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The Bouncing Back project: health and social welfare of disadvantaged families in Brighton and Hastings

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Context

Resilience is the ability to do well despite adversity and to achieve good outcomes against the odds; however, there are important gaps in our knowledge as to how to build resilience practically. The project leader, Angie Hart, has a longstanding interest in building resilience that spans her research and practice development career in community health issues with roots in her personal history as a mother of three children with complex needs. Angie is also the former Academic Director of the Community–University Partnership Programme at the University of Brighton. This partnership has been led by Angie Hart and Kim Aumann, from the AMAZE Research and Training Centre which provides support to parents with special needs children. It is a partnership that began in 2003 and has continued through various stages over the years.

Resilience therapy (RT) is a complex practice-based intervention. The partnership which works through a ‘communities of practice’ (CoP) model focuses on improving health and well-being by building resilience with disadvantaged children, young people and their families, through RT. They build on what is known from the research on resilience and practitioner experience to assist children, young people and families living with ‘constellated disadvantage’.

The project aim has been to directly influence the day to day work of front-line practitioners and parents so that they experience increased confidence and competence in their work and parenting. With a subtle shift in emphasis as outlined in the next section, the objectives have remained the same (i.e., to weave RT into daily practice in order to inform the further development of RT) over the life of the project. Objectives have included the following: local organizations taking part will commit to RT principles and learning will be firmly embedded in their practice; organizations will have trained RT staff and have developed learning resources and monitoring and evaluation systems that they will continue to access and use in their settings; university staff and students will be directly involved in improving service delivery to disadvantaged children and increasing the skills of newly graduating professionals, not just to researching the effects of interventions; RT will be better embedded in local university and school curricula, as involved practitioners and parents will contribute to the educational programme for future

children's services practitioners to teach at local universities; the third sector and the university will have been involved in the facilitation of learning across other voluntary and statutory organizations, as well as across university school curricula. Involving parents as practitioners in the CoP will help refine RT so that it is readily useable and accessible to others, including parents and young people themselves. It has become clear that the co-production of knowledge between academics, service users and providers is the best means to build the knowledge base and practice of RT. There was a shift towards deconstructing therapeutic assumptions, the evolving approach being a radical and pioneering co-production initiative that works alongside some of the most disadvantaged, fully including them in the approach's development and challenging conventional ways of working. In this sense, 'therapy' can be misleading, and some collaborators prefer to use the term 'resilient practice'.

Organization/structure

The original community of practice in Brighton began with twenty-three members – academics, practitioners from the voluntary and statutory sectors and parents. The CoP included a subgroup involved in planning training and evaluation activities. Subsequent development has resulted in a second CoP in Hastings (eighteen members). Interlinking with the activities and information interfaces of Cupp at the University of Brighton facilitates communication between the dispersed membership and includes a Resilient Therapy Research Group. This research group provides a dissemination channel for seminars to provide a forum for critique and analysis of RT work.

The CoP model brings together people who are eager to improve the health and well-being of children, young people and families experiencing tough times. It is coordinated and facilitated by a small development team of community members and academics remunerated for their time. Their role is to coordinate meetings, assist the CoP to critique and develop RT further, facilitate working together productively and to manage the knowledge created. To support parent involvement, a system is in place for parent participants to claim hourly fees, travel and childcare costs. Parents also have access to additional support from a local parent charity. Practitioner and academic members of the CoPs contribute within their working hours, although some academics have required additional funding. CoP members are keen to explore how the resilience research base and RT can link with their existing work and experiment with different ways of applying RT in their homes and work settings, and they give their time voluntarily.

Activities

Activities include monthly CoP meetings, biannual research seminars, one-to-one mentoring, delivery of a learning programme which included information sessions, workshops and all day training events. The hope is that, over time, participants will accumulate knowledge and become bound by the value they find in

learning together; develop a unique perspective on their topic, as well as a body of common knowledge, practices and approaches (e.g., tools, standards, manuals, materials); develop personal relationships and established ways of interacting with each other.

CoP meetings are arranged by mutually agreement, around four a year, at which other related events can be planned. Events have included an RT master class in Brighton with over 100 members of the public, and several training workshops across Sussex. Events are run interactively, and include a detailed evaluation questionnaire at the end of the session, from which the programme and structure of future events can be developed further.

This approach builds on knowledge exchange and an understanding of the research underpinning resilience to continually facilitate refinement of RT, in theory and in practice, and builds on what's found to be effective.

Outcomes

Some of the initial outcomes being realised include: creation of an interdisciplinary and interagency group of individuals and organizations willing to collaborate for mutual benefit and the transfer of knowledge between sectors; a functional virtual learning cycle between research, education and practice has been fostered; seminars, workshops and training modules have been prepared for use in workplace settings; practitioners, academics and parents are weaving RT into their daily practice; parents are involved as respected practitioners; RT learning resources such as exercises, games and music are being developed; learning across voluntary and statutory groups and within higher education is being promoted; community members are involved in university education programmes for children's service practitioners, and community members have increased and sustained access to the university's intellectual and material resources.

It is worth reiterating the importance of finding ways to demonstrate the impact of such work at the community level, so that this might translate into a demonstration of improvement in health, well-being, ability to cope, etc. Given how labour intensive and methodologically challenging such a demonstration is, it is vital, alongside any intervention, presentation or formally organized gathering, to collect data, such as, numbers attending, evaluation questionnaires, social networking commentaries and debates. It is also important to remain responsive to feedback. It is increasingly evident that funding follows the ability to show impact and results, which puts added value on building such work around methodologies that facilitate the collection, analysis and dissemination of impact and benefit.

There have also been significant contributions to theoretical understandings of resilience practice through deconstruction and co-construction of ways of doing and understanding this work with young people and their families. Community partners and university-based partners have made significant contributions to conferences, journal articles, books and policy fora. In terms of summing up, Aumann and Hart note that:

CASE STUDIES

There have been policy changes at the university level in the form of increasing recognition of (through impact assessment), and support for, community–university partnerships. At the local level RT has been accepted into the mental health and child development training programmes. At a national level, the value of a co-construction of RT theory and practice has been accepted. We have built current projects. We have expanded our knowledge base and built our capacity to strong and friendly links with the university that will last far beyond the length of support parents, despite the peculiar mismatch of expertise that exists between us. The absence of bureaucratic and administrative hurdles has enabled growth ... We have explored new ways of thinking about supporting children and families and applied this to our practice, which would not have happened otherwise. Our organisation has changed so that research and evidenced-based work are now routine. And we have been enthused and rejuvenated by the experience. (in Hart, Maddison and Wolff)