



From Poverty to Flourishing:

The Compassionate, Connected Community & Positive Psychology



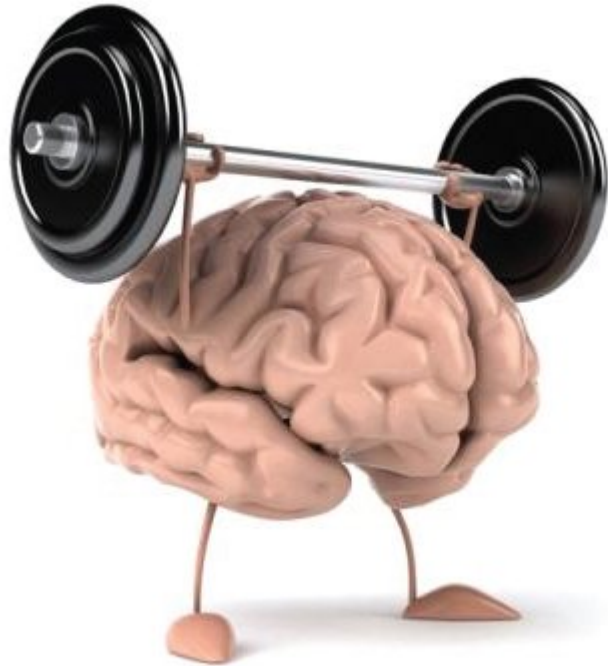
What will be covered?

- 1) What is mental health?
- 2) It's links with Poverty
- 3) The Compassionate and Connected Community Resource
- 4) Positive Psychology Project
- 5) Any questions?

But first a quick activity....



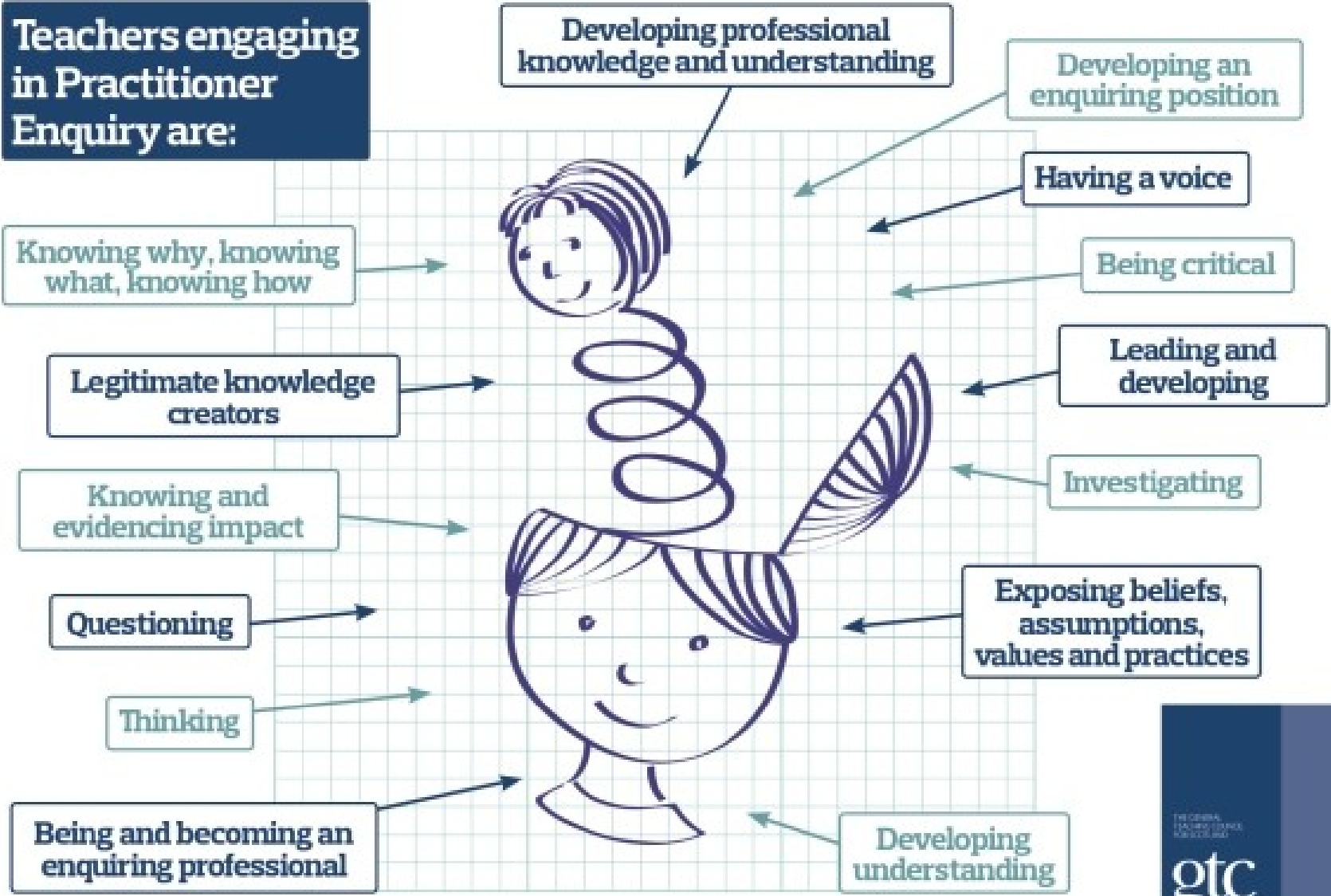
WARM UP



PADLET: What are the benefits
of using practitioner
enquiry/undertaking a small
test of change?

[What are the benefits of using practitioner
enquiry/doing a small test of change? \(padlet.com\)](https://www.padlet.com)

Teachers engaging in Practitioner Enquiry are:



What is Mental Health & Wellbeing?

“MH: a state of wellbeing in which every individual recognises his or her **own potential**,

can cope with the normal **stresses of life**,



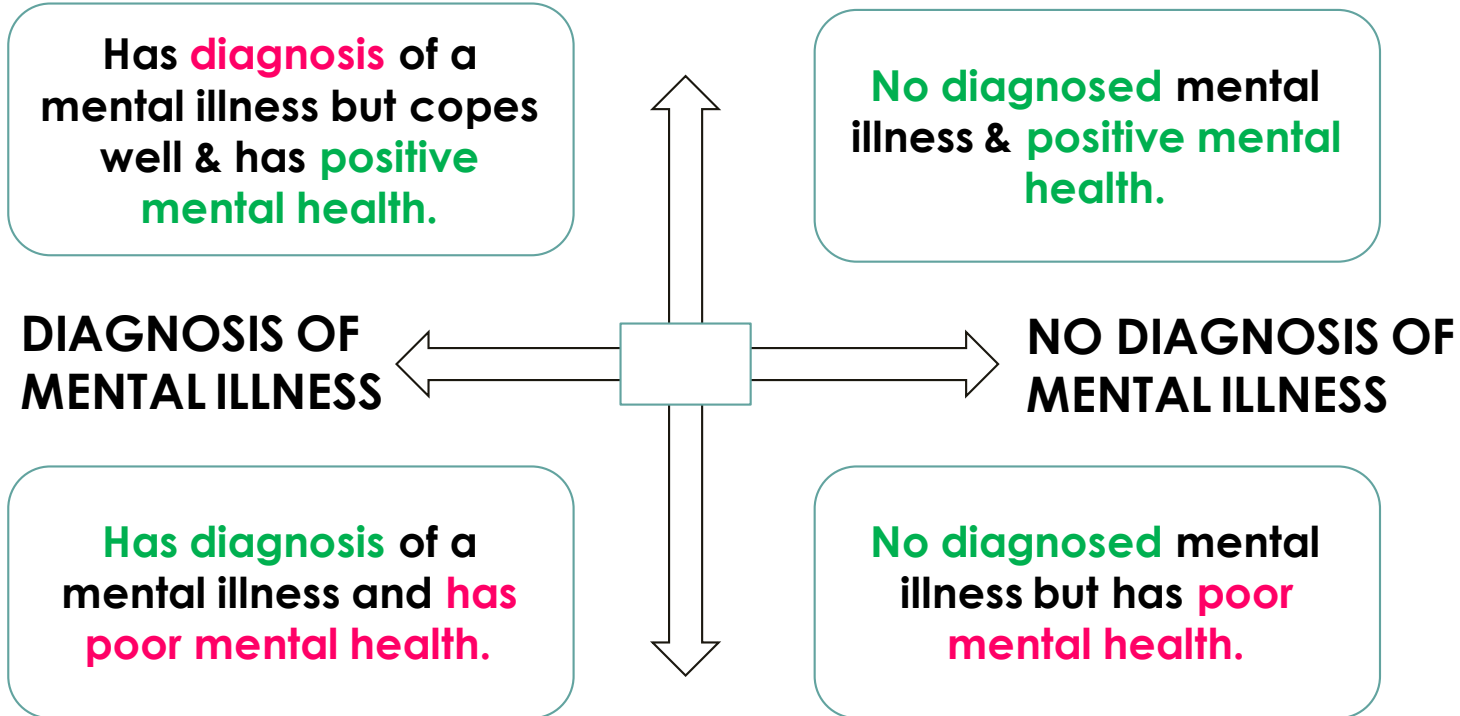
can work productively and fruitfully &

is able to make a **contribution** to her or his **community.**”

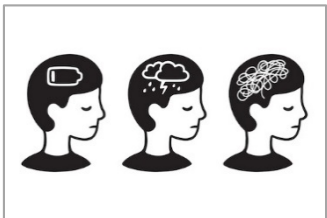


Mental Health Continuum

POSITIVE MENTAL HEALTH



POOR MENTAL HEALTH



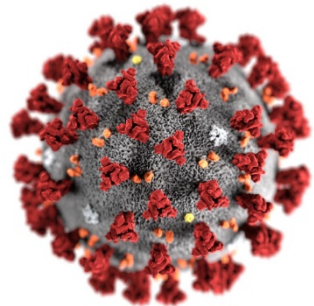
*Central to
Getting it Right
for Every Child
(2018)*



Rationale and Prevalence Rates

Scottish Children's Services Coalition: 10% of children and adolescents C&A (aged 5 to 16) have a clinically diagnosable mental illness.

Yet, **70%** of C&A who experience MH problem have **NOT** had appropriate interventions at a sufficiently early age.



MH situation further **negatively exacerbated** by the impact of Covid-19 pandemic.



Numbers of C&YP experiencing MH problem – **1 of the greatest public health challenges of our time.**

Factors Affecting Mental Health



Gender ♀♂

44%

of 15-year-old females in Scotland show signs of emotional problems.¹

Additional support needs 🖐️

36%

of children and young people with learning disabilities have a diagnosable psychiatric disorder.²

Looked after children 🏠

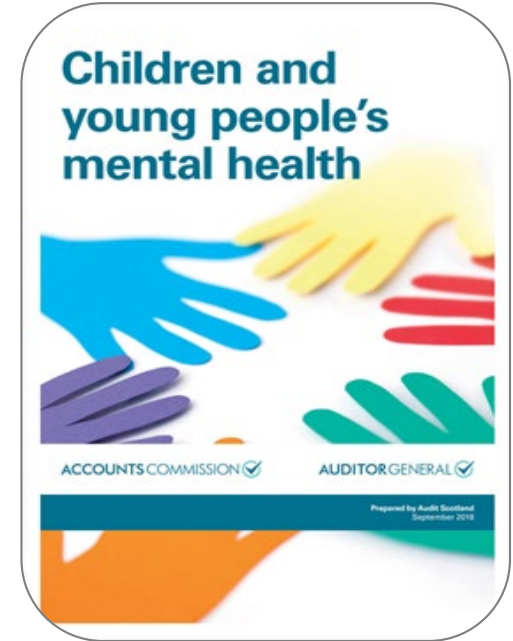
45%

of looked after children in Scotland aged between 5-17 were assessed as having at least one mental disorder.³

Young carers 👤

33%

of young carers report problems around eating and self-harming or having suicidal thoughts.⁴



LGBT ❤️

40%

of LGBT young people consider themselves to have a mental health problem compared with 25 per cent of all young people in Scotland.⁵

Young offenders ⚖️

95%

of 16 to 20-year-olds in custody have at least one mental health problem.⁶

Deprivation £

3x

Children living in low income households are three times more likely to suffer mental health problems than their more affluent peers.⁷





**the
promise**



Key National Drivers

**The
Promise
&
GIRFEC**

Poverty
 $\frac{1}{4}$



**MH &
Wellbeing
Drivers**

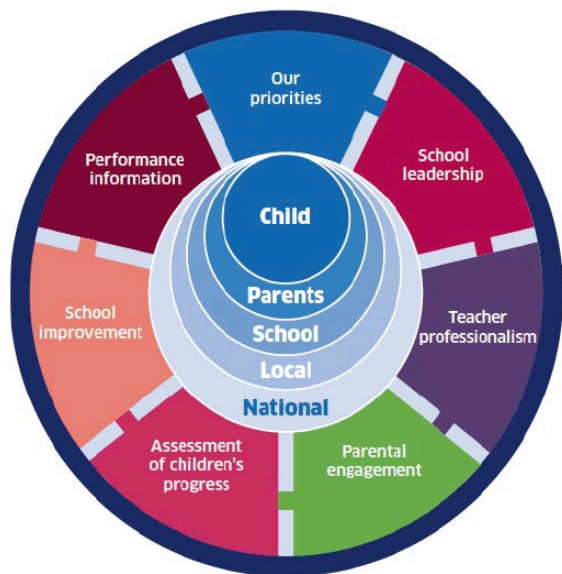


**The NIF,
CfE.
HGIOS
4**

**ASL
Review
(Morgan)**

**Support for Learning:
All our Children and
All their Potential**

**UNCRC
Child &
YP Act
(2014)**



**Review of The Implementation of Additional
Support for Learning in Schools**

Poverty Gap

People in our **most** deprived communities are....



- 18 times more likely to have a **drug-related death**
- more than 4 times more likely to have an **alcohol related death**
- the rate of deaths by **suicide** is 3 times the rate
- **COVID-19 death** rates are more than double...



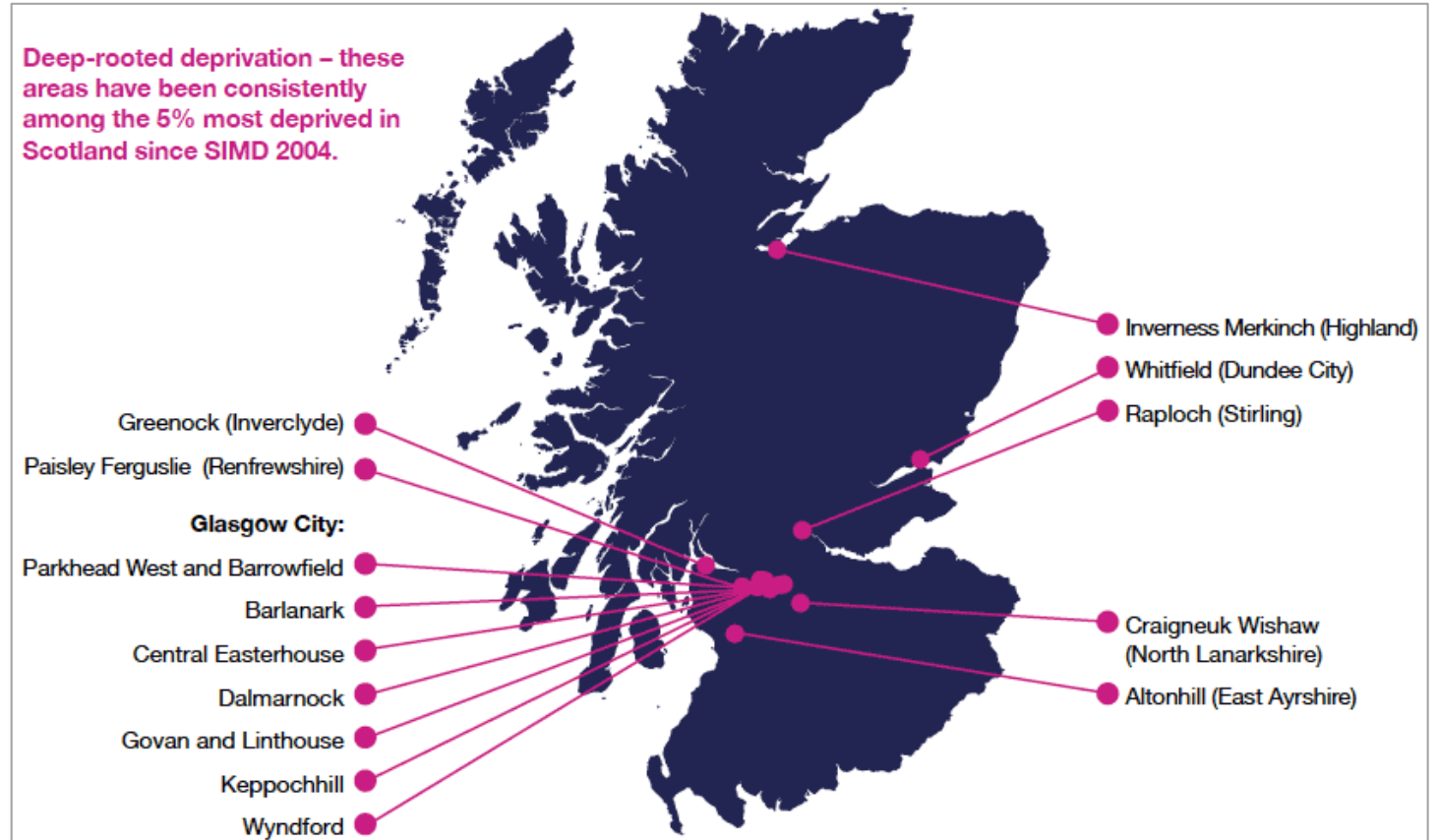
...than people living in our **least** deprived communities.



GOOD HEALTH GAP: SIMD

'Males born in the most deprived areas can expect about 25 fewer years in **GOOD HEALTH** than males born in the least deprived areas.'

The gap is over 21 years for females.'

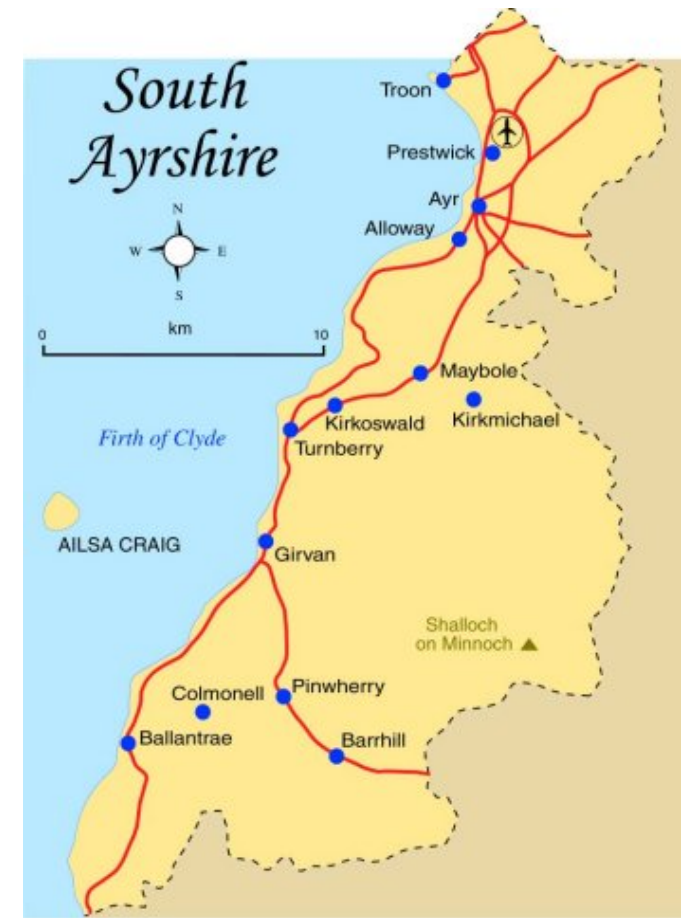


‘Promoting **physical and mental health** in schools reinforces **children’s attainment and achievement** that in turn improves their **wellbeing**, enabling children to thrive and achieve their **full potential.**’



S. AYRSHIRE LOCAL CONTEXT

- 2015 study: S. Ayrshire pupils in S2 & S4 most likely to have a **borderline or abnormal score in SDQ & WEMWBS scale** than pupils who lived in other Scottish LAs (Ipsos Mori Survey, 2015) – 19 low
- Most prevalent MH difficulties experienced by YP are **low mood/depression** (52%) and **anxiety** (43%).
- Highest concerns for MH found to be in **P6 and S3**.



South Ayrshire Supports



South Ayrshire Mental Health Infographic

Community Mental Health & Wellbeing Supports for Children & Young People

Equity,
Excellence &
Empowerment
through
Psychology

Universal Services

Togetherall
Bookbug for the home .
Universal wellbeing inputs (e.g. S3 wellbeing day)
Shelf-help
Parents & carers videoscribes
South Ayrshire Youth Forum (SAYF) wellbeing resources
NHS Ayrshire & Arran self-help resources
Mental Health awards
Scottish Association for Mental Health (SAMH) Let's Talk
Community Learning & Development
Active Schools
Young Scot

Additional Services

Family Learning Team
Aberlour SUSTAIN
Belmont Family First
Action for Children Blues Programme
Bloom
Blether/Bereavement boxes
LGBT Youth Scotland Worker
Mind Moose
Cognitive Behavioural Approaches.
Three Sixty Ayr
Barnardo's
Befriending Service
Sleep Counselling Service
Let's Introduce Anxiety Management (LIAM)
Champion's Board

Specialist Services

School nursing
Play Therapy
Educational Psychology Service
Autism Outreach Team
Welfare Officers
Chestnut Cottage
Choose Life
School Counselling service
Speech & Language Therapy
Womens Aid
Penumbra suicide bereavement support
Learning & inclusion Team
Penumbra self-harm services
We are With You
Moving on Ayrshire
Home Link

Enhanced Services

Child and Adolescent
Mental Health Service
(CAMHS)
Social Work
Distress Brief Intervention
(DBI)

south
AYRSHIRE
COUNCIL
Comhairle Siorrachd Àir a Deas
Making a Difference Every Day

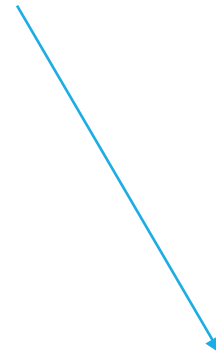
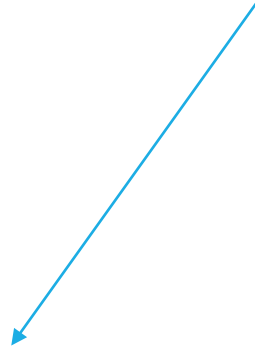
We wanted to focus on **school development at the universal level** - supporting children with social/emotional needs

Delivered by teachers - upskilling teachers regarding trauma informed practice.

FOR FURTHER DETAILS ABOUT THESE SERVICES, PLEASE SEE PAGE 2. FOR DETAILS AROUND HOW TO ACCESS A SERVICE, SEE PAGE 3.
We further remind you to consider any referrals for children, young people and families to new services in the context of the support a family is already receiving, & to ensure informed consent/collaborative working.



COVID Recovery 2020-2022



**The Compassionate and
Connected Community**

Stephanie McNicol



Positive Psychology

Ainsley McLarty



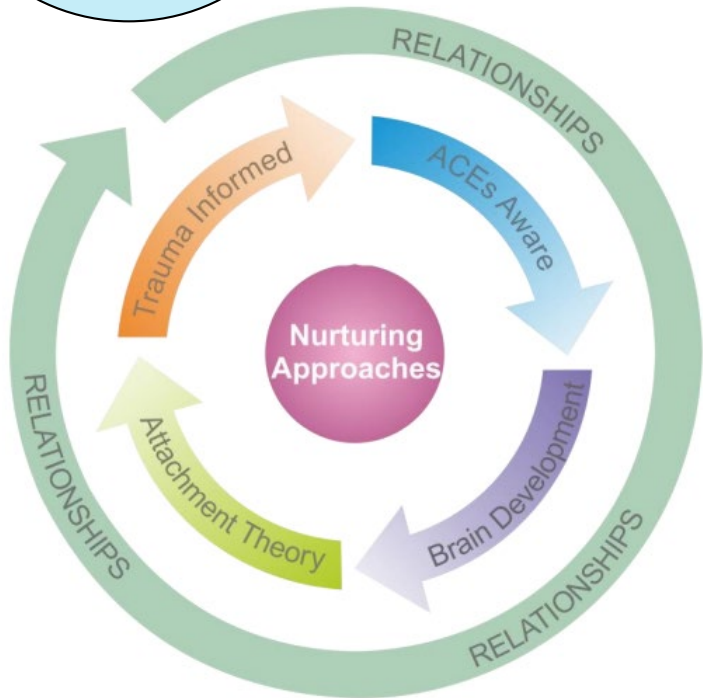
What is the Compassionate & Connected Community?











Evidence Based Resources
– links with **nurturing approach.**

Practitioner Enquiry integral.
National Action Enquiry.

Ed. Scot. **trauma informed suite of resources.**

Promotes Awareness of ACES & relational approach.



ABUSE	NEGLECT	HOUSEHOLD DYSFUNCTION	
 Physical	 Physical	 Mental Illness	 Incarcerated Relative
 Emotional	 Emotional	 Mother treated violently	 Substance Abuse
 Sexual		 Divorce	

(ACES) can negatively impact a child's long term health and life outcomes.

What is the Compassionate & Connected Community?

Professional Learning resources (slides & reflective booklets) with 6 sessions encompassed:

- ✓ **Scene Setting**
- ✓ **Prevalence & Impact of Trauma,**
- ✓ **Responding to Trauma,**
 - Attachment & Attunement,
- ✓ **Self-Regulation**
 - Staff Wellbeing.

Staff undertake **small test of change**/practitioner enquiry.



- Prior to COVID advertised across the LA then...
- COVID staff off, covering, PE (group of staff eager). We adapted to **COVID/virtual**:

Needs Analysis:

Readiness
questionnaire
&
Pre-
questionnaire



Virtual Modules
& booklets
+ **collaborative**
online reflective
sessions.



Virtual
Practitioner
Enquiry Session



PE Virtual Drop
In's—
- replaced by
one to one
sessions.



Needs Analysis: 'Where are we now?'



- *Truthful, recognising impact of lockdown (good time).*

Baseline of current knowledge and skills

Participants are required to reflect on the following impact statements to help coaches gauge current levels of knowledge and skills (please be aware that there may be some skills and knowledge that you have not yet had the opportunity to develop so we would welcome an honest self-evaluation on this as these questions will be repeated at the end to gauge impact).

Hi, Stephanie. When you submit this form, the owner will see your name and email address.

* Required

1. Name *

Enter your answer

2. School *

Enter your answer

3. Please read each statement and select which applies most to you. *

	Not like me at all	Rarely like me	Sometimes like me	Often like me	Always like me
I have an understanding of attachment and child development and this supports me to reflect on how early experiences impact on children and young people's behaviour and well-being.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Individual Readiness Questionnaire

Please complete the following questions

Hi, Stephanie. When you submit this form, the owner will see your name and email address.

* Required

1. Name *

Enter your answer

2. School *

Enter your answer

3. I know about the general aims of the Compassionate & Connected Community *

Yes
 No

4. I believe that the Compassionate & Connected Community meets the needs of our school *

Yes
 No

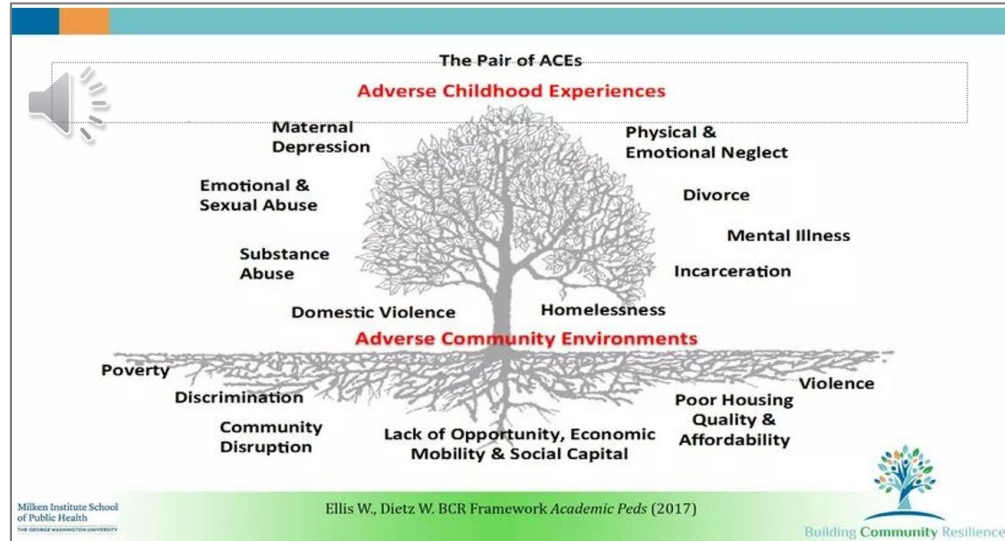
5. I am confident that I have the time, skills and resources to implement the Compassionate & Connected Community *

Yes
 No

- **“I know that coaching is an important part of embedding this resource and I have made plans to engage in this.”: buy-in PE.**

- **“I have an understanding of attachment & child development & this supports me to reflect on how early experiences impact on children's behaviour and well-being.” - *Sometimes like Me.***
- **I can recognise the signs of traumatic stress. *Some staff expressed they found this tricky.***
- **I understand that in order to support CYP who have experienced trauma I should have an understanding of the impact this may have on my own well-being. - *Sometimes like me.***

Prevalence and Impact of Trauma



Common beliefs of young people

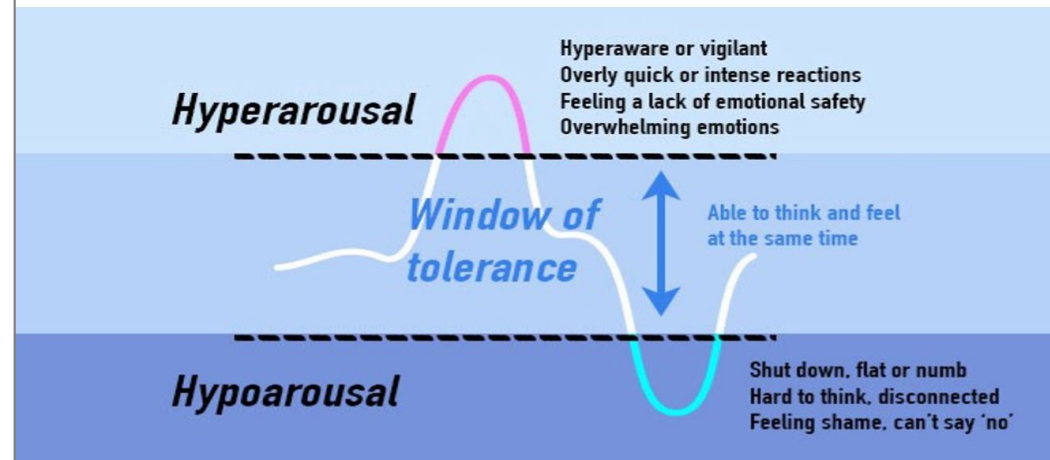
- The world is threatening and bewildering
- If I admit a mistake, things will be worse than if I don't
- The world is punitive, judgemental, humiliating and blaming
- Control is external not internal therefore I don't have control over my life
- When challenged I must defend myself – my honour and self-respect above all else I must defend my honour – at any price
- People are unpredictable, very few are to be trusted

Hodas, 2006

Film: Suzy O'Connor Clinical Psychologist – NHS Education for Scotland



Window of Tolerance



Responding to Trauma

<https://developingchild.harvard.edu/science/key-concepts/resilience/>

ACEs and Resilience



WHAT PROTECTS YOUNG PEOPLE FROM ACEs?

Not all young people who face childhood adversity or trauma go on to develop a mental health problem. There are personal, structural and environmental factors that can protect against adverse outcomes, as shown in the protection wheel opposite.



YOUNGmINDS

Film: differentiating to meet individual needs

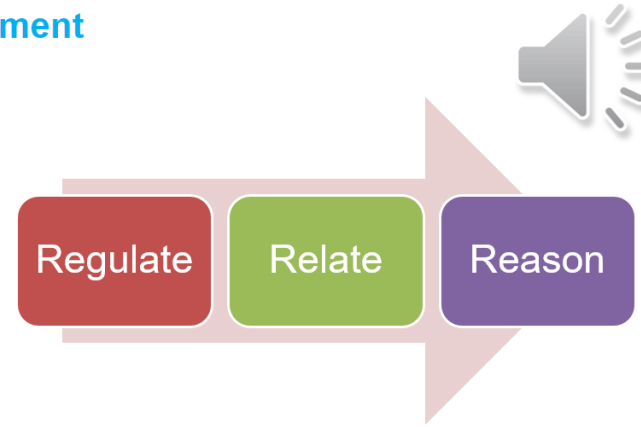


Sequence of engagement

First: We must help the child to regulate and calm their fight/flight/freeze responses.

Second: We must relate and connect with the child through an attuned and sensitive relationship.

Third: We can support the child to reflect, learn, remember, articulate and become self-assured.




Bruce Perry

Self Regulation Slides

Document title



For Scotland's learners, with Scotland's educators

Booklet: Activity 7

Film: Emotion Coaching    Booklet: Activity 17

<https://www.youtube.com/watch?v=7KJa32r07xk> (4.18)

Who can benefit?

Activity- 5 step model   Booklet: Activity 14

Reflect on a recent situation where a child or young person you were working with was dysregulating and outside their window of tolerance.

- Consider how you could have used the 5 step model to support that child or young person with their self regulation

Record your reflections in your booklet

Document title

Transforming lives through learning




Step 1: Reframe the behaviour



Step 2: Recognise the stressors

Step 3: Reduce the stress

Step 4: Reflect – stress awareness

Step 5: Respond: Restoration and Resilience

Film: Huge Bag of Worries    Booklet: Activity 12

TAKING INTO ACCOUNT ADULT LEARNERS.

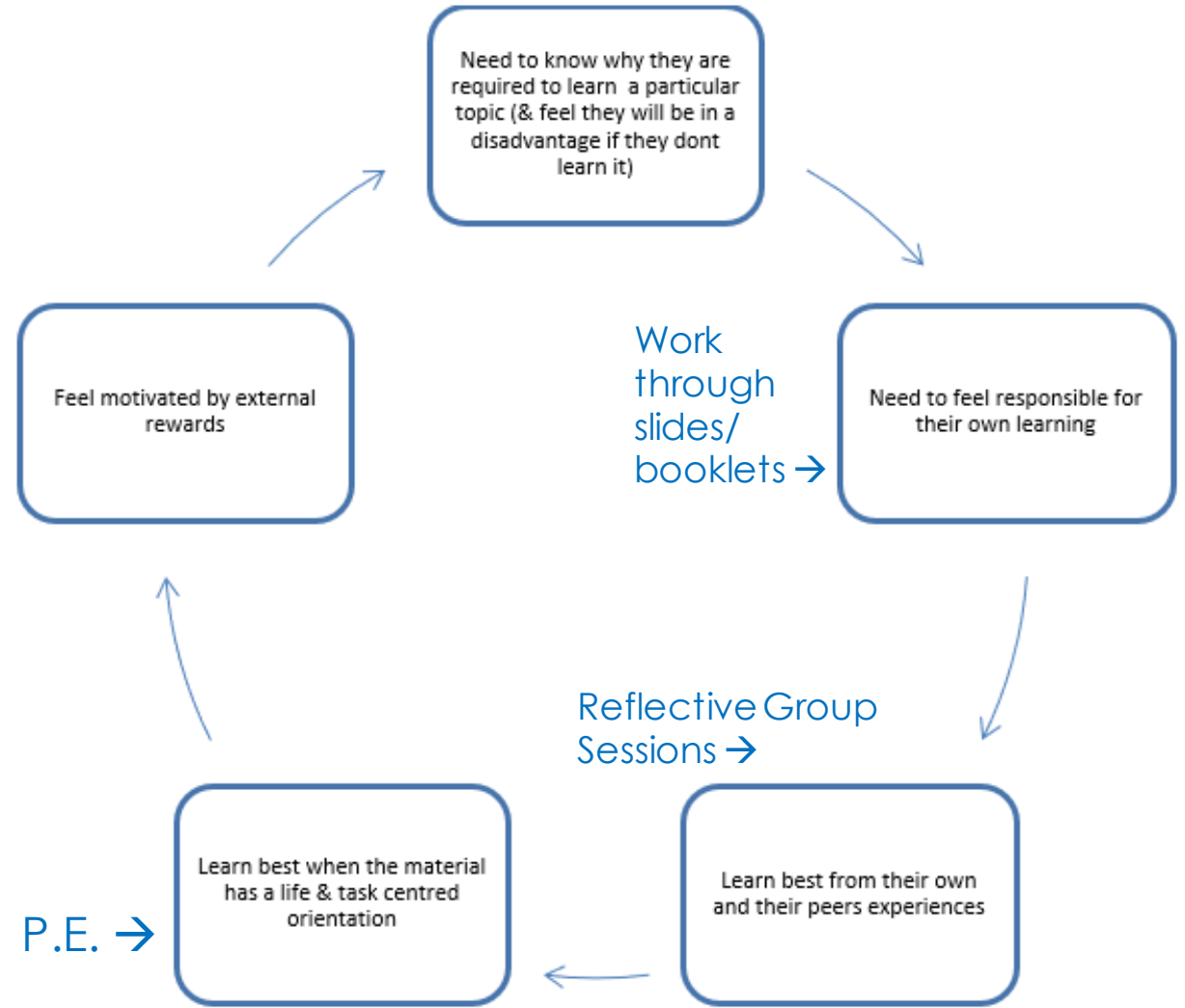


Figure 2: Key factors of Andragogy, adapted from *Adult Learning Theories*, (U.S. Department of Education, 2011).

Active Learning Aspect

With VIRTUAL/ONLINE development we wanted to keep it as dynamic as possible. The following helped:

Linked Reflective Booklets
Regarding own practice.

Compassionate and Connected Community

Participants Booklet

Introduction/scene setting











Name: _____

Establishment: _____

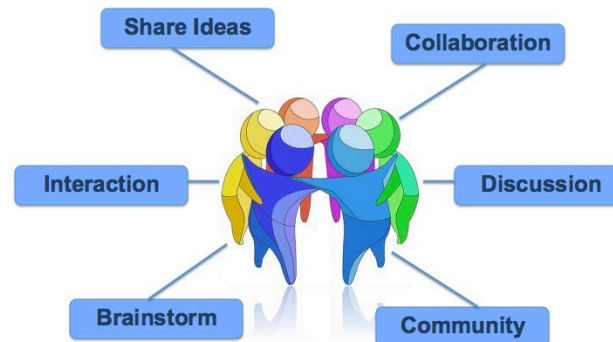
Activity – Nurturing approaches

- What are the key messages contained within a nurturing approach?
- What are the opportunities of this approach?
- What are the challenges of this approach?
- How do you think establishments can utilise these key messages to support children and young people who have experienced early adverse experiences?

10 most commonly measured Adverse Childhood Experiences (ACEs)

ABUSE			NEGLECT	
 Physical	 Verbal	 Sexual	 Physical	 Emotional
HOUSEHOLD ADVERSITIES				
 Mental illness	 Incarcerated relative	 Domestic violence	 Parental Separation	 Substance abuse

Online Group Reflective Practice Sessions



Practitioner Enquiry Element One to One Coaching



the decider
Infosheet

The Problem
Mental health problems are increasing. The effects of stress, anxiety, depression and suicide are impacting our whole society. 1 in 4 of us will be affected by mental health problems every year (Mind). 10% of all children aged between 5-16 have a diagnosed mental health problem – that is 2 or 3 in every classroom (Reisler et al). 50% of all mental health problems are established by the age of 14 and 75% by the age of 18 (Gov.uk). Mental health care has traditionally been reactive. Evidence now supports a proactive, preventative, more positive approach to mental health and wellbeing.

Our Mission - The Solution
The Decider Skills use Cognitive Behavioural Therapy to teach children, young people and adults skills to recognise their own thoughts, feelings and behaviours, allowing them to monitor and manage their own emotions and mental health. The skills were designed to enable participants to make effective changes to help manage distress, regulate emotion, increase mindfulness, promote effective communication and to live a more skilful, less impulsive life.

How we do it
We have used our clinical expertise and proven strategies to enable both experts and non-experts to effectively teach the skills required to proactively reduce the impact of emotional distress. We have distilled complex psychological theory into highly effective, evidence based skills that are engaging and memorable. The Decider Skills are delivered in an original, fun and creative style, using role plays, props, imagery and music, that makes them easy to learn and easy to teach. The demonstrations bring the skills to life. Manuals, handbooks, posters, worksheets, training videos, apps, webinars, online resources and training provide a complete programme that can be adapted to suit a range of organisations and services.

Background
We are cognitive behavioural psychotherapists, who have worked in mental health for over 35 years. We developed The Decider Skills in 2010 in response to an identified service need in the adult mental health services in Guernsey for clients with enduring mental health problems. Following an initial pilot study, client experiences were included to develop this structured evidence-based skills programme. The aim was to reduce inequality while increasing resilience and confidence by learning thirty-two evidence-based skills based on Cognitive Behavioural Therapy (CBT) and Dialectical Behavioural Therapy. Participants presented that the lack of early skills training in how to recognise and manage their own emotions and mental health meant they had formed unhelpful habits in their thinking, feeling and behaviour, which maintained their mental health problems.

Development
Using feedback from our users, we adapted and simplified 12 of the 32 skills into The Decider Life Skills, a proactive and preventative approach for use in education, home, health, work, charity and social settings. Feedback from teachers prompted the development of The Decider Life Skills Good2Go. This includes children teaching children the skills via videos as a whole school approach.

Progress
The Decider Skills are being used extensively in Guernsey by adults, young people and children. The model is proving to be a successful one. The Decider Skills are being used widely, especially in the UK and Republic of Ireland and extensively by the following organisations:
• NHS Highland - NHS Fife - NHS Dumfries - NHS Forth Valley - NHS Lothian
• Barnardo's - Youth Connections - Mind

What people say "There is a great appetite for this training. We have incorporated The Decider Skills into our whole service with excellent feedback. I think more and more people are realising that we need to up-skill people to manage their own health and lives otherwise the situation for healthcare is hopeless."
Dr Tim Moore, General Practitioner and Psychotherapist, NHS Lothian.

Enhancing the fidelity model of a **secondary nurture room.**

A CBT/DBT based program for a group of **LGBT secondary pupils.**

Resiliency program for a group of vulnerable P2 children.

Examples of Practitioner Enquiry Undertaken

Emotion Check In linked with Zones of Regulation (primary class)

Increasing whole nursery staff knowledge of trauma.

Mental Health triage system within a secondary school.



ZONES OF REGULATION!

Blue	Green	Yellow	Red
Sick Sad Tired Bored Moving Slowly	Happy Calm Good to Go Focused Ready to Learn	Frustrated Worried Silly/Wiggly Anxious Excited	Mad/Angry Mean Yelling/Hitting Out of Control I Need Time and Space

COPYRIGHT - JULIA WISNIEC, OCCUPATIONAL THERAPIST

DOs AND DON'Ts OF A TRAUMA-INFORMED COMPASSIONATE CLASSROOM

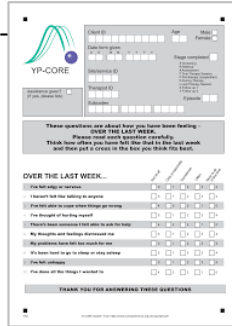
- CREATE A SAFE SPACE**
Consider not only physical safety but the children's emotional safety as well.
- ESTABLISH PREDICTABILITY**
Write out a schedule and prepare children for transitions. It helps create a sense of security and safety.
- BUILD A SENSE OF TRUST**
Follow through with your promises and in situations where changes are unavoidable be transparent with your explanations.
- OFFER CHOICES**
Empower students and offer "power with" rather than "power over" strategies.
- STAY REGULATED**
Help your students (and yourself!) stay in the "Resiliency Zone" to promote optimum learning. Have regulation tools ready to help students bumped out of the zone into either hyperarousal (angry, nervous, panicky) or hypoarousal (numb, depressed, fatigued).

There's really only one **DON'T**
Let's not punish kids for behaviors that are trauma symptoms.


echo
©2017 echo

- What does the evidence tell us about the impact of this change?
- What do we need to do next (ongoing APDR cycle)?

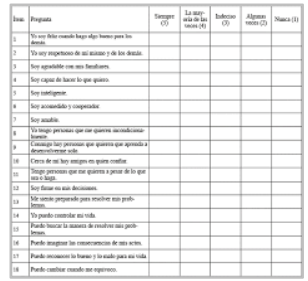
REVIEW



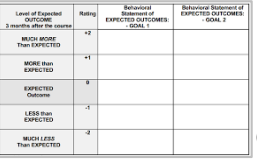
YP core



YP views



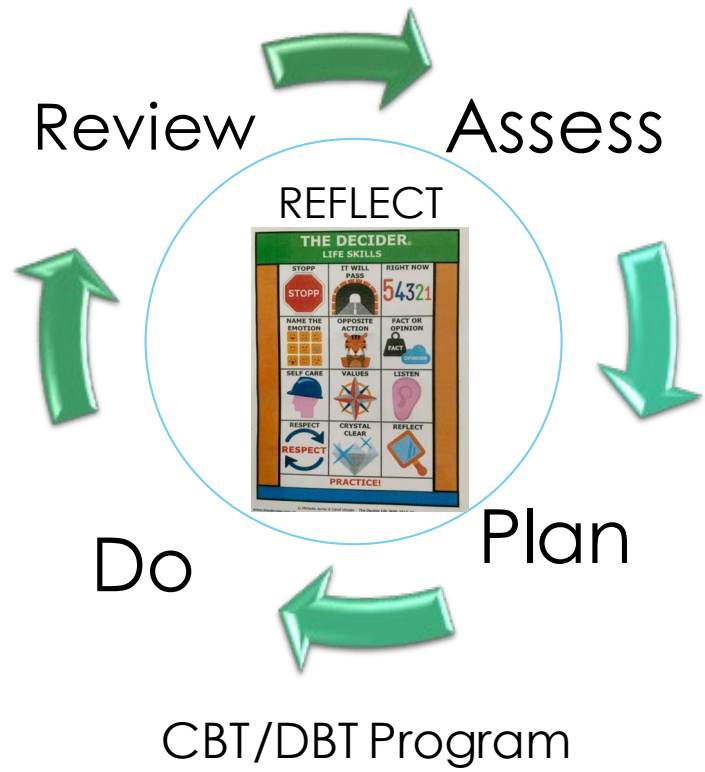
Resilience Scales



Goal Scaling

Aim: Increasing coping skills and reducing impulsivity/psychological distress of a group of S1 LGBT pupils

What are the main questions(s)? What are we trying to achieve?



- What evidence do we already have?
 - What does it tell us?
- What else do we need to find out?

ASSESS

Views

Quantitative


- Long counselling waiting lists.
- LA data esteem/anxiety
- Lots referred to CAMHS

Observation

- Staff observation of pupils in distress.

Guidance spoke with pupils (pupils keen)

LGBT pupils who were vulnerable



DO/REFLECTIONS

1st session the kids warmed up and were chatty. Good at doing scaling (0-10) & understood it.

EP & staff – good to have direct impact!

Kids views positive – learning.

1 pupil had significant attendance session prior (off 2 sessions).

Impact of COVID over delivery across weeks (1st session – 2 off next 2 staff).

PLAN

- 8/10 week delivery plan
- 1 period a week (an hour)
- School staff (H&WB), guidance, EP, researcher
- Decider Skills materials
- Group of 1st years (LGBT)

- What happened during implementation – reflections on what well, any changes made?

- What is the intended outcome?
- What evidence will we gather in order to measure impact?
 - How do we plan to implement this change? Who, when, where, how, impact data gathered.

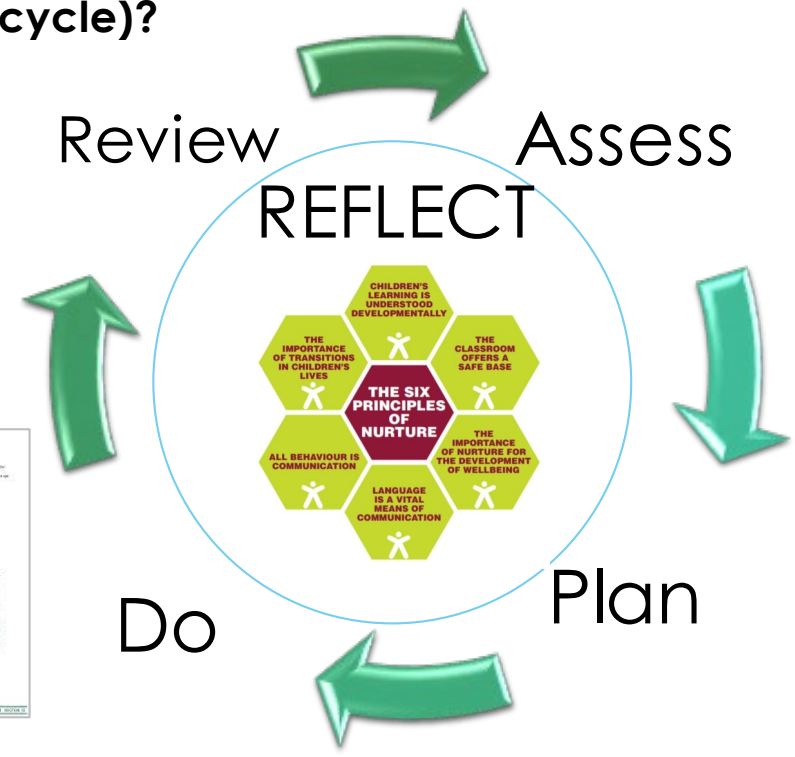
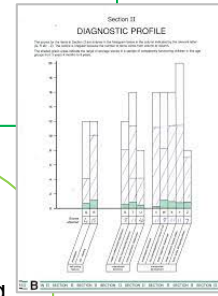


- What does the evidence tell us about the impact of this change?
- What do we need to do next (ongoing APDR cycle)?

- What evidence do we already have?
 - What does it tell us?
- What else do we need to find out?

REVIEW

- BOXALL plans completed in more meaningful & timely way.
- NG pupils had increased pupil's positive relationship with N teacher. **Some pupils more readily 'open up' to teacher about aspects they find tricky. Pupil views - "It helps me calm"**
- **Less disruptive behaviour overall** (report by mainstream staff) – number of incidents.



DO

- Reflective Diary:
- **BOXALL plans easier to implement** over increased sessions instead of one (reaching targets)



- **Pupil's engagement during increased sessions** – helped them to settle more within the room, open up more, engage in H&WB
- **Pupil's build up rapport with nurture teacher** – attachment figure e.g. 'Hi Mis!' when I say his name (did not receive before).

Aim: to implement an evidence based model focussing on exposure (number of sessions) for nurture group children.



ASSESS

- Quantitative** **Views**
- Pupils attending for too few sessions NurtureUK Evidence
 - **Boxall plans not wholly complete within current time frame.**
 - **Nurture group children's views regarding positive experience within NG. Children keen to spend more time.**
 - NG teachers views
- Observation**
- Staff in mainstream **not observing sig change** in children.



PLAN

What	Who	When
- Increase current NG pupils time/sessions within group (group of children pilot or all).	NGT SMT	FEB
- Implement current BOXALL plans - ensuring pupils part of process. - Gain children's views throughout.	NGT .	Through out
- Staff data; how long it takes them to settle, how many students leaving class, incidents etc..	PSA	Through out

- **What is the intended outcome?**
- What evidence will we gather in order to measure impact?
 - How do we plan to implement this change? Who, when, where, how, impact data gathered.

- What happened during implementation –
- reflections on what well, any changes made?

Infographic of Project

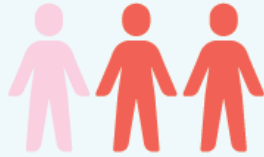
Compassionate and Connected Community

The Compassionate and Connected Community (CCC) aims to increase the awareness and understanding of the prevalence and impact of adverse experiences and trauma on children and young people (Education Scotland, 2018). Particularly as we recover following the COVID-19 pandemic, there is a need for education staff to utilise trauma-informed practice.

It is important to take a holistic view of adverse childhood experiences - among children with one ACE, there's an 87% chance of having two or more.



By the age of 16, 2/3 children and young people will have experienced at least one single traumatic event (Copeland et al., 2007). However, more than one in five young people will have experienced 3+ Adverse Childhood Experiences (ACEs) (Education Scotland, 2018; Scot PHN, 2016)



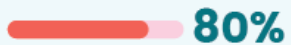
Trauma-Informed Practice

Increasing awareness of trauma is a priority across Scotland within existing initiatives such as Getting it right for every child (GIRFEC), the Children & Young People Act (Scotland) (2014) - furthermore, an emphasis on young people's wellbeing is present within the national improvement framework (NIF) and curriculum for excellence (CfE). As we are aware of the many potential longitudinal effects of trauma (e.g. the potential effects on physical and mental health of early trauma, links between adverse childhood experiences & learning in childhood, NHS, 2017), these two aims go hand in hand. The CCC seeks to build on existing good practice in schools, supporting practitioners and establishments to move from having an awareness of relationship-based approaches to becoming skilled at the level of nurture, ACE and trauma-enhanced practice. At this level, practitioners will have direct and enhanced knowledge in these areas and be able to provide direct and/or intense support to distressed individuals - progressing some of the goals outlined within the 'Transforming Psychological Traumas' framework.



COVID 19's Impact on Mental Health

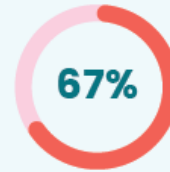
Young People



According to a global survey by Save the Children, 8 out of 10 children and young people have experienced an increase in negative thoughts during the pandemic. Additionally, 67% of young people believe that the pandemic will have a long-term negative impact on their mental health (Young Minds, 2021).

Care-Experienced and Vulnerable Children and Young People

According to a survey of care-experienced and disadvantaged children and young people, 67% stated that they felt more stressed, anxious, or low during the pandemic. Additionally, these young people expressed concerns about returning to school and trying to re-establish their relationships with both peers & staff (MCR Pathways, 2020). The Scottish Government's evidence summary on the impact of COVID-19 also states that there has been a negative impact on the mental wellbeing of children and young people as a result of the pandemic, and that care-experienced and disadvantaged young people have been particularly affected (2020). A government rapid review further evidenced that children and young people are likely experiencing elevated levels of depression, anxiety & low mood not only during lockdown, but after it ends (Holmes et al., 2020).



In addition, a recent survey by the CDC found that remote learning is associated with poorer mental health for children and young people. When schools reopen, therefore, the use of trauma-informed and relationship-focussed approaches are likely to be of particular importance. As per Helen Dodd, "schools should support children's emotional wellbeing as schools reopen...this will be essential to help relieve stress and anxiety" (Weale, 2020).



Practitioner Enquiry



Practitioner enquiry is a method of professional learning or research which can be used to promote understanding and drive improvements in practice within an establishment. Individuals working in education are encouraged to engage in practitioner enquiry, otherwise known as a 'finding out' or reflective way of investigating one's practice, as it promotes teacher professionalism (NIF, 2021). The GTCS recognises the importance of this approach, and encourage teachers to put enquiry at the core of their practice.

Formalizing the model used in practitioner enquiry can be helpful to guide practice. Within South Ayrshire and the CCC, the model used is 'assess, plan, do, review', with ongoing reflection (Education Scotland, 2018). Practitioner enquiry is central to the compassionate and connected community, as it supports the impact of this input to be embedded more thoroughly within establishments. Participating individuals are able to co-construct their learning, and are encouraged to reflect throughout the process, increasing potential effectiveness. (Chapman et al., 2015 referenced in Education Scotland, 2018) Furthermore, this method of enquiry has been found to have a positive impact on pupil outcomes, in part because it supports practitioners to connect theory and practice (Cordingley & Bell, 2012). The GTCS acknowledges that engaging in this enquiry has the potential for positive impacts on the individual, the establishment, and the wider community. Lastly, practitioner enquiry focuses on the adult learner - during lockdown, learning will take place in a virtual or blended fashion, which must also be considered within implementation of the CCC.

Practitioner enquiry is central to the compassionate and connected community, as it supports the impact of this input to be embedded more thoroughly within establishments. Participating individuals are able to co-construct their learning, and are encouraged to reflect throughout the process, increasing potential effectiveness. (Chapman et al., 2015 referenced in Education Scotland, 2018) Furthermore, this method of enquiry has been found to have a positive impact on pupil outcomes, in part because it supports practitioners to connect theory and practice (Cordingley & Bell, 2012). The GTCS acknowledges that engaging in this enquiry has the potential for positive impacts on the individual, the establishment, and the wider community. Lastly, practitioner enquiry focuses on the adult learner - during lockdown, learning will take place in a virtual or blended fashion, which must also be considered within implementation of the CCC.

Virtual Learning

Due to the Coronavirus pandemic, learning has moved partially and at times fully online. Despite some research illustrating the negative impact of remote learning during lockdown on the mental health of children and young people, this method of learning has been used



successfully within higher education and other contexts since before the pandemic. A report by the Organisation for Economic Co-Operation & Development (OECD) has found that the freedom to undertake professional learning online has resulted in an uptake of such opportunities during COVID (2020). In fact, the number of people engaging in online learning was four times higher at the start of the pandemic than it was one year prior (OECD, 2020). Online learning has the capacity to be flexible, and where both those delivering and receiving the training have an adequate level of digital literacy, there are few barriers (OECD, 2020).

Effective blended learning should include a mix of 'live' interactions and tasks for individuals to complete in their own time (Garrison & Vaughan, 2008). Asynchronous activities (where learning and direct teaching take place at different times) allow for more opportunities to reflect - this is supported by the setup of the CCC, as cycles of practitioner enquiry occur between virtual sessions, regardless of the specific sessions chosen by the practitioner group (Mayer, 2003; Newman et al., 1995; Warschauer, 1996). Within SAC, the decision was made that virtual delivery of the CCC was appropriate, given the need for trauma-informed practice during recovery alongside the need for COVID delivery & a volume of research demonstrating the appropriateness/accessibility of virtual learning.

Conclusion

The CCC was created by ES to help schools support children with trauma. Therefore, effective remote delivery and implementation of the CCC has the potential to improve education staff's capacity and awareness of trauma-informed, nurturing practices at the classroom level, with the potential for change to be driven at the level of the establishment through practitioner enquiry.

Click [here](#) to access the compassionate and connected community professional learning resource



Click [here](#) for references

Equity, Excellence & Empowerment through Psychology

STAFF PROFESSIONAL LEARNING?



National Improvement Framework



- Theoretical knowledge
- Upskilling Practitioner Enquiry
 - Self-Evaluation Skills & evidence gathering

The importance of **connection & set this within the context of children's rights**

The **importance of positive, nurturing relationships** - protecting children from the impact of adversity.

Understand the process of **practitioner enquiry & develop networks of professional support.**



The links between nurture, ACEs and trauma informed practice.

Able to explore their professional values & **integrate knowledge into practice** - developing an attuned response

The Compassionate and Connected Community: It's all about Relationships

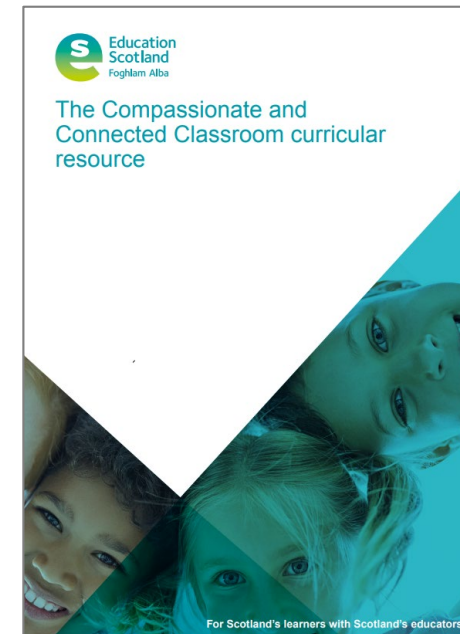
*'A child's right has a right to an education that is concerned with realising their fullest potential means **getting alongside the child**, **valuing their lived experience**, **giving them love and care** and staff using their **best professional knowledge and skills** to make a positive difference. **It's all about relationships.**'*



Overall Reflections/Next Steps



- Future: Use in conjunction with the **C & C Classroom resource**.
H&WB series of lessons for **upper primary** - helps with copying strategies & build resiliency.
- Next Steps: **Best practice booklet** (mini projects, sharing of practice).
- This NAE cycle was particularly salient due to the new online and hybrid ways of working advanced by the COVID pandemic.
- Link with authority Nurture drive (new PT nurture).



There is a growing recognition that adversity and trauma can have an impact on children's lives and learning. Scottish schools have a number of approaches, including nurture, to help support children experiencing challenges in their lives. While not all children experience significant adversity and trauma, it is important that all children learn to be compassionate and empathise with others who have had these experiences.

This resource is designed to help children understand that we can all have challenges in our lives. Strong relationships with others and having empathy and compassion for each other can help us cope with challenges and develop resilience.

Within the Compassionate and Connected Classroom resource, 5 themes support children to develop their knowledge, understanding and skills in important aspects of the curriculum for health and wellbeing. These are:

My rights



This theme introduces children to the concepts of compassion and connection and emphasises the importance of helping each other to build strong relationships and care for one another. Activities focus on children's rights to be safe, cared for and protected.