Evaluating resilience-based programs for schools using a systematic consultative review.

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Abstract: Resilient approaches to working in school contexts take many different forms. This makes them difficult to evaluate, copy and compare. Conventional academic literature reviews of these approaches are often unable to deal with the complexity of the interventions in a way that leads to a meaningful comparative appraisal. Further, they rarely summarise and critique the literature in a way that is of practical use to people actually wishing to learn how to intervene in an educational context, such as parents and practitioners. This includes teachers and classroom assistants, who can experience reviews as frustrating, difficult to digest and hard to learn from. Applying findings to their own particular settings, without precisely replicating the approach described, presents serious challenges to them. The aim of this paper is to explain how and why school-based resilience approaches for young people aged 12-18 do (or do not) work in particular contexts, holding in mind the parents and practitioners who engage with young people on a daily basis, and whom we consulted in the empirical element of our work, as our audience. Further, we attempt to present the results in a way that answer parents' and practitioners' most commonly asked questions about how best to work with young people using resilience-based approaches. The review is part of a broader study looking more generally at resilience-based interventions for this age group and young adults. We offer a critical overview of approaches and techniques that might best support those young people who need them the most.

Keyword: *Resilience; school-based; intervention; young people; review; consultative review; systematic review; systematic consultative review*

Introduction

The academic literature on resilience-based practice interventions has grown over the past decade, and there are clear signs that such interventions hold promise. As Powers argues, "Combining the ecological and risk and resilience theoretical perspective provides a more complete foundation for utilizing [evidence-based practice] in schools" (Powers, 2010, pp. 447).

In writing this paper, we shared frustrations with practitioners and parents about inaccessible reviews that did not answer the relevant questions or guide future research. Our sentiments were confirmed by the British Medical Journal which has banned the phrase "more research is needed" (Godlee, 2006, p. 0) from its published reviews, seeing this as unhelpful, vague, and often a "disappointing anticlimax" (Brown et al., 2006, p. 804). Instead, they require researchers at least to make specific recommendations (e.g., Brown et al., 2006) for future research, although in our experience, this often frustrates practitioners and parents too since they want to know what to do in the immediate future. Therefore, a more organic review process emerged for this paper. We aimed to summarise the current state of the evidence in relation to the population, outcomes and interventions of interest, in a way that was useful to people on the ground.

There are major challenges in relation to extracting meaningful ways forward for practice from academic reports of resilience interventions. First, there is enormous variation in the literature regarding precisely what is meant by a 'resilience intervention', an issue we have sought to address by adopting a transparent and systematic approach to deciding which reviews to include in this paper, as explored below in our methods section. Second, resilience interventions are generally too complex for direct comparison to be meaningful in a meta-analytic review, due to, for example, vast differences in the types of stress factors and success indicators measured by researchers, and the ways in which resilience is defined and measured (if at all), which would have left us with no comparable papers in our review. Therefore, we were drawn to the emerging 'realist' approach to systematic review and evaluation of complex social interventions (Pawson, Greenhalgh, Harvey, & Walshe, 2005). Realist review combines theoretical understanding and empirical evidence to identify what works for whom, in what circumstances, in what respects and how. In the context of our work on resilience, our realist focus is on explaining the relationship between context, capacities and outcomes.

Attention to these relationships is necessary because complex social interventions rarely fit randomised control trial-type reviews.

However, what was still missing was a way to integrate the questions that we are asked day in, day out, by parents and practitioners who frequently communicate their urgency and desperation to find practical, evidence-based strategies to make changes in the lives of their young people. On the whole, in our experience, parents and practitioners found the resilience literature evidence-base to be difficult to navigate, and often did not contain answers to their contextually driven questions. So rather than attempt to summarise statistical findings of every available study, we consulted parents and practitioners to find out what they wanted to know, and combined this with a systematic approach, such as the realist review, of resilience interventions, to form what we have called a 'systematic consultative review'. The systematic consultative review is similar in aims to a realist review and incorporates some of the key principles. In an iterative process, the findings were fed back to parents and practitioners to refine the questions and consider the results. By consulting 'end users', it also incorporated elements of a participatory review process, informed by the needs and knowledge of 'stakeholders' (see Rees, & Oliver, 2012). Juxtaposing systematic and consultative review may on the surface seem like an oxymoron, however it was important to find a way to produce a review that was helpful and accessible, whilst still having a rigorous and accountable methodology (Gough, Thomas, & Oliver, 2012).

We reviewed the resilience literature to find out whether anything resembling what we call here a 'systematic consultative review' has been previously undertaken. We could not find any studies that have used this approach. However, our work also relates to two bodies of literature concerning collaboration between academics and community partners, both of which have informed what we have attempted to do here. The first involves co-inquiry or action research, both of which have vast literature bases, summaries of which can be found in Heron, and Reason's (2008) chapter on co-inquiry, and Waterman, Tillen, Dickson, and de Koning's (2001) systematic review on action research. In many cases co-inquiry and action research are undertaken in relation to the empirical research elements of a given study, and not the literature review itself (e.g., Mitchell, 2010). When it comes to literature reviews, it seems largely to be the case that the researchers answer their own questions/those of their funding body, rather than those asked by participants or parents/practitioners. Of course, some studies will have a steering group, the membership of which might include parents or

practitioners, and who may therefore be consulted on the scope of the review to be undertaken. We are ourselves currently involved in a resilience-focused scoping study which does just this (Macpherson, Hart, Winter, & Heaver, 2012). Although Mitchell (2010) conducted a consultation with practitioners to garner their views on how research and knowledge brokering assisted their child protection practice, this was not in relation to a literature review. We have found no study within our field which combines the notion of undertaking a systematic review with writing up that review using a framework generated by prospective practitioner and parent users of that research.

The second body of literature concerns practitioner orientated research as a form of situated learning (see for example, Johansson, Sandberg, & Vuorinen, 2007). This is a dense and complex field, some key elements of which are worth summarising here. An awareness of situated learning theory draws our attention to the complex, contextual nature of learning in practice, a dance between the application of experiential and propositional knowledge informing action in the moment. Our goal in relation to this systematic consultative review is to work towards giving practitioners and parents a robust and systematic view of what the propositional knowledge base in relation to resilience can tell them about useful ways to approach their specific dilemmas in practice.

Methods

Consultation with practitioners and parents was carried out twice, once prior to the literature search to establish the questions of interest and table headings, and once after the literature search to check that the results were congruent with the aims. We specifically asked a convenience sample of fifteen practitioners and five parents, with whom we work on applying resilience concepts and methods to practice, what questions they wanted the resilience research base to answer. We also drew on the perspectives of other parents and practitioners as recorded in evaluations of twenty-two training events we have conducted over the past five years. Finally, we considered key issues raised by parents and practitioners in relation to what they wanted to know from the evidence base, documented in the reflective diary of one of the authors who has been conducting workshops and other training events with parents and

practitioners for seven years. Our resulting list of questions has been generated by synthesising these different data sets.

Interventions were initially retrieved from the literature by searching EBSCO databases (AMED, British Nursing Index, CINAHL Plus with Full Text, Criminal Justice Abstracts, E-Journals, PsycARTICLES, PsycINFO, SPORTDiscus), ASSIA, AEI, BEI, ERIC, Web of Science (inc Medline), ScienceDirect, Sage, Social Care Online, for articles between 2000-2011, which included resilience keywords in the title, and keywords related to age group, intervention and improvement in the abstract. All programs included were interventions, enhancing resilience for the present and the future; some were packaged with a preventative element.

The review strategy was informed by realist review methodology for complex social interventions (Pawson et al., 2005) and participatory systematic reviews (Rees, & Oliver, 2012), and additional publications were identified in an iterative process via Google Scholar, hand searching reference lists and discussion with colleagues. Of the 1488 retrieved references, 84 documents were identified as relevant on the basis of their title and abstract, and full text was reviewed by one or both researchers (See Figure 1).

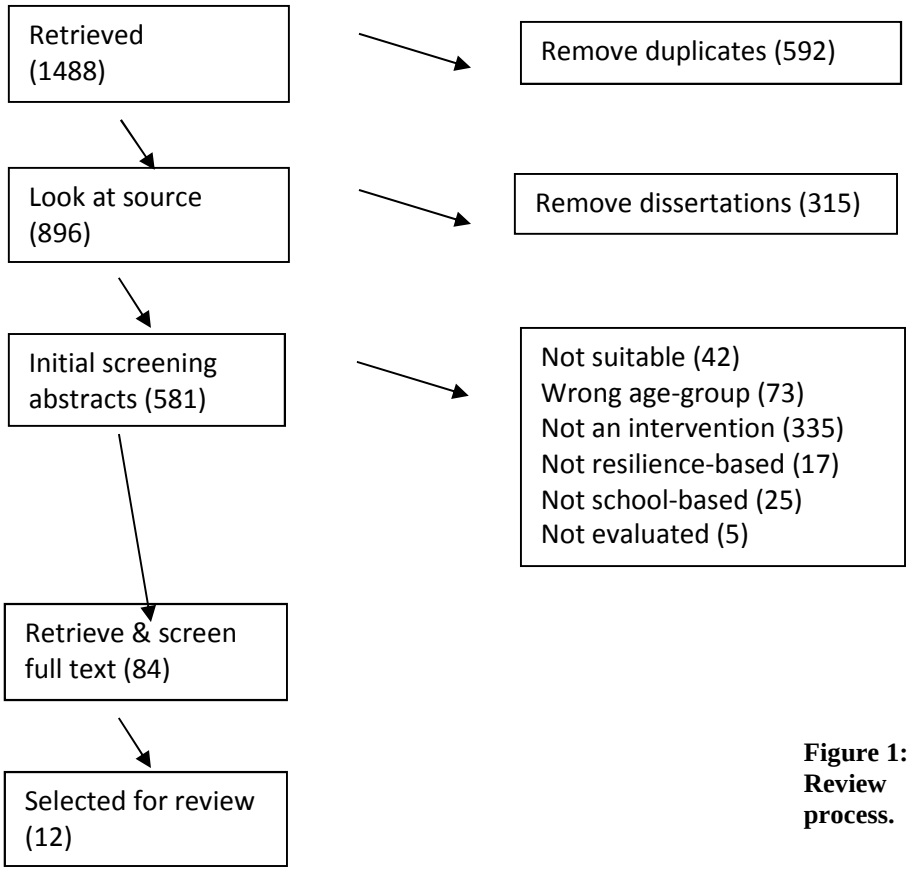

Figure 1: Review process.

Inclusion criteria for the review were: at least some of the participants were aged 12-18; at least part of the intervention took place at or during school; the intervention was resilience-based, and the intervention was evaluated. For the purposes of the review, interventions were considered resilience-based if the authors had engaged with the resilience evidence-base and attempted to link their program, or components of their program, with specific resilience-enhancing capacities. Articles needed to include a definition or explanation of resilience that indicated the authors' orientation with respect to the locus and nature of resilience (e.g., individual asset, dynamic transaction between individual and environment). (It is not our purpose in this article to discuss or debate definitions of resilience, so for further consideration of the concepts of resilience and positive development despite adversity see e.g., Hart, Blincow, & Thomas, 2007; Masten, 2001; 2011; Rutter, 2006; Ungar, 2012). We chose this age range because the practitioners and parents involved in our review were working with young people in this age group. In line with realist approaches we were keen to document the ecological context of the interventions, as adolescence is a sensitive developmental stage filled with context-specific changes, risks and challenges (Lerner & Galambos, 1998). Therefore programs were not required to target predefined developmental or resilience aspects. However, it was essential that the discussion of models or theories of resilience provided a conceptual basis for why the intervention would be effective in enhancing resilience (e.g., increased self-esteem).

Going further, we wanted to capture any information that included an inequalities angle. Resilience scholars, and those writing about resilience interventions, are not always aware of the inequalities focus that needs to be applied for work to be effective – a key issue in framing resilience work (see Hart, Blincow, & Thomas, 2007; Hart, Hall, & Henwood, 2003). Inequality, by and in itself, directly impacts psychological and physical health to a degree that cannot simply be ameliorated by psychological interventions (Prilleltensky, & Prilleltensky, 2005). A lack of 'inequalities imagination' means that interventions become mere water droplets in the fire-fight against the structural and power inequality manifest in some children's lives, through poverty, unemployment, marginalisation and constellated disadvantage (Hart et al., 2007; Prilleltensky, & Prilleltensky, 2005). Addressing basic inequalities and lack of access to developmentally-appropriate resources has been authoritatively described as the single most important step in improving outcomes for mental health (Friedli, 2009; Layard, 2005). Yet these factors are, even within interventions targeting

disadvantaged populations, rarely explicitly considered and worked with beyond citing contextual issues relating to the child's social ecology. This may in part be due to difficulty in defining what constitutes disadvantage and how it is located and measured (see Hart et al., 2007; Mayer, 2003; Prilleltensky, & Prilleltensky, 2005). Our review relied on individual interventions to report accurately sufficient demographics to enable us to identify whether or not disadvantaged young people were included. These are the reasons for a spotlight on this particular dimension for our review. Alongside these reasons is the important fact that all the parents and practitioners with whom we are working support young people in contexts they would define as complex inequality or disadvantage, those who are "denied access to the tools needed for self-sufficiency" (Mayer, 2003, p.2).

Finally, outcomes had to include either a resilience scale or measures of the individual resilience outcomes defined in the authors' rationale (e.g., self-esteem). The most common reasons for papers being excluded were that they did not properly relate their study to resilience conceptually, despite using the term in the abstract or key words, or they did not include an intervention. Instead they described narratives, cross-sectional data, longitudinal trajectory data, conceptual frameworks, relationships between protective factors and resilience outcomes, reviews of the literature or development of new measures.

Detailed information about each intervention was entered in a table to gain an understanding of what worked, for whom and in what context: method and intensity of delivery, participant characteristics, setting and circumstances. To identify whether an intervention satisfied all of the inclusion criteria, resilience definitions, program-theory links, capacities, and measures and outcomes were also recorded. Additional headings collected aspects such as evaluation design and methodology, strengths and weaknesses of the program and the evaluation, and program costs, funding and implementation history (where available). Where multiple outputs related to a single evaluation, information (including grey literature) was amalgamated into a single record; where multiple outputs related to separate evaluations of the same intervention, these were entered as separate records grouped together under the intervention heading to highlight differences.

Of the eighty-four papers identified, twelve were selected for inclusion in this article, which, through their variation in program content, setting, delivery, and young people, both authors felt were best-placed to answer the questions raised in consultation with parents and practitioners. These papers met the inclusion criteria in full including a robust resilience

concept and basis to the intervention, and a way of measuring changes in the young people's resilience.

Results

Although none of the questions in our consultation addressed the conceptual basis, evaluation or measures used, these criteria were used to screen interventions to satisfy ourselves that they were of sufficient quality and relevance.

The twelve papers in our ongoing review conceptualised resilience variously as a: tool, outcome, process, dynamic interaction, capacity, ability, characteristic, act, skill, trait, protective factor, positive influence, potential, asset, resource, recovery, disposition, competency, attitude, value, strength, knowledge, response, performance, functioning, adaptation, tendency, transactional relationship.

Unfortunately, some interesting and innovative interventions could not be included in the review because they did not meet the inclusion criteria. However, we were impressed by them so we thought them worth mentioning, because colleagues might well find them useful. In one such paper, by making intervention delivery part of a service-based learning course for undergraduate psychology students, Kranzler, Parks, and Gillham (2011) were able to form sustainable community-university links, potentially increasing the social capital of the target community, despite not providing training directly for school staff or teachers. However, Kranzler et al. (2011) did not explicitly define resilience, because rationale had been covered in previous publications generated by the large, well-evaluated intervention program (the Penn Resiliency Program). They also focussed their evaluation on their implementation model rather than on the success of the intensive intervention. Therefore it was not included in the review, despite its novel approach, practical advice and at least basic inequalities angle (the intervention took place in a deprived area and part of the intervention was providing a basic nutritional intervention in the context of food poverty).

The papers took a variety of approaches to evaluation: four were matched pre- and post-test (Griffin, Holliday, Frazier, & Braithwaite, 2009; Peacock-Villada, DeCelles, & Banda, 2007; Theron, 2006; Vetter et al., 2010); three were non-matched baseline and post-

test (Baum, 2005; Grunstein, & Nutbeam, 2006; Hodder et al., 2011); three provided qualitative data (Davis, & Paster, 2000; Ebersöhn, & Ferreira, 2011; Kruger, & Prinsloo, 2008); one utilised reflective case-studies (Woodier, 2011); one was a randomised-control trial (Leve, Fisher, & Chamberlain, 2009).

Among the measures included were the following: Connor-Davidson Resilience Scale (Vetter et al., 2010), California Healthy Kids Survey resilience module (Hodder et al., 2011), Adolescent Resiliency & Health Behaviours Survey (Grunstein, & Nutbeam, 2006), ATOD use (Griffin et al., 2009; Grunstein, & Nutbeam, 2006; Hodder et al., 2011), Incomplete Sentences Questionnaire (Theron, 2006), academic performance (Davis, & Paster, 2000), and custom scales devised by the researchers (Baum, 2005; Kruger, & Prinsloo, 2008; Woodier, 2011). Only five provided follow-up measurements (Baum, 2005; Griffin et al., 2009; Hodder, et al., 2011; Leve et al., 2009; Vetter et al., 2010) at six to twelve months following the end of the intervention, and only one provided any follow-up resources or support to participants – one young person received bi-weekly sessions for three years (Woodier, 2011).

We will now present the demographics of the young people included in the studies, before going on to discuss the data we extracted from the papers selected in relation to the specific questions to which parents and practitioners wanted answers.

Demographics

There were over 3,200 children involved in the twelve studies in samples ranging from 2-1449 (Davis & Paster, 2000, Ebersöhn, & Ferreira, 2011, and Leve et al., 2009, did not provide sample size), more than 63% were female (Baum, 2005, Ebersöhn, & Ferreira, 2011, and Leve et al., 2009, did not provide gender breakdown), and the young people were aged 9-18 years (see Figure 2). Interventions took place in seven countries: USA (Davis, & Paster, 2000; Griffin et al., 2009; Leve et al., 2009), Australia (Grunstein, & Nutbeam, 2006; Hodder et al., 2011), South Africa (Ebersöhn, & Ferreira, 2011; Kruger, & Prinsloo, 2008; Peacock-Villada et al., 2007; Theron, 2006), Zambia (Peacock-Villada et al., 2007), Russia (Vetter et al., 2010), Israel (Baum, 2005), and Scotland (Woodier, 2011).

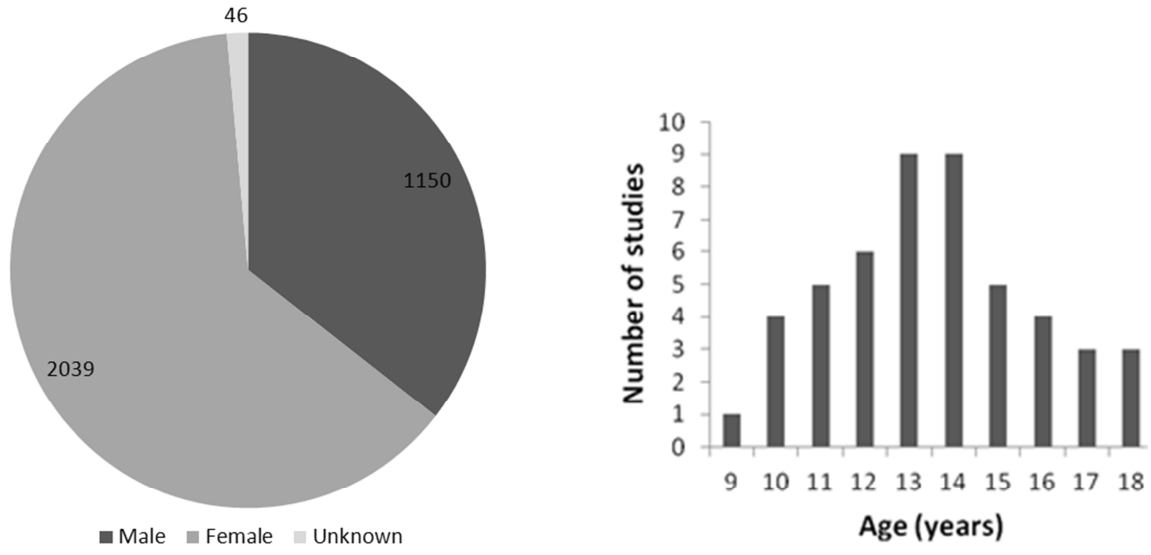

Figure 1: Demographic characteristics of young people.

Demographics	Psychological	Academic	Family
"high risk"; ethnic minority (3); facing adversity (HIV risk (2), economic deprivation(4), inner-city area high rate of ATOD & violence/crime); lowest quintile of SE disadvantage; involved with child welfare (2);	exposed to on-going trauma/stress (school siege, terrorist attack, suicide bombing, drive-by shooting, mortar attack) (2); severe emotional & behavioural difficulties (2); ADHD; prenatal ATOD; learning disability;	intellectually "gifted"; underachieving (3); mid-range academic ability; attending state, independent, selective, sport, or residential school;	severe marital discord; parental pathology, rejection, abuse, depression, drugs & alcohol (2), aggressive/anti-social behaviour; severe parenting; exposure to trauma; caregiver transitions; lack of medical care (2);

Table 1: Characteristics of young people in the review. Numbers in brackets indicate multiple studies.

At first glance, the types of young people involved seemed quite broad (see Table 1). However when we looked at the numbers we found that this range was much narrower (see Table 2). So who is missing? Very few of the young people had complex needs such as

learning difficulties (only six). This is particularly concerning given that resilience based interventions might be thought of as being most useful in complex circumstances – we see resilience in Masten's (2001) terms as a positive outcome despite serious threats to adaptation or development (p. 228).

Characteristic	Number of YP
Lowest quintile of disadvantage (Hodder et al., 2011)	1449
Average (Grunstein, & Nutbeam, 2006)	781
At risk of HIV (Ebersöhn, & Ferreira, 2011; Peacock-Villada et al., 2007)	670
Black and ethnic minority (Davis, & Paster, 2000; Griffin et al., 2009; Kruger, & Prinsloo, 2008)	229
Exposed to trauma (Baum, 2005; Vetter et al., 2010)	136
Specific learning difficulties (Theron, 2006)	6
Severe emotional & behavioural difficulties (Leve et al., 2009; Woodier, 2011)	2

Table 2: Distribution of characteristics of young people in the review.

Around 2.6-4.3% of young people in the UK have learning disabilities (Emerson, & Hatton, 2008). Among the young offenders population, a staggering 25% have special educational needs, 23% have very low IQs (<70), 60% have communication difficulties, 29% have literacy difficulties, and 15% have ADHD (Talbot, 2010). When it comes to mental health problems, 11.5% of young people in the UK are affected, but this rises to 40% for young offenders (Talbot, 2010). And yet, resilience-focused interventions often exclude the very people who might need them the most.

Young people with complex needs are often under-represented with studies such as those of the Penn Resiliency Program (e.g., Kranzler et al., 2011) specifically recruiting sub-clinical samples. Studies are usually conducted in 'mainstream' schools (e.g., Grunstein, & Nutbeam, 2006), with few marginalised young people taking part, who already have fewer chances and greater need for intervention (e.g., absent from school when intervention took place/measures recorded, non-respondents). For consideration of resilience strategies for special education see Jones (2011).

What really works?

Parents and practitioners have been asking the lead author of this paper this question for eight years during myriad training, supervision and consultation sessions. The targeted empirical consultation we conducted with them corroborated this as the question they most wanted answering. Our analysis of the papers in this review unsurprisingly, and for many parents and practitioners, disappointingly, gives us little in the way of definitive answers to that question. Most evaluations focussed on the positive findings, but without reporting effect sizes to facilitate comparisons, some findings appearing rather modest, and all were specific to the contexts in which they occurred. This confirms our realist review position that any discussion of what works has to be contextually focussed.

"Where do I start?" and "What can I do right now that will make a difference?"

These two questions, we felt, could quite naturally be considered together. There was not a lot in the school-based resilience intervention literature about starting positions, except that the earlier the better, and that there are major differences in approach. None of the interventions addressed the issue of whether a hierarchy of importance could be attached to specifics within the portfolio of techniques and approaches described in Table 3 and Table 4. This is an interesting gap in the intervention literature, particularly if we take Roisman and Padron's definition of resilience seriously. They see it as, "an emergent property of a hierarchically organized set of protective systems that cumulatively buffer the effects of adversity..." (Roisman, Padrón, Sroufe, & Egeland, 2002, p. 1216). For them, understanding where to start, and what to do at any given moment in time, is crucial. Our own take on this is that these questions must be addressed through an analysis of the specific context. In relation to the resilience-based practice intervention approach developed by the lead author of this paper alongside colleagues (Hart et al., 2007), we have devised the list reproduced in Figure 3 for practitioners and parents, since these questions came up over and over again and people reported feeling considerable anxiety in trying to address them. The ten step approach has been refined in the light of empirical data regarding its use in practice, however it is still a work in progress. In the absence of definitive guidance from research, the approach helps

people decide how to answer these two questions, and to move forward with making what we have termed elsewhere 'resilient moves' within a specific context. We have reproduced the approach here since it may prove useful for others trying to decide exactly 'what to do and when', in the course of attempting to instigate a resilience-based intervention of any nature, although some of it is obviously Resilient Therapy specific. The sixth to tenth points are certainly applicable beyond the immediate context of applying our own model.

Ten steps to applying Resilient Therapy

1. Get familiar with the RT framework (Basics, Belonging, Learning, Coping, Core Self).
2. Have it to hand.
3. Remember the noble truths (Accepting, Conserving, Commitment, Enlisting).
4. Use the framework to map out where the young person is at.
5. Does one or other potion bottle shout out at you?
6. Pick your priorities to make the most resilient moves (what's most urgent, what's most doable, quick wins, what you're up for, what the child/family wants, what the child/family can most easily manage, time available).
7. Come back to the noble truths. How can they help you here?
8. Make your resilient moves.
9. Check out with them, and yourself. How well did it go?
10. What have I learnt for another time?

Figure 2: Ten steps to applying Resilient Therapy. Adapted from Hart, Aumann, & Heaver, B. (2010).

Finally, in addressing these questions, an important point to consider is what can we take anywhere? If we cannot say for sure precisely 'what to do and when', is it worth considering what techniques are effective across contexts, situations and individuals that may form a portable and flexible approach, without reliance on resources and infrastructure? Suitable strategies highlighted in our review which also occur in the broader resilience evidence base we have summarised elsewhere (Hart, Blincow, & Thomas, 2007) include developing problem-solving skills, autobiographical narrative – 'consciousness-raising',

prioritising the development of a relationship with one caring adult, instigating a system of reward points, intensity of intervention and consistency.

Is it better to work with young people or parents or teachers or the whole school?

Because interventions were so different, but the majority reported modest improvements in key areas, it is not possible to conclude that any particular one of these approaches worked better than the others. For example, none of the programs compared the relative efficacy of different types of delivery. Of the interventions that did demonstrate at least modest improvements, six interventions worked directly with young people (Griffin et al., 2009; Grunstein, & Nutbeam, 2006; Hodder et al., 2011; Theron, 2006; Vetter et al., 2010; Woodier, 2011), one with young people and (foster) parents (Leve et al., 2009), two with young people and teachers or instructors (Kruger, & Prinsloo, 2008; Peacock-Villada et al., 2007), one with young people, parents and teachers (Davis, & Paster, 2000), and two with only teachers (Baum, 2005; Ebersöhn, & Ferreira, 2011). Approaches also varied in whether they targeted individuals, classrooms, the whole school, or whether they relied on volunteers from within the school signing up for an advertised program. For example, four interventions targeted individual students on the basis of characteristics such as gifted intelligence (Davis, & Paster, 2000), learning disability (Theron, 2006), or involved with child welfare services (Leve et al., 2009; Woodier, 2011), via activities including voluntary work (Woodier, 2011), group work (Davis, & Paster, 2000), art and music therapy (Theron, 2006), and often utilising multiple strategies (Leve et al., 2009; Theron, 2006). Four interventions targeted entire year groups on the basis of age (Griffin et al., 2009; Kruger, & Prinsloo, 2008), exposure to trauma (Vetter et al., 2010), or opportunity sample (Grunstein, & Nutbeam, 2006), via in-class activities (Kruger, & Prinsloo, 2008), performing arts (Grunstein, & Nutbeam, 2006), role-play (Griffin et al., 2009), and adventure recreation (Vetter et al., 2010). One intervention recruited participants from several schools (Peacock-Villada et al., 2007) to engage in afterschool activities such as football (Peacock-Villada et al., 2007). Two of the interventions were systemic ‘whole-school’ approaches with schools selected for exposure to trauma (Baum, 2005), or low socioeconomic disadvantage (Hodder et al., 2011), acting via teacher training (Baum, 2005), modifying school policies, and developing school-community links (Hodder et

al., 2011). One program targeted a proportion of teachers within schools to act as resource negotiators for their whole school (Ebersöhn, & Ferreira, 2011).

Programs varied widely when it came down to who delivered the intervention: socio-psychological expert (Davis, & Paster, 2000); graduate research students and community volunteers (Griffin et al., 2009); school staff (Grunstein, & Nutbeam, 2006), researchers and school staff (Hodder et al., 2011); therapists and professionals from search and rescue (Vetter et al., 2010); psychologists (Baum, 2005); psychologists and teachers (Kruger, & Prinsloo, 2008); teacher with access to multidisciplinary team (Woodier, 2011); researcher (Theron, 2006); peer educators (Peacock-Villada et al., 2007); multidisciplinary team (Leve et al., 2009); researchers in first iteration and then teachers in second (Ebersöhn, & Ferreira, 2011). In general, little consideration was given to sustainability, for example interventions delivered by teachers/parents can be adopted and continued after the study has been completed, whereas researchers will leave at the end of the intervention.

How do you make a really entrenched and marginalised young person change?

As we have explored before, there was not much focus on this topic given the relative lack of attention to young people with very complex needs in these studies. However, some of the key capacities that kept reoccurring are included in Table 3.

Capacities	Studies
Individual:	
Self-esteem	Baum, 2005; Griffin et al., 2009; Grunstein, & Nutbeam, 2006; Hodder et al., 2011; Kruger, & Prinsloo, 2008; Peacock-Villada et al., 2007; Woodier, 2011
Autonomy	Griffin et al., 2009; Grunstein, & Nutbeam, 2006; Hodder et al., 2011; Kruger, & Prinsloo, 2008; Peacock-Villada et al., 2007; Theron, 2006
Problem-solving	Grunstein, & Nutbeam, 2006; Kruger, & Prinsloo, 2008; Theron, 2006; Vetter et al., 2010
Goals & aspirations	Griffin et al., 2009; Grunstein, & Nutbeam, 2006; Hodder et al., 2011; Kruger, & Prinsloo, 2008; Peacock-Villada et al., 2007; Theron, 2006
Sense of purpose	Baum, 2005; Griffin et al., 2009; Grunstein, & Nutbeam, 2006; Kruger, & Prinsloo, 2008; Vetter et al., 2010
Skills, interests & competencies	Davis, & Paster, 2000; Griffin et al., 2009; Grunstein, & Nutbeam, 2006; Kruger, & Prinsloo, 2008; Leve et al., 2009; Peacock-Villada et al., 2007; Vetter et al., 2010; Woodier, 2011
Interpersonal:	
Empathy	Baum, 2005; Davis, & Paster, 2000; Grunstein, & Nutbeam, 2006; Hodder et al., 2011; Kruger, & Prinsloo, 2008; Theron, 2006; Vetter et al., 2010; Woodier, 2011
Being caring	Davis, & Paster, 2000; Griffin et al., 2009; Grunstein, & Nutbeam, 2006; Vetter et al., 2010; Woodier, 2011
Social competence	Griffin et al., 2009; Grunstein, & Nutbeam, 2006; Hodder et al., 2011; Kruger, & Prinsloo, 2008; Leve et al., 2009; Theron, 2006; Vetter et al., 2010; Woodier, 2011
Friends&Family:	
Family connectedness	Baum, 2005; Davis, & Paster, 2000; Ebersöhn, & Ferreira, 2011; Griffin et al., 2009; Grunstein, & Nutbeam, 2006; Hodder et al., 2011; Kruger, & Prinsloo, 2008; Leve et al., 2009
Bond with one caring adult	Davis, & Paster, 2000; Ebersöhn, & Ferreira, 2011; Leve et al., 2009; Peacock-Villada et al., 2007; Theron, 2006; Vetter et al., 2010; Woodier, 2011
Positive peer relationships	Ebersöhn, & Ferreira, 2011; Griffin et al., 2009; Hodder et al., 2011; Kruger, & Prinsloo, 2008; Peacock-Villada et al., 2007; Theron, 2006; Vetter et al., 2010
Community:	
Formal/informal social support	Baum, 2005; Ebersöhn, & Ferreira, 2011; Griffin et al., 2009; Kruger, & Prinsloo, 2008; Leve et al., 2009; Peacock-Villada et al., 2007; Woodier, 2011
School connectedness	Ebersöhn, & Ferreira, 2011; Grunstein, & Nutbeam, 2006; Hodder et al., 2011; Kruger, & Prinsloo, 2008
Community connectedness	Davis, & Paster, 2000; Ebersöhn, & Ferreira, 2011; Griffin et al., 2009; Hodder et al., 2011; Kruger, & Prinsloo, 2008; Peacock-Villada et al., 2007; Vetter et al., 2010

Table 3: Resilience capacities targeted by interventions.

The most effective strategies for entrenched and marginalised young people seemed to be high intensity interventions, which had been customised for the young person (e.g., Woodier, 2011) and a joined-up approach between home and school (Leve et al., 2009). A bond with one caring adult was very important: one hour of one-to-one mentoring per week for six months to communicate bonding, caring, support, and high expectations (Griffin et al., 2009); a non-family adult instructing participants in problem-solving strategies, life and coping skills (Vetter et al., 2010); a teacher providing sensitive and responsive support to an individual student (Woodier, 2011); foster parents being trained and supported to provide positive adult support and mentoring to the young person (Leve et al., 2009).

What do you do exactly, for how long and with what intensity?

This review has confirmed our conclusions from our many years of research and practice, that to be effective practitioners and parents, one has to be contextually focussed. Eight of the interventions had a specific focus for enhancing resilience including: prevention elements such as reducing alcohol, tobacco and/or other drug use (Griffin et al., 2009; Hodder et al., 2011) or preventing HIV infection (Ebersöhn, & Ferreira, 2011; Peacock-Villada et al., 2007); addressing trauma (Baum, 2005; Vetter et al., 2010); managing disability (Theron, 2006); career/vocation development (Griffin et al., 2009) (see Table 4).

Context	Intervention	Intensity	Study
Alcohol, tobacco and/or other drug use	problem-solving & communication skills curriculum modifications	90 mins, 2-3 x week, for 9 weeks implemented for 3 years	Griffin et al., 2009 Hodder et al., 2011
Trauma	teacher training mountaineering and survival skills	3 x 3hr sessions one-week residential course	Baum, 2005 Vetter et al., 2010
Disability	Individualised program	12 x 1hr sessions over 5.5 months	Theron, 2006
Career/vocation	Training & role-play	90 mins, 2-3 x week, for 9 weeks	Griffin et al., 2009
Preventing HIV	teacher training & vegetable garden outdoor recreation	6 x 8hr sessions over 1 year 6 weeks	Ebersöhn, & Ferreira, 2011 Peacock-Villada et al., 2007
Emotional & behavioural	One-to-one curriculum; work experience	3hrs a week for 1 year; twice a week for 3 yrs	Woodier, 2011
Foster care	Individualised program	6-9 months	Leve et al., 2009
General	psychosocial skills groups dance/drama competition curriculum modifications	1hr weekly for a year not specified 12 x 1hr sessions	Davis, & Paster, 2000 Grunstein, & Nutbeam, 2006 Kruger, & Prinsloo, 2008

Table 4: Examples of contexts, interventions and intensity (where given).

As summarised in Table 4, types of intervention included: psychosocial groups (Davis, & Paster, 2000), a dance/drama competition (Grunstein, & Nutbeam, 2006), skills and training (Griffin et al., 2009), curriculum modifications (Hodder et al., 2011; Kruger, & Prinsloo, 2008), outdoor recreation (Peacock-Villada et al., 2007; Vetter et al., 2010), teacher training (Baum, 2005; Ebersöhn, & Ferreira, 2011), work experience (Woodier, 2011), role-playing new skills (problem-solving, communication) (Griffin et al., 2009), and programs tailored to the individual's needs and interests (Leve et al., 2009; Theron, 2006). One program

ran three groups that were parallel and complementary for young people, parents, and teachers, around similar skills (conflict management, communication, stress management, creating support) (Davis, & Paster, 2000). Some of the most innovative, evidence-based strategies were: evoking images of family, obligation and responsibility (Davis, & Paster, 2000), vocational training and field trips (Griffin et al., 2009), mountaineering and survival skills (Vetter et al., 2010), the young person organising a dance competition for younger children (Woodier, 2011), having a school-family-community vegetable garden (Ebersöhn, & Ferreira, 2011), 'limboing' under a board that represented peer pressure (Peacock-Villada et al., 2007), and using the same reward points system across home and school environments (Leve et al., 2009). Length and intensity was very wide-ranging - from 12 x 1hr sessions over 5.5 months (Theron, 2006) to a one-week residential course – but even at the less intensive levels of intervention serious commitment and resources had to be mobilised (Vetter et al., 2010).

How much does it cost?

Few interventions provided any details on cost, with only one giving partial information: the three intervention schools were given funding for the first two years of a three-year intervention in order to facilitate teacher participation in training, planning and implementation (per school: AUS $4,000 in year 1, AUS $5,000 in year 2) (Hodder et al., 2011). Whilst costs may be increased by having multi-site or systemic interventions (Middlemiss, 2005), one multi-site intervention was deemed more cost-effective than placing a young person into institutional or residential care, reporting to save $32,915 in taxes per juvenile justice youth compared to standard group care (Leve et al., 2009).

As mentioned earlier, little consideration was given to sustainability and capacity building. Having parents or young people developing and/or delivering training, for example in the manner of our partners Amaze charity in Brighton, UK (Hart, Virgo, & Aumann, 2006) and in our own work with young people (Experience in Mind, Taylor, & Hart, 2011), enables interventions to involve the most excluded parents and young people, makes groups more sustainable, and actually builds training capacity and, as we have seen in our practice, the wider social capital of parents and young people. One intervention trained the teachers, who

were participants during the first phase of the intervention, to become the facilitators who implemented the intervention to other teachers in neighbouring schools in a second phase of iterative Participatory Rural Appraisal (PRA; Ebersöhn & Ferreira, 2011). This approach built capacity within the teaching staff as well as local families. And if the intervention per se only has a modest effect, the wider capacity and social capital building elements of the project may yet deliver longer term benefits.

What do we think could have made the interventions better/more successful?

Overall, the studies we reviewed lacked school-parent interaction, complex or marginalised (or absent) young people, and the value of addressing the basics (e.g., giving the young people a decent breakfast). There was very little participatory research (particularly at the point of program evaluation) from the point of view of the teachers, parents or young people. One study involved an advisory panel for school staff, parents and community members (Hodder et al., 2011), and another incorporated youth feedback during the pilot and was evaluated by a local peer educator who acted as an insider researcher and remained working in the region after the program finished (Peacock-Villada et al., 2007). Ebersöhn and Ferreira's (2011) Participatory Rural Appraisal meant that they: "... viewed participants as partners and experts throughout the research process and encouraged them to not only share their knowledge but also co-create and co-determine the progress and processes of the research" (p. 5). This study deserves particular mention because, as well as being participatory, it also addressed the basics (food, clothing, health care), made connections between the school, families and the community, focussed on schools with high levels of complex adversity, and built capacity in parents and teachers (Ebersöhn, & Ferreira, 2011).

Researchers trying to develop psychosocial resilience interventions may understandably not see tackling structural inequality as the primary goal of their project. However, despite the massive potential benefits, few of the interventions included so far had any inequalities angle at all, such as: providing food or travel costs, including strategies to raise awareness of inequalities for teachers, engaging in equality training for teachers, using "inequalities imagination" (e.g., Hart et al., 2003), or consciousness raising (e.g., autobiographical narrative). Only two studies focussed on young people from a deprived

neighbourhood (Ebersöhn, & Ferreira, 2011; Griffin et al., 2009), and one briefly considered racism and prejudice (Davis, & Paster, 2000). One study describes selecting schools where pupils lived in the "lowest quintile of socioeconomic disadvantage" (Hodder et al., 2011, p. 2). Whilst this might at first sound like pupils come from deprived backgrounds, the Australian Bureau of Statistics designate Quintile 1 as those having the least disadvantage. Attempts to contact the authors for clarification have been unsuccessful, and this ambiguous phrase suggests instead that pupils are from more privileged backgrounds.

Generally these interventions did not encourage hobbies, which have a good evidence-base in relation to resilience-building and also other evidence-based resilience capabilities like problem-solving skills (Hart et al, 2007). The few that are mentioned are sports and recreation (Peacock-Villada et al., 2007; Vetter et al., 2010), dance and drama (Grunstein, & Nutbeam, 2006), art (Theron, 2006; Vetter et al., 2010), music (Theron, 2006; Vetter et al., 2010) and religion (Baum, 2005; Kruger, & Prinsloo, 2008; Woodier, 2011). Most often these activities form a very minor component of a complex intervention, or are described in terms of facilitated 'play therapy' rather than encouraged as an independently pursued and rewarding hobby. Elsewhere in the literature such leisure activities have been reported to increase resilience in young people with disabilities through providing supportive relationships, power, control, 'desirable' identity, and social justice (Jessup, Cornell, & Bundy, 2010).

Conclusion

There are two things to consider in conclusion; firstly, the findings of the review, and secondly, the limitations of the methodology. We will reflect on the findings first. As discussed in the methods section, many of the papers originally selected in our first trawl of the literature were using the term 'resilience' in such a vague and conceptually weak manner that it was hard for us to pin down if the intervention really could be described as 'resilience-based'. Future papers reporting on 'resilience'-based approaches could usefully pay more attention to defining the specific ways in which they understand it to be resilience-based. If such studies are to add anything useful to the resilience field, they should engage properly

with the conceptual minefield that is at play here, and in this review we have at least offered some ways forward in terms of identifying whether or not an intervention can claim to be 'resilience-based'.

There is a huge gap between what research often reports, and what people want to know and learn about when working in the messy, complexity of situated practice. Many of the questions raised were not answered, most of the studies did not include enough of the very young people most people with whom we are involved are trying to support, and many of the interventions did not seem that practical to replicate in the real world outside a well-funded research project. The writing up of an intervention should include sufficient information to make the study replicable, but no basic information about costs was included, and from our knowledge of the area, such large-scale interventions are usually expensive. This is particularly an issue for high-intensity interventions, and consideration needs to be given to how this information is packaged for front-line workers, supporting young people with complex needs, who may only be able to offer time-limited intervention, with limited resources and under far from ideal conditions. Most interventions were researcher-led, and seven of the twelve interventions did not include the teachers who would be involved with the young people beyond the end of the research study. Capacity building in teachers, parents, etc was woefully absent, with the exception of Ebersöhn and Ferreira (2011). The inequalities dimension was also barely considered. We recommend that all of these issues should be addressed in future developments of school-based interventions.

Having said that, the findings of the review did identify repeating themes of effective resilient practices across the studies and contexts, such as teaching problem-solving skills, building relationships, and working at multiple levels (individual, family, community). A bond with one caring adult was found to be particularly important in communicating caring, support, and high expectations, whether this was one-to-one mentoring, skills guidance from a non-family adult, or positive support from a teacher or foster parent. Entrenched and marginalised young people with highly complex needs were of specific interest to the parents and practitioners we consulted, and we can infer from the papers in our review that, perhaps unsurprisingly, these young people responded to high intensity, individually customised interventions, and continuity between contexts, such as the home and school environments.

Of course there are limitations to what we have undertaken in that many interventions that do not define themselves as 'resilience-based' have been excluded for practical reasons.

A better resourced and more sophisticated systematic consultative review would find a way to include such papers if they focus on a specific area of resilience-based practice, albeit not defining it as such. In the area of self-esteem enhancement, for example, there are papers that we could have included were we to have taken that approach. Alternatively, such a review might start with the authors' definition of resilience and a review of the interventions that conformed to this perspective. However, in reality, relatively few 'resilience' interventions actually defined the term 'resilience'. Some included 'resilience' in the title and abstract but no-where else in the paper. Of those with a well-defined resilience concept, there was a complete lack of consensus about what resilience actually is, or how it might be measured. A review of interventions with a shared resilience concept would have had to compromise on another aspect of the inclusion criteria, sacrificing strong program-theory links, the evaluation or perhaps the age-group of interest; otherwise there would have been no comparable papers left to review.

Mitchell's (2010) consultation, whilst broader than ours, did identify some of the same practitioner questions of the research evidence-base, suggesting that they are indeed relevant. However, Mitchell (2010) had a formal methodological process for the consultation, and although firmly grounded in the lived experience of parents and practitioners supporting young people with complex needs, our approach was more organic and iterative, and emerged from the tensions involved in our everyday work at the interface between academic review and research, and practice development.

In summary, our approach was successful in answering some of our consultation group's questions, but not all; in particular, we did not manage to identify necessarily which programs were most effective (if indeed comparisons across contextualised interventions are appropriate). The British Medical Journal's despair over the failure of systematic reviews often to provide any further insights than "more research is needed" was the impetus for our approach here, alongside our sensitivity to what parents and practitioners wanted to know. Whilst being mindful of using the phrase ourselves, it is disappointing that only partial answers to questions that people want to know can be gleaned from the current literature. However, we hope that this review provides a starting point to generate some ideas for ways of working at the interface between academic research and practice development. Our schools-focussed review is part of a larger, ongoing systematic consultative review of resilience-based interventions for 12-25 year olds, and, as a result, consultation with parents

and practitioners was rather more general in scope. Therefore, in taking this technique forward and developing it more in relation to school-based interventions, the empirical consultation element could be refined by asking teachers, classroom assistants and school personnel to participate, in addition to parents and practitioners. We could also develop a more systematic approach to this empirical element of the review process. In this way, we hope that we can move towards an appropriate and useful approach for producing reviews that are actually helpful to people who want to use research findings to support the young people with whom they live or work.

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