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THINKER IN RESIDENCE

Dr Michael Ungar



Report of the 2014 Thinker in Residence

Resilience

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Alternative formats

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Commissioner's foreword

I was pleased to welcome international child resilience expert Dr Michael Ungar to Perth from 19 to 30 May as the 2014 Thinker in Residence.

The third Thinker in Residence program has been very successful, generating much discussion about the critical link between resilience and a child's wellbeing.

During Dr Ungar's residency, which included a visit to Kalgoorlie, almost 2,000 people attended events and meetings to discuss the role of community and families in building resilience in our children and young people.

There was broad participation in the residency, including by Ambassadors for Children and Young People, leaders from government, non-government and the private sector, a range of professionals working directly with WA children and young people, and parents.

Feedback from people who attended the various events during the residency was extremely positive, with many commenting on Dr Ungar's considerable knowledge and experience, and his ability to translate this into practical advice.

This residency report by Dr Ungar is an important resource for those with an interest and responsibility in strengthening children and young people's resilience and wellbeing.

As the report describes, Dr Ungar was impressed by the quality of the programs and commitment of professionals working to improve the resilience and lives of WA children and young people.

From this strong foundation, we have the opportunity to use Dr Ungar's report and the enthusiasm and interest generated from the residency to make evidence-based, practical changes to policies and services.

This includes supporting children and young people's access to the 'nine things all children need' in ways that keep them healthy and safe,

especially those children and young people who are most vulnerable.

Also important is the way we evaluate our programs and services to ensure they are child-focussed and really do result in improved outcomes for children and young people, by using Dr Ungar's Evaluation Tool Basket for example.

I urge those involved in the residency to continue the discussions commenced during Dr Ungar's visit to develop a community-wide approach to strengthening children's resilience.

Finally, I would like to acknowledge the partner agencies of the 2014 Thinker in Residence that worked with my office and contributed significant time and resources in the planning and delivery of the residency and its events.



Jenni Perkins
Acting Commissioner for Children and Young People WA



Executive summary

Introduction

Before commencing as the 2014 Thinker in Residence, I was aware there were already many in Western Australia who are seeking answers to the same questions my colleagues and I have been asking through the Resilience Research Centre.

That question is essentially, “How do we design and deliver a community-wide approach to building resilience in children and young people, particularly those who were vulnerable and have complex needs?”

The ecological, culturally relevant model of resilience that is the focus of this residency reminds us that resilience is much more than a latent quality or trait of a child waiting to be expressed. Resilience is also the quality of the ‘soil’ in which children grow (their homes, schools and communities) and these environments can be complex, particularly when the child or young person faces significant adversity or has limited supports.

The purpose for this residency in WA was to:

- open discussion about the resilience-oriented policies and practices that have potential to build bridges between different community and government services
- explore best practice programs and services already in use in Aboriginal and non-Aboriginal communities
- explore possibilities to share and adapt a social ecological model of clinical and community practice with local service providers
- reach out to parents and other caregivers to provide them with a better understanding of how they can help to make their children more resilient
- develop sustaining research collaborations that build partnerships with the Resilience Research Centre’s international network.

What is resilience?

Resilience is a process that is best defined as follows:

In the context of exposure to significant adversity, resilience is both the capacity of individuals to navigate their way to the psychological, social, cultural, and physical resources that sustain their wellbeing, and their capacity individually and collectively to negotiate for these resources to be provided in culturally meaningful ways.¹

To be resilient, children must navigate to the resources they need (which means those resources must be made available and accessible) and children must be able to negotiate with those who provide the resources they need to ensure that what children say they need is provided to them in culturally relevant ways.

Pathways to resilience

Many scholars in different disciplines agree that we cannot consider resilience without assessing a young person’s environment.

In general, personal qualities of the child contribute more to a child’s resilience when risk is low, but it is changes in the environment that mean more to a child’s resilience when risk is high. In other words, when we shape environments for our most vulnerable children, we make them much more likely to overcome adversity and continue his/her normal development. I’ve described this pattern as the “differential impact” of protective factors on resilience².

1 Resilience Research Centre Homepage, <http://www.resilienceresearch.org>

2 Ungar M. 2013, ‘Resilience, trauma, context and culture’, *Trauma, Violence, & Abuse*, Vol. 14, No. 3, pp. 253–264.

When we think of resilience, then, we can look beyond the individual to social factors, such as service delivery systems and the connectedness of our communities, which make children resilient. Rather than complicating our understanding of resilience, this perspective actually offers us hope and a greater number of opportunities to help children. This is especially true for children from marginalised communities.

Nine common factors that predict resilience

1. Structure – Communities that provide reasonable limits for children and young people, and alternatives to express themselves and make some decisions, create the optimal environment for children to thrive.
2. Consequences – Good consequences remind children they are still a part of their families, schools and communities, and accountable for the harm they cause others.
3. Parent-child connections – When parents are available and have enough time and resources to help their children, these relationships become powerful and help children develop a sense of personal worth and problem-solving skills.
4. Many strong relationships – A child's ever-expanding social networks help to make them more resilient.
5. A powerful identity – By reinforcing the positives, adults can help children make better decisions with regard to the identities they choose.
6. Sense of control – From an evolutionary standpoint, we are designed to take control, fail in manageable ways and then persist with another try. The children who have these experiences enjoy the 'risk-takers advantage'.
7. Sense of belonging, life purpose and spirituality – These are processes that we engage in when others provide us with opportunities to make sense of our lives.

8. Fair and just treatment – This is also something that we need to create for children, especially children who are vulnerable.
9. Physical and psychological safety – This includes adequate housing, safe streets, well-resourced schools and parents with the time to pay attention to them.

Responding to children and families in ways that build resilience

Though we know what children need to nurture and maintain their wellbeing, providing them with the resources to succeed is complicated. We need to expand the opportunities children and young people have to access resources that children and families say are *meaningful* to them, in order to strengthen the community's ability to provide the nine factors of resilience.

What can be done to build resilience in children

- Family – Among the most challenging roles for families is balancing the level of risk and responsibility that young people experience. Children need and want "roots" (culture, relationships, a sense of place) and "wings" (adventure, risk, responsibility, celebration/acknowledgment).
- School – Like families, schools protect children from the negative impact of stress. In addition to academic achievement, schools must focus on psychosocial development by providing supportive relationships, a sense of hope and the opportunity to develop a host of non-academic skills.
- Neighbourhoods – Areas where there are a high degree of social cohesion and a shared approach to problem solving and social development are much more likely to be safe, nurturing spaces to raise children.

Designing services to promote resilience

In my discussions in Perth and Kalgoorlie, I was impressed by the dedication of professionals and parents to young people and their willingness to look for alternative ways of providing supportive programs and changing social policies to help bolster children's resilience. I found evidence of excellent programs, while also noting that many families and service providers face significant challenges.

This report suggests the following approaches to build on work in WA to deliver services that strengthen resilience:

- Coordinated services – As most other places around the world, there is difficulty in establishing seamless, coordinated models of child-focussed care. Non-government agencies must be involved in these arrangements, as must the physical infrastructure of communities such as facilities and recreation areas.
- Culturally relevant services – When we design services and supports in ways that are culturally and contextually relevant, children are very likely to participate.
- A whole family and community response – In many cases, government departments can be more successful if they think of themselves as part of complex, intertwined systems of community members and government services, as this will encourage more effective use of community resources. Service hubs are another effective way of grouping resources and increasing accessibility.
- More innovative approaches to service within departments – While there are some promising but expensive initiatives underway, another approach is to offer all workers better tools that combine case management and clinical interventions.
- Training – Many staff I met with expressed a desire for more training. This can be difficult in a state the size of WA, but fly-in and web-based models of instruction could be utilised more.
- Evaluation – Overall, there was little information available on which services in which quantity provide the best outcomes. Detailed evaluation is an investment in better services and accountability.



2014 Thinker in Residence, Dr Michael Ungar

The way forward

Services, in particular, can jumpstart processes that strengthen children's resilience. Strategies that could help strengthen resilience include:

- accessible, subsidised quality childcare for vulnerable children
- culturally appropriate spaces in schools and other public institutions
- investment in social and physical capital of communities including physical infrastructure and activities that keep young people connected
- developing a community-wide approach to addressing the factors that influence the rate of youth suicide, substance abuse, school dropout and other problem behaviours
- providing children and young people with experiences that involve manageable amounts of age-appropriate risk and responsibility
- coordinating in-home and community-based treatment teams that provide contextually specific and culturally appropriate interventions
- offering children and families 'system navigators' and advocates when needed
- effective use of technology such as helplines and online counselling
- ensuring residential care facilities are sensitive to the needs of young people and their families
- the creation of new models of coordinated service that are appropriate for frontline professionals to use in their everyday work
- evaluation of new and innovative services
- tracking children's patterns of service use and identification of gaps in service.

In closing

There are hundreds of committed professionals across government and community agencies, along with many volunteers and family members in WA, dedicated to helping children experience resilience. I had the pleasure of meeting many of them. I have been inspired. And I have learned much about what it takes for children from many different backgrounds to find resilience.

My sincere thanks to the acting Commissioner for Children and Young People Jenni Perkins and her staff for providing me with a wonderful opportunity to share what I have learned from others, and to learn from those who support children and families in WA. I look forward to future collaborations.



Jenni Perkins with Tristen (left) and Faith at Kalgoorlie Boulder Community High School

Introduction

Sir Michael Rutter, one of the earliest and most influential thinkers in the field of resilience, enjoys reminding us that something as wonderful as adoption for a child who has experienced severe abuse or neglect is likely to do great harm to a child from a family where the child feels safe attached to a caregiver³. Even when families face challenges, no single solution to a child's problems (like adoption) will ever be appropriate for all children. What is helpful for one child in one context from one culture facing a very specific set of challenges may be very harmful to another child when circumstances are different.

Over my years of studying resilience and meeting children, young people and families around the world who flourish despite incredible adversity, I have become cautious when naming the magic elements that make children resilient. Of course, I can see themes that reappear over and over in my own clinical practice and research, and studies by others.

A recent report by the International Federation of Red Cross and Red Crescent Societies highlights the need for psychosocial supports in school and at home for children who have been exposed to violence⁴. Provincial mental health strategies in Canada have highlighted the need for coordinated services and safe housing for children with mental health problems and their

families if we want to be effective at helping them become resilient⁵. And a study published by the American Psychological Association Task Force on Resilience and Strengths in African-American Children and Adolescents⁶ points to cultural factors and resistance to racism as critical to children's wellbeing.

Similar findings come from Western Australia. The recent report by the Commissioner for Children and Young People on the Inquiry into the mental health and wellbeing of children and young people in Western Australia echoes many of the same themes found in other studies of what makes services work for children and their families. It is important to note that unlike some studies of children's wellbeing that focus exclusively on personal or family factors, the Inquiry made clear that "the provision of services and programs for children and young people who are unwell" is an important part of wellbeing.

In other words, high quality interventions by trained professionals and good government policies can facilitate children's access to the supports they need to become more resilient. Furthermore, the report by the Commissioner focused attention on the "social, physical, cultural and economic environments" that help children do well.⁷

3 Rutter M. 2012, 'Resilience: Causal pathways and social ecology', *The social ecology of resilience: A handbook of theory and practice*, ed. M Ungar, Springer, New York, pp. 33–42.

4 International Federation of Red Cross and Red Crescent Societies 2004, *World disasters report 2004*, International Federation of Red Cross and Red Crescent Societies, Geneva.

5 The Mental Health and Addictions Strategy Advisory Committee 2012, *Come together: Report and recommendations of the Mental Health and Addictions Advisory Committee*, Department of Health and Wellness, Nova Scotia.

6 Shernoff D. J. & Schmidt J. A. 2008, 'Further evidence of an engagement-achievement paradox among U.S. high school students', *Journal of Youth and Adolescence*, Vol. 37, No. 5, pp. 564–580.

7 Commissioner for Children and Young People Western Australia 2011, *Report of the inquiry into the mental health and wellbeing of children and young people in Western Australia*, Commissioner for Children and Young People, Perth, Western Australia, p. 12.

Just as poignantly, a review of 36 suicides by young people in WA by the Ombudsman Western Australia resulted in numerous recommendations for earlier prevention, better access for children to mental health services, and coordination of service initiatives across government departments and with the involvement of community partners. Consistently, these reports come to the same conclusion, the need for a “collaborative inter-agency approach” to the problems young people face. Resilience is not something that can be left to children themselves, but is something that we as systems of care and protection can help children achieve.⁸

And so it is around the world. If we have learned anything about resilience globally, it is that it is always better to ask children about their lives and what they need to do well rather than assuming we know what children need to cope with the challenges they face.



Thinker partners, Ambassadors for Children and Young People and Chief Executive Officers meet Dr Ungar

8 Ombudsman Western Australia 2014, *Investigation into ways that state government departments and authorities can prevent or reduce suicide by young people*, Ombudsman Western Australia, Perth, Western Australia, p.28.

The Resilience Research Centre

The Resilience Research Centre (www.resilienceresearch.org) that I founded and now co-direct with Dr Linda Liebenberg at Dalhousie University in Halifax, Canada, coordinates more than five million dollars in funded research in a dozen countries. It brings together leaders in the field of resilience research from different disciplines and cultural backgrounds to study how children, young people and families cope with many different kinds of adversity.

Our research focuses on the social and physical ecologies that make resilience more likely to occur, looking beyond individual factors to aspects of a young person's family, neighbourhood, wider community, school, culture and the political and economic forces that exert an influence on a child's development in challenging contexts. It is that research which I've drawn upon to develop models of clinical and community practice that help children and their caregivers grow their capacity for resilience.

I am very pleased that the Research Centre counts among its many partners community-based and government service providers, academics and policy makers with an interest in resilience. Among our best known projects are:

- The International Resilience Project has, for more than ten years, sought to develop a better, more culturally sensitive understanding of how youth around the world effectively cope with the adversities that they face, examining individual, interpersonal, family, community and cultural factors associated with building resilience. With partners in 14 communities on five continents, we developed the Child and Youth Resilience Measure and a tool-box

of qualitative research techniques that are shared at no cost with researchers, evaluators and clinicians around the world. Edith Cowan University's Lifespan Resilience Research Group is part of this international network.

- The Pathways to Resilience Project is a study of more than 7,000 young people in Canada, New Zealand, South Africa, Colombia and China that is examining service-use patterns, personal and ecological risk factors, and aspects of resilience among young people across different cultures and contexts, and with complex service histories.
- The Spaces and Places study in remote First Nations, Metis and Inuit communities in Canada is studying collaboratively with young people themselves how young people navigate the spaces available to them in their communities. We are hoping to understand better how young people develop a sense of community and cultural connection when facing heightened risks and how these spaces facilitate a sense of cultural and civic engagement among young people.

The focus of the 2014 Thinker in Residence program

There are many already in Western Australia who are seeking answers to the same research questions I've been asking in other countries. The ecological, culturally relevant model of resilience that is the focus of this residency reminds us that resilience is much more than a latent quality or trait of a child waiting to be expressed. Resilience is also the quality of the 'soil' in which children grow (their homes, schools, and communities).

How we design and deliver informal supports and formal services to children that help them become more resilient in stressed environments is no easy task. The expertise we need, however, already exists among the exemplary programs available to children in Western Australia (WA) and elsewhere. For example, a review of best practice programs that improve the wellbeing

of children and young people has identified wonderful initiatives to help children in WA⁹. My own experience meeting with service providers who represent dozens of leading edge programs in WA speaks to the variety and creativity of these efforts to reach out to vulnerable children.

For example, I saw evidence of many programs promoting culturally sensitive programming for Aboriginal young people and their families. Aboriginal art courses and language training is provided to Aboriginal and non-Aboriginal children in places like Kalgoorlie - Boulder Community High School and East Kalgoorlie Primary School in Kalgoorlie. Likewise, curriculum is being adapted to meet the needs of all less academically engaged young people providing, for example, young people with



Jenni Perkins and Dr Ungar at Rio Tinto Naturescape, Kings Park

⁹ Commissioner for Children and Young People, Western Australia 2012, *Building blocks: Best practice programs that improve the wellbeing of children and young people - Edition One*, Commissioner for Children and Young People, Western Australia, Perth, Western Australia.

opportunities to study hairdressing as a way to learn math and literacy skills. In Banksia Hill Detention Centre there were some efforts being made in this regard as well, though there is still a way to go to integrate cultural practices and accommodations that respond to children's cultural diversity. The workers were very aware of this and would like permission to expand programming (for example, modelling programs for adult offenders, youth correction officers would like the chance to create opportunities for lower-risk young people to sleep out-of-doors and more cultural activities that are relevant to them). In Kalgoorlie, such cultural sensitivity is already evident in efforts to create temporary accommodation that matches the cultural practices of people using the facilities. All these efforts speak well to the desire by social services staff to adapt programming to meet the needs of marginalised young people and their families in ways that make sense to them.

While I encountered many exciting examples of responsive programming, the tragic truth is that despite having piloted and proven the value of programs that improve the resilience of young people, many children still do not have access to the supports they need in their own communities. In Australia (especially WA) and other countries where the distances between communities and service providers is very large, even successful local initiatives may not get replicated or made accessible to more than a few communities. The coordinated service model called Young People with Exceptional and Complex Needs, for example, appears to work well in the Perth area, but may struggle to be implemented State-wide.

Likewise, an initiative in Fitzroy Crossing for women and children escaping family violence uses ancient knowledge and medicine making to

help women develop economic independence in ways that fit their culture and location. It sounds like a wonderful effort by a local community to create a program that has a high likelihood of being effective. It is unclear, however, if there are opportunities to replicate the program in other WA communities.

In Australia, as in Canada and elsewhere, there is a patchwork quilt of mental health programs, addictions services, early learning programs, programs to address children's self-regulation, and a host of other initiatives that could influence children's resilience if better coordinated and funded.

The purpose, then, for this residency in WA was to:

- open discussion about the resilience-oriented policies and practices that have potential to build bridges between different community and government services such as child protection, education, mental health and juvenile corrective services
- explore best practice programs and services already in use in Aboriginal and non-Aboriginal communities that are aimed at helping children who are exposed to adverse life events and marginalisation (a process of Appreciative Inquiry)
- explore possibilities to share and adapt a social ecological model of clinical and community practice with local service providers
- reach out to parents and other caregivers to provide them with a better understanding of how they can help to make their children more resilient
- develop sustaining research collaborations that build partnerships with the Resilience Research Centre's international network.

Shifting our focus

When we change our focus from mental disorder and dysfunction to resilience and positive development, we open possibilities for new ways of intervening in the lives of all children. Many here in WA, like those in dozens of other regions of the world, are appreciating this same shift. After all, if we simply address mental health problems and get children to *stop* being violent, *stop* being anxious, *stop* abusing substances, or *stop* their obsessive compulsive behaviours, we will have a child that is problem free, but not fully able.

According to the World Health Organization¹⁰, mental health has two dimensions: the absence or presence of mental disorder, and the absence or presence of wellbeing. When we enhance resilience, we are helping children find the

sources of wellbeing they need to cope, even if they continue to struggle with a disorder. The anxious child can still have friends and feel competent doing her studies. The child with Fetal Alcohol Syndrome Disorder can still feel like he belongs on his high school basketball team and that his grandparents love him.

This opportunity to be the Commissioner's third Thinker in Residence is perhaps a reflection of our shift in thinking from earlier efforts to suppress childhood disorders, to a growing realisation that it is just as, and often more, important to build children's capacities to withstand stress to prevent future problems. Resilience does for the mind what an immunisation does for the body. It helps a child develop the capacity to deal with stress in small doses so that she is ready for the bigger challenges that may one day come.



Moorditj mob from Wesley College welcome Dr Ungar to Perth at the WA Museum

10 World Health Organization 2001, *The World Health Report: 2001: Mental health: new understanding, new hope*, World Health Organization, Geneva, Available: <http://www.who.int/whr/2001/en/>

From what I have seen and heard from service providers here in WA, children face many challenges. Bullying online and in person, racial discrimination, exclusion because of their sexual orientation, the stress of parents' expectations that the child achieve top marks, the onslaught of messages about what a perfect body looks like, family violence, community violence and a lack of economic and educational opportunities for the future.

There are many challenges like these, but there are also success stories. I hope in some small way my time as Thinker in Residence has helped to add energy to a conversation about the myriad of coping strategies young people use locally that are most likely to help them succeed in socially acceptable ways, and the ways we can design interventions to help these children do well.

The best part of this experience was the opportunity to not only share what I've learned from children and professional helpers around the world, but to also hear the inspiring stories from people in WA. If there is a legacy from the community gatherings which I attended, I can only hope that it will be the stories of children who have overcome adversity.

For example, while being welcomed to country at the WA Museum in Perth, I met a remarkable group of young people, The Moorditj Mob from Wesley College, who performed traditional Aboriginal dances to honour and celebrate their cultural heritage. In Banksia Hill Detention Centre I met a 17-year-old boy who told me about his efforts to change his life, control his drug abuse and stop the cycle of delinquency which had trapped him for years. Such stories of resilience need to be harnessed and learned from to influence policy and practice in ways that will ensure more children are made resilient.

When I teach students at my university about resilience, I challenge them to develop a proposal for how they would spend a million dollars to improve the lives of vulnerable children. I encourage them to think about the children who are already doing well and engage with these young people as experts on services and supports. After all, they've already succeeded and are likely to know which services and supports were most helpful. That kind of expertise was clearly motivating the mental health workers I met from Child and Adolescent Mental Health Services who told me stories of children with concurrent disorders who they engaged in complex treatment plans that met the children's needs for trauma-informed care, stable housing, family reunification and support with their education. While such individualised case planning requires a great deal of resources and a committed mental health worker, I was impressed to see staff listening to young people who want to be engaged in their case planning.

I'm not the first to notice this pattern of good outcomes from youth engagement. Lawrence Kirmayer and his colleagues¹¹ have, for example, carried out collaborative research with Aboriginal people in Australia and Indigenous peoples in Canada. Among their findings from the *Roots of Resilience* project are narrative accounts of successful human development that include reconciliation inside communities to maintain the cohesion of the social group and ensure continuity in language and the transmission of culture, as well as maintaining a connection to the land. In each case, it is the stories people tell themselves which give clues to where their sources of strength lie and the services and supports they need. The best way to promote resilience in one community may not be all that relevant to another.

11 Kirmayer L. J., Dandeneau S., Marshall E., Phillips K., & Williamson K.J. 2012, 'Toward an ecology of stories: Indigenous perspectives on resilience', *The social ecology of resilience: A handbook of theory and practice*, ed. M Ungar, Springer, New York, pp. 399–414.

What is resilience?

While there are many, all slightly different, definitions of resilience, in general resilience is understood as a process rather than a static trait of an individual. We might say a child “is resilient”, or more accurately, “shows resiliency” (which means individual strengths like perseverance, hopefulness, and motivation are visible) when in fact resilience is more accurately described as the interaction between a child’s personal strengths and the child’s environment.

Resilience will almost always depend on the child’s ability to seek and find what he or she needs. But it is up to the child’s environment to provide the right resources. Why would we expect a child to show motivation to succeed if she lives in a community that closes doors on opportunity? Fails to provide good schools? Exposes the child to violence and racism? Or fails to provide services in ways that the child can easily navigate? A child’s capacity to thrive depends a great deal on how well the adults in the child’s life make that thriving possible. It is up to the child’s community to provide the child with the protective factors that help him to cope with stress.

Most often, the term resilience has been used to describe an individual’s ability to overcome adversity and continue his or her normal development. However, as I’ve shown through my work with children and the complex systems that surround them, resilience is a process that is best defined as follows:

In the context of exposure to significant adversity, resilience is both the capacity of individuals to navigate their way to the psychological, social, cultural, and physical resources that sustain their wellbeing, and their capacity individually and collectively to negotiate for these resources to be provided in culturally meaningful ways.¹²

Let me provide an example from my time in WA that illustrates the key concepts of navigation and negotiation as they relate to resilience. The Department for Child Protection and Family Support has integrated the Signs of Safety practice framework¹³ as a way of ensuring that children experience as much continuity in their attachment to their caregivers as is possible. With its emphasis on “rigorous, sustainable, everyday child safety in the actual home and in places in which the child lives” (p.3) the framework shifts the focus from just protecting children, to helping children maintain access to the resources they need for long term coping strategies, like attachment to caregivers, their communities and culture.

The example illustrates what we understand about resilience. It is not a trait but a process of interaction and, as such, is influenced positively when a child’s environment changes to better meet a child’s needs. Richard Lerner¹⁴, among the most famous American developmental psychologists, has written that resilience *is* this interaction.

12 *Resilience Research Centre Homepage*, <http://www.resilienceresearch.org>

13 Department of Child Protection 2011, *The Signs of Safety Child Protection Practice Framework (2nd Ed.)*, Department of Child Protection, Perth, Western Australia. Available: <http://www.childprotection.wa.gov.au/Resources/Documents/Policies%20and%20Frameworks/SignsOfSafetyFramework2011.pdf>

14 Lerner R. M. 2006, ‘Resilience as an attribute of the developmental system: Comments on the papers of Professors Masten & Wachs.’ In *Resilience in children*, eds B. M. Lester, A. S. Masten, & B. McEwen, Blackwell, Boston, MA, pp.40–51.

He represents this relationship between child and environment as a two-headed arrow, pointing to both the person and the person's environment. Likewise, Boris Cyrulnik¹⁵, a psychiatrist and the best known writer about resilience in Europe, once told me that resilience is 100 per cent nature, *and* 100 per cent nurture. Smiling mischievously, his point was that we cannot separate the child from the child's environment. Resilience depends on a positive interaction between the two.

My own research has shown that this interaction has two qualities. To be resilient, children must navigate to the resources they need (which means those resources must be made available and accessible) and children must be able to negotiate with those who provide the resources they need to ensure that what children say they need is provided to them in culturally relevant ways. Indeed, both the child's personal qualities and the quality of the child's environment matter.

That means environments must not only provide loving families, extended kinship networks, good schools and recreational opportunities. It also means that environments need to have the capacity for advocacy, good social policies and the ability to advance children's rights so children are heard and their needs met on their own terms.

I like this way of thinking about resilience because it is grounded in children's realities. While we may like to think that children can thrive like dandelions in just about any soil, we increase the chances that all children will do well when we make our communities fertile with the resources children need. For all children, this means opportunities for manageable amounts of risk and responsibility.

It is easy to see then why a resource like the Rio Tinto Naturescape in Kings Park, Perth is helping

to increase children's resilience. It provides opportunities for children to play in a natural environment where there are real risks (but the risks are not so large that the consequences will be long-lasting) and children can take responsibility for self-directed play. I was told by the Chief Executive Officer, Mark Webb, that children spend an average of two hours per visit in the park, a remarkable amount of time given that most of what occupies them is as simple as making mud, climbing trees and poking around in streams. The success of the park seems to be its match with what children need: a perception of independence and a bit of adventure. Both traits are desirable building blocks for the challenges children will face later in life.

On a much more serious note, when children are facing significant challenges, these same patterns of navigation and negotiation can also be found. When David Abramson and his colleagues¹⁶ in the United States looked at children's coping after Hurricane Katrina, they found that children's successful adaptation and resistance to post-traumatic disorder depended a great deal on how well their communities treated the children. In other words, it wasn't just up to the children to ensure that their psychosocial development occurred normally. It was their community's interactions with them that decided their fate.

A lengthy period during which children were out of school, living in unstable housing and unable to access their normal social networks did not help keep children resilient. In fact, it was quite the opposite. It made them less capable of coping with the traumatic events they had experienced. When it comes to resilience, it appears that it really does take a community to create the conditions for our children need to thrive.

15 Cyrulnik B. 2011, *Resilience: How your inner strength can set you free from the past*, Penguin, New York.

16 Abramson D. M., Park Y. S., Stehling-Ariza T. & Redlener, I. 2010, 'Children as bellwethers of recovery: Dysfunctional systems and the effects of parents, households, and neighborhoods on serious emotional disturbance in children after Hurricane Katrina.' *Disaster Medicine and Public Health Preparedness*, Vol. 4, Supp. 1, S17-S27.

Sadly, we tend to focus more on individuals than contexts. A parent may think his well-loved two year-old is resilient when he hits his head on the coffee table and after a few tears gets back up and continues playing. But that is a poor use of the term for two reasons.

First, resilience is a quality of children's interactions with their world when there is *adversity*. A normal developmental challenge is not grounds to label a child resilient. Strong, secure or happy may be better descriptors.

Second, to see the child as the source of the resilience ignores the fact that the child lives with someone who actually noticed the child's stumble, cuddled the child and helped him self-soothe, then checked the child's environment for any unreasonable dangers. A child who navigates and negotiates for what he needs to be resilient is one that most likely receives the support of others at home, school or in his community.



Jenni Perkins and Dr Ungar with Margaret Collins and Danuta Doherty from the Department of Education

In different contexts, different pathways to resilience

Bruce Perry¹⁷, a psychiatrist, Catherine Panter-Brick¹⁸, a medical anthropologist, Linda Theron¹⁹, an educational psychologist, and many other scholars in many different disciplines in many different countries all agree that we cannot consider resilience without assessing a young person's environment. In fact, depending on the environmental load (the amount of stress caused by the child's environment), a child may come through adversity relatively unscathed or deeply traumatised.

George Bonanno and his colleagues²⁰ have shown that while many children show minimal impact resilience, surviving adversity with few lifelong emotional scars, many others show periods of steep decline in their functioning in more toxic environments. For these children exposed to a greater number of potentially traumatising events, their pathway to resilience is one of recovery. That recovery is made more or less likely depending on the condition of the child's environment. In other words, when we shape environments for our most vulnerable children, we make them much more likely to heal.

I've described this pattern as the 'differential impact' of protective factors on resilience²¹. In general, personal qualities of the child contribute more to a child's resilience when risk is low, but it

is changes in the environment that mean more to a child's resilience when risk is high.

If we think about this in the context of WA, a child who lives in Kalgoorlie and whose family is transient, staying just a year or two, will need the connection to a sports team, one or two friends, and a good school to cope if her attachment to her parents has remained stable. The move to a new town is easy for the child to navigate because the child has lots of resources at home and in the community to draw upon.

Contrast that child's experience with another child who experiences family violence and who relied on her teachers at her last school for emotional support away from home. That child is much more at risk and will likely need much more intensive supports (even mental health care or a child protection worker) to cope successfully with the move to another town. Each child, depending on the child's context, will need different resources in different quantities.

Research from around the world supports this relationship between the quality of the environment and resilience in contexts where a child is exposed to a great many risk factors. In a longitudinal study from the Netherlands examining anxiety and depression among

17 Perry B.D. 2009, 'Examining child maltreatment through a neurodevelopmental lens: clinical application of the Neurosequential Model of Therapeutics', *Journal of Loss and Trauma*, Vol. 14, pp. 240–255.

18 Panter-Brick C. 2002, 'Street children, human rights and public health: A critique and future directions', *Annual Review of Anthropology*, Vol. 31, pp. 147–171.

19 Theron L. C. 2007, 'Uphenyo ngokwazi kwentsha yasemalokishini ukumelana nesimo esinzima: A South African Study of Resilience among Township Youth', *North American Clinics of Child and Adolescent Psychiatry*, Vol. 16, No. 2, pp. 357–376.

20 Bonanno G. A. & Diminich E. D. 2013, 'Annual research review: Positive adjustment to adversity-trajectories of minimal-impact resilience and emergent resilience', *Journal of Child Psychology and Psychiatry*, Vol. 54, No. 4, pp. 378–401.

21 Ungar M. 2013, 'Resilience, trauma, context and culture', *Trauma, Violence, & Abuse*, Vol. 14, No. 3, pp. 253–264.

monozygotic and dizygotic twins from ages three to 12 years, it was shown that the children's environments became progressively more important to explaining differences in children's psychological problems²². The older the children, the more their encounters with their shared environments explained changes in individual behaviour. Though genetic factors were able to explain as much as 63 per cent of the variation between the children at age three, that figure dropped to 41 per cent by 12 years. In other words, psychopathology is explained less and less by individual factors and much more by how communities treat children, the older children become.

It would be reasonable to understand resilience in much the same way. In fact, a study²³ from British Columbia, Canada, has shown that children who have been either physically or sexually abused, or both, report high rates of suicidal ideation only when they feel disengaged from school. A strong engagement to school, something that educators and parents can facilitate, is very likely to decrease suicides among children who have experienced past events that are potentially traumatising.

I like to think of all these examples as clues to how we can change children's developmental trajectories, protecting them against future disorder. This has been one of the goals of this residency in WA, to engage communities, politicians, families and young people in conversations about what can be done to make children more resilient. The theory of differential impact suggests that the more exposed to risk a child is, the more that changes to the child's environment will influence the child's development. Help the most vulnerable children

navigate and negotiate more effectively, and no matter what their genetic profile they are more likely to do well despite their past and present exposure to challenging situations.

When we think of resilience, then, we can look beyond the individual to social factors, even service delivery systems and social policies, which make children resilient. Rather than complicating our understanding of resilience, this perspective actually offers us hope and a greater number of opportunities to help children.

This is especially true for children from marginalised communities, such as Australia's Aboriginal people, young people who are differently abled, young people whose sexual orientation challenges heteronormative assumptions (they self-identify as gay, lesbian, bisexual or transgendered), recent immigrants who do not share the dominant culture, children who live in rural or remote communities without services, and children who experience violence, neglect or excessively high expectations from parents. Indeed, there are many children who need our help.

The good news is that it is easier to change a child's environment than change the child. Many personality traits are stubbornly fixed, but a child's environment is a rich tapestry of opportunities and resources when under the influence of committed helpers. The trick, however, is to implement the right policy and practice to make young people more resilient.

We know this from studies in many different contexts, such as those of coping and mental health with minorities. In those contexts there are culturally and contextually specific ways that children cope under stress.

22 Boomsma D. I., van Beijsterveldt C. E. M., Bartels M., & Hudziak J. J. 2008, 'Genetic and environmental influences on anxious/depression: A longitudinal study in 3- to 12-year-old children', in *Developmental psychopathology and wellness: Genetic and environmental influences*, ed. J. J. Hudziak, American Psychiatric Publishing, Washington, DC, pp. 161–190.

23 Smith A., Stewart D., Peled M., Poon C., Saewyc E. and the McCreary Centre Society 2009, *A Picture of Health: Highlights from the 2008 BC Adolescent Health Survey*, McCreary Centre Society, Vancouver, BC.

For example, Alegria and her colleagues²⁴ have studied the psychiatric epidemiology and service use patterns of Latino and Asian Americans using results from the National Latino and Asian American Study. They showed that “The risk of psychiatric illness is linked to social position at the primary level, environmental context at the secondary level and psychosocial factors at the tertiary level”²⁵.

What that means is that psychiatric illness, while having biological and social roots, is heavily influenced by factors well beyond the individual’s control like social class. These patterns account for much of the variance in rates of psychiatric disorder and patterns of service use among both racial groups. With this in mind, it is easy to see that providing services to the most vulnerable in ways that match their needs can have a huge impact on their developmental trajectories.

In practice this means ensuring that children who have neurodevelopmental challenges like

Fetal Alcohol Syndrome Disorder, or who have been traumatised by neglect and violence, get mental health and child protection services even if they’ve broken the law and come under the mandate of corrections. We can actually do far more harm than good, and accentuate a child’s problem behaviours, when we provide the wrong intervention.

In WA, frontline staff across services report that jail time can become a rite of passage for many young people seeking status among their peers when they have no other way to show their competence. Whether they veer towards delinquency and mental disorder or find their way to school and healthy relationships is largely a matter of good social policy, supporting families to be healthy, making communities safe from violence, providing schooling that is tailored to a child’s capacities and culture, and whenever possible helping children avoid the development of an identity as delinquent.



Dr Ungar presents to parents at John Curtin College of the Arts, Fremantle

24 Alegria M. et.al. 2004, ‘Considering context, place and culture: the National Latino and Asian American Study’, *International Journal of Methods in Psychiatric Research*, Vol. 13, No. 4, pp. 208–220.

25 Ibid, 209.

Nine common factors that predict resilience

In my research around the world, including with academics in WA, we have seen a recurring pattern of nine factors that are present in the lives of children who show resilience. Not all nine need to exist, but certainly the more of these nine factors a child has the more likely he or she is to be protected from the negative consequences that follow exposure to risk. What is most interesting about all nine is that they can be improved when adults provide children with the right supports and services.

1. Structure

I still remember the young man in jail on a kidnapping and extortion charge that I worked with several years ago. He was shocked at how stupid he'd been, but not all that upset with being in jail either.

He was being forced to get his high school diploma, eat well, get himself clean and sober, and develop some career skills. What he couldn't do for himself, his treatment team were making him do. I asked him why he was experiencing so much success in jail. He said he never had any structure or expectations growing up. He wished some adult had cared enough about him to set some limits. "Then I'd have known I was worth something to someone." I was surprised by his words given that juvenile jail time doesn't seem like the best place to grow up.

I was curious, though, what would have happened if someone had tried to set some limits, insist he go to school and stop using drugs. "Would you have listened?" I asked.

He smiled and leaned back in his chair with his arms crossed across his chest. "Hell no," he told me. "But I'd have liked someone to have tried."

Our children want a reasonable amount of structure, especially when the quality of that structure changes as they get older. Structure convinces children that their parents and caregivers love them. When the structure we provide fits with where children live, the dangers they experience and the values that their families hold, children tend to accept our intervention and appreciate our efforts to help them stay safe.

Communities that provide reasonable limits for children and adolescents, and lots of alternatives to express themselves and show they are capable of making some decisions for themselves, seem to create the optimal environment for children to thrive. The challenge, of course, is to provide structure when a child's family or community is itself struggling with the legacy of intergenerational trauma.

2. Consequences

Natural and reasonable consequences go hand in glove with structure. While structure convinces children they are loved, consequences help children develop good judgment and other life skills necessary to deal with problems as they occur. Bad consequences are simply punishment, designed to teach children to lie and cheat their way out of problems. Good consequences help children address the harm they've done to themselves or others and puts them in control of making solutions work.

When students at my son's high school started a huge food fight that resulted in tables upended and a teacher with a serious bruise to her face, the six students who were captured on camera were suspended for five days. Such consequences make no sense and do nothing to improve any child's resilience.

After all, the people they harmed were the custodial staff who had to clean up the mess and the teacher who was injured. What I have learned through my research and clinical practice is that a better consequence would have been to have those six students spend five days helping the janitor and finding a way to apologise to the teacher.

Our children want the security of knowing there are reasonable consequences to their actions. They want to be shown how to fix their mistakes without using violence or bullying others that are weaker than them. Good consequences remind children they are still a part of their families, schools and communities, and accountable for the harm they cause others.

3. Parent-child connections

In almost every well-designed study of resilience, a supportive parent (or caregiver) relationship with a child is one of the best predictors of resilience. But, depending on the amount of adversity a child experiences and the capacity of parents to support their children, the parent-child relationship is not the only important factor deciding a child's resilience. I am cautious in this regard because too often we can blame parents

for failing to make their children resilient, when in fact the responsibility for a child's resilience may rest with the child's extended family, school or broader community.

When parents are available and have enough time and resources to help their children, these adult-child connections can become powerful sources of strength. Through these relationships children develop a sense of personal worth, and have modelled for them the skills that they need to problem-solve later in life. In other words, these relationships help children develop a range of psychological and social skills that prepare them for life, even in contexts where children are challenged by social factors beyond their control. As children get older, the role of parenting changes. Adolescents, for example, want to know that their problems are theirs to solve and that their parents are there to help them only when they're needed. Likewise, a younger child needs to make some simple decisions for him or herself, but decisions beyond the child's years risk making the child anxious. Resilience is nurtured when a parent negotiates with her child in a never-ending dance of structure and consequences.



Dr Ungar with the Minister for Local Government, Community Services and Youth, Tony Simpson

4. Lots and lots of strong relationships

Children live in interdependent worlds that bring with them the possibility of many supportive relationships. Our job as adults is to help children nurture these connections. It is these ever-expanding social networks that help make children more resilient. For example, children want the chance to make a genuine and noticeable contribution to their families, schools and communities. Volunteer activities ensure children see themselves as competent, while getting closer to peers and adults who will see them as worthy of respect. Children appreciate the opportunity to convince others they are getting older and ready to accept more responsibility. They want to feel accepted by others. Even when they have problems, children want others to see beyond their problem behaviours and acknowledge that children do whatever they need to do to survive.

Many children have told me they have found incredible support from an aunt or uncle, a teacher, a coach, a peer, a peer's parent and even their school's janitor. Depending on the risks the child faces, any of these other supports may supplement the capacity of parents to respond. Professionals, too, become part of these networks of relationships. Formal and informal service providers can be a source of support with special skills to help children find ways to become more resilient. As with the other factors already named, a child's resilience is an outcome of interactions. Patterns of coping are not individual qualities, but embedded in relationships. It is these relational systems that make us resilient, not our individual qualities.

5. A powerful identity

Through the relationships children experience, they have reflected back to them who they are and how much they are valued. I believe children's identities should be theirs to choose,

as long as their choices don't cause long-term harm to themselves or others. When they choose troubling identities like 'delinquent' or are ashamed and anxious about who they perceive themselves to be, it's the significant others in their lives who can help them find socially desirable identities that others will value. In this sense, children's identities are co-constructions, the result of a game of show and tell in which the child and others give a positive or negative name to the child.

A child who is anxious and avoids school may be better described as the victim of bullying rather than a child with an anxiety disorder. The child who is studious and fulfils her parents' expectations may appear successful, but to her mind lacks control and experiences suicidal thoughts as a consequence. Children's identities are fluid and dependent on others. Significant others are like mirrors to which the child asks, "Who am I?" While no one other than the child can decide the child's identity, a child can receive lots of contradictory messages about who he is. Resilience is related to self-perception. A 'can do' attitude, the motivation to succeed and the perception of one's self as worthy of another's love all reflect the identity conclusions children make. Reinforce the positives and children are better able to make better decisions with regard to the identities they choose.

6. Sense of control

Children need opportunities to control their own lives and, when things go badly, to learn the consequences of their actions. As will be obvious by this point, all the factors associated with resilience are intertwined. Relationships either give children ways to experience control, or provide excessive amounts of protection that deny children what I've called 'the risk-taker's advantage'²⁶. There is good evidence that from an evolutionary standpoint, we are designed to take control, fail in manageable ways and then persist with another try.

26 Ungar M. 2007, *Too safe for their own good: How risk and responsibility help teens thrive*, McClelland & Stewart, Toronto, Ontario.

Children learn to walk by first falling down. Repeatedly. The important thing about failure, and resilience, is that the experience of not succeeding should be managed by caregivers (like parents and teachers) to ensure a child's exposure to failure is manageable and potential solutions to a child's failure within the child's grasp.

Of course, children's experiences of control should match their age and ability. Children benefit little, if at all, from being burdened too young with decisions they shouldn't have to make, or can't make properly. When children abuse the control they have (for example, use that control to hurt themselves or others) the consequences they suffer should help teach them to act responsibly. Experiences of control give children an edge in life. They help protect children from being taken advantage of by others.

There is another dimension to experiences of control: styles of attribution. When confronted with failure it is good practice for children to consider if their failure is due to a lack of some personal quality or something that others in similar circumstances would also have experienced. This difference between an internalising and externalising locus of control is significant and potentially protective if the child has accurately appraised her environment. Imagine the child in an abusive family where no matter what the child does, she can't meet a parent's expectations.

To think the solution is inside her, rather than requiring a change in her caregiver, will result in the child feeling disempowered and anxious. Likewise, a child who blames everyone else for failing grades and takes little responsibility to seek extra help will be less likely to develop the competencies required for success in post-secondary education. It is good for children to know when to attribute their successes and failures to themselves and when to attribute these outcomes to others.

7. Sense of belonging, life purpose and spirituality

The field of resilience can sometimes seem like fertile ground for motivational speakers. Much is made of hopefulness for the future, a sense of spirituality and strong sense of community. These things are all important, but they are not just individual qualities. They are processes that we engage in when others provide us with opportunities to make sense of our lives. A sense of belonging, for example, depends on acceptance from others and tolerance for our differences (for example, when we are a racial or sexual minority). Life purpose is something we are helped to feel when our special talents are valued and we are given opportunities to show what we can do. One could imagine a child with musical talent attending a school without a music program, but a strong sports focus. A sense of belonging and contribution might never be realised under such circumstances unless the child finds other spaces to thrive, like a local YMCA or a municipal recreation program that provides children access to volunteer music instructors.

There is also a cultural component to a sense of belonging. Through their relationships with others, our children come to know their culture and where they belong. It can be a difficult negotiation. A child from a First Nations community in Canada with whom I worked had a talent as an artist that her school support worker wanted to help her use. When the worker arranged for the girl to attend a drawing course at a local Boys and Girls Club, the girl showed she had talent. However, when she brought her artwork home, the girl's mother paid little attention to the pretty pastels of fruit and flowers. Discouraged with the lack of recognition, the girl soon stopped attending art classes. Following a consultation, her team of care providers tried a second time, this time connecting the girl to an Indigenous artist at a local Native Friendship Centre. There the girl began learning to draw in the style that was celebrated by her family and community. When she brought these drawings home, her mother's reaction was very different.

These were proudly displayed in the home and shared with extended family. In this case, the girl's community provided her with what she needed to feel connected (and resistance to the numbing sense of hopelessness that many of her peers experience because of the racism they experience).

8. Fair and just treatment

As I hinted in the last few examples, children also need to experience their homes, schools and communities as places where they are treated fairly. Children need to be protected from racism, sexism and other forms of intolerance. Children need to be shown how they can talk back to people who exclude them or otherwise trample on their rights. Once again, fair treatment is something that we create for children, especially children who are vulnerable and without the coaching they need to speak up for themselves.

Just as child advocates help children have a say over the decisions that affect them and ensure good social policy to meet children's needs, so too can children themselves participate in processes that help them to be treated fairly. School-based initiatives like gay-straight alliances, curriculum that teaches the history of oppressed minorities and programs that sensitise mental health professionals and police to the barriers some racialised minorities experience, all contribute to creating conditions for social justice. I have found it particularly important when children are 'differently abled' (we more commonly refer to these children as disabled: the label implies there is only one right type of body) that they are given opportunities to feel a part of their communities and have a chance to make a contribution.

Children also need to hear the stories of their parents and grandparents and how they defended their rights when others treated them

unfairly. It is through these intimate relationships that children often find the best ways to address intolerance.

9. Physical and psychological safety

Our children need access to the resources that make them healthy, both physically and mentally. These include housing, safe streets, well-resourced schools and parents with the time to pay attention to them. Children, whether rich or poor, who experience physical and emotional neglect tend to grow up with physical and psychological problems. Give children what they need and they are more likely to be problem free and flourish. Children who get their basic needs met, including food, good education, proper clothing and opportunities to participate in recreational programs, are children who will also feel better about themselves. Children who feel better about themselves are less likely to need expensive services like mental health clinics, social workers and prisons.

The evidence for this is now stronger than ever. Studies of Adverse Childhood Experiences, such as witnessing family violence and chronic neglect, have been shown to increase the odds that a child grows up to experience a number of debilitating physical and mental disorders, from addictions and obesity, to heart disease and diabetes²⁷. There are a number of theories to explain these connections, among them that early childhood trauma changes the neurophysiology of a child's brain making the child more susceptible to future problems²⁸. Stress responses tax the capacity of the body to adapt to even normal amounts of stress. The child's environment models dysfunctional ways of adapting to normal life events. Whatever the reasons, a child is more resilient when their caregivers provide them with physical and psychological safety.

27 Anda R. F. et. al. 2006, 'The enduring effects of abuse and related adverse experiences in childhood: A convergence of evidence from neurobiology and epidemiology' *European Archives of Psychiatry and Clinical Neuroscience*, Vol. 256, pp. 174–186.

28 Perry, B.D. 2009, 'Examining child maltreatment through a neurodevelopmental lens: clinical application of the Neurosequential Model of Therapeutics', *Journal of Loss and Trauma*, Vol. 14, pp. 240–255.

Responding to children and families in ways that build resilience

Though we know what children need to nurture and maintain their wellbeing, providing them with the resources to succeed has proven more complicated than we thought. In part, that's because social ecologies, like natural ecologies, aren't very predictable. We used to think we could control environmental problems with a small change, like the introduction of a predatory species to eat the species we wanted to exterminate. We now know that our actions are likely to cause new and unanticipated problems. It is the same for human ecologies. For example, it is a curious fact that residential treatment for children with severe emotional and behavioural disorders may result in families not wanting their children to come home even when the treatment facility says the child is ready for discharge²⁹. Human communication and group behaviour are now increasingly understood as very complex. They are open systems with many factors influencing outcomes.

Changing a child's social ecology is much like

trying to squeeze a balloon. As we try and compress the balloon, the air in it bulges out in a new direction, or worse, the balloon bursts from the pressure. Solving children's problems risks the same outcomes. Children who are taken from abusive parents and placed in foster homes may become involved with the juvenile justice system if their frustration with their placement results in assaults on staff. It is usually a better strategy, and one favoured by those who look at child development from the point of view of resilience, to expand the possibilities children have to access resources that the children say are meaningful to them. To illustrate, Ignite Basketball, an initiative of local government in Armadale and elsewhere, is managing to draw into recreational activities many young people that might otherwise resist interventions. Operating in areas of high youth crime and providing regular activities at times when some young people might otherwise get into trouble, the program puts on sports activities on Saturday nights from 7 to 11pm.



29 Frensch K. M., & Cameron G., 2002, 'Treatment of choice or a last resort? A review of residential mental health placements for children and youth', *Child and Youth Care Forum*, Vol. 31, No. 5, pp. 313–345.

Staffed by coaches, youth workers and volunteers, the program is showing a lot of success reaching out to vulnerable youth.

As the example shows, problems can evaporate³⁰ when we increase children's capacity to find what they need when they need it. In practice, that means conduct disorder and delinquency are less likely to persist if we expand a children's access to mentors, school engagement, self-esteem, experiences of social justice and the other dimensions of resilience named above.

It is for this reason that the resources that are the most meaningful make the biggest difference to a child's resilience.

Resources

A child and family's wellbeing depends on the availability and accessibility of the psychological, physical and social determinants of health.³¹ These range from a sense of mastery to stable housing and a safe community. Accessing resources requires families to be flexible in their coping strategies as the quality and quantity of their exposure to stress changes. The flexibility of the institutional gatekeepers who control the distribution of resources across government systems in WA is also important as it is their decisions (for example, which service to fund, for which child, for how long?) that puts limits on the possibilities children have to show resilience. For example, is the caregiver of a child with conduct disorder invited to participate in case planning at the child's school when the goal is to help the child self-regulate better? If these 'mesosystemic' processes (interactions between systems) are not facilitated, then how likely is it that a child with complex needs will receive the kinds of supports he or she needs? Can a family, school, single service provider or even a community do

enough on their own to meet the needs of such children? It is unlikely and both workers in WA and the research suggest that it is ineffective to offer services and supports in isolation from one another³². Like individual children, a family's resilience tends to rely on the opportunities it has to fully realise its potential.

Meaning

A resource is more likely to be useful to a family when it is meaningful. We have understood this for more than half a century, however programs still show a bias towards providing children and families with interventions that do not fit their world view. For example, residential or educational services will not be seen as a way to prevent caregiver burden if they are experienced as dangerous in contexts where institutionalisation of children reminds parents of their own past abuse (for example, they were forcibly removed from their families and placed in residential schools). There are many instances where the buildings being used to provide families in WA with services are the same buildings where elders had to go to get services that stigmatised and marginalised them as young people. What a family calls a risk factor, professionals may call protective. And herein lies the problem. In such cases, we can still make children resilient if service providers invest greater resources for in-home supports or provide stay-at-home caregivers with the supports they need to parent effectively. Making a resource available and accessible is not enough to ensure it will make children resilient. In the negotiations for resources to be made available and accessible, families that exercise more power and influence decision-makers are those most likely to get the services they want and need in culturally appropriate ways.

30 Broidy L. M. et al. 2003, 'Developmental trajectories of childhood disruptive behaviors and adolescent delinquency: a six-site, cross-national study', *Developmental Psychology*, Vol. 39, pp. 222–245.

31 Commission on Social Determinants of Health 2008, *Closing the gap in a generation: Health equity through action on the social determinants of health. Final Report of the Commission on Social Determinants of Health*, World Health Organization, Geneva, Switzerland.

32 Madsen W. C. 2009, 'Collaborative helping: A practice framework for family-centered services', *Family Process*, Vol. 48, No. 1, pp. 103–116.

With these considerations in mind, we can look at what different parts of a child's world can do to help protect and build resilience among children and young people who are at significant risk for psychological and behavioural problems.

Family

Children and young people want to make a connection and a contribution – to their families, schools and communities. Like The Moorditj Mob boys from Wesley College who are keeping their cultural heritage alive through traditional dances, or the school students who act as peer mediators at Boulder Primary School in Kalgoorlie, children want to know that they are valued. To assist them with this we need to give them responsibility. They need and want 'roots and wings'. Roots mean culture, relationships, a sense of place, family. Wings means adventure, risk, responsibility (not over parenting) then celebration/acknowledgment when children have successfully overcome challenges.

These days, among the most challenging roles for families is balancing the level of risk and responsibility that young people experience. This was a theme that was brought up by

many families in WA during the residency. Both risk and responsibility are important factors when providing children with the foundation they need to develop into competent, caring contributors to their families and communities. In fact, the provision of manageable amounts of risk and responsibility are essential to children's development. While children from disadvantaged environments may be exposed to too many risks, children in middle class homes, and homes where parents are extremely overprotective, may not have enough. Initiatives like outdoor adventure parks, skateboard facilities and school-sponsored outings on the land, are all initiatives in WA that can help break family patterns of overprotection by showing parents what children are capable of doing.

Of course, for children from homes where there is a great deal of risk, the issues confronting them are very different. For example, when children are growing up in a family where a parent has a chronic and persistent mental illness³³, their resilience is likely to depend on the supports they receive from those outside the family, including the community supports which provide safe havens.



Dr Ungar met with Aboriginal leaders Colleen Hayward AM, Ted Wilkes AO, June Oscar AO and Jenni Perkins

33 Foster K., O'Brien L. & Korhonen T. 2012, 'Developing resilient children and families when parents have mental illness: A family-focused approach', *International Journal of Mental Health Nursing*, Vol. 21, pp. 3–11.

In rare cases, children solve problems in their families by allowing themselves to become parentified. They assume the role of an adult and look after a parent who is ill or temporarily incapacitated. When facing extreme forms of adversity, supports to the family as a whole, like financial assistance during a time of psychological crisis that prevents a parent from remaining employed, may provide enough of a buffer against the stressors the family is experiencing to keep the children resilient. Echoing themes already mentioned, the more the child's environment is doing well, the more likely the child is to be okay.

This pattern can be seen in how fathers parent their children. While it is generally agreed that having a father figure in the home is a benefit to children, fathers must also have the resources they need to parent. As Perry and Langley³⁴ argue, it is not enough to have good intentions to parent one's child: fathers must also have the opportunities to do so, like the chance to live with the child. That means police and the judiciary need to exercise caution when incarcerating a parent. An intervention with a father that diverts him from doing time in jail may have the indirect and positive consequence of maintaining a family's economic stability and make it easier for children to grow up well.

Like individuals, family systems have the ability to adapt to changing environmental loads by using different protective processes. Clinicians and researchers concerned with families have presented exhaustive and useful descriptions of the protective processes families employ³⁵. They have not yet, however, reached consensus regarding which strategies in which environments with which risks function best for which families. For example, a family that recovered from the devastating

floods in Queensland may be functioning adequately but below the level they achieved before the disaster because of a disruption in their extended family or family-community interactions. Alternatively, if the floods provided an opportunity to increase the family's capacity to care for others, mobilised new psychological and social resources, or built better cohesion among family members, then the disaster may actually have resulted in family growth.

The resilience of families, and by extension their ability to care for their children well, is often a matter of how well social policy and community interactions help them to succeed. If, for example, laws prohibit same sex unions, it will be more difficult for non-heterosexual couples to create and sustain committed family units, raise children or experience the long-term economic benefits of shared resources like pensions.

School

Schools protect children from the negative impact of stress much like families do. For example, schools in WA that accept their role as promoters of resilience tend to avoid disciplinary measures that exclude children through suspensions and expulsions. When schools are engaged in promoting resilience, they create an encouraging environment that enables children to access the resources they need to look after their own needs better. Schools can provide supportive relationships (I met dozens of wonderful educators during the residency who go to great efforts to reach out to their students), a sense of belonging, hope for the future, competency development that will be useful for future economic success, and a host of other non-academic skills in ways that are contextually meaningful to students.

34 Perry A. R. & Langley C. 2013, 'Even with the best of *intentions*: Paternal involvement and the theory of planned behavior', *Family Process*, Vol. 52, No. 2, pp. 179–192.

35 Becvar D. S. 2007, *Families that flourish: Facilitating resilience in clinical practice*, Norton, New York.³⁶ Shernoff D. J. & Schmidt J. A. 2008, 'Further evidence of an engagement-achievement paradox among U.S. high school students', *Journal of Youth and Adolescence*, Vol. 37, pp. 564–580.

While all students benefit, some studies have found that the most disadvantaged may be the ones who benefit the most³⁶. Furthermore, much of the research in this area shows that while early intervention is better, it is never too late to provide help and support³⁷.

The impact on student resilience is likely to be greater when schools as a whole are focused on the dual mandates of improving both their students' academic performance and their psychosocial resilience. In a study of 307 principals from higher risk schools in the United States where there were above average levels of poverty and crime in the surrounding communities, Phillips, Turner and Holt³⁸ showed that organisational resiliency changed how well schools were able to meet the needs of their students.

First, resilient organisations [schools] have successfully implemented risk-focused strategies that emphasise the reduction or prevention of risks that are perceived to increase the probability of undesirable outcomes....Second, resilient organisations have successfully implemented asset-focused strategies that place emphasis on the development or enhancement of adaptive processes that can yield positive outcomes (p.93).

While more surveillance systems did not make the schools resilient or safer, more actions by students and staff themselves did (such as a strict dress code, clear plastic or no backpacks

were worn, and students and faculty had to carry identification cards). In fact, "Changes to increase protection...do not appear to result in significant changes in the outcome of serious violent incidents" (p.104) whereas actions that required students and staff to become actively engaged in making their school a better place can have a large impact on changing school climate.³⁹

Likewise, schools also make children more resilient by placing reasonable expectations on them to succeed academically and by inspiring hope for a secure economic future, what O'Malley⁴⁰ described as a belief in the American Dream. In a unique study by Tinsley and Spencer⁴¹, young people's educational expectations (how far they expect to go in school, a factor in school engagement) could be accounted for by both teachers' expectations of the student's potential for success and the student's belief in whether there were fair opportunities for all students to succeed. Far from an individual quality, motivation to continue one's studies and succeed academically is as much a consequence of the messages young people hear from others as it is their personality or temperament.

Neighbourhoods

There's no doubt that the quality of our neighbourhoods influence our individual resilience. Random acts of vandalism and graffiti can signal a neighbourhood struggling to maintain cohesion among its residents.

36 Shernoff D. J. & Schmidt J. A. 2008, 'Further evidence of an engagement-achievement paradox among U.S. high school students', *Journal of Youth and Adolescence*, Vol. 37, pp. 564–580.

37 Ungar M. 2013, 'Resilience, trauma, context and culture', *Trauma, Violence, & Abuse*, Vol. 14, No. 3, pp. 253–264.

38 Phillips M. D., Turner M. G. & Holt T. J. 2011, 'Exploring resiliency within schools: An investigation of the effects of protective factors', *Youth & Society*, Vol. 46, No. 1, pp. 89–111.

39 Stewart D. & Wang D. 2013, 'Building resilience through school-based health promotion: A systematic review', *International Journal of Mental Health Promotion*, Vol. 14, pp. 207–218.

40 O'Malley P. 2010, 'Resilient subjects: Uncertainty, warfare and liberalism', *Economy and Society*, Vol. 39, No. 4, pp. 488–509.

41 Tinsley B. & Spencer M.B. 2010, 'High hope and low regard: The resiliency of adolescents' educational expectations while developing in challenging political contexts', *Research in Human Development*, Vol. 7, No. 3, pp. 183–201.

It can also raise issues of safety for children and show a lack of mutual concern. A city block where people feel responsible for one another is much more likely to be a safe, nurturing space to raise children. I found it extremely hopeful that communities like Rockingham are working together to find solutions to community problems, funding small initiatives that have the potential to jumpstart a change in attitudes towards young people.

For example, local volunteers, mostly seniors, are teaching young people how to fish. In the process they are providing some young people with an opportunity to feel competent and engage socially with a positive role model. Likewise, the different cadet programs, like Bush Rangers in Aboriginal communities, is achieving much the same goal of providing young people with meaningful opportunities to participate in their communities and contribute to their own and others' wellbeing. In more urban environments, these same programs are used but with a slightly different focus for the activities, tailoring them to the needs of the young people who join in.

Interestingly, in the devastated 9th ward of New Orleans, researchers found that people were able to recover better from the effects of Hurricane Katrina if they felt a sense of place⁴². This was experienced through actual activities that maintained neighbourhood connections such as coastal restoration, wetlands regeneration, making communities more walkable, removing graffiti and helping return displaced residents.

There is an important feedback loop working through these activities: place attachment generating activities foster a resilient neighbourhood and a resilient neighbourhood creates the conditions and context for engaged residents to generate strong attachments to community. There is an understanding among residents that place attachment is important for community resilience, and enhancing community resilience means strengthening people-place connections (p.310).

A community's socioeconomic status is not necessarily a measure of the community's quality. In fact, sometimes poorer communities can demonstrate a higher degree of social cohesion which translates into a better resourced community to raise children in. Even problems like youth suicide have a strong correlation with the quality of a child's neighbourhood. In one study of Canadian First Nations bands in British Columbia, communities that had experienced youth suicide and those that had not could be distinguished by a number of community-level factors. These included women's participation in the governance of the band, active land claims, a dedicated space for cultural celebrations and even a volunteer fire department⁴³. Taken together, such qualities are proxies for an active and engaged citizenry who are more likely to support children and convey to them both cultural roots and hopefulness for the future.

42 Gotham K. F. & Campanella R. 2013, 'Constructions of resilience: Ethnoracial diversity, inequality, and post-Katrina recovery, the case of New Orleans', *Social Sciences*, Vol. 2, pp. 298–317.

43 Chandler M. J & Lalonde C. 1998, 'Cultural continuity as a hedge against suicide in Canada's First Nations', *Transcultural psychiatry*, Vol. 35, No. 2, pp. 191–219.

Designing services to promote resilience

Across WA there are innovative programs that are addressing the needs of young people with complex needs who require tertiary level care (mental health, child welfare, juvenile corrections and special education) as well as prevention programs focused on children's general wellbeing (recreational programming, support for parents, educational services and cultural programming). As I met with hundreds of professionals and parents in Perth and Kalgoorlie, I was impressed by their dedication to young people and their willingness to look for alternative ways of providing supportive programs and changing social policies to help bolster children's resilience. I found evidence of excellent programs, while also noting that many families and service providers face significant challenges fulfilling their mandates. Several problems stood out, along with signs that solutions were being found. Broadly speaking, workers were addressing issues related to coordinating services across systems, delivering culturally appropriate services, providing services that are responsive to families and communities (and draw on their resources), finding more innovative and effective ways to provide programming within departments, and creating training opportunities that would prevent turnover and burnout.

Coordinated services

Delivering programs to young people who face high levels of risk are often hampered by systems-level problems that make it difficult to offer seamless, coordinated models of care that are child-focused rather than designed to meet the administrative needs of the service

systems. WA is no worse than many other high-income areas of the world where a lack of service coordination is a serious barrier to young people and families who want and need to access services.

Tackling this problem has resulted in both high-level initiatives such as the Premier's Partnership Forum as well as many pilot initiatives, some of which show promise and might be worth scaling up. Some examples include service advocates employed by the mental health system and efforts to forge closer links between the departments of Corrective Services (youth justice division) and Child Protection and Family Services when an incarcerated child is also a ward of the state. All these initiatives seek to create more cooperation between government departments.

We know, however, that these limited efforts will likely not be enough to address the serious challenges providing services to WA's most vulnerable populations, notably abused children across the State and children from Aboriginal communities, especially those that are rural and remote. For example, though I was told by service providers that Aboriginal young people are over-represented in the child protection and juvenile corrections systems, and have rates of school dropout and suicide well above the State average, very few Aboriginal young people receive service through the formal mental health system.

This lack of mental health care seems odd as research from other countries shows that children in the care of the State tend to have much higher mental health care needs than the general population⁴⁴.

44 Liebenberg, L. & Ungar, M. 2014, 'A Comparison of Service Use among Youth Involved with Juvenile Justice and Mental Health', *Children and Youth Services Review*, Vol. 39, pp. 117–122.

An interesting initiative to address this problem has been the Young People with Exceptional Complex Needs project⁴⁵ that deals with a small number of young people referred for review and case coordination.

Additionally, a recent initiative by mental health service providers to better support child protection clients suggests that changes are forthcoming in the design of services and their cross-department coordination. Such efforts may make it possible for a single child-centred case manager/clinician or the service provider's agency to support a child in multiple ways (for example, mental health, protection, case management, advocacy, housing support and school liaison).

I was also intrigued to hear that one possible solution to this problem of greater coordination may be the formal purchase of services between government departments. Several service providers wondered if the same model could be applied to services for Aboriginal communities with services being purchased to explicitly meet the needs of specific populations of children with complex needs living in communities facing above average levels of risk.

This need for coordinated services appears to also extend beyond mandated services to community-based non-governmental agencies. Many staff in these human service settings pointed to the obvious need for the non-duplication of services and more flexible service delivery which might come from greater divestment of services by government departments and greater transfer of resources to community organisations. Typically, these organisations are able to offer more child-

focused and family-centred services, extended hours, decentralised offices and, with support, use technology to reach rural and marginalised populations close to where they are already based.

Of course, with service coordination and integration between government and community services there comes the inevitable conflict of priorities. For example, inside the Banksia Hill facility, the need for safety and security of the community, staff and residents must necessarily take precedent over rehabilitation efforts. However, a balance is needed, especially when dealing with young people who have committed non-violent offences. Some potential for escape may be justified and result in safer communities overall if low-risk offenders can increase their community integration through temporary absences, educational placements in community schools and opportunities to connect with family at events like funerals that help maintain their sense of cohesion in wider social systems (it is this sense of cohesion that may, after discharge, help to encourage more socially desirable behaviour). Many jurisdictions around the world already provide low-risk offenders with these types of community-based activities in order to smooth children's discharge home.

There is a potential benefit for staff as well as well as children when services are better coordinated and more successful. I heard workers from across every system speak of the stress they experience working with badly traumatised children and the exhaustion that results when they feel ineffective helping children change or getting systems to respond appropriately to children's needs.

45 The Young People with Exceptionally Complex Needs (YPECN) project coordinates services for a group of young people with exceptionally complex, co-occurring needs. It is a joint project by the Mental Health Commission, Department for Child Protection and Family Support and Disability Services Commission. See Mental Health Commission 2013, *Annual Report 2012/13*, Mental Health Commission, Perth, Western Australia, p. 35. Available: http://www.mentalhealth.wa.gov.au/Libraries/pdf_docs/Annual_Report_2012-13_LR.sflb.ashx

Vicarious trauma also results in high rates of absenteeism and disability leaves, further stressing the workers who remain on the job. Better coordinated services and changing workers' job descriptions to give them more sustained roles as children's advocates and case managers could prevent burnout and employee turnover.

Culturally relevant services

A second gap in services seems to be culturally relevant programs for Aboriginal children and young people, as well as for youth of African descent and other immigrant populations, and young people from regional areas whose values and needs may be different from their urban peers. Though there was well-developed awareness across all systems of the unique needs and cultural practices among minority populations, there were not many resources provided for these young people. Few communities seem to have designated cultural spaces. Very little programming for young people in the care of the State is specifically focused on children's cultural differences.

On the positive side, however, there are many examples of initiatives that are moving in the direction of cultural sensitivity and show enough promise to be considered for wider use. Arts-based programming in Banksia Hill seems to be having some success engaging Aboriginal young people. In rural communities, the cadet program engages young people in culturally relevant ways. At Kalgoorlie-Boulder Community High School, all students in Year 8 undertake classes in Wangkatja, the local Aboriginal language, and students who want to continue their study after the initial eight weeks can do so in Years 9 and 10. There are also efforts to provide young people with the chance to celebrate their culture such as the Moorditj Mob program at Wesley College. These young men performed traditional dances to welcome me to country when I first arrived in WA.

Each of these initiatives affirms that children's culture and context matter. Young people's engagement in these activities shows that when we design services and supports in ways that are culturally and contextually relevant, children are very likely to participate.



Trisha Comerford, Dr Mark Webb, Dr Ungar and Jenni Perkins at Rio Tinto Naturescape, Kings Park, Perth

A whole family and community response

While better coordinated services and culturally relevant services would make services more accessible to children and young people, challenges remain in engaging a child's entire community in the support for the child and the child's family. In many cases, government departments can be more successful if they think of themselves as part of complex, intertwined systems of community members and government services. Here, I'm not talking about coordination of services, but instead encouraging governments to use community resources more effectively.

When service providers try to work alone, the result is often gaps in service and the feeling among service providers that they are under-resourced when it comes to problems like Fetal Alcohol Syndrome Disorder and other neurodevelopmental disorders that often occur at the same time as other problems such as school truancy, delinquency and drug abuse. Here again, individual departments are making progress. For example, in Armadale, the WA Police have been working intensively with 10 families who were requiring a large amount of their time and the time of other service providers. Though led by the police, families are being offered help with getting to appointments, linking with health care providers and even support to get their children to school. Likewise, bail release homes run by the Department of Corrective Services for juvenile offenders are helping young people find the support they need to change their patterns of offending before sentencing. These same homes might also offer a possible post-discharge solution for young people who might otherwise be returning to their communities with little supervision from their families.

The Department for Child Protection and Family Support has also expanded its residential group homes throughout the country and metropolitan areas, placing a number of residences on

small acreages in semi-rural communities as a way to provide a less institutionalised and more therapeutic experience for abused and neglected children who need higher levels of care. Each of these efforts seems to accomplish the same end: more intensive community-based services for vulnerable children and families

There was also the sense among service providers that families themselves needed more attention as the hub for service delivery. Parents have been integrated by service providers wherever possible into programming, though I noted that several people told me that the physical location of services (for example, in buildings that were once sites of oppression for Aboriginal people and spaces that are not culturally friendly) do not necessarily facilitate family engagement. Parents may also resist services if they feel that professionals are taking over the parents' responsibilities for their children. This can be very frustrating for professionals trying to help. For example, the teacher who is offering a child breakfast, or referring a child to a nurse for an earache, may be told by the child's parent that she is overstepping her authority. The situation is difficult as the teacher may be ideally placed to advocate for services and help coordinate services (in this example, health and education), but meet with resistance when that role conflicts with family values or undermines the family's sense of empowerment.

Finally, local initiatives supported through partnerships between government and corporations like Rio Tinto and non-government agencies like Child Australia, along with individual philanthropy like the Fogarty and McCusker Foundations, are having an impact on providing services to young people. For example, Musica Viva engages with tens of thousands of young people across the State by offering performances, workshop sessions and access to instruments to play and experience wonderful music.

They have made a great deal of effort to reach vulnerable children, similar to other programs in countries as diverse as Brazil and Canada. Parenting supports and training for early childhood educators offered by Child Australia is ensuring that more children have quality childcare that meets national standards.

As these numerous examples illustrate, almost everyone I met with wanted to bring their community together for a “whole-of-community response” to the “wicked” and persistent problems that children face. Aboriginal elders told me that “systems have to address these problems, but no one is listening to our mob”. Some non-Aboriginal stakeholders in communities like Rockingham and Kalgoorlie felt the same, though in fact local and state governments did seem to be making efforts to listen to people and design programs to meet the needs of communities. Of course, while I did find lots of evidence of politicians and senior government officials trying to listen, there is a way yet to go to improve services for children and young people. For example, there has been emphasis on getting children ready for school through programs such as Best Start but, I wondered, are schools being made ready and

given the resources they need for the children that come into their classrooms with many challenges? From what I have seen the answer is mostly “Yes”, but further training and better sharing of best practices between schools could help ensure successful programs are replicated across WA.

Good community services also need to include people they are meant to serve in decisions regarding the design and delivery of services. Greater participation means better design. This is even more true when the problems programs address affect multiple domains of a child’s life (school, home, mental health, etc.). As we better understand children’s problems, there is a growing need to provide more tailored interventions for the most vulnerable children and adolescents.

For example, children who are struggling at school with impulsive behaviour, whose parents are dealing with their own traumatic pasts, may need extra structure and support to ensure the child is adequately cared for at school and at home. Where possible, complexity in program design may be required. Communities can help tailor interventions to challenging social contexts like this.



Attendees at the workshop for staff from Child and Adolescent Mental Health Services



Attendees at the Information session for parents, John Curtin College of the Arts, Fremantle

In this regard, good service design that promotes resilience reflects the same principles found in the recommendations from the *Report of the Inquiry into the mental health and wellbeing of children and young people in Western Australia*.⁴⁶

Good services that build resilience, once designed, will still need case managers and advocates to help children navigate their way through the complex weave of services children with complex needs require. In this regard, WA has already successfully piloted its Persons with Exceptionally Complex Needs (PECN) initiative⁴⁷ in 2005 that was favourably evaluated in 2010.

The PECN program uses a complex needs coordinator to facilitate interagency service delivery that helps avoid duplication of care and manage timely access to services when they are needed. These coordinators appear to decrease service delays and avoid interagency confusion with regard to who provides which services, and when, to which clients. Though the participants in the PECN pilot were all adults, the practice principles that were used will very likely apply to children as well.

More innovative approaches to service within departments

Service providers are also having to rethink how they deliver services, looking for best practice models of care that are increasing the effectiveness of individual services. More effort is needed to further develop these models and to introduce new approaches that help workers develop more child-focused interventions. Expensive initiatives like Multisystemic Therapy and Wraparound have merit, but they may not be sustainable.

A better approach may be to offer all workers better tools that combine case management and clinical interventions without the addition of expensive new programs. Most workers I met with said they would happily adopt new ways of doing their work if they were provided with training in how to work collaboratively within and between departments.

On the plus side, there are some exciting initiatives that are adding new and effective practices to services. The Child and Adolescent Mental Health Service has instituted the Choice and Partnership Approach to help children get services quicker and the Department for Child Protection and Family Support has integrated the Sanctuary model of intervention into their programming for children in care.

There has also been an effort to reduce the ratio of young people to workers in group homes to four to one from the previous rate of more than twice that amount. These efforts share in common a model of intervention that emphasizes collaboration and better standards of care within each agency.

Training

I heard often from service providers of their need for more training. Most enjoyed the opportunity offered by this Residency to connect with their peers and to develop new skills, but more structural problems are causing service providers big challenges. For example, it has been difficult to recruit and retain workers in rural communities and it has been hard to diversify staff, finding enough well-qualified people from diverse social and economic backgrounds to take on leadership roles.

46 Commissioner for Children and Young People, Western Australia 2011, *Report of the inquiry into the mental health and wellbeing of children and young people in Western Australia*, Commissioner for Children and Young People, Perth, Western Australia, p. 16–20.

47 Mental Health Commission 2013, *Annual Report 2012/13*, Mental Health Commission, Perth, Western Australia, p. 35. Available: http://www.mentalhealth.wa.gov.au/Libraries/pdf_docs/Annual_Report_2012-13_LR.sflb.ashx

One solution may be to create opportunities for people, especially those in rural areas, to access training in their communities. Around the world, web-based instruction and decentralised post-secondary programs (for example, fly-in professors) improve the cultural diversity of staff, improve the level of youth and family engagement in services and offer the promise of a more sustainable workforce in the same communities where trainees come from. Whether it was mental health, corrections or child protection services, managers in all these systems were considering these long-term training needs of their departments.

Evaluation

Finally, one other problem improving community-based services and improving the coordination of government services is the lack of good evaluations. There seemed to be few opportunities to document what works or share best practices across the State and several promising pilots were discontinued after funding

ended. While there are noteworthy efforts by university researchers and the Telethon Kids Institute to evaluate programs and assess the cost benefit of interventions, there was overall little information available on which services in which quantity provide the best services. Good evaluations would be more than assessments of fidelity to the proposed model of intervention, but would also assess changes at the individual child and family level.

Without this data, government runs the risk of funding ineffective initiatives, changing policies without evidence that the changes will work, or worse, developing social policies that may worsen the very problems they are trying to address (for example, increasing the incarceration of young offenders for non-violent offences may increase crime and recidivism among young people). Evaluation is an investment in better services and helps increase government accountability for expenditures on social programming.



The way forward

Attention to all the issues just raised would make children more resilient as they navigate their way through mental health, juvenile corrections, child welfare and special education services. Whether we are considering coordinated services, service evaluations or culturally competent practice, families, communities, schools and, of course, service providers have important roles to play bolstering young people's capacity to deal with past trauma and cope better with future stress.

Possible programs to build resilience

Services, in particular, can jumpstart processes that contribute to children's resilience. Provided below are some proposed strategies that could help guide service design in WA in ways that help facilitate resilience. As noted earlier, many of these initiatives are already in evidence in WA but would benefit from further evaluation and more investment by both communities and governments.

- Provide accessible, subsidised quality childcare for vulnerable children (more advantaged children already have access to quality activities) to start children on a process of lifelong learning.
- Create culturally appropriate spaces in schools and other public institutions to encourage children's caregivers to participate more with service providers.
- Invest in each community's social and physical capital, which includes the physical infrastructure such as recreation centres and spaces for cultural activities that keep young people connected, as well as creating opportunities for children to show their talents to others. Activities as diverse as encouraging children to walk to school in groups, cultural festivals, parenting groups and nature parks all contribute to the social cohesion that make communities safer and more young people resilient.
- Engage parents, teachers and government leaders in efforts to address the social factors that are known to influence the rate of youth suicide, substance abuse, school dropout and other problem behaviours. This can be done by implementing a range of interventions, from more accessible trauma-informed mental health care in rural and remote communities (using technology where possible) to helping schools engage vulnerable young people and give them a sense of belonging and hope for the future, as well as proximity to adults who can help them cope when crises occur.
- Provide children and young people with experiences that involve manageable amounts of age-appropriate risk and responsibility at home, school and in their communities (especially when under the supervision of State services) that will help them develop the life skills they will need later in life. This includes outdoor play areas, meaningful roles in their communities and schools, and learning to use 'dangerous toys' (including riding their bikes to school, home appliances, etc.)
- Coordinate in-home and community-based treatment teams that provide contextually specific and culturally appropriate interventions. Use para-professionals whenever possible to extend the capacity of highly trained professionals and their service delivery systems.

- Offer children and families system navigators and advocates who are available when needed.
- Use technology effectively. Develop and/or sustain helplines and online counselling tools that provide flexible and accessible professional services when young people are experiencing a crisis. Use tools like Skype to connect children who are out of their communities to the care providers who will resume responsibility for them when they return.
- Ensure residential care facilities are sensitive to the needs of young people and their families by ensuring that children maintain contact with their professional supports, teachers and family members during placement.
- Whenever possible, create new models of coordinated service that are appropriate for frontline professionals to use in their everyday work (rather than setting up specialised services).
- Invest in simple outcome and process evaluations of new and innovative services to ensure these efforts develop an evidence base.
- Track children's patterns of service use and identify gaps in service using data linkage.

There are dozens of other ways services and supports can create the conditions for children to experience resilience in WA. They all share in common the desire to strengthen the family, community, school and professional services available to children, making resources more accessible. When they work, these efforts change children's developmental trajectories, ensuring they do better than expected given the adversity they face.

Together, the examples of programs that I have described throughout this report teach

us that when exposure to adversity is high, it is important to change the opportunity structures around a child while we support the child to grow as an individual. The close connections children crave and the support adults provide (through both formal and informal sources of helping) can assist children and young people to realise their full potential. As children's care providers, we can protect them from the dangers of externalising behaviours like delinquency (whether it is drug abuse, violence or early sexual activity) and internalising behaviours like suicide, truancy and social withdrawal.

Children don't always get the services they need

My research has shown that when services are available and children can access them, the more troubled the child, the more services the child receives⁴⁸. While that appears to be good news, more detailed analysis from hundreds of young people who use multiple services has shown that the children who live in the most disadvantaged neighbourhoods and with the most under-resourced families (those exposed to poverty, community violence, and young people who live on their own) were much less likely to receive services even though they scored just as high (and sometimes higher) on measures of risk for mental health problems. In other words, where a child lives and who his caregivers are determines access to state-sponsored services, not the child's level of need. Even more distressing, children who come from disadvantaged contexts reported, on average, more negative experiences with their service providers. Taken together, service providers need to exercise caution when evaluating their services. The children with the greatest need may not be their clients. When they are, they may be the clients most likely to end treatment early. Though similar research has not been done in WA, anecdotal evidence from

48 Ungar M., Liebenberg L., Armstrong M., Dudding P. & van de Vijver, F. J. R. 2012, 'Patterns of service use, individual and contextual risk factors, and resilience among adolescents using multiple psychosocial services', *Child Abuse & Neglect*, Vol. 37, Nos. 2-3, pp. 150-159.

conversations with service providers suggest that many observe a similar pattern: the children experiencing the most risk are not the ones getting the most services.

Meaningful services produce the best outcomes

The good news, however, is that children who do get services tailored to their needs find those services very satisfying. As many of the services available to children in WA show, a good service is one that provides something that the child finds meaningful. What I have discovered is that services like these become incubators for resilience.

The child experiences their service provider (an individual or a treatment team) as the source for many of the factors that predict resilience. In other words, a service as a whole can become a place where children find structure and reasonable consequences, opportunities to develop relationships, a powerful identity, a sense of control, experience social justice, access material resources, find a sense of social cohesion, spirituality or belonging, and in some cases improve their adherence to their culture. It is this resilience that children find while receiving a service, rather than the service itself (it doesn't seem to matter which type of service a child receives as long as contact is intense enough to help the child experience these nine factors).

While our tendency is to think that children always need more services, more assessments and more access to highly qualified professionals, the truth is not that simple. In resource poor and dangerous contexts, making service providers more accessible would help children who are most at risk get the help they need. But when there is an abundance of services (as in large metropolitan areas like Perth) and we want to help children be more resilient, we need to remember that the most important thing a good service does is provide a child at risk with a stable and responsive

service provider (either an individual or a team) over an extended period of time. Referrals may actually undermine treatment goals unless treatment plans are well supported and there is continuity between one service provider and the next. It is these relationships with a single well-financed service provider which can help a child develop the individual, relational and community resources associated with resilience.

These relationships with one good service become the foundation for a child learning better ways of coping and ensures their long-term success as competent navigators and negotiators for the things they need to thrive.

A child that learns how to be more resilient through a relationship with a service provider is going to be much better able to find and use the less formal resources available from family, friends, and other community members.

In closing

There are hundreds of committed professionals across government and community agencies, along with many volunteers and family members in WA, dedicated to helping children experience resilience. I had the pleasure of meeting many of them. I have been inspired. And I have learned much about what it takes for children from many different backgrounds to find resilience.

My sincere thanks to the acting Commissioner for Children and Young People Jenni Perkins and her staff for providing me with a wonderful opportunity to share what I have learned from others, and to learn from those who support children and families in WA. I look forward to future collaborations.

References

- Abramson D. M., Park Y. S., Stehling-Ariza T. & Redlener, I. 2010, 'Children as bellwethers of recovery: Dysfunctional systems and the effects of parents, households, and neighborhoods on serious emotional disturbance in children after Hurricane Katrina.' *Disaster Medicine and Public Health Preparedness*, Vol. 4, Supp. 1, S17-S27.
- Alegria, M., Takeuchi D., Canino G., Duan N., Shrout P., Meng X., Vega W., Zane N., Vila D, Woo M., Vera, M, Guarnaccia P, Aguilar-Gaxiola S., Sue S., Escobar J., Lin K., & Gong, F. 2004, 'Considering context, place and culture: the National Latino and Asian American Study', *International Journal of Methods in Psychiatric Research*, Vol. 13, No. 4, pp. 208–220.
- Anda R. F., Felitti V. J., Bremner J. D., Walker J. D., Whitfield C., Perry B. D, Dube S.R. & Giles W. H. 2006, 'The enduring effects of abuse and related adverse experiences in childhood: A convergence of evidence from neurobiology and epidemiology' *European Archives of Psychiatry and Clinical Neuroscience*, Vol. 256, pp. 174–186.
- Becvar D. S. 2007, *Families that flourish: Facilitating resilience in clinical practice*, Norton, New York.
- Bonanno G. A. & Diminich E. D. 2013, 'Annual research review: Positive adjustment to adversity -trajectories of minimal-impact resilience and emergent resilience', *Journal of Child Psychology and Psychiatry*, Vol. 54, No. 4, pp. 378-401.
- Boomsma D. I., van Beijsterveldt C. E. M., Bartels M., & Hudziak J. J. 2008, 'Genetic and environmental influences on anxious/depression: A longitudinal study in 3- to 12-year-old children', in *Developmental psychopathology and wellness: Genetic and environmental influences*, ed. J. J. Hudziak, American Psychiatric Publishing, Washington, DC, pp. 161–190.
- Broidy L.M., Nagin D.S., Tremblay R.E., Bates J.E., Brame B., Dodge K.A., Fergusson D., Horwood J.L., Loeber R., Laird R., Lynam D.R., Moffitt T.E., Pettit G.S. & Vitaro F. 2003, 'Developmental trajectories of childhood disruptive behaviors and adolescent delinquency: a six-site, cross-national study', *Developmental Psychology*, Vol. 39, pp. 222–245.
- Chandler M. J & Lalonde C. 1998, 'Cultural continuity as a hedge against suicide in Canada's First Nations', *Transcultural psychiatry*, Vol. 35, No. 2, pp. 191–219.
- Commission on Social Determinants of Health 2008, *Closing the gap in a generation: Health equity through action on the social determinants of health. Final Report of the Commission on Social Determinants of Health*, World Health Organization, Geneva, Switzerland.
- Commissioner for Children and Young People Western Australia 2011, *Report of the inquiry into the mental health and wellbeing of children and young people in Western Australia*, Commissioner for Children and Young People, Perth, Western Australia.
- Commissioner for Children and Young People, Western Australia 2012, *Building blocks: Best practice programs that improve the wellbeing of children and young people - Edition One*, Commissioner for Children and Young People, Western Australia, Perth, Western Australia.
- Cyrlunik B. 2011, *Resilience: How your inner strength can set you free from the past*, Penguin, New York.

Department of Child Protection 2011, *The Signs of Safety Child Protection Practice Framework* (2nd Ed.), Department of Child Protection, Perth, Western Australia.

Foster K., O'Brien L. & Korhonen T. 2012, 'Developing resilient children and families when parents have mental illness: A family-focused approach', *International Journal of Mental Health Nursing*, Vol. 21, pp. 3–11.

Frensch K. M., & Cameron G., 2002, 'Treatment of choice or a last resort? A review of residential mental health placements for children and youth', *Child and Youth Care Forum*, Vol. 31, No. 5, pp. 313–345.

Gotham K. F. & Campanella R. 2013, 'Constructions of resilience: Ethnoracial diversity, inequality, and post-Katrina recovery, the case of New Orleans', *Social Sciences*, Vol. 2, pp. 298–317.

International Federation of Red Cross and Red Crescent Societies 2004, *World disasters report 2004*, International Federation of Red Cross and Red Crescent Societies, Geneva.

Kirmayer L. J., Dandeneau S., Marshall E., Phillips K., & Williamson K.J. 2012, 'Toward an ecology of stories: Indigenous perspectives on resilience', *The social ecology of resilience: A handbook of theory and practice*, ed. M Ungar, Springer, New York, pp. 399–414.

Lerner R. M. 2006, 'Resilience as an attribute of the developmental system: Comments on the papers of Professors Masten & Wachs.' In *Resilience in children*, eds B. M. Lester, A. S. Masten, & B. McEwen, Blackwell, Boston, MA, pp.40–51.

Liebenberg, L. & Ungar, M. 2014, 'A Comparison of Service Use among Youth Involved with Juvenile Justice and Mental Health', *Children and Youth Services Review*, Vol. 39, pp. 117–122.

Madsen W. C. 2009, 'Collaborative helping: A practice framework for family-centered services', *Family Process*, Vol. 48, No. 1, pp. 103–116.

The Mental Health and Addictions Strategy Advisory Committee 2012, *Come together: Report and recommendations of the Mental Health and Addictions Advisory Committee*, Department of Health and Wellness, Nova Scotia.

Mental Health Commission 2013, *Annual Report 2012/13*, Mental Health Commission, Perth, Western Australia.

O'Malley P. 2010, 'Resilient subjects: Uncertainty, warfare and liberalism', *Economy and Society*, Vol. 39. No. 4, pp. 488–509.

Ombudsman Western Australia 2014, *Investigation into ways that state government departments and authorities can prevent or reduce suicide by young people*, Ombudsman Western Australia, Perth, Western Australia.

Panter-Brick C. 2002, 'Street children, human rights and public health: A critique and future directions', *Annual Review of Anthropology*, Vol. 31, pp. 147–171.

Perry B.D. 2009, 'Examining child maltreatment through a neurodevelopmental lens: clinical application of the Neurosequential Model of Therapeutics', *Journal of Loss and Trauma*, Vol. 14, pp. 240–255.

Perry A. R. & Langley C. 2013, 'Even with the best of intentions: Paternal involvement and the theory of planned behavior', *Family Process*, Vol. 52, No. 2, pp. 179–192.

Phillips M. D., Turner M. G. & Holt T. J. 2011, 'Exploring resiliency within schools: An investigation of the effects of protective factors', *Youth & Society*, Vol. 46, No. 1, pp. 89-111.

Resilience Research Centre Homepage, <http://www.resilienceresearch.org>

Rutter M. 2012, 'Resilience: Causal pathways and social ecology', *The social ecology of resilience: A handbook of theory and practice*, ed. M Ungar, Springer, New York.

Shernoff D. J. & Schmidt J. A. 2008, 'Further evidence of an engagement-achievement paradox among U. S. high school students', *Journal of Youth and Adolescence*, Vol. 37, No. 5, pp. 564–580.

Smith A., Stewart D., Peled M., Poon C., Saewyc E. and the McCreary Centre Society 2009, *A Picture of Health: Highlights from the 2008 BC Adolescent Health Survey*, McCreary Centre Society, Vancouver, BC.

Stewart D. & Wang D. 2013, 'Building resilience through school-based health promotion: A systematic review', *International Journal of Mental Health Promotion*, Vol. 14, pp. 207–218.

Theron L. C. 2007, '*Uphenyo ngokwazi kwentsha yasemalokishini ukumelana nesimo esinzima: A South African Study of Resilience among Township Youth*', *North American Clinics of Child and Adolescent Psychiatry*, Vol. 16, No. 2, pp. 357–376.

Tinsley B. & Spencer M.B. 2010, 'High hope and low regard: The resiliency of adolescents' educational expectations while developing in challenging political contexts', *Research in Human Development*, Vol. 7, No. 3, pp. 183-201.

Ungar M. 2007, *Too safe for their own good: How risk and responsibility help teens thrive*, McClelland & Stewart, Toronto, Ontario.

Ungar M., Liebenberg L., Armstrong M., Dudding P. & van de Vijver, F. J. R. 2012, 'Patterns of service use, individual and contextual risk factors, and resilience among adolescents using multiple psychosocial services', *Child Abuse & Neglect*, Vol. 37, Nos. 2–3, pp. 150–159.

Ungar M. 2013, 'Resilience, trauma, context and culture', *Trauma, Violence, & Abuse*, Vol. 14, No. 3, pp. 253–264.

World Health Organization 2001, *The World Health Report: 2001: Mental health: new understanding, new hope*, World Health Organization, Geneva.



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