



# MENTAL HEALTH & WELLBEING IN THE EARLY YEARS

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Building Resilience

# GROUP CONTRACT

- Confidentiality
- Take responsibility for what you share
- Turn mobile phones to off or silent
- Respect contribution of others
- Attend all sessions
- Personal reflection

# WORKSHOP AIMS

- Explore how ACEs can impact a child's mental health and wellbeing
- Develop an understanding of how risk and protective factors can impact babies and young children
- Consider how to build inclusive environments that promote positive social interactions and build resilient relationships
- Understand the important role of parents and caregivers and explore how to best work alongside them to influence mental health and wellbeing in the early years

# ADVERSE CHILDHOOD EXPERIENCES

## Abuse



Physical abuse



Sexual abuse



Verbal abuse

## Neglect



Emotional neglect



Physical neglect

## Growing up in a household where:



There are adults with alcohol and drug problems



There are adults with mental health problems



There is domestic violence



There are adults who have spent time in prison



Parents have separated

# RESPONSES TO TRAUMA

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## TRAUMA RESPONSES



**FRIGHTENED**

**THREATENED**

**UNSAFE**

**POWERLESS**

**TRAPPED**

**REJECTED**



**CONFUSED**

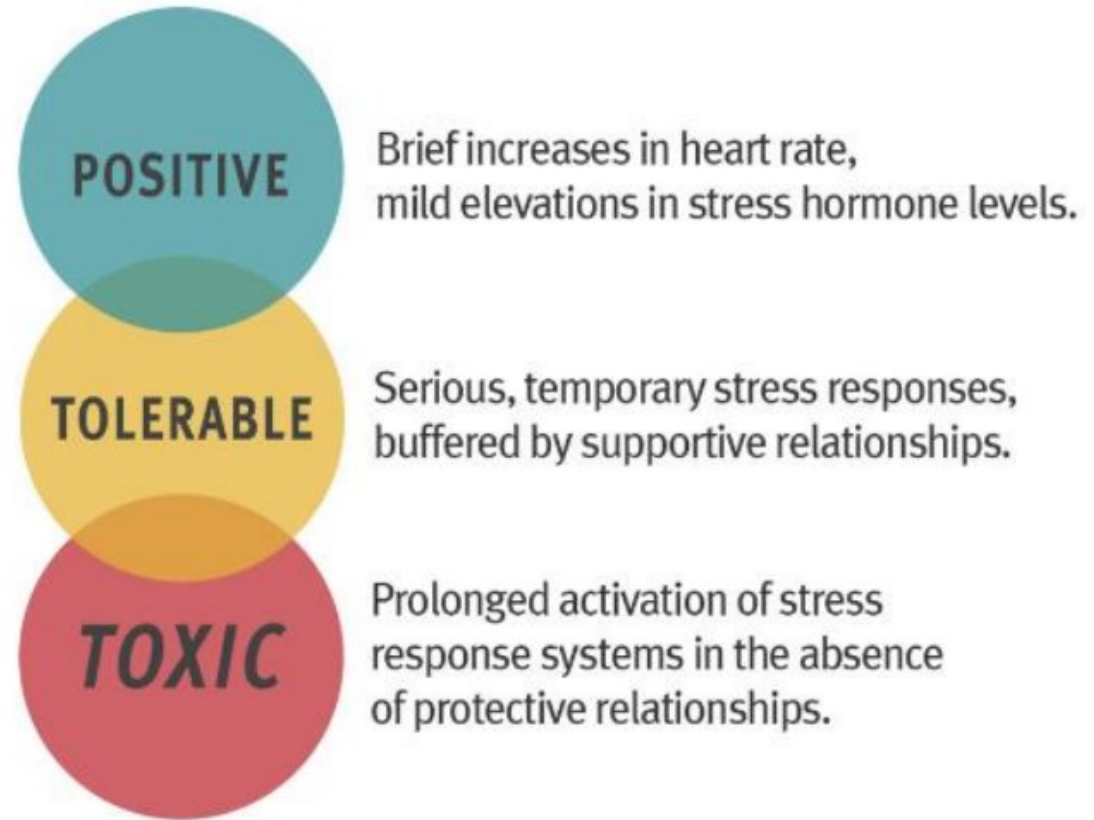
**ASHAMED**

**OVERWHELMED**

LORNA COLTER

# TOXIC STRESS

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Source: Harvard University, Centre for the Developing Child; Petchel and Pizzagalli, 2011.



# WHAT IS RESILIENCE?

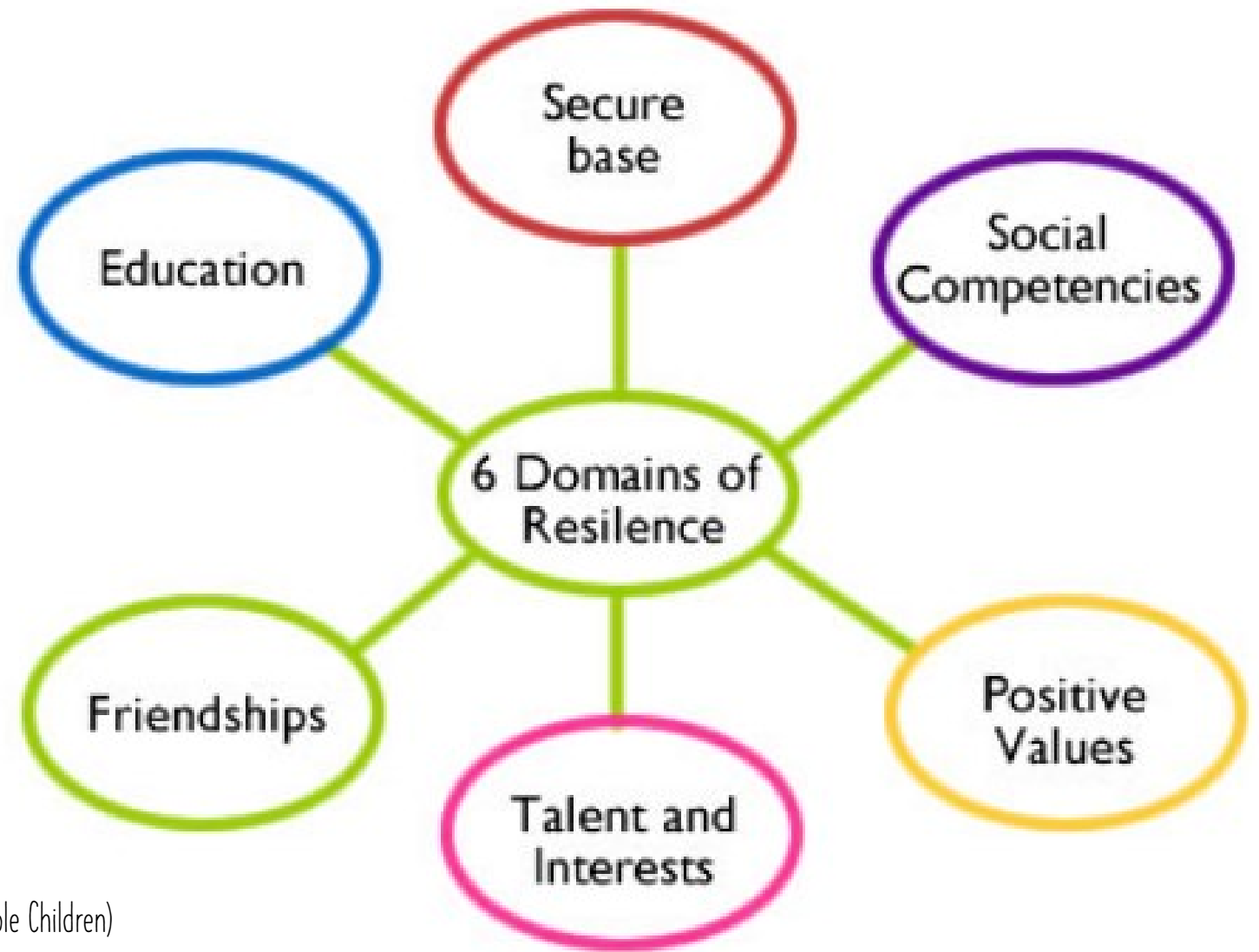
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- Resilience looks different for each age and stage of development although some factors are common no matter what age. Resilience and vulnerability are internal characteristics which are shaped by the child's own genetic and nature / nurture factors, along with their own character and how they perceive and respond to situations.
- The three fundamental building blocks of resilience have been defined by Gilligan (1997) as:
  1. A secure base, whereby a 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



# 6 DOMAINS OF RESILIENCE

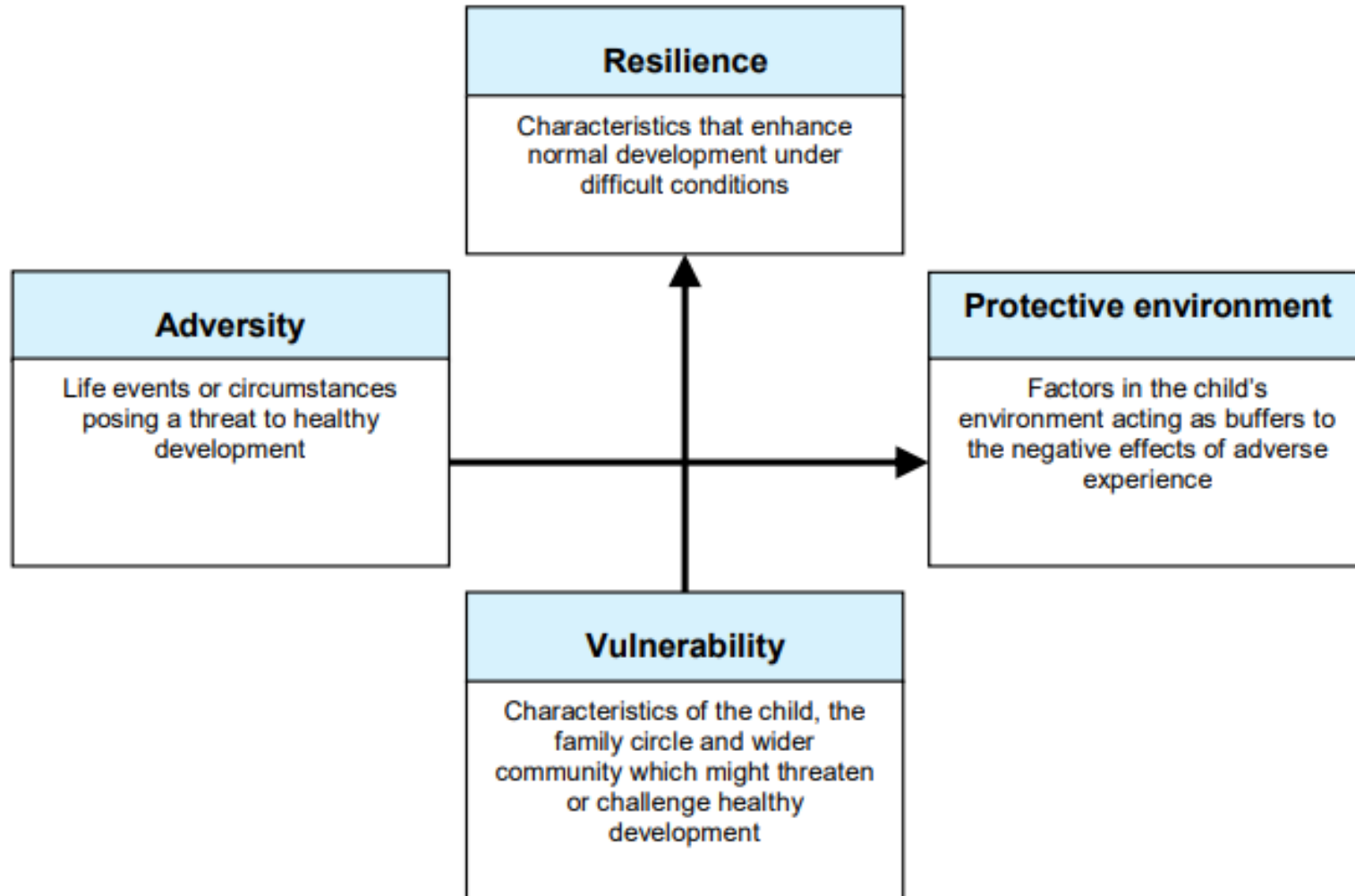
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(Brigid Daniel & Sally Wassell - Assessing & Promoting Resilience in Vulnerable Children)



# ASSESSING RISK AND RESILIENCE FACTORS



Daniel and Wassell, (2002) *Assessing and Promoting Resilience in Vulnerable Children* Vols. 1, 2 & 3, London & Philadelphia, Jessica Kingsley Publishers Ltd. See also: Daniel, B., Wassell, S. and Gilligan, R. (1999) *Child Development for Child Care and Child Protection Workers*, London and Philadelphia, Jessica Kingsley Publishers Ltd.

#### Variables

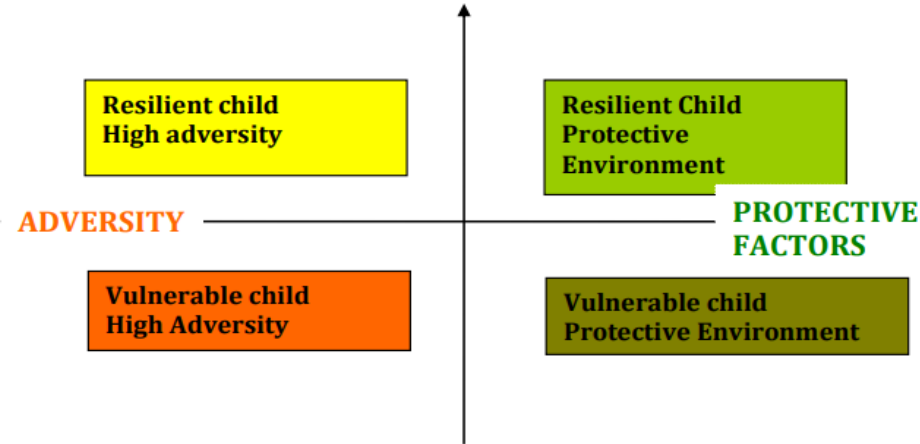
- Timing & age
- Multiple adversities
- Cumulative protective factors
- Pathways
- Turning points
- A sense of belonging

#### RESILIENCE

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

#### Intervention

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



#### Adversity

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

#### VULNERABILITY

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

#### Protective Factors

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

## Risk and resilience factors identified by research literature

Resilience	Protective environment
<p>Good attachment</p> <p>Good self-esteem/positive outlook</p> <p>Goals and aspirations</p> <p>Sociability. Social networks outside the family. Belonging to organised, out of school activities</p> <p>Peer acceptance and friendship</p> <p>High IQ (attainment as proxy)</p> <p>Good school experience</p> <p>Regular attendance at school</p> <p>Flexible temperament</p> <p>Problem solving skills</p> <p>Positive parenting</p> <p>Leisure activities</p> <p>Talents and interests</p> <p>Cognitive ability to rationalise drug/alcohol problems in terms of illness</p> <p>Being taught different ways of coping and being sufficiently confident to know what to do when parents are incapacitated</p> <p>An ability to separate, either psychologically or physically from the stressful situation</p>	<p>One consistent supportive adult</p> <p>A mentor or trusted adult with whom the child is able to discuss sensitive issues</p> <p>Supportive older sibling</p> <p>Special help with behavioural problems</p> <p>Community networks</p> <p>Sympathetic, empathic and vigilant teachers</p> <p>Sufficient income support and good physical standards in the home</p> <p>Practical and domestic help</p> <p>Regular, long-term support for the family from services</p> <p>Parent acknowledges the difficulties and is able to access and accept treatment</p> <p>An alternative, safe and supportive residence for mothers subject to violence and the threat of violence</p> <p>Regular medical and dental checks including school medicals</p> <p>Factual information about puberty, sex and contraception</p>
Adversity	Vulnerability
<p>Life events/crisis</p> <p>Illness/loss/bereavement</p> <p>Separation/family breakdown</p> <p>Domestic violence</p> <p>Asylum seeking status</p> <p>Serious parental difficulties e.g. drug abuse/alcohol misuse</p> <p>Parental mental illness</p> <p>Bullied</p>	<p>Poor attachment</p> <p>Young age (under 6)</p> <p>History of abuse</p> <p>Innate characteristics in child/family that threaten/challenge development</p> <p>A loner/isolation</p> <p>Institutional care</p> <p>Early childhood trauma</p> <p>Communication differences/problems</p> <p>Inconsistent/neglectful care</p> <p>Physical disability/learning disability/behavioural problems</p> <p>Perceptions of provocative behaviour by child</p> <p>Powerless (highly dependant and susceptible to others)</p> <p>Defenceless (unable to defend self against aggression)</p> <p>Non assertive/passive</p>

Key: Blue = Data may be available to measure

Green = Interventions that could be put in place

Purple = Could be measured through assessment or collection of information about child's life

# HOW TO BUILD RESILIENCE

- Promote early attachment
- Early years settings creating enabling environments & building resilient relationships
- Early intervention
- Trauma informed services

What else would you add to the list?

“WE HAVE FOUND EMOTIONALLY RESPONSIVE CAREGIVING TO  
MEDIATE THE EFFECTS OF HIGH-RISK ENVIRONMENTS AND TO  
PROMOTE POSITIVE CHANGE FOR CHILDREN WHO HAVE  
EXPERIENCED POVERTY, FAMILY STRESS, AND MALTREATMENT.”

DELINQUENCY AS PROCESS: DYDOW ECEI AND ELIZABETH CADICOM, AND L. ALAN CROUPE, 2009

# ENGAGING PARENTS & FAMILIES

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Why might parents or caregivers be hostile and uncooperative?

What might help engage them to be part of the solution?



# A TRAUMA RESPONSIVE GREATER MANCHESTER

- What local programmes are responding to the impact of ACES & trauma?
- How might a multi-agency offer support resilience in the early years?
- What could you change in your work that would reduce the impact of ACES?

# A CASE STUDY



# REFLECTIVE PRACTICE

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- What strategies have you learnt to cope when things get hard?
- What allows you to 'bounce back' when you face adversity?
- How might you support others to become more resilient?