1. Executive Summary

1.1 Background
Resilience means doing well in the face of adversity. Children who are resilient ‘bounce back’ from difficult experiences and are less likely to experience mental health problems.

Experts have differing views about the meaning of resilience, and how to measure and promote it. This lack of consensus poses challenges for professionals who want to promote resilience among children.

The Parenting Research Centre, in partnership with the Australian Research Alliance for Children and Youth (ARACY), was funded by beyondblue to develop a Practice Guide that will assist professionals to develop interventions that promote resilience in children (0-12 years of age). The project was also funded to carry out scoping work in relation to a new proposed intervention to be considered by beyondblue for further development and possible implementation.

The Children’s Resilience Research Project began on 2 June 2016. It involved seven key phases. This Final Report is one of the project deliverables.

1.2 Methods

Phase 1: Methods
Phase 1 of the project involved three key tasks: establish the Taskforce; develop a detailed research protocol; and obtain ethics approval.

Establish Taskforce
Establishing the Taskforce involved identifying nominees for Taskforce membership; developing criteria for membership; finalising membership; and inviting members to participate.

Research protocol
The research protocol was developed by PRC, reviewed by ARACY and approved by beyondblue.

Ethics approval
The research protocol was submitted to the PRC Human Research Ethics Committee in August 2016.

Phase 2: Methods
Phase 2 involved a research translation exercise comprising two tasks: identifying research; and summarising research. In total, we identified 16 publications for the research translation exercise including publications suggested by the Taskforce. After the relevant research was identified, we summarised the publications with a specific focus upon: definitions and dimensions of resilience; and characteristics of resilience interventions.

Phase 3: Methods
Phase 3 of the Children’s Resilience Research Project involved two key tasks: a consensus-building survey; and a parent survey.

Consensus-building survey
For the purposes of building consensus, we used the Delphi method; a multi-staged survey process designed to build consensus among the members of a carefully selected Expert Panel.

The first task was to develop the criteria for membership of the Expert Panel. Thirty people accepted the invitation to be on the Expert Panel.
The Expert Panel participated in three survey rounds. Responses were analysed by researchers and organised as statements or questions that were sent back to the experts for ratings. Consensus was defined as responding with (a) 70% of experts agreeing or strongly agreeing to a close-ended question, or (b) 70% of experts disagreeing or strongly disagreeing to a close-ended question.

For the quantitative data, we used the Statistical Package for Social Science (SPSS; Version 23.0) to identify the level of agreement and stability of experts’ responses. For the qualitative data, we undertook a thematic analysis.

**Parent survey**
A short survey was developed to seek parent views on childhood resilience. The survey was made available via the Raising Children Network and beyondblues’s blueVoices network. We used thematic analysis and an analysis of the frequency of responses to analyse the data.

**Phase 4: Methods**
The fourth phase in the project was Practice Guide development. This involved two tasks: a review of existing guidelines; and development of a draft Practice Guide.

**Review of existing guidelines**
For this aspect of the project, we sought to identify some of the common characteristics of practice guidelines. In order to identify relevant guidelines we undertook a search of relevant websites.

**Development of draft Practice Guide**
The content in the draft Practice Guide was based upon the findings of two of the three Delphi survey rounds, as well as the findings from the knowledge translation exercise (phase two) and the parent survey (phase three).

**Phase 5: Methods**
The fifth phase in this project involved real-world consultations with parents, children and professionals. All consultations were facilitated by staff members from ARACY and/or PRC.

**Parent and child consultations**
ARACY drew upon their existing relationships with schools to assist in the recruitment of parents and children for consultations. Champions in selected schools were asked to invite parents of children to a focus group.

Parent and child consultations were undertaken at the school the participating children attended. We undertook a thematic analysis to identify key themes from these consultations.

**Professional consultations**
Participants for professional consultations were recruited from PRC and ARACY networks. Taskforce members were also asked to nominate participants. Potential participants were emailed an invitation to participate.

During these consultations, participants were provided with information about the preliminary findings of the project, and provided with a copy of the draft Practice Guide to discuss. We undertook a thematic analysis to identify key themes from these consultations.

**Phase 6: Methods**
Phase 6 involved the consolidation of information collected and analysed during all previous phases of the project to develop a Practice Guide, sample program logic and scoping for a potential intervention.
Practice Guide
Developing the final Practice Guide involved the consolidation of information about resilience from experts connected to the project, professionals, parents and children. The process of developing the Practice Guide involved adding and revising content and responding to a number of iterations of feedback and comments.

Program logic
A ‘pipeline’ outcomes logic approach was taken, where proposed outcomes are associated with the identified activities and inputs. The Practice Design Lead at PRC worked with the Project Team to scope and develop a logic which reflected the recommendations contained in the Practice Guide.

Potential intervention
The development of a potential intervention involved a review of resilience interventions that the Project Team and beyondblue were aware of, and an examination of the characteristics of each of these and analysis of the alignment of interventions with the influences on resilience that we identified in the Practice Guide.

Challenges: Methodology
This was a multi-faceted project involving a range of stakeholders. The main challenges we experienced during the project were:

- coordinating the Taskforce and recruiting an Indigenous Taskforce member (Phase 1)
- undertaking a review of literature within a limited period (Phase 2)
- sustaining experts’ commitment, mastering an unfamiliar technological platform; and meeting the timelines for Delphi surveys (Phase 3)
- capturing the views and perspectives of multiple stakeholders; and developing user-friendly and practical Practice Guide that reflected the complex nature of resilience (Phase 4 & Phase 6)
- managing time; and managing children’s levels of engagement (Phase 5).

1.3 Results
Phase 1: Results
Taskforce establishment
Eleven people were invited to participate in the Taskforce and ten accepted. The Taskforce Terms of Reference were developed and reviewed by beyondblue. Professor Brett McDermott from beyondblue was appointed as the Chair of the Taskforce.

Research protocol
The research protocol was completed and submitted to the PRC Human Research Ethics Committee in August 2016.

Ethics approval
The ethics submission was approved by the Committee on 15 September 2016 (Ref: App37).
Phase 2 – Research Translation: Findings
A summary of the findings from our synthesis and translation of current research are included in Appendix B of this report.

Phase 3 – Consensus building: Findings
Based upon the findings of the three Delphi surveys, key findings regarding what we know (i.e. areas of agreement) and what we don’t know (i.e. areas of disagreement) about childhood resilience is provided below.

What we know
- Resilience is a state, a capacity or a process that is dynamic and involves doing well in the face of some type of adversity
- The sources of resilience are individual, environmental and the result of an interaction between individual and environmental factors
- Experiences of adversity may be important for developing resilience but resilience can be built in the absence of adversity
- Resilience measures should be: age appropriate; measured at multiple points over time; and multi-dimensional
- Measuring resilience depends very much upon context and the child’s situation
- Resilience may be evident in a child’s level of competence, level of physical and mental wellbeing, freedom from psychopathology, and freedom from poor mental health
- Resilience interventions should be: individualised; tailored to the child’s developmental stage; and continuous
- Factors that resilience interventions should address include: family relationships; peer relationships; and pro-social skills and empathy
- The best groups of people to target are: children themselves; parents/carers; and children’s families (i.e. including parents/carers, siblings and other family members).

What we don’t know
- The importance of adverse experiences in relation to the development of resilience is unclear
- There is uncertainty about determining resilience in a child based upon comparisons with other children
- Whether resilience interventions should occur before the adversity, after the adversity, or at any time
- There are some questions remaining about whether resilience can be taught.

Parent survey
A total of 341 people responded to the survey. Key findings from the parent survey were that parents believe resilience is something that occurs within the parameters of everyday life; and parents view themselves as a key influence on children’s resilience.

Phase 4 – Draft Practice Guide

Review of Existing Guidelines
The typical types of information presented in the guidelines we identified were: general information about the topic, practice-related material, policy-related material, and practical resources.

Draft Practice Guide
The draft Practice Guide included an introduction to the concept of resilience, a summary of related concepts, a description of what builds resilience, and information about measuring resilience.
Phase 5 – Translation into real-world practice: Findings

Parent and Child consultations
Parent (n=42) and child (n=44) consultations were undertaken in five different schools across three states. The age range of the participating children was 6 – 12 years.

Professional consultations
Seven professional (n=107) consultations were undertaken in six states/territories.

Phase 6 – Consolidation: Findings

Practice Guide
The Building Resilience in Children Practice Guide was submitted to beyondblue in June 2017. The Practice Guide includes information about why resilience is important; how to build resilience in children; and recommendations for practitioners supporting implementation of everyday strategies and resilience interventions.

Potential intervention scoping and program logic
Information about the potential intervention and an associated program logic was provided to beyondblue in June 2017.

1.4 Discussion

The Children’s Resilience Research Project confirmed that resilience is a complex concept. However, there are strategies and interventions that professionals can use to promote resilience among children (0-12 years).

Important findings from the project include that:

- there is a need for interventions that focus on promoting children’s resilience through the people and environments that surround them
- consensus agreement on key aspects of resilience provides a solid foundation for selecting or designing resilience interventions
- strategies that can be used opportunistically by professionals to promote resilience (i.e. everyday strategies) may be as important as structured interventions
- children will experience periods, such as significant transition points, when they need a ‘boost’ in resilient supports
- more long-term intensive and deliberate approaches to resilience may be required to support vulnerable and at-risk children.

1.5 Recommendations for Practice Guide dissemination and uptake

1. Present the Practice Guide in a visually engaging and accessible way
2. Promote the Practice Guide at events and conferences for professionals within relevant sectors (e.g. presentations, information in conference satchels)
3. Consult with relevant peak bodies, organisations and agencies, about how to ensure organisations and systems support the use of the Practice Guide in everyday practice
4. Develop a digital promotion strategy for the Practice Guide. This could include a webpage for practitioners and social media promotion
5. Explore the feasibility of establishing sector-based Working Groups that explore and provide advice to beyondblue on:
   a. ensuring the Practice Guide reaches the widest possible audience
   b. ensuring practitioners have the support they need to use the Practice Guide
c. addressing organisational and systems barriers to using the Practice Guide.
6. Explore the feasibility of developing a network of practitioner ‘Resilience Champions’ who are able to provide advice directly to other practitioners within their sector.