Attachment Awareness, ACES and Trauma-Informed Practice

Overview Description

Schools, settings and professionals who work with children and young people are increasingly being asked to understand the impact of early life experiences and trauma on children's development. This is because it is now understood that children with unmet attachment needs and/or adverse childhood experiences (including trauma) can emotionally be in a place where they are unable to engage or relate at the most basic levels. These are the children who, therefore, often struggle to access learning /social situations and are the children who become increasingly at risk of not being engaged in education, employment or training. By developing attachment-aware and trauma informed knowledge, skills and practices adults are better able to mitigate the impacts. Children and young people given the right tools can begin a recovery journey back towards a readiness for engagement and learning; ultimately leading towards better educational and life outcomes.

Theory, research and practice in this area is vast and education settings can sometimes be greeted by an array of approaches to consider based upon seemingly different theories: 'Attachment Aware practice"; "Trauma Informed approaches"; "ACES". While it is important to understand the implications of research in these areas, it is also reassuring to know that each highlight the importance of **relationships** and the powerful role education settings can play in supporting children and young people to achieve positive life outcomes.

Good practitioners understand that *how* they are, is as important as what they know, say or do. Relationships are central to practice.

For clarity each area will be addressed in turn and, in doing so, hopefully the interrelationships will become apparent.

Attachment Theory

Bowlby believed that attachment is what allows children to develop a secure base from which they can explore the world

Attachment Theory was originally developed in the mid-20th century. John Bowlby (1907 to 1990), child psychiatrist and psychoanalyst was the first to describe the importance of attachment in human development. Attachment is a biologically driven behaviour, which is triggered by external threats and dangers. Its primary function is to ensure that a baby has comfort and protection at times of stress and danger. This drive is about survival. Babies are helpless and they need another to provide physical sustenance and protection. Research shows that a child's ability to form relationships and to learn is shaped by their very early life experiences. The bond is a two-way process from the start of life. Eye contact, smiles and warmth encourage reciprocity and create a bond between the primary care giver and child. Babies are biologically pre-disposed

to seek out attachment from a protective adult. Crying is a very effective communication from a baby to show that it needs something from the carer and the bond that has been created, ensures that these needs are met.

Attachment to caregivers lays the foundations for social and emotional well-being and the capacity to learn and develop. Literature on Attachment identifies that when a caregiver consistently responds to a child's needs, the child will develop trust that the world is safe, adults are caring and close relationships are satisfying. This creates in the child an internal working model for each child that informs them, "I am safe, I am lovable, I can achieve things," and that other people, "are available, understand me and can be trusted." In contrast infants and children who live with care-givers who are inconsistent, withdrawn or hostile may develop an internal working model that they are undeserving or unworthy or love, friendship and care. This informs the way they react and behave in social situations.

The impact of abuse, neglect and loss on children and young people, means that they will need additional care and nurture to help them come to see the world as somewhere safe where they are valued.

The Secure Base model provides a model of caregiving that recognises that all infants / children and adolescents need a secure base care giver who provides comfort when they are distressed, who reduces a child's anxiety and enables a child to explore, learn and enjoy activities.

Research shows that the key elements of a positive attachment figure are –

- The key person is an active presence.
- The key adult enables the child to become dependent before becoming independent.
- The adult attunes to the needs of the young person and is available to them.
- The adult works with that child to develop a capacity for enjoyment and fun.
- When they are not there, the child knows that they are being kept in mind
- The key adult guides social interactions and works with the child to help them belong and be with other children.

Neuroscience and Attachment

The field of neuroscience and attachment is a new one. Most research is less than 20 years old.

The information to date indicates that the attachment process described by Bowlby is broadly correct. Attachment serves to regulate emotion, calming anxiety and stress. Securely attached children have emotionally available and responsive carers who are able to regulate stress. These responsive relations build children's brains and help them to self-regulate. When children do not have their attachment needs met they suffer unregulated stress and do not develop stress regulation. The overwhelming stress can lead to stress injury and additional developmental impairment. The automatic response to stress and trauma in the brain involves the production of toxic amounts of stress hormones which can lead to significant difficulties in brain function, body systems and social functioning. Connections in the brain are lost through toxic stress. The lasting effects of traumatic stress injuries are;

- Brain development, functioning and processing impairments
- Physiological and regulatory difficulties (leading to difficulties in managing feelings / behaviours and levels of arousal)
- Physical and Health needs (as also identified in research around Adverse Childhood Experiences)
- Emotional difficulties (disassociation and shame)
- Social difficulties (understanding others, empathy, self-esteem and fun).

Neuroplasticity

However - neuroscience shows that recovery is possible. The brain can adapt to changes in an individual's environment by forming new connections over time. Neuroplasticity explains how the brain is able to adapt, master new skills, store information and memories and information even after trauma. As children develop, future relationships can have an impact on brain development (an ability to feel safe and emotionally regulate). The brain can form new connections but it takes time, patience and lots of learning opportunities.

A core emphasis from neuro-science is that to experience positive relationships, a child needs to experience safety first. Because children / young people in crisis may be experiencing high levels of arousal and stress, activity is required to bring down the arousal levels (see section - What does a child need).

Adverse Childhood Experiences (ACES)

Adverse childhood experiences are highly stressful or challenging experiences that may occur during our childhood. All children and young people experience some emotionally stressful events in their lives (moving house, changing educational settings, making/breaking friendships) but some experiences can be chronic/persisting and have the potential to cause lasting impacts on the outcomes of young people. These can include:

Taken from https://youngminds.org.uk/resources/policy-reports/addressing-adversity-book/

Living in a family where there is domestic violence, where one parent has severe mental health needs or substance misuse difficulties or experiencing the death of a parent are all examples of ACES. These ACEs are exacerbated by wider social conditions and circumstances that create inequalities in the ways that children and young people live, and are treated by those around them. These inequalities include levels of material deprivation or child poverty and institutional prejudice in state and support services.

Aces are not uncommon, almost half of adults living in the UK have experienced at least one form of adversity in their childhood or adolescence[1]. As a result, researchers often refer to the '**cumulative effects**' of ACES, suggesting that as the number of ACES increase so the risks of poor life outcomes can also increase.

[1] Bellis, M. A., Hughes, K., Leckenby, N., Perkins, C. and Lowey, H. (2014) 'National household survey of adverse childhood experiences and their relationship with resilience to health-harming behaviors in England' BMC Medicine: https://bmcmedicine.biomedcentral.com/articles/10.1186/1741-7015-12-72

The Impact of ACES

A major US study (CDC-Kaiser[2]) uncovered a strong relationship between ACEs and risk factors for ill health and poor wellbeing. Research in England, Wales and Scotland replicated these findings and suggest that ACEs are strongly associated with adverse behavioural, health and social outcomes in childhood, adolescence, adulthood and later life. It is suggested that experiencing significant adversity in childhood can lead to disrupted neurodevelopment which in turn can lead to social, emotional and cognitive difficulties and the adoption of unhelpful and/or risky behaviours or coping strategies (for example, smoking/drinking). This can, overtime lead to increased morbidity (living with a health condition such as heart disease or a mental health condition) and, in turn, lead to premature mortality.

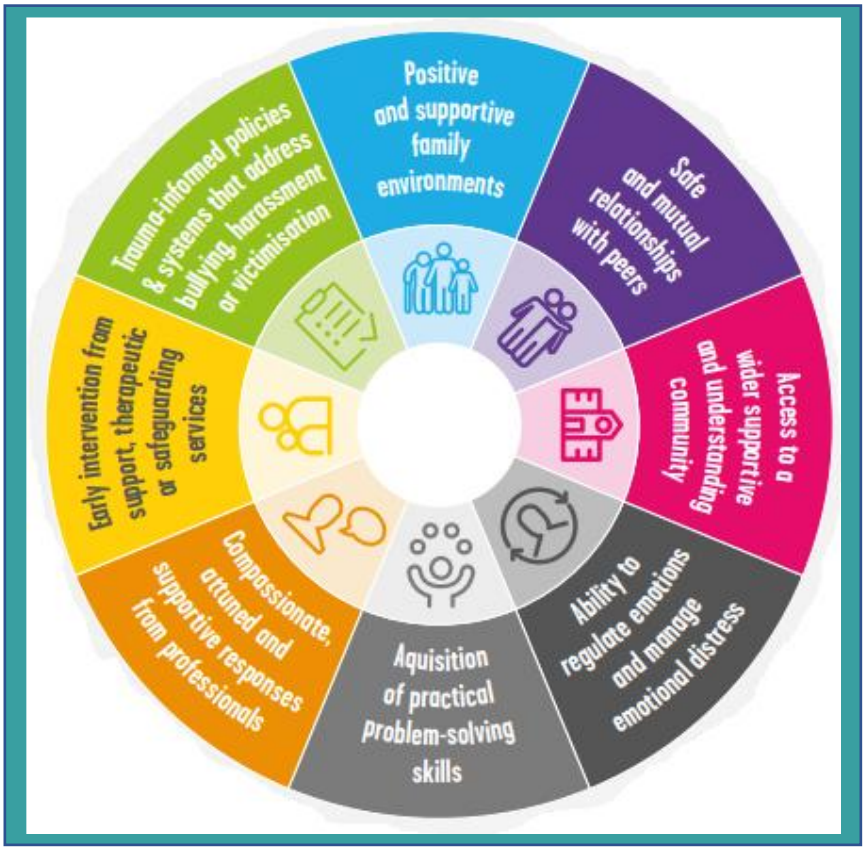
Taken from https://youngminds.org.uk/resources/policy-reports/addressing-adversity-book/

For example, witnessing domestic violence is the most frequently reported form of childhood adversity. Research using neuroimaging has shown that experiences of domestic violence in childhood can change brain structures and increase the risk of mental ill health, in a way that is akin to soldiers who have trauma following armed conflict. Experiencing adversity during childhood impacts our autonomic nervous system. These experiences can alter our neuroception, which is our automatic detection of whether or not there is a threat in our external environment. This means that these children and young people spend a significant amount of time in a state of hyperarousal, facing significant emotional distress, which adversely changes a young person's ability to regulate their emotions. We should see people's reactions and responses to adverse and traumatic events as attempts to survive and make meaning in their lives

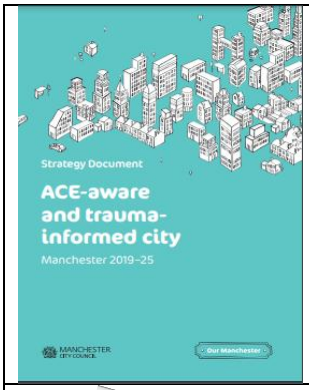
[2] Further information on the Adverse Childhood Experiences (ACEs) studies coordinated by the Centers for Disease Control and Prevention is available at: https://www.cdc.gov/violenceprevention/aces/about.html#:~:text=The%20CDC%2DKaiser%20Permanente%20adverse,life%20health%20and%20well%2Dbeing.

What helps mitigate these adverse experiences?

Not all young people who face childhood adversity or trauma go on to develop health difficulties. Adversity does not predestine children to poor outcomes, and most children are able to recover when they have the right supports. There are personal, structural and environmental factors that can protect against adverse outcomes, as shown in the protection wheel opposite.



Further Information about ACES

	Manchester aspires to be a 'Trauma Informed City'. Our Strategy Plan 2019-2025 can be found here: https://www.manchestersafeguardingpartnership.co.uk/wp-content/uploads/2019/11/2019-11-12-ACEs_Trauma-Informed_Strategy_2019-25.pdf There are lots of useful documents and resources on Manchester's safeguarding partnership pages – see reference at the end of this section
	This guide provides a lot of helpful detail and references to relevant research. https://youngminds.org.uk/media/2715/ym-addressing-adversity-book-web-2.pdf It provides detailed practical ideas about how professionals working with children and young people can address adversity to support better life outcomes.

Also see books and website links at the end of this chapter.

MANCHESTER SAFEGUARDING PARTNERSHIP

ADVERSE CHILDHOOD EXPERIENCES (ACEs)

7-MINUTE BRIEFING

Further Information

To get involved in this movement please contact:

- Gareth Nixon, Project Manager at gareth.nixon@manchester.gov.uk
- Daniel Unsworth, Senior Researcher at daniel.unsworth@manchester.gov.uk

Find out more on the MSP website at www.manchestersafeguardingpartnership.co.uk

What are ACEs?

Adverse Childhood Experiences (ACEs) describe a wide range of stressful or traumatic experiences that may occur up to the age of 18.

The original ACEs study in the late 1990's referred to ten specific categories of exposure including:

- Abuse - emotional/physical/sexual
- Neglect - emotional/physical
- Household e.g. DVA, substance abuse, mental illness, parental loss.

Other types of adversity exist eg. poverty, homelessness, bullying, discrimination, separation from care giver to foster care or migration.

Why Do They Matter?

ACEs are common - in the UK nearly 50% of people have experienced at least one ACE, with 9%-12% experiencing 4 or more ACEs.

There is a dose response relationship between ACEs and the development of poor physical, mental and behavioural health.

Experiencing 4 or more ACEs is associated with significantly increased risk for 7 out of 10 - leading adult causes of death, including heart disease, stroke, cancer, COPD, diabetes, Alzheimer's and suicide.

What Are We Doing?

Following our pilot project in Harpurhey we are rolling out ACE awareness training & developing trauma informed approaches across Manchester. We have a strategy that outlines our plans.

Our ambition is for Manchester to become a trauma informed city by 2025.

What Do We Know?

Exposure to intense, frequent, or sustained stress; without the buffering care of a supportive adult; can lead to long-term changes in our brains and bodies, such as an increased risk of developing high blood pressure or infection and autoimmune disease.

In the face of interpersonal trauma, all the systems of the social brain become shaped for offensive and defensive purposes.

What Can We Do?

Look 'behind the behaviours' and consider what the root cause of the presenting behaviour may be.

Use protective factors to build resilience e.g. secure attachment, opportunities for positive activities and supportive networks.

Adopt a trauma-informed approach with a focus on 'what happened to you?' instead of 'what's wrong with you?'

Consider how to apply the core principles of trauma-informed practice:
Safety – Choice – Collaboration - Empowerment - Trust.

Why Is This Important To Manchester?

Manchester residents have poorer health outcomes and a lower life expectancy than people living in other areas of the country. We have one of the highest rates of premature deaths in the country and high infant mortality rates.

Health services alone cannot improve people's health and reduce health inequality. We owe it to our residents to change the way we work and do something differently to improve their health and reduce inequality across all age groups.

More information can be found on our website at www.manchestersafeguardingpartnership.co.uk
Contact us at manchestersafeguardingpartnership@manchester.gov.uk

MSP
Manchester Safeguarding Partnership

The term ‘Trauma’ refers to a person’s emotional response to a distressing experience. Few people can go through life without encountering some kind of trauma. Unlike ordinary hardships, traumatic events tend to be sudden and unpredictable, involve a serious threat to life—like bodily injury or death—and feel beyond a person’s control. Most important, events are traumatic to the degree that they undermine a person's sense of safety in the world and create a sense that catastrophe could strike at any time. Parental loss in childhood, sexual assault, a car accident are all events which could create a trauma reaction.

Not all children who experience adverse experiences also experience a sense of trauma. Some children have sufficient supports around them to mitigate the impact.

Developmental trauma is a term frequently used to describe the effects of prolonged or repeated experiences of trauma in childhood which impact on a child/young person’s social, emotional and/or cognitive development.

Primarily, the term Developmental Trauma is used to describe the trauma that has occurred for young children during early childhood. These relate to the adverse experiences that have occurred in a time-frame when a child’s sense of belonging and of safety in and relationships with others is forming (early childhood) and as such has a lasting impact on a child’s development and how he/she learns how to relate to others. Often the trauma experienced is described as chronic or complex and refers to multiple events in early childhood that have occurred over a prolonged period.

Common stories include –

A baby or child removed or relinquished from birth parents because they have been neglected and / or physically / emotionally / sexually abused.

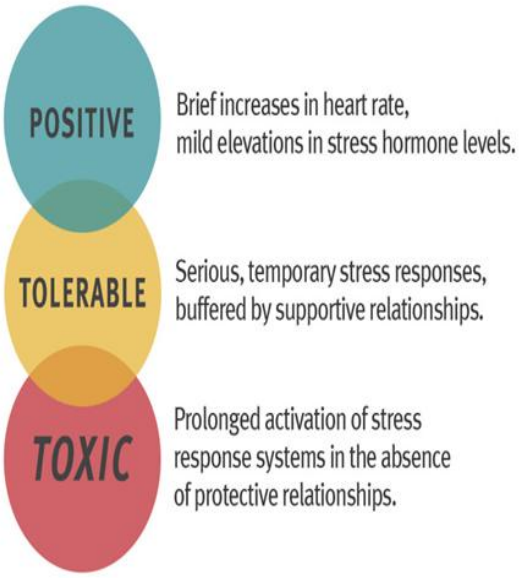
A child who is removed from birth parents and goes on to experience multiple adverse experiences; such as movement between carers, illness, challenges in placements.

A child who experiences periods of instability in parental care and multiple adverse experiences.

A child who has experienced severe health problems and multiple medical interventions.

The psychiatrist Professor Bessel Van der Kolk, tells us that early trauma creates an assault on child’s development over time. Not only do children develop a range of unhealthy coping strategies which is how they adapted to prolonged threat, they do not develop essential daily living skills that children need to manage impulses, solve problems, learn new information or manage social situations.

Toxic Stress



When we are threatened, our bodies prepare us to respond by increasing our heart rate, blood pressure, and stress hormones, such as cortisol. When a young child's stress response systems are activated within an environment of supportive relationships with adults, these physiological effects are buffered and brought back down to baseline. The result is the development of healthy stress response systems. However, if the stress response is extreme and long-lasting, and relationships that can help mitigate the effects are unavailable to the child, the result can be it can have a cumulative toll on the child/young person's physical and mental health.

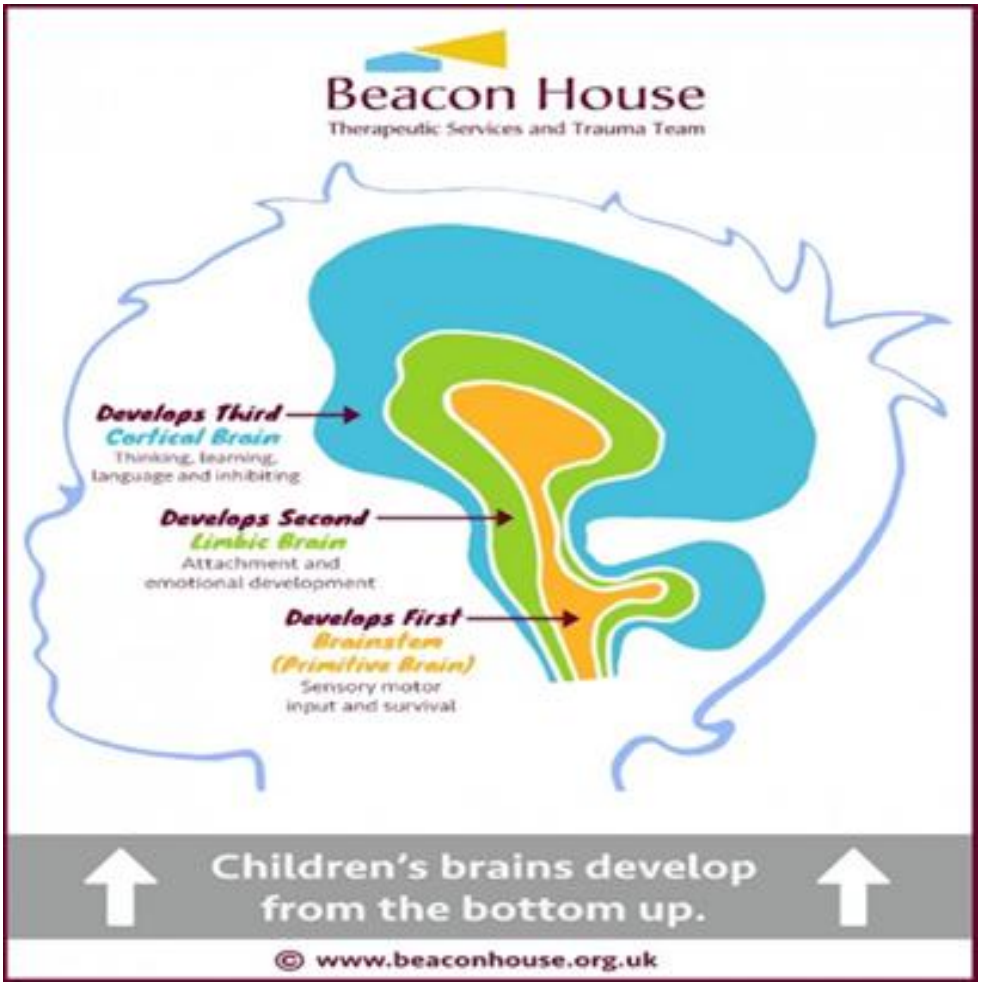
The Brain and Trauma

Advances in neuroscience over the last 20 years increasingly demonstrate that attachment theory is largely accurate in describing the importance of relationships to child development, whilst minimising the effects of trauma is vital in consolidating that development over time.

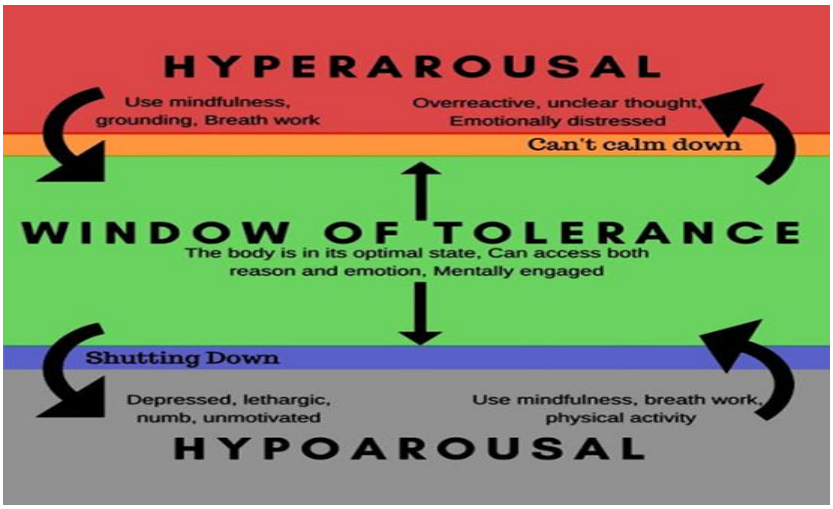
A Window of Tolerance: Fight / Flight / Freeze and Flop behaviours:

The main difficulty for children who are traumatised is that when they move into a safe environment, they do not experience that safety. These children are developmentally stuck in their primitive brain - see diagram overleaf - and very little information gets passed to the higher parts of their brain, where rationalising happens. All their resources are used up. A child in survival mode, will find even small things like an unplanned change / or a slight raised voice a signal to their brain that it is it is in life and death danger. For this reason, children who are existing in this state, frequently display or react with fight / flight / freeze / collapse behaviours.

A further behaviour sometimes observed is befriend - these are children who have learnt that a key strategy for keeping alive, is to stay in the mind of the adult nearby. These children have learnt that to keep safe they must keep key adults and carers close by. These children may show angry / distressed and chaotic behaviours - when in a crisis they can disarm a potentially angry response by becoming vulnerable or needy.



Those who have experienced trauma have a smaller Window of Tolerance than other children who have had secure, stable and safe childhood experiences/relationships. In other words, small 'every day' triggers can be intolerable and unbearable for children who have lived with developmental trauma.



Window of Tolerance

What helps?

Emotional regulation and safety are key ingredients required to support children who have experienced trauma. Perry (2010) says that children need patterned, repetitive, rhythmic, somatosensory activity. Activities include singing, dancing, drumming and most musical activities. Swimming, running, trampoline work are rhythmic exercises. Equine grooming or animal therapy. "People with developmental trauma feel so threatened that they get into a fight-flight alarm state and the higher parts of their brain shuts down," reports Perry. "First the stress chemicals shut down their frontal cortex (thinking brain). Now they cannot think. Ask them to think and you only make them more anxious. Next the emotional brain (limbic brain) shuts down. The only part of the brain left functioning is the most primitive part of the brain: the brain stem and the diencephalon cerebellum." The lower parts of the brain are mainly unconscious and concerned with survival. The lower parts of the brain need to be regulated before we can move to the higher parts of the brain that will enable them to connect, to think or to relate.

Trauma healing ingredients are referred to as the 6Rs. Activities which draw on the 6Rs will be supportive to CYP:

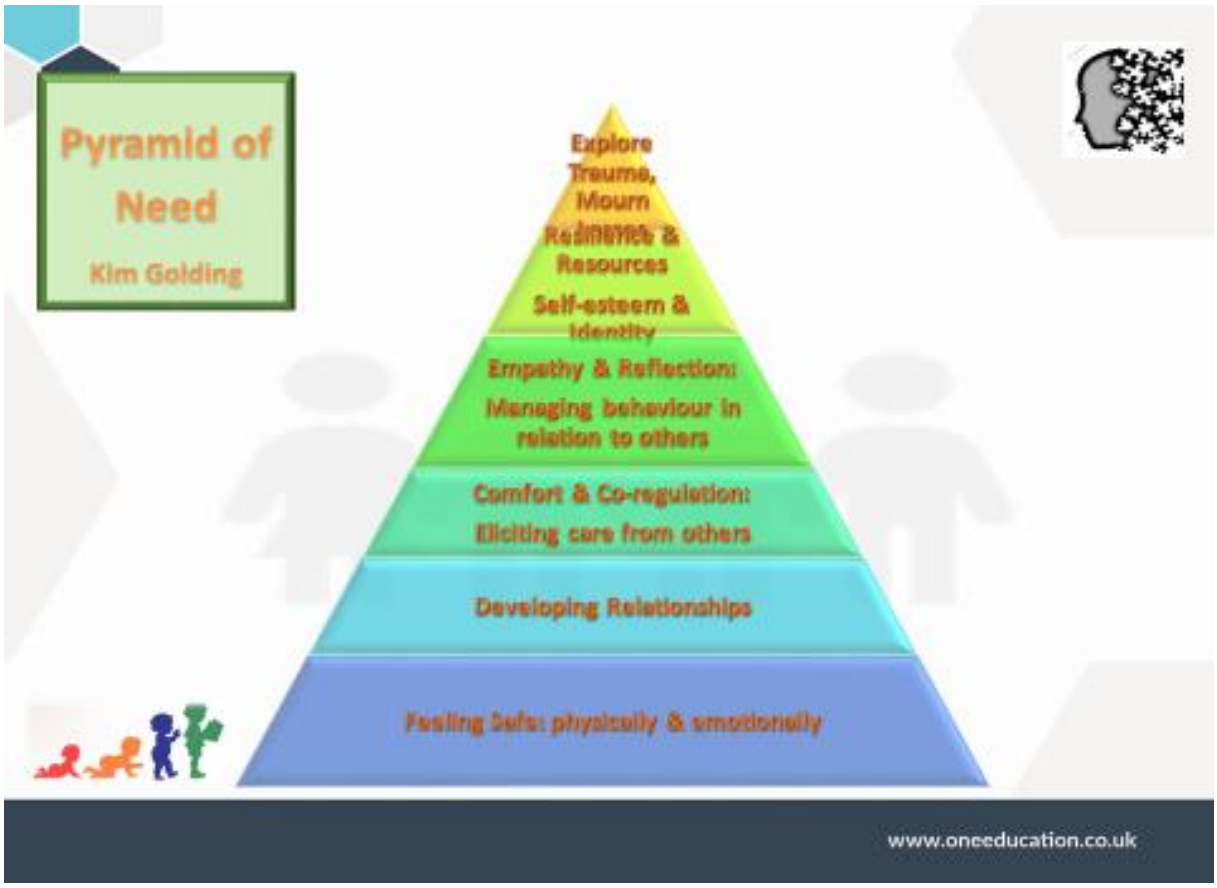
- **Relational (safe)**
- **Relevant (developmentally matched to the child)**
- **Repetitive (patterned)**
- **Rewarding (pleasurable)**
- **Rhythmic (resonant with neural patterns)**
- **Respectful (of the child, family and culture).**

Studies show that these activities are much more effective first step approaches, than talk type therapies for young people who have experienced trauma.

Developmental Trauma can start to be repaired with a holistic, 'bottom up' approach; with safe and sensitive relationships with adults being central.

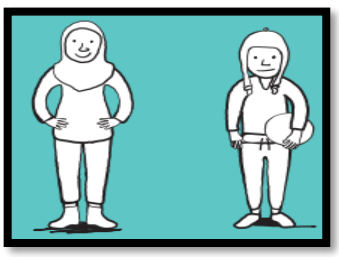
Attachment, ACES and Developmental Trauma – So what can we do to support children and adolescents?

Research strongly indicates that what supports children and young people is a 'bottom up' approach which focuses on ensuring feelings of safety and security first and then the provision of strong positive relationships with adults including members of the extended family and education staff.



No significant learning occurs without a significant relationship.

Adults need to provide relational support that helps children and young people to feel safe and that builds trust. This relational support needs to be proactive, as well as reactive at times of difficulty, so that the protective factors of connection, belonging and community are in place. As represented in the picture below if we do not focus on the relational elements of trust and safety then learning simply will not be able to take place. The messages from neuroscience are very clear: it is not a choice between focusing on relationships (trust and safety) and learning. Our pupils will need us to focus on trust, safety and learning. Trust and safety are two of the cornerstones of a trauma-informed approach



Key relationships can and do make a difference!

The core ingredients of key adult care are:

- **Availability – helping the child to trust**
- **Sensitivity - helping the child to manage feelings safely**
- **Acceptance - building the child's self-esteem.**
- **Cooperation - helping the child to feel effective.**
- **Family / Setting membership - helping the child to belong.**

Be available – help children and young people to trust

- Provide nurture and reassurance and support exploration
- Be there for young people physically, psychologically and emotionally.
- Help the child know you are thinking of them when apart.

Be sensitive - help young people to manage feelings

- Name feelings and help a child make links between feelings and behaviour.
- Be curious about what a child is thinking and feeling
- Encourage empathy - think about how others are feeling. Reflect on news, books, television, films - how might that person be thinking and feeling.
- Emotion coaching is a key tool to support this area of work.
- Create places and spaces of safety to go to when things feel over-whelming.

Acceptance - building self-esteem.

- Enjoy a child for who they are
- Find activities to do and share - support achievements whilst also enabling failures and setbacks to be managed.
- Promote idea that no one is good at everything but everyone is good at something.
- Collaborate of One Page Profiles or One Page Passports with the young person.
- Model and teach the child / young person to accept and celebrate identity in self and others - appearance, ethnicity, religion, sexual orientation, personality, talents etc.

Cooperation – helping a child / young person feel effective

- Promote choice, effectiveness and autonomy but with a level of containment.
- Work cooperatively to help a child achieve results (mediated learning opportunities).
- Find activities that give clear result or produce something as a clear outcome e.g. baking together.
- Create opportunities for small tasks and responsibilities within a child / young person's capability.
- In school consider work station approaches and include a reward activity that provides shared relaxation /shared attention without adult demand.

- Create opportunities to be collaborative with others – work towards shared, common goals. Be there to manage the situation supportively.
- Respond quickly to a child's signals for support and comfort or reassure that you will respond as soon as possible.

Belonging

- Help young people understand their place in the world. Be there to make sense of a child / young person's story / where they come from. Accept them for who they are.
- Ensure the young person has their own place and space. Offer verbal and non-verbal support for safe exploration.
- Help the young person to feel valued for themselves and as part of the group - foster a sense of positive belonging.

PACE or PLACE

A further model devised by Dr Dan Hughes is that of PACE. PLACE, developed from this, is a way of thinking, feeling, communicating and behaving in a manner that aims to make the child feel safe. It is based on the connections that are demonstrated in secure parent - child relationships. The aim of PACE is for a child to experience core features of a relationship that allow the child to begin to experience the adult as someone from which they can explore the world; this also is a model that aims to enable a child to be safe enough to start to allow others close, to *see him / herself* as someone who is liked and valued. From this place, the child can start to regain trust. The key ingredients of PLACE are –

- **Playful.** Positive, shared experiences that provide fun, are soothing and allow a child to develop self-worth (not dissimilar to ingredients of therapy). Playful moments reassure both that conflicts and separations are temporary and will not harm a relationship.
- **Liking.** Allowing a child to know that they are liked even when they misbehave. Helping children overcome rejection.
- **Acceptance.** Unconditional acceptance is a core feature of a child's sense of safety. Acceptance is actively communicating that you accept the wishes, feelings, urges, motivations and perceptions that are underneath the outward behaviours**.** Accepting a child for all that they are; even when they misbehave. This is about enabling the child to learn that whilst the behaviour might be contained, this is not the same as criticising a self-worth. The overall relationship remains secure.
- **Curiosity.** Wondering aloud about the child's inner world and feelings. Making sense of an inner world that may not make sense to the child (a core ingredient in Emotional Coaching). Curiosity involves a quiet accepting tone that conveys a simple desire to understand the child. Being curious is communicated without annoyance - for example being sad rather than angry when a child makes a mistake. A light curious stance can get through to a child when anger cannot.

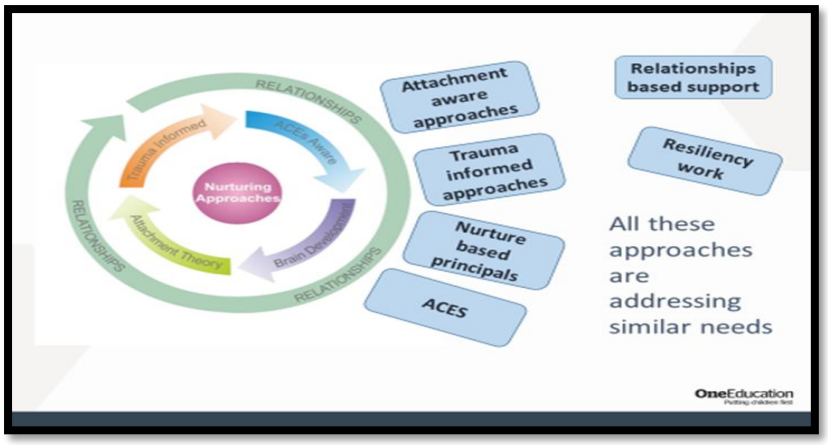
- **Empathy.** Empathy lets the child feel the adult's compassion for them. This communicates that no matter how stressful the experience, the adult will stay with the child emotionally. The child will not be abandoned at a time the child needs them the most.

Recognising the challenges our children and young people experience is not the same as a lack of hope for the future!

Education settings can make a difference!

We know that:

- Quality of adult life is closely related to educational qualifications
- Teachers are key figures in a child's life and can provide very important relationships for children and young people.
- Building resilience in children aged 6–17 years has been shown to mitigate the negative impact of adverse childhood experiences.
- Nurturing approaches which focus on building strong relationships with children and families have been found to improve social, emotional and educational attainment.



All these approaches are practices we know about and use in education and all of these provide children with the core ingredients necessary for repair: enabling them to move towards positive outcomes in education and adult life.

A takeaway note to remember as a professional is –

- Our role is not to heal trauma or resolve all issues.
- We can only work within our professional remits.
- In our work, and in our work with settings and carers, we have an additional duty to look after our own wellbeing and ensure appropriate support, guidance and supervision is in place.

Top Tips! For Early Years

- Provide children with a nurturing, consistent and calm environment within the setting. Remember for many of these children, the setting is a 'safe space'.
- Allocate the child a stable key person with whom they can have time to bond and play with.
- Provide plenty of structured and modelled social play opportunities with peers to support relationship building.
- Model naming emotions and allow children to find their preferred method to express themselves; this may be through play, art, verbalising. Try to remain calm if children choose to share difficult past experiences with you and remind them that it is your job to keep them safe
- Provide parents with support and activities for building positive relationships as a family such as: https://learning.nspcc.org.uk/research-resources/leaflets/look-say-sing-play-early-years-resources-parents

Useful Links:

https://www.annafreud.org/early-years/early-years-in-mind/resources/what-is-attachment/

Supporting children in the early years who may have experienced trauma: https://www.youtube.com/watch?v=XKJuBemELjI&t=1s

Trauma and Repair: https://youtu.be/fNQcMebZYto

Recognising signs of traumatic stress: https://youtu.be/R_tZckGhuh0

Attachment https://learning.nspcc.org.uk/child-health-development/attachment-early-years

Post-16

Top Tips!

Attachment has been suggested to impact peer relationship difficulties and anxiety in post-16 education. It may also impact adjustment to separating from family and significant others when leaving home. It is important for post-16 setting staff, particularly pastoral staff, to have an awareness of this.

The following guidance by US-based researcher, Davidson (2017), outlines how to recognise the impacts of trauma in post-secondary education learners and trauma-informed practice recommendations:
https://educationnorthwest.org/sites/default/files/resources/trauma-informed-practices-postsecondary-508.pdf

This article also applies trauma informed principles to higher education
https://www.timeshighereducation.com/campus/traumasensitive-approach-teaching-and-learning

References / Resources

Evidence base for Attachment and Trauma Informed Practice:

- Attachment is crucial to children's psychological welfare and forms the basis of personality and socialisation (Bowlby 1988)
- Nurturing adult attachments provide children with protective safe havens and secure bases from which to explore and engage with others in their environment (Bowlby 1988)
- The biological function of attachment is survival; the psychological function is to gain security (Schaffer 2004)
- Early care giving has a long-lasting impact on development, the ability to learn, capacity to regulate emotions and form satisfying relationships (Siegel 2012).
- Secure Base Model (University of East Anglia research with Mary Beek on foster care 1997 to present)
- Relational Buffering Bruce Perry (2007).
- Neurosequential Model of Therapeutics (NMT)

Further Reading and References

Websites –

https://beaconhouse.org.uk

- A wealth of information, resources and reading. Free to access

- Includes entry level reading to the Neuro-sequential model, Repair of Early Trauma and Polyvagal Theory (how the nervous system copes with threat)
- Comprehensive signposting to further reading.
- Specific information on developmental trauma https://beaconhouse.org.uk/wp-content/uploads/2020/02/Developmental-Trauma-Close-Up-Revised-Jan-2020.pdf

https://uktraumacouncil.org

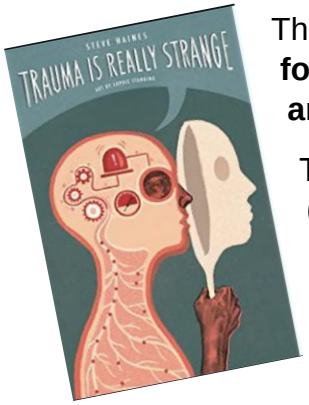
- Free resources and information about childhood trauma.
- Includes free resource on child trauma and brain development. Information is also given about how to promote resilience and recovery. Links with Anna Freud Centre (for Child Mental Health) information and resources.

https://youngminds.org.uk/resources/policy-reports/addressing-adversity-book/

- Lots of free resources and information for parents and professionals about trauma/ACES.

https://youngminds.org.uk/media/3091/adversity-and-trauma-informed-practice-guide-for-professionals.pdf This is a short guide for professionals

https://youngminds.org.uk/media/2715/ym-addressing-adversity-book-web-2.pdf



This is the longer text which is extremely useful. **See Chapter 3 for a graphic story which describes trauma to adolescents in an accessible manner.**

Taken from Steve Haines's book Trauma is Really Strange (Jessica Kingsley).

https://www.traumainformedschools.co.uk

- Subscription based service
- Access to at cost webinar training
- Further reading and signposted resources to PACE model

https://www.echotraining.org/infographics/

- Lots of free infographics and posters which provide advice and support to settings on addressing adversity and trauma

https://attachmenttraumanetwork.org

- Further reading for teachers creating a trauma informed classroom practice.

Books

There are many different books and guidance for further reading. These are provided, as accessible reading suggestions for teachers and interested professionals:

Betsy de Thierry, **The Simple Guides to Attachment, Trauma and Shame.** 3 little books designed to be pick up, read and absorb with accessible advice about the concepts with ideas about how to work with children, to boost their confidence and self-esteem.

Timpson group. Free books. Sir John Timpson has written three little guide books, based on his experience as a foster carer. ***A Guide to Attachment, How to Create a Positive Future and Looking After Children.*** These books can be picked up in any Timpson store.

Louise Bomber and Andrea Perry (2020) **Know Me to Teacher Me: Differentiated Discipline for Those Recovering from Adverse Childhood Experiences**. A practical read that looks at the balance between relational practice, trauma recovery; with ideas for being creative and inclusive in educational settings. Louise Bomber is the author of several books, all of which are hands-on and easy to read and absorb.

Andrea Perry (editor) Teenagers and Attachment. **Helping Adolescents engage with life and learning.**

Daniel A Hughes, Kim S Golding, Julie Hudson (Authors) **Healing Relational Trauma with Attachment-Focused Interventions.** ISBN-13.978-0393712452

Hinton House Publishers. Have a resource section Attachment and Education. They have put together text bundles for schools and professionals under heading of ***Trauma Informed Schools - Key Texts Best Buy Pack*** *with books from key authors Margot Sutherland, Daniel Siegal, Bessel Van der Kolk and Paul Dix.*

Worksheets and Resources

Hinton House Publishers. Have a resource section Attachment and Education. They have put together text bundles for education settings and professionals under heading of *Therapeutic Storybooks Best Buy Pack.* Stories are a powerful way to enable children and young people to understand and communicate their feelings; they are starting points to help key adults and professionals support children to talk about their lives. *The themes in the books include fear and frightening events; emotional regulation and feeling calm; grief and loss in its many forms; anxiety and worries. Many of the books have guidance for how to use.* Your link educational psychologist will be able to give you further guidance about how to plan and use Therapeutic Stories.

Varleisha Gibbs. Self-Regulation and Mindfulness. This book has 82 work sheets for Sensory Processing. Although aimed for young people with ADHD or Sensory Processing Disorder, the exercises are suitable for all young people who may have difficulties with arousal, attention or social participation.

Lisa Weed Phifer and Laura Sibbald. Trauma-Informed Social Emotional Toolbox for Children and Adolescents: 116 Worksheets and Skill-Building Exercises to Support Safety, Connection and Empowerment.

Manchester Safeguarding Partnership - **ACES and Trauma informed practice**
https://www.manchestersafeguardingpartnership.co.uk/adverse-childhood-experiences-aces-and-trauma-informed-practice/

Private Fostering Arrangements
https://www.manchestersafeguardingpartnership.co.uk/resource/private-fostering/

MANCHESTER SAFEGUARDING BOARDS

7-MINUTE BRIEFING

Private Fostering

Questions to consider & discuss

- Are there children in our care who could be in these arrangements?
- Do we know what to do if we think a child or young person is being privately fostered?
- Complete our action plan

For more information visit the MCC website: www.manchester.gov.uk or the MSB website www.manchestersafeguardingboards.co.uk

Background

A private fostering arrangement is one that is made privately (i.e. without the involvement of a local authority) for the care of a child under the age of 16 (under 18 if disabled) by someone other than a parent or close relative with the intention that it should last for 28 days or more.

The local authority has a legal responsibility to recognise, monitor and support privately fostered children (Children's Act 2004).

Once a referral is made children's social care will visit and check the arrangement is suitable.

Why it matters

It is estimated that around 10,000 children & young people are privately fostered.

In over 50% of cases the local authority is not being notified and when they are informed, it is nearly always after the arrangement has started.

This is a huge cause for concern, as privately fostered children without the protection provided by the local authority are a particularly vulnerable group. Victoria Climbié was privately fostered by a relative who went on to abuse and murder her.

What to do

Notification of a PF arrangement **should** come from the parent or carer, but professionals can help in identifying these arrangements and advising parents and carers of their responsibilities.

If you know a child is being privately fostered, and you think the council is unaware, please notify them on **0161 234 5001** or encourage the carer or parent to do so.

You will not be breaching confidentiality.

Information

A child who is privately fostered is a child or young person looked after by someone **other than** a parent, step-parent, sibling, aunt, uncle or grandparent for a period of more than 28 days.

Support and advice will be offered to all parties involved with a private fostering arrangement.

Examples of PF arrangements

- children sent to this country, for education, sports schools or for health care by parents who live overseas
- teenagers who live with their partner's family
- a teenager living with a friend's family because they don't get on with their own family
- children living with a friend's family because their parents' study or work involves unsociable hours, making it difficult to use ordinary day care or after-school care
- children or teenagers on holiday exchanges for more than 28 days.

Requirements

A Private Fostering (PF) arrangement is only legitimate if the parent gives **informed** consent; **and** the local authority knows about and agrees with the arrangement.

It is a legal requirement that councils are notified of all private fostering arrangements – they will then check that the children or young people are kept safe and are well cared for in appropriate accommodation and happy.

Parents will still hold Parental Responsibility and will need to be consulted when decisions are made.

MSB MANCHESTER SAFEGUARDING BOARDS

More information can be found on our website manchestersafeguardingboards.co.uk

Contact us at manchestersafeguardingboards@manchester.gov.uk