**Keeping the Promise Award Session Scripts**

**Session 2 Presentation**

**Slide 1:**

* Welcome back everyone. This is the final presentation in Family Learning ‘Keeping The Promise’ Award. The purpose of the Award is to raise the awareness of Family Learning practitioners nationally to the potential challenges care experience children, young people and families may face and how we can individually and collectively keep Scotland's Promise to them in terms of improving their wellbeing, learning and educational outcomes. This professional learning helps us identify our responsibilities to the children, young people and families.
* **In this session, you’ll see how Family Learning can feed into the family principles of The Promise, promoting the wellbeing, attainments and participation of those we support.**
* This session aims to demonstrate the positive impact that early intervention and prevention can have on families. We want all children and young people to feel **LOVED**, **SAFE** and **RESPECTED**, especially our care experienced children and young people. By supporting families, we can demonstrate how holistic, whole-family support can have a positive impact for the whole family.

**Slide 2:**

* To support our care experienced children, young people and their families, and to actively engage in Keeping The Promise, we first need to understand how their experiences and development shape them. Once we know this, we will have a clearer understanding of how best to support them while remembering that all families are unique. The information shared here is relevant for all children and young people, however, care experienced children and young people’s lives can be very complex, more so than their non-care experienced peers. Today we will spend some time understanding how their life journey may have impacted their wellbeing.
* We want you to leave today knowing that there ARE things that we can do to support care experience children, young people and families, and at the end of the session we will signpost to further reading and resources but if there are any topics that we haven’t covered that you think are valuable to this learning, you can highlight these in the evaluation form at the end of the training.
* **Trigger Warning!** Traumatic experiences are more common than we know. Today we will touch on a few difficult topics including trauma and these may be difficult to think about, either in your own personal experiences or in the experiences of the people we support. If you need to take a breather, please feel free to do so!

**Slide 3:**

* We start by considering trauma. Trauma is much more prevalent than we realise and many of us will have experienced trauma in our own lives.
* Trauma is an emotional response to an event that is deeply frightening or distressing. It happens when a person feels so overwhelmed by difficult emotions - such as fear or anxiety, that their mind can’t make sense of it. These emotions stay with the person and can influence the way they feel in the future. For example, a loud noise might remind someone of a previous frightening experience such as a car crash, causing them to experience it as scarier and more overwhelming than it would normally be.
* Dr Bruce Perry, a renowned researcher in developmental trauma describes trauma as ‘**“An experience, or pattern of experiences, that impairs the proper functioning of the stress response system, making it more reactive, or sensitive.”**
* There are different types of trauma as mentioned on this slide.Many care experienced children, young people and their families will have experienced some level of trauma, and their trauma may even be related to their care experience.

**Slide 4:**

Developmental trauma is how early childhood development can be impacted by trauma. Children and young people who have experienced trauma may have ongoing physical responses such as: re-triggering trauma memories, flashbacks, intrusive thoughts, sleep disturbance, avoidance of people, places or activities, mistrust of people and under or over-reliance on others.

Read quote by Bruce Perry – “**An understanding of how early experiences shape neurodevelopment is imperative if we seek to impact the lives of children. This is especially true in the case of children growing up in homes plagued by violence, maltreatment and neglect. The impact of early trauma is so profound because it occurs during those critical periods when the brain is most rapidly developing and organising.”**

**Slide 5:**

We are now going to watch this animation developed by Professor Eamon McCrory and part of the Childhood Trauma and the Brain resource from the UK Trauma Council specific to developmental/childhood trauma and how it can present in children and young people.

**Play film** [Childhood Trauma and the Brain (with English subtitles) | UK Trauma Council (youtube.com)](https://www.youtube.com/watch?v=EFrfBJrVLbE&t=177s)

**Slide 6:**

* Stress is something that we all have to deal with in life, however when stress becomes chronic, or toxic, it can lead to detrimental impacts for the whole family unit.
* Toxic stress is when the stress in our lives doesn’t abate.
* Stress can be isolating and overwhelming when there are no supports in place to help break stress down into manageable loads, it can lead to a decline in mental health, physical health and resilience of parents and caregivers.
* By understanding how stress impacts the families that we support, we can help share the load. By offering a listening ear to families, signposting to relevant services and supporting access to local, community supports, we can help parents and families build resilience to buffer stress and encourage the implementation of healthy coping mechanisms.

**Slide 7:**

**Play video** [How Toxic Stress Affects Us, and What We Can Do About It (youtube.com)](https://www.youtube.com/watch?v=sutfPqtQFEc)

**Slide 8:**

* Adversity of any kind can impact on children and young people’s wellbeing and learning.
* Adversity experienced by children is often called an adverse childhood experience. Care Experienced children and young people are more likely to have experienced more adverse childhood experiences.
* A UK study in 2014 found that 47% of people experienced at least one Adverse Childhood Experience with 9% of the population having experienced four Adverse Childhood Experiences (Bellis et al, 2014).
* There are no similar studies in Scotland, however, a recent Welsh study found that the most Common Adverse Childhood Experience was verbal/emotional abuse (23% of households) and parental separation.

*Refer to Further* ***-*** *NHS video on e-learning module and podcast from Bruce Perry & Oprah Winfrey on Childhood Trauma:* [*ACES Podcast - 40 Mins*](https://www.bing.com/videos/search?q=oprah+winfrey+and+bruce+perry&qpvt=oprah+winfrey+and+bruce+perry&view=detail&mid=2024C83F9F6E5433BE2C2024C83F9F6E5433BE2C&&FORM=VRDGAR&ru=%2Fvideos%2Fsearch%3Fq%3Doprah%2Bwinfrey%2Band%2Bbruce%2Bperry%26qpvt%3Doprah%2Bwinfrey%2Band%2Bbruce%2Bperry%26FORM%3DVDRE)

**The following slides offer both theory and techniques to consider when supporting children, young people and their families.**

**Slide 9:**

* It’s important to remember that children and young people can have many positive experiences throughout their lives, counteracting adversity and building resilience.
* These include having a safe loving home (or in attachment terms a secure base), having social competency and positive values, having interests and hobbies, having connection with friends, and access to education (which is huge factor in terms of resilience).
* The takeaway here is that if even if you support only **one** of the six domains of resilience, an individual’s resilience is boosted, potential making a huge difference.
* **Question:** Are there elements of your work that support any of these six domains of resilience?
* *Refer to Further Reading -*[*Building Resilience Through Positive Childhood Experiences*](https://nwprevention.org/building-resilience-through-positive-childhood-experiences/)

**Slide 10:**

* Maslow’s hierarchy of need says that all humans share the same types of needs, and that these categories of need have a hierarchy.
* This hierarchy goes from the basic things we need for survival through to a sense of fulfilling our potential and finding our purpose in life.
* Physiological needs, such as breathing, food, water, sleep etc must be fulfilled before a person can move up to safety needs of health and wellness, secure employment, a safe home environment etc.
* If some of our most important needs are unmet, we may be unable to progress and meet our other needs preventing us from being the best possible version of ourselves.

**Slide 11:**

* Scotland must ensure that there are places in every community for parents of young children to go for support and advice, to meet other local parents and to stay and play with their children.
* There must be criteria free, community-based access to therapies that do not stigmatise but help and support children and young adults to work through difficulties they are facing.
* If children are removed from the care of their parents, Scotland must not abandon those families. Families must continue to be provided with therapeutic support, advocacy and engagement in line with principles of intensive family support.
* Parenting education should be encouraged and available for everyone in advance of parenthood as an essential part of building a healthy society. That does not mean the provision of parenting education programmes that can be stigmatising, where an invitation onto a course can be interpreted as a sign of failure. Rather there must be a broader celebration of parenting and universal, community based, accessible nurture and support.

**Slide 12:**

* The Window of Tolerance is subjective. We each have a unique and distinct window depending on multiple biological and social variables: our personal histories and whether or not we have experienced trauma, our temperaments, our social supports, our physiology, etc.
* No two windows will look exactly the same; mine may not look the same as yours and so forth. Because of this, those who have experienced trauma in their lives may find that they have smaller windows than peers who come from non-trauma backgrounds.
* Those of us with traumatic histories may find, too, that we are more frequently and easily triggered and pushed outside of the optimal emotional regulation zone into hyper or hypoarousal. When we have higher levels of stress, our “window of tolerance” becomes very narrow. That means that our stress hormones are overacting, and we can be easily pushed into unhelpful coping strategies like anxiety, agitation or numbing/dissociation.
* The behaviours mentioned on this slide may typically be associated with adults, but we can likely bring to mind children and young people who are struggling who exhibit the same things.

**Slide 13:**

**Play Video** [**https://youtu.be/0ehq5-P5OSs?si=SlJCLc1o6Y5NvBiI**](https://youtu.be/0ehq5-P5OSs?si=SlJCLc1o6Y5NvBiI)

**Slide 14:**

* Many Care Experienced children and young people have attachment issues making it difficult for them to form and maintain relationships with others and we cannot mention attachment without mentioning the 6 nurture principles.
* Nurture as a practice means relating to and coaching children and young people to help them form positive relationships, build resilience and improve their social, emotional and mental health and wellbeing. These six principles help practitioners to focus on the social and emotional needs and development of children and young people.
* During this professional learning session, we will only be able to touch on the Nurture Principles, but it’s important to recognise the value and relevance of them in understanding children’s behaviour and how we might be able to best support them.

**Slide 15:**

* Children who have not had those early nurturing experiences have very negative thoughts and feelings about themselves – they often operate in the brain stem, reptilian and reactive part of the brain rather than the cognitive, thinking part.
* Children and young people who feel cared for and valued are much more likely to be happy and do well in life. Children who know themselves well and have self-respect are more likely to be resilient and strong, cope with change and challenge in life and make good choices.
* We want all children and young people to feel safe and secure and be able to grow in a supportive environment that promotes respect. Establishing a pattern of ‘being’ and living that is healthy and which will be sustained into adult life. These children may become parents and will hopefully raise their children to be healthy and happy too.
* In Family Learning we know what it is to work with those adults and carer givers who experience the same negative thoughts and feelings as a result of their own insecure attachment. It is part of our professional and ethical responsibility to help break this cycle, The Promise inspires us to do this as a collective, positive force in Scotland.

**Slide 16:**

For example, we know that even when we provide physical and emotional safety there will still be times when we are faced with challenging behaviour. Behaviour that’s possibly a response to childhood trauma.

Some behaviour may be described as “distressed” or “dysregulated” because:

* It is difficult to manage and understand
* Presents a risk to those in close proximity
* It is not appropriate for the environment in which it is exhibited
* It is inappropriate given the child/young person’s age or developmental ability

None of these are easy to support in any environment but if we can work with the child/young person to reflect on what needs to change in order to minimise distressed behaviour, we can move towards ensuring behaviour is not a barrier to engagement or accessing social or learning environments using the sequence of engagement 1. **Regulate**, 2. **Relate** and then 3. **Reason**

Not reasoning until individuals are regulated, and you’ve validated their feelings, not their behaviour, means we are working with how the brain works and not against it. This gives us the best chance to re-engage the child and move on.

**In a Family Learning context, we can offer this as both a tool for parents and carers to use with their children and as an opportunity for personal reflection on a parents own action or reaction.**

**Slide 17:**

For this reflection activity take some time to consider the questions above and reflect on what this behaviour may be telling you.

You will likely have one or two children or young people in mind.

Consider what you understand about their previous or current experiences to identify what the behaviour may be telling you and where this may be coming from.

**Slide 18:**

Our internal use of language, how we label, describe and interpret what is happening, is important as it directly influences how we respond to every given situation.

Therefore, the more accurate we are with our language, and the more we focus on positive, helpful language that encourages us to see growth and opportunity for positive change, the better placed we will be to support the children, young people and parents/carers we are working with.

**It’s time to go from our daily practice to the bigger picture and consider where Family Learning fits into the national picture and its role in Keeping The Promise.**

**Slide 19:**

The Promise includes the following statements:

* Scotland must do all it can to keep children with their families.
* There must be more support for families based in the communities where they live.
* There must be significant, ongoing and persistent commitment to ending poverty and mitigating its impacts for Scotland’s children, families and communities.

**Slide 20:**

This slide shows a Route map and National Principles of Holistic Whole Family Support, published by The Scottish Government in July 2022. This Route map shows that our destination as whole-family support services is to ensure that “Every family that needs support gets the right family support to fulfil children’s right to be raised safely in their own families, for as long as it is needed”.

* What needs to change to get us there?
* Paraphrase the 4 themes and what needs to change.

Highlight [Routemap and National Principles of Holistic Whole Family Support (www.gov.scot)](https://www.gov.scot/binaries/content/documents/govscot/publications/strategy-plan/2022/07/routemap-national-principles-holistic-whole-family-support2/documents/routemap-national-principles-holistic-whole-family-support/routemap-national-principles-holistic-whole-family-support/govscot%3Adocument/routemap-national-principles-holistic-whole-family-support.pdf)

**Slide 21:**

These final slides are extracts from The Promise Family Support Guide created in 2020.

The 10 family principles listed here all link into how Family Learning teams across Scotland already work, and support families within our services. [Use the notes at the end of the script to give a slightly longer explanation of each principle]

Community Based (incl. schools, health centres, village halls and sports centres etc.)

Responsive and Timely

Work with Family Assets

Empowerment and Agency

Flexible

Holistic and Relational

Therapeutic

Non-Stigmatising

Patient and Persistent

Underpinned by Children’s Rights

**Slide 22:**

* Scotland’s commitment to early intervention and prevention must be realised through proper, holistic support for families. There must be a significant upscale in universal family support services.
* Those services must have the development of authentic human relationships as their core focus, so Scotland’s experience of support is one that builds on relationships to facilitate human connection.
* Good universal support also provides the basis for the identification of risk of harm for children. Universal support will look different in every community and be delivered by a range of organisations and groups, but it must follow the journey of a family.
* Scotland must support a broad understanding of the importance of the early years of parenting.

**Slide 23:**

* Scotland must ensure that there are places in every community for parents of young children to go for support and advice, to meet other local parents and to stay and play with their children.
* There must be criteria free, community-based access to therapies that do not stigmatise but help and support children and young adults to work through difficulties they are facing.
* If children are removed from the care of their parents, Scotland must not abandon those families. Families must continue to be provided with therapeutic support, advocacy and engagement in line with principles of intensive family support.
* Parenting education should be encouraged and available for everyone in advance of parenthood as an essential part of building a healthy society. That does not mean the provision of parenting education programmes that can be stigmatising, where an invitation onto a course can be interpreted as a sign of failure. Rather there must be a broader celebration of parenting and universal, community based, accessible nurture and support.

**Slide 24:**

Sir Harry Burns (Chief Medical Officer for Scotland, 2005 – 2014) summarises beautifully what children, young people and families need to achieve wellbeing in our society. This very short video clip encapsulates everything that we already know about what families need to thrive.

**Slide 25:**

We can use this time to have a fuller discussion to review the session and plan our next steps. Consider the following questions:

* Within your role, what you do to ‘Keep The Promise’?
* After today’s presentation, what are your next steps?

**Slide 26:**

* Well done! That’s the end of the formal presentations for this course and there is now only one more step to complete the Award. That’s the e-Learning Module that you will have to complete independently.
* At the end of this presentation you will find a live link to the E-Learning Module or alternatively you can use the QR Code to access it.
* At the end of the e-learning module there will be a short Quiz. The Quiz link will be provided to you by the person leading this professional learning via email.
* On successful completion of the Quiz you will receive an ‘I Promise Award’. This will be in the form of a Digital Certificate and a Digital Badge’.
* When you complete the Quiz the lead for this training is notified and when 70% of everyone in the establishment completes the Quiz the establishment will receive the ‘We Promise Award.
* The digital badges could be used as part of your digital signature. The Formal We Promise Certificates could also be displayed in your establishments foyers or reception areas.
* However even more importantly we hope that this professional learning will positively impact the care experienced children and young people you work with.
* Thank you for your participation today.

**Slide 27:**

Here are some links to supportive resources.

This is not an exhaustive list but may be a starting place for any further reading or professional learning.

**A Closer Look at Family Support in Keeping The Promise…**

1. **Community Based**

Intensive family support must be geographically located in local communities, with the explicit intention of maximising the assets of the community and community-based relationships. Support must be explicitly connected to, or even housed in, locations that work for local families and the community, such as schools, health centres, village halls and sports centres. Scotland knows where this support is most needed. Communities must have a say in where support is located.

2. **Responsive and Timely**

Intensive family support services must operate outwith a Monday-Friday 9am-5pm approach. There must be no concept of an ‘out of hours’ service. Families do not operate on those timescales and support must be responsive to family need.

**3. Work with Family Assets**

When working with families, the orientation of support must look at what is working well for the family taking a strengths-based approach rather than a deficit-based approach that operates from a premise of what is going wrong. The starting point must be listening to what children and their families say they need in order to flourish, not what the system dictates they need.

**4. Empowerment and Agency**

Children and their families must have a say about the people who provide them with support. Intensive family support requires relationships built on trust and honesty. If support services are going to succeed, the families receiving support must be able to choose those people with whom they have a natural connection. The quality of relationships between families and the workforce is a key factor in the likelihood of interventions being successful. Peer support has been proven to work in other parts of the world and must be tested during the Implementation of the Care Review. Budgets must be responsive to families’ choices. There should be no barrier to families’ wishes being carried out, with members of various services and organisations available as a support team.

**5. Flexible**

The needs of each family are different, and Scotland must recognise the agency and unique needs of families to ensure that support is tailored and specific. Scotland must think creatively in terms of the support families might need and ensure the workforce is responsive. For some families there may be a need for live in support to raise the capacity of parents. There is not a ‘on size fits all’ approach. The crux of success lies in the family-workforce relationships.

**6. Holistic and Relational**

Children live with families and support must be family based. Interventions must be focused on the wider family context so that there are not a multitude of services addressing specific, isolated and individual issues within families. The likelihood of success is not based on the specific intervention but on a relationship of trust between families and workers. Support must look across the width of the family and not simply the variety of issues that the family may present with. Family plans must incorporate the child’s plan (and the needs of all other children who may be impacted by changes in the family setting) and these must always be actively considered as part of decision making.

**7. Therapeutic**

It is likely that families requiring long-term intensive support have experienced trauma in their lives, Scotland must ensure that support to families recognises trauma and works with families to heal. There must be no barrier, be it referral or category, that limits parents and children from having access to mental health support when and if required.

**8. Non-Stigmatising**

The way in which support is delivered must not stigmatise the family. That means there must be no uniforms, lanyards or branded vehicles appearing outside house or school to provide support. The basis of all support must be the quality of relationships, not the professionalisation of the workforce. The language of family support must reflect normal discourse, and not be hidden behind profession language such as ‘looked after children’ (“LAC”), reviews and risk assessment. Overly professionalised language stigmatises families and acts as a barrier to engaging and supportive work.

**9. Patient and Persistent**

Scotland must accept that human change takes time and effort. Intervention has to be based on need. Scotland must move away from limiting intervention to set periods of time. Long term change and intensive support take time, and Scotland must be patient in working with families where there are complex, challenging circumstances.

**10. Underpinned by Children’s Rights**

Whilst the family must be viewed collectively and not as isolated individuals, support services must be underpinned by the rights of the children they are working with. That means ensuring that all the rights of children are upheld in all decisions and support for the family. It will mean that children’s rights are the funnel through which every decision and support service is viewed.