

## LESSON PLAN

|  |  |
|--|--|
| <b>GIRFEC Training Programme</b>   | <b>Lesson Plan No. 6</b>                           |
| <b>Lesson Title: Understanding &amp; Implementing the Resilience Matrix</b>  |  |
| <b>Duration: 11.30 – 12.00</b>   | <b>Trainers involved: Highland Pathfinder Team</b> |
| <b>Aim:</b><br>Staff will successfully adopt the Resilience Matrix & My World Model into their every day practice.   |  |
| <b>Outcomes:</b> <ul style="list-style-type: none"> <li>• Understand the importance of resilience and a protective environment</li> <li>• Understand how the Resilience Matrix can be used to analyse strengths and pressures from the My World Triangle</li> <li>• Use the analysis to inform planning</li> </ul> |  |

| <b>Time</b> | <b>Content</b><br>including teaching methods and key learning points to be covered   | <b>Training resources</b><br>including audio visual aids, handouts and exercises   |
|-------------|--|--|
| 11.30       | Tutor input showing Resilience Matrix, its relevance to GIRFEC.<br><br>Small group [4 groups of 5] exercise to consider mapping a child's strengths & pressures on a blank matrix to better understand issues facing a child and to understand appropriate action. | <ul style="list-style-type: none"> <li>• PowerPoint Presentation</li> <li>• Scenario.<br/>Flip Charts / pens / post its</li> </ul> |

## Session 6 : Resilience Matrix Learning Outcomes

- Understand the importance of resilience and a protective environment
- Understand how the Resilience Matrix can be used to analyse strengths and pressures from the My World Triangle
- Use the analysis to inform planning

getting  
it right  
for every child

---

---

---

---

---

---

---

---

## Resilience

- 'Normal development under difficult conditions' (Fonagy et al 1994)
- Three building blocks of resilience:
  - A secure base
  - Good self esteem
  - A sense of self efficacy

getting  
it right  
for every child

---

---

---

---

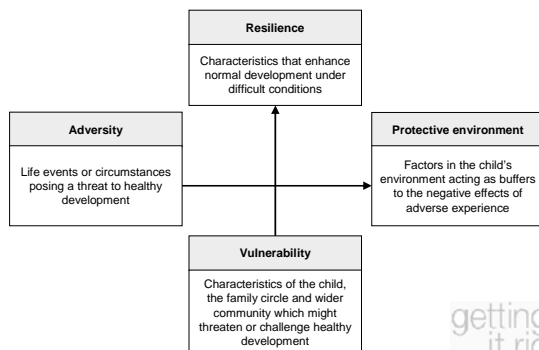
---

---

---

---

## Resilience Matrix



getting  
it right  
for every child

---

---

---

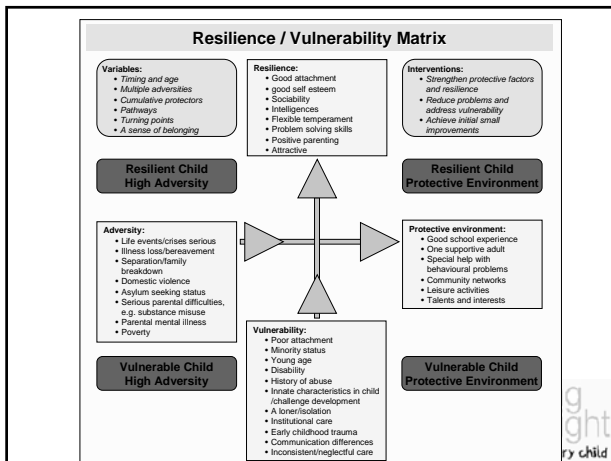
---

---

---

---

---




---

---

---

---

---

---

---

---

**Adversity, Resilience and Young People: the Protective Value of Positive School and Spare Time Experiences (Robbie Gilligan 2000)**

- Caregivers, teachers and social workers should remember that the detail of what they do with children counts. The rituals, the smiles, the interest in daily routines, the talents they stimulate, the hobbies they encourage, the friendships they support, the sibling ties they preserve make a difference. All of these little things may foster in a child the vital senses of belonging, of mattering, of counting. All of these little details may prove decisive turning points in a young persons developmental pathway .....
- ....it is important not to be distracted or seduced only by the big questions. While for example, professionals agonise or stall over whether or when to place a child in a permanent family, they may have lost sight of crucial details of what can sustain the positive development of the child today. Attention to the detail in the present makes the prospect for the future more promising and more attainable.

getting  
it right  
for every child

---

---

---

---

---

---

---

---

## Appendix 4

### Using the resilience matrix to make sense of assessment information and evaluate children's needs

Resilience can be defined as:

'Normal development under difficult conditions' (Fonagy *et al* 1994).

In their three workbooks on assessing and promoting resilience in vulnerable children, Daniel and Wassell describe the protective factors that are associated with long term social and emotional well-being in the child's whole world.

The existence of protective factors can help to explain why one child may cope better with adverse life events than another. The level of individual resilience can be seen as falling on a dimension of resilience and vulnerability (see Figure 1).

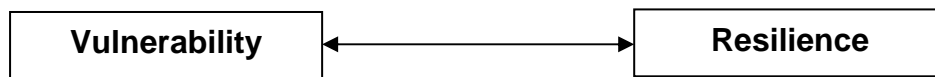


Figure 1. Dimension on which individual resilience can be located

This dimension is usually used to refer to intrinsic qualities of an individual. Some children are more intrinsically resilient than others because of a whole range of factors. ... For example, an 'easy' temperament is associated with resilience in infancy.

A further dimension for the understanding of individual differences is that of protective and adverse environments; this dimension covers extrinsic factors and is therefore located in the parts of the My World Triangle that are concerned with wider family, school and community. Examples of protective environment might include an adult in a child's wider world, such as a teacher or youth leader, or a grandparent (see Figure 2).

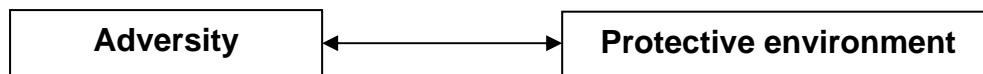


Figure 2. Dimension on which factors of resilience around the young person can be located

When considered together, these dimensions provide a framework for the assessment of adverse and positive factors in every part of the My World Triangle (see Figure 3).

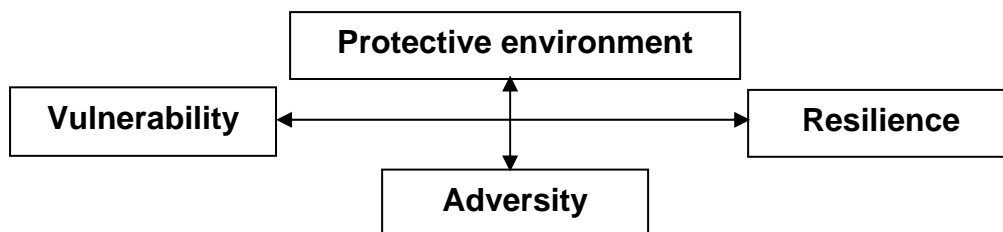


Figure 3. Framework for the assessment of resilience factors

The two dimensions will interact, and an increase in protective factors will help to boost a child's individual resilience.

*Adapted from Daniel and Wassell, (2002) The School Years: Assessing and Promoting Resilience in Vulnerable Children 2, London: Jessica Kingsley Publishing, pp.10-12.*

Daniel and Wassell do point out that resilience is a complex issue and that nothing can be taken for granted when assessing how resilient a child is. Although pointers to resilience may be present these have always to be taken in the context of an individual child's situation. For example, some children may appear on the surface to be coping well with adversity, but they may be feeling very stressed internally (Daniel and Wassell 2002, p.12). This is why it is important to get to know a child during the process of assessment and also why views of the child from different adults in their world are so valuable.

There are many factors associated with resilience, but Gilligan (1997) suggests that there are three fundamental building block of resilience:

1. A secure base whereby the child feels a sense of belonging and security.
2. Good self esteem, that is an internal sense of worth and competence.
3. A sense of self efficacy that is, a sense of mastery and control, along with an accurate understanding of personal strengths and limitations.

### **How can the resilience matrix be used in *Getting it right for every child*?**

Practitioners will have gathered information around the *My World Triangle* and may also have more specialist information about certain aspects of an individual child's well-being. It is important to see every child in a family as an individual because each child may experience the same conditions in a very different way.

One way practitioners have found helpful to make sense of this information and identify resilience and vulnerability, as well as adversity and protective factors is to take a blank matrix and 'plot' on this matrix the strengths and pressures the child is experiencing in relation to the two sets of factors at each point of the matrix. Yellow 'post-its' are a good way of writing down and grouping the information.

Along the axis of adversity and the protective environment, all the factors that provide strengths in the environment, such as the child getting in well at school should be placed from the centre along the protective environment axis. Likewise, all the factors in the environment which are causing adversity, such as insufficient money or a dangerous neighbourhood should be placed from the centre along the adversity axis.

The same process can be repeated for factors with the child that are likely to promote resilience and for those which are making a child vulnerable. The Resilience Matrix below gives some ideas of the main factors which are likely associated with resilience, vulnerability, adversity and a protective environment.

There are some factors which may be both protective and also suggest vulnerability or adversity. In making decisions about where to plot this information where the meanings may be not so straightforward, practitioners need to exercise judgement about how to make sense of these different

aspects of information and weigh the competing influences. As the diagram at the top left hand corner of the Resilience Matrix below suggest, factors such as a child's age may influence the weighting given to the information and the impact of these complex factors on an individual child. Judgement will be needed to weigh which factors are most important. It will also be helpful to look at the interactions between factors because this may also be a dimension that influences whether the impact is negative or positive.

Once these judgements have been made, it will be possible to see what needs to be done to help the child and family. In the top right hand corner of the Matrix below, there are suggestions about the kinds of actions that should be taken. These fall into strengthening protective factors and resilience and reducing adversity and vulnerabilities.

It is also suggested helpfully that achieving small improvements is a good way to accumulate success rather than having over ambitious aims.

Having plotted the factors on the matrix and given some thought to the child's needs and possible actions, the needs and actions can be plotted briefly against the seven well-being indicators of safe, healthy, achieving, nurtured, active, respected and responsible and included. Action may not be needed against every indicator and the help has to be proportionate to the issues identified.

This analysis then forms the basis for discussion with the child, family and other practitioners on what should go into the Child's Plan. This will include what needs to be done and who is going to do it.

Reviewing a child's progress will be an essential part of a child's plan. In some circumstance, especially in complex cases, it may be useful to revisit the Resilience Matrix in reviewing the child's progress.

## References

Daniel B. and Wassell, S. (2002) *Assessing and Promoting Resilience in Vulnerable Children*, London: Jessica Kingsley Publishing.

- 1 The Early Years
- 2 The School Years
3. Adolescence

Fonagy, P., Steele, H., Higgitt, A. and Target, M. (1994) The Emmanuel Miller Memorial Lecture 1992: 'The theory and practice of resilience'. *Journal of Child Psychology and Psychiatry*, 35, 2, 231-257.

Gilligan, R. (1997) Beyond Permanence? The importance of resilience in child placement practice and planning. *Adoption and Fostering*, 21,1,12-20.

The Resilience/Vulnerability Matrix below is taken from *The Child's World: Assessing Children in Need, Training and Development Pack* (Department of Health, NSPCC and University of Sheffield 2000). Highland has purchased this pack for training purposes.

## Resilience / Vulnerability Matrix

### Variables:

- *Timing and age*
- *Multiple adversities*
- *Cumulative protectors*
- *Pathways*
- *Turning points*
- *A sense of belonging*

### Resilience:

- Good attachment
- good self esteem
- Sociability
- High IQ
- Flexible temperament
- Problem solving skills
- Positive parenting
- Attractive

### Interventions:

- *Strengthen protective factors and resilience*
- *Reduce problems and address vulnerability*
- *Achieve initial small improvements*

**Resilient Child  
High Adversity**

**Resilient Child  
Protective Environment**

### Adversity:

- Life events/crises serious
- Illness loss/bereavement
- Separation/family breakdown
- Domestic violence
- Asylum seeking status
- Serious parental difficulties, e.g. drug abuse/alcohol misuse
- Parental mental illness

### Protective environment:

- Good school experience
- One supportive adult
- Special help with behavioural problems
- Community networks
- Leisure activities
- Talents and interests

**Vulnerable Child  
High Adversity**

**Vulnerable Child  
Protective Environment**

### Vulnerability:

- Poor attachment
- Minority status
- Young age
- Disability
- History of abuse
- Innate characteristics in child /challenge development
- A loner/isolation
- Institutional care
- Early childhood trauma
- Communication differences
- Inconsistent/neglectful care