

<b>Institution: University of Brighton</b>	
<b>Unit of Assessment: C22 Social Work and Social Policy</b>	
<b>Title of case study: Reshaping resilience practices: a co-production approach</b>	<b>ICS [2]</b>
<b>1. Summary of the impact</b>	

Collaborative research with practitioners, parents and young people has led to the development of Resilient Therapy (RT) a new approach to building resilience in disadvantaged families. The new RT model has been adopted as part of service provision by 10 local authorities in England, and by local and national charities including the mental health charity Mind in Wales. There is evidence that the model is changing high level national policy debate in the UK. The RT approach has had an international impact and has changed the design, delivery and evaluation of services for young people and families in Crete and Sweden. RT has been commended by the Chief Medical Officer (UK) for its contribution in supporting children. Over 120 community partners and service users were closely involved in the co-production of the research and for many of them this changed their roles in the community as they were central to the production and use of tailored training materials, self-help guides and courses.

<b>2. Underpinning research</b>
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**Origins:** Resilience research has a long history but, by the mid-1990s, there had still been no systematic synthesis and assessment of this work in relation to its relevance for practice application with disadvantaged children and families. The resulting research that underpins this case study is based on a series of studies led by Prof. Angie HART and colleagues in collaboration with practitioners in Adult and Children's Services, parents of children with complex needs and young people themselves. Early research [references 3.1, 3.2] demonstrated that conventional therapeutic approaches, in which expert practitioners administer therapies to service users needed to be challenged. New approaches were identified for developing resilience based on a synthesis of propositional knowledge, practice and personal experiences. A review of over 1,000 publications on resilience was then undertaken and, drawing on previous research on inequalities [3.3], a critique was made of the dominant paradigm that understood resilience as residing solely in individuals, rather than arising from person-environment interactions. Insights from this work were then developed, through a process of co-production with practitioners, parents and young people, into a new approach to resilience building, known as Resilient Therapy (RT). A new RT model was developed that defined a set of principles (accepting, commitment, enlisting, conserving) to guide practice and created a framework articulating 42 ways of making 'resilient moves' with and for children, young people and families [3.4].

**Development and translation:** After the initial development of a new RT model, a series of translational research and development projects were undertaken that generated new knowledge that was integrated with the development of RT in practice. The research undertaken by community and academic collaborators initiated and evaluated the adoption and adaptation of RT across a range of practice arenas including adoption, fostering, mental health and learning disabilities, (see section 3 for list of HEFCE, ESRC and AHRC funded projects). These resulted in the generation of new knowledge about not only context-specific resilience-building, but about the importance of co-production for enabling this to be realised. For example, an AHRC-funded study involving resilience-building with disadvantaged young people and with young people facing mental health challenges showed that the RT approach can be used in the context of community arts practice so that young people themselves develop resilience through participation in visual arts practice. A later study developed a consultative systematic review approach that for use by parents and practitioners wishing to scrutinise the resilience evidence base concerning its relevance for young people with learning difficulties and other complex needs. The review identifies different types of resilience intervention - for example, school-based interventions [3.5] and provides further support for the widespread adoption of the resilience framework developed during earlier research [3.4]. Additional research in this development phase evaluated the Communities of Practice (CoPs) approach to co-production used in adapting the RT model for different use contexts. The evaluation identified the potential offered by the CoPs approach for challenging conventional boundaries and hierarchies between service 'providers' and 'users' and

### Impact case study (REF3b)

for mobilising new forms of knowledge to meet social need. Its findings have implications for how impact is being approached more widely within the submitting unit (REF3a) as well as informing the development of an ESRC grant examining the context of civic engagement.

Since 2000 30 practitioners, 50 parents and 42 young people were involved in co-producing the research and the development of RT. A number of them have since joined a Community of Practice (CoP) that facilitated the development of the RT model and has been the main mechanism by which it is sustained. The CoP approach guided the establishment of the Resilience Forum (RF) in 2009, a network supporting practitioners and parents to embed RT approaches and they report increased confidence in their practice.

#### Academic researchers:

- Angie Hart: Senior Lecturer (January 1998–May 2001), Principal Lecturer (May 2001–July 2006), Professor of Child, Family and Community Health (August 2006–to date).
- Val Hall: Head of Division - Advanced Studies and Midwifery (Oct 1994–Nov 1997), Deputy Head of Institute of Nursing and Midwifery (Nov 1997–Aug 2004), Professor of Midwifery (Aug 2004–to date).
- Becky Heaver: Research Assistant (July 2010–June 2012), Research Officer (July 2012–to date).
- Hannah Macpherson: Lecturer (Sep 2009–Aug 2011) Senior Lecturer (Sep 2011–to date).

### 3. References to the research

- [3.1] HART, A. and LUCKOCK, B. (2004). *Developing adoption support and therapy: New approaches for practice*. London: Jessica Kingsley. ISBN 1-84310-146-7 [Quality validation: output submitted in RAE 2008 - Quality Profile for RAE2008: 87.5% 2\* and above].
- [3.2] HART, A., SAUNDERS, A. and THOMAS, H. (2005) 'Attuned practice: A service user study of specialist child and adolescent mental health, UK' *Epidemiologia e Psichiatria Sociale (EPS)* 14(1) pp. 22-31 [Quality validation: output in leading peer-reviewed journal]
- [3.3] HALL, V. and HART, A. (2004) 'The use of imagination in professional education to enable learning about disadvantaged clients', *Learning in Health and Social Care* 3(4): 190-202 [Quality validation: output in leading peer-reviewed journal]
- [3.4] HART, A., BLINCOW, D. with THOMAS, H. (2007) *Resilient Therapy: Working with Children and Families*. London: Routledge [Quality validation: output submitted in RAE 2008 - Quality Profile for RAE2008: 87.5% 2\* and above].
- [3.5] HART, A., and HEAVER, B. (2013) 'Evaluating resilience-based programs for schools using a systematic consultative review', *Journal of Child and Youth Development*, 1(1), 27-53 [Quality validation: output in leading peer-reviewed journal].

#### Key research grants:

HART, *Bouncing Back: Building resilience with disadvantaged children and young people*. (HEFCE/SECC), 2008, total funding: £87,500.

HART, *Building resilience: University-community knowledge exchange to improve the odds of disadvantaged children and their families* ( ESRC), 2010, total funding: £95,000.

HART, WINTER, HEAVER, MACPHERSON, *Building resilience through community arts practice: A scoping study with disabled young people and young people facing mental health challenges* (AHRC), 2012, total funding: £31,796.

HART, Banks, Crow, Manners, WOLFF, Stuart, Ungar, Seifer *Building Community University Partnership Resilience* (AHRC Follow-on Funding), 2012-2013, total funding: £40,000.

Crow (PI) with HART, Banks, Pahl, *The social, historical, cultural and democratic context of civic engagement: imagining different communities and making them happen* (ESRC). 2012-2015, total funding: £2,399,742 (UoB allocation: £383,797).

### 4. Details of the impact

**Shaping national policy debate in the UK:** The influence of RT on policy debate is evidenced by it being commended by the Chief Medical Officer (UK), who included details of Brighton's RT research and training in support of the case for a resilience-based approach to child

## Impact case study (REF3b)

development, in her 2012 Annual Report (Volume 2: *Giving Children the Best Start in Life and Building Resilience*) (source 5.1). Resources, learning and critique have been fed in to key national policy teams via internal briefings for senior civil servants and ministers; meetings with Department of Health leads for children's mental health, public health; and briefings for the new Health Visiting national implementation programme and the Department for Education policy lead for Vulnerable Children and Mental Health. In 2012-13 HART was an advisor to the big lottery steering committee involved in decisions on how to set up and fund future resilience projects totalling £75m. The impact of the research on policy debate is further evidenced by its inclusion as one of just five case study projects in an ESRC film in 2011 on the value and impact of social sciences (over 1,000 views by July 2013) (5.2) and as a key case study of public engagement promoted by the National Co-ordinating Centre for Public Engagement (5.3).

**International impacts on the delivery of children's services:** In Sweden (5.4) over 500 professionals have now been trained in the RT approach. In west Gothenburg an outpatient-based healthcare section of the Swedish National Health services has started a Resilience Framework-based project involving community services, working with 30 schools, preschools, social services and all healthcare services for the 10,000 children and youth living in the area. RT has been taken up by children's services in Crete, where the research led to children's services becoming more community-focused and has influenced the ways a diagnostic centre designs, delivers and evaluates its interventions (5.5).

**Adoption of RT by local authorities:** Research-based RT training has been delivered to a total of 10 local authorities, often as part of their children's workforce training programmes, leading them to adopt and adapt RT. Examples include:

*Brighton & Hove:* RT is used as part of a common set of skills now required by everyone working or volunteering with children, young people and families (5.6).

*London Borough of Newham:* resilience research has changed the development of the outcomes framework used to commission and evaluate services (5.7).

*West Sussex County Council:* the Targeted Mental Health in Schools (TaMHS) Project placed the RT framework at the 'heart' of its project, claiming that it 'gets results' (5.8).

*Newport:* a consortium of local authority and community organisations, led by Mind in Wales, was trained and supported in RT by the Brighton team, contributing directly to earlier interventions, which in turn is reducing pressure on other services (5.9).

**Adoption of RT by charities:** The RT model has impacted on local and national charities who have adopted it in a range of contexts. Examples include:

*Mind:* Training and workshops delivered directly to national and local representatives of the mental health charity Mind, resulted in the national office issuing a briefing on RT to the network of 150 local Minds. This informed local ways of working in relation to the mental health resilience of local communities in response to crises including the impact of serious floods in Denbighshire in 2012 and huge stock losses in the farming community in 2013. This led Mind to look at wider issues of community response which led to the exploration of partnership working with the Red Cross concerning links with emergency response teams (5.9)

*Right Here Art Project:* a consortium (comprising Sussex Central YMCA, Mind, Brighton & Hove Children and Family Services and NHS Brighton & Hove) built its mental health project for 16-25 year olds around the RT model from design, through facilitation to evaluation (5.10).

*Amaze:* a charity working with over 1500 parents of disabled children, has included RT in their strategic developments (5.11).

**Impacts on co-researchers:** The co-production process that is core to the research involved 120 community partners and service users. For many of them their roles in the wider community have changed as they become involved in networks, producing learning material and delivering RT training. The research has been made available through the systematic co-production of books, training materials (5.12) and the provision of workshops. The initial book *Resilient Therapy* was strongly endorsed by the Director of Well-being Projects at *Mental Health Today* for the way in which it 'recognises and validates the role of front line staff and the experiences of young people... to support and empower a workforce' (5.13). A collaborative book, *Helping Children with Complex Needs Bounce Back*, produced with a community partner, had sold 1,500 copies to July 2013 (5.12). The *Insider's Guide*, a manual-based course for parents, designed and co-facilitated

## Impact case study (REF3b)

by parent carers and practitioners, has been used in training in ten local authorities (see above). Other co-produced handbooks and guides include one produced by and for *Kinship Carers* and another aimed at parents of young people with mental ill health and produced by *Experience in Mind* (a group of young volunteers with complex mental health challenges). These are made available free of charge via websites and are used directly by benefitting children and families (5.12).

*BoingBoing* is a novel community interest company established by HART and community partners in 2010 in response to the demand for research-based resilience training. It developed an RT Learning Programme that is delivered regularly to practitioners and students in social work, medicine, nursing, teaching, psychology, occupational therapy and inclusive arts, reaching over 4000 individuals to July 2013 (5.12). Since the end 2011, the *BoingBoing* website has had 89,770 hits, and 46,155 downloads of presentations and materials from the repository. Its Twitter presence has 2,120 followers (all figures July 2013).

### 5. Sources to corroborate the impact

- 5.1 'Annual report of the Chief Medical Officer' (2012). Available at: [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/252652/33571\\_2901304\\_CMO\\_All.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/252652/33571_2901304_CMO_All.pdf) [Accessed: 8 November 2013]. Research acknowledged in chapter 2, p.18).
- 5.2 'Celebrating the Social Sciences' (ESRC) November 2011. <http://www.youtube.com/watch?v=zDleyzUMmZk> [Accessed: 8 November 2013]. ESRC film that celebrates the resilience research.
- 5.3 'Case Study Bouncing back' (NCCPE). Available at: <http://www.publicengagement.ac.uk/how/case-studies/bouncing-back> [Accessed: 8 November 2013]. Resilience case study is highlighted by the NCCPE.
- 5.4 Testimonial from Head of Paediatric Outpatient Care and Managing Director of the Child and Youth Primary Healthcare for the west of Sweden that confirms that an RT approach is being developed in the Swedish National Health services.
- 5.5 Testimonial from Head of Clinical Psychology, Rethymno Diagnostic and Support Centre, Crete confirming how RT has enabled their services to become more community focused.
- 5.6 Brighton & Hove's Workforce Development Core skills and Knowledge Programme Children's Services, available at: [http://www.brighton-hove.gov.uk/sites/brighton-hove.gov.uk/files/Children%27s%20Core%20Skills%20and%20Knowledge%20Programme%20-%20Sep2013\\_1.pdf](http://www.brighton-hove.gov.uk/sites/brighton-hove.gov.uk/files/Children%27s%20Core%20Skills%20and%20Knowledge%20Programme%20-%20Sep2013_1.pdf) [Accessed: 8 November 2013]. (see p. 45)
- 5.7 Testimonial available from Newham local authority, confirming the use of RT in the development of their outcomes framework.
- 5.8 'West Sussex Targeted Mental Health in Schools Pathfinder', Final report June 2011 available at: <http://www.westsussex.gov.uk/idoc.ashx?docid=598d2957-f5c7-436c-8900-4b7b2a67e89c&version=-1> [Accessed: 8 November 2013]. This focuses on the use of the RT framework throughout the report.
- 5.9 Testimonial available from Director of Newport Mind, confirming the impacts on local branches of Mind as a result of training and a national briefing.
- 5.10 'Right Here Brighton and Hove.' Available at: <http://right-here-brightonandhove.org.uk/wp-content/uploads/Make-Your-Mark-report-September-2011.pdf> [Accessed: 8 November 2013]. This Project Report evidences the origins and development in relation to RT (pg. 2).
- 5.11 Amaze (2010) *Project Report for Resilient Therapy Community of Practice* that evidences the use of RT in their strategic developments. Report available on request.
- 5.12 'BoingBoing', Available at: <http://www.boingboing.org.uk/> [Accessed: 8 November 2013]. Co-produced RT resources and endorsements are available under 'resilience in practice'.
- 5.13 Resilient Therapy, Working with children and families.' Book review by Director of Wellbeing projects at *Mental Health Today* available at: <http://www.amazon.co.uk/Resilient-Therapy-Working-Children-Families/dp/0415403855> [Accessed: 8 November 2013].