additional support to build their child's independence. Some children with autism spectrum disorder, for example, may struggle with changes in routine that are intended to encourage independence (e.g. not being picked up from school). During these periods, parents may need additional emotional or practical support (e.g. someone to regularly share concerns with) to stay on track.	There is a unique opportunity for education services to develop a common approach to resilience interventions. Opportunities for ECEC practitioners and teachers to collaborate, co-design and jointly contribute to the development of resources related to resilience may help to build the knowledge, skills and capabilities in both sectors. This may also encourage more consistent messaging about resilience across both sectors.	Children may have missed opportunities to build resilience in other settings. For this reason, they may benefit from targeted or specialist programs that promote resilience. Children may have experienced serious adversity or trauma and possibly a disruption to caregiver relationships. Programs and practices that improve social and emotional wellbeing may be especially beneficial (see Resources section on page 50). Children may experience situations where they cannot influence decisions about issues that impact significantly upon their lives (e.g. who they are going to live with). For this reason, it may be necessary to place even more emphasis upon decisions that they can influence (e.g. everyday routines, special activities).	Parents may struggle with skills such as self-regulation because of their own past experiences. This may impact their children's ability to self-regulate. In these instances, parents will need additional support (e.g. counselling, therapy) to work on skills such as self-regulation.	Activity-based community and recreational groups provide a unique opportunity to embed everyday strategies into existing programs (refer to Chapter 3 on page 25). Promoting the role that your organisation plays in providing children with opportunities to improve resilience (e.g. healthy risk-taking, autonomy, responsibility) may improve the ability of your organisation to attract funding for designing and trialling structured interventions.

Framework for building children's resilience

Resilience is doing well during or after an adverse event, or a period of adversity.

You can build children's resilience by working directly with children, their parents and families, and/or the broader communities on one or more of the five areas below.

Within this framework, you can apply two distinct approaches to build children's resilience:

- Everyday strategies – these are incorporated into routine practice and service delivery and are designed to be used whenever an appropriate opportunity arises. These strategies rely on the same skills you might use every day when working with children and families.
- Structured resilience interventions – these typically require intervention-specific training and are often accompanied by a guide or manual. Structured resilience interventions differ from everyday strategies as they are delivered over a specific period of time.

The content of this poster is taken from *Building resilience in children aged 0-12: A practice guide*.

For practical strategies on how you can build children's resilience, download the guide at **beyondblue.org.au/resilience-guide**

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Where to find more information

Beyond Blue

www.beyondblue.org.au

Learn more about anxiety, depression and suicide prevention, or talk through your concerns with our Support Service. Our trained mental health professionals will listen, provide information, advice and brief counselling, and point you in the right direction so you can seek further support.

1300 22 4636

Email or chat to us online at www.beyondblue.org.au/getsupport

Head to Health

www.headtohealth.gov.au

Head to Health can help you find free and low-cost trusted online and phone mental health resources.

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