

Neglect and working with families where engagement is a challenge: a trauma-informed approach

Webinar transcript

Introduced by:

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Featuring:

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Good morning, everyone and welcome to this online webinar. My name is Joe McGinty from CELCIS, and this is the first in a new series of webinars focused on working with families within the space of neglect and child neglect and reflecting on the challenges and opportunities in this area of work. The last series that was held by CELCIS and neglect subgroup was back in the spring, summer of 2022. So, it's been a few years since we've ran these webinars, but we've now started them up again, and we'll run them over the summer period and into the autumn. These webinars are a partnership between the CPC Scotland Neglect subgroup, CELCIS and the Scottish Government. And this partnership very much reflects the ethos of working in a multi-agency and partnership way within the Child Protection space. Today's webinar focuses on working with families where trauma may make it hard for services to engage with people who access services. And it exemplifies this partnership approach drawing on the combined expertise of services to develop new approaches to engaging with families, enhance our learning, and lead to better outcomes. You've probably had an opportunity to hopefully read the housekeeping slides. But just to reiterate, the information is that the webinar is going to be recorded today. It will be available after the event and that may take a few weeks to get up onto the CPC Scotland YouTube channel. There will be slides, which will be shared after the event as well. And the cameras and mics are muted. However there is an opportunity to post questions within the Q&A function at the top and those questions will be selected during the discussion part of the webinar. The recording of the webinar and the presentation will be made available, as I've said, and the speakers today: we have two speakers this morning, Neil Whettam, who is a Public Protection and Learning and Development Advisor for Clackmannanshire and Stirling Councils, and also Shumela Ahmed, who is the Managing Director of Resilience Learning Partnership, and they will be taking us through the topic this morning and engaging in the discussion at that part of the webinar. So we'll be hearing from Neil and Shumela for the first 40 to 50 minutes, and then we'll move on to discussion. So, without further ado, I'm going to hand over to Neil if that's okay. And let Neil and then shumela introduce themselves.

Thanks, Joe. Good morning, everybody and thank you for the invitation. The session is divided in two parts this morning, I'm going to give you sort of the background and the history, how Shumela and I came together to work together on creating a trauma ready reckoner. And then Shumela is going to talk you through how we developed the trauma ready reckoner and to give you more information around trauma informed and trauma skilled work working with parents where there is concerns around parental neglect. So as Joe said, my name is Neil Whettam, I'm the Public Protection Learning and Development Advisor for Clackmannanshire Council and Stirling Council. I have the responsibility of all multi-agency learning and development for Child Protection and Adult Support and Protection for health, police, education, social work and our third sector partners across the two local authority areas. My background is a qualified social worker mainly within residential education and adoption and fostering, children's hospices, learning and development, and I've been an advisor consultant to various international NGOs around the world and have had the opportunity to work on a number of United Nations projects for child welfare reform and child protection systems. So how did we get to where we've got today? I think it's really helpful if we explore sort of the background, and many of us on the call may have been involved within Social Work, Social Care or Public Protection longer than I have. I graduated in 1981. And I suppose it's really helpful to begin to look at the definition of neglect before I talk us through a journey of a shift in language and a change in language.

So the definition of neglect under the National Guidance for Child Protection in Scotland 2021, defines neglect as the persistent failure to meet the child's basic physical or psychological needs, likely to result in the serious impairment of the child's health or development. There can also be single instances of neglectful behaviour that cause significant harm. Neglect can arise in the context of systemic stresses, such as poverty, and is an indicator of both support and protection needs. And I think that's really really important to remember that it's not just about protection, but it's also support. The definition of persistent means there is a pattern which may be continuous or intermittent, which will cause or is likely to cause significant harm. However, single instances of neglectful behaviour by a person in a position of responsibility can be significantly harmful. Early signs of neglect may indicate the need for support to prevent harm. So quite a comprehensive definition. And I suppose that's part of our journey. And where have we come from? And where are we now? And in which direction are we going to be going forward? So I just want to explore a couple of concepts with you, some historical, and some of them may be familiar to you. Some of them may be new, and there's probably many more, but I just wanted to highlight the few.

So, if we could move to the next slide, please. It's that shift in language. And where has that shift in language come from? Well, you'll see there that on the screen, there's some terms that have been used and are familiar. And we look at toxic trio. If you think about the word toxic, it's a chemical scientific term. And then we can move now to the term trigger trio where it causes or triggers a concern that we may have, for whatever reason. And if we look at previously, when we were working with families, our families, would predominantly be presenting with behaviours such as challenging and dangerous, or uncooperative. And the language has changed and shifted to a more sort of inclusive approach. And it's the responsibility of agencies and services, now, and we've retitled it to when services fail to engage. So, when we're looking at those sorts of old definitions, challenging, dangerous, uncooperative, we're not labelling families, but we're looking at the behaviours and actions that may have been presented. So was that avoidant, ambivalent, and hostile? And then our choice of language as we move through in terms of identifying those that we serve, we've moved from service user and client to the now term that we use: those that we serve. So, we again, look at a different perspective in terms of how we're working and when we're working with people. Disguised

Compliance, we've moved to non-disguised compliance, non-compliance. And it's that pendulum swing, how we move back and forth to those languages, in terms of looking at neglect. I know from delivering Neglect Toolkit Training myself, the first question that is always asked to me, by my participants in the training is, what do you feel about the term 'neglect', Neil, is that not quite threatening intimidating towards those people that we serve? So, we swing from neglect to assessment of need? And what do I mean by assessment of need? Well, if you look at the policy changes that we've had over time, we have GIRFEC - Getting It Right For Every Child, where we use the My World Triangle - what children need to grow and develop, and what they need from the adults that look after them. So, we're looking at strengths, but we're also looking at gaps. So that assessment of need is fundamental in terms of that. But also, you know, we can't sugarcoat neglect. It's recognised, and it's acknowledged as one of the indicators of child abuse and neglect. But it's how we have that dialogue and discussion with parents and carers to help them reflect on what we actually mean, and what changes we need to see happen. And I suppose I want to give you two examples here, of cases that have been presented in training when we're looking at that whole issue of neglect. And that assessment of need. So, one of my colleagues on a training a few months ago from health, had young parents - father was very jealous of the relationship between his newborn and the mother of his child. And when the mother of his child was breastfeeding his child, he was trying to remove the child from the mother and the health colleague was able to explain to him - Do you realise the consequences and actions of your behaviour? Because obviously the baby needs to feed to meet its developmental milestones to grow and develop. Your actions and behaviours are demonstrating that that is both neglectful, which could lead to malnutrition. And he was then being able to understand the consequences of actions in his behaviour. But it was a result of that worker taking time to explain his action behaviours. And that's when the penny dropped. And he was able to recognise that actually, his behaviours and actions were damaging, and he became more involved. She gave him techniques to use when the baby was being breastfed - tell the baby a story, sing the baby a song, stroke the baby's head. So, he felt part and included within that. So that was a classic example of exploring with him, that although his actions and behaviour were neglectful, there was something that could turn that around, and by listening to him and understanding his concerns, or his frustrations, was able to turn the situation around.

A second example, was of another health colleague who was using the Neglect Toolkit with a family. Initially, the worker was not convinced that the family were going to engage in the activity. However, the family engaged with the activity, they worked alongside the health colleague and other agencies. And there was huge success. And as a consequence, when things started to dip and things began to deteriorate, the family actually approached the worker once again to say, could we revisit the Neglect Toolkit and do it again? And I was asked as the trainer is that a sign of weakness, Neil, was it a sign of failure? Not at all, that was a sign of success, because the family were able to recognise that it made a significant impact and improvement on their family. And again, it's about that relationship that the worker had with that family in building that trust, understanding and listening to what was happening for them. So, there's two key areas there. And I just want to take us back to those of us that were around and were conscious when we were studying Biestek's Seven Principles of casework relationship, and their personal purposeful expression of feelings, acceptance, non-judgmental attitude, individualisation, confidentiality, client self-determination, controlled emotional involvement. And I think that just demonstrates, from those two case examples there, that some of those principles are still alive and active today.

And if we're demonstrating those, and if we're showing those, then obviously, people are more able and willing and want to work with us and alongside us and engage and listen to what we have to say, as professionals. So, moving on then, other language that we've shifted and moved along the spectrum, we used to have return interviews. Now return interviews has a connotation for many people of being interviewed by the police - so they've done something wrong. It wasn't inclusive, it wasn't supportive. So with the National Missing Persons Framework, we've moved to Return Discussions, which is more inclusive and more responsive. So those return discussions look at what led up to the build up to that person going missing, what's happened during that person going missing, and then what would help prevent them from going missing again in the future. So, you again, you can see that shift in language is supportive, it creates that non-judgmental attitude that Biestek talks about and it creates that individualization as he goes on in his work. And, again, in terms of substance misuse which is an area that we have concerns about in relation to neglect. We've now moved to the term substance use - a better understanding, you know, helping support those that use substances and around the stigma and trying to reduce that stigma. Again, domestic violence, we've now moved to domestic abuse, and we realise that when we talk about domestic violence, it just means around physical and verbal. Whereas we know that domestic abuse is wider and bigger than that. It's psychological. It's sexual, it's financial. And so again, that term domestic abuse is more inclusive, to actually what may be happening for that individual that's living with that experience, or lived with that experience. And then finally, the whole issue of Trauma Informed now we have the term trauma informed, skilled, enhanced and proficient. But was it there historically? Did we acknowledge it when we were working with families? Or did we not have a word that we were using to explain what that meant? Because, as Biestek says, if we are really, truly listening and working with somebody, we have to accept what they've experienced, we have to have that non-judgmental attitude. We have to create and work with people as though they are individuals. And we have to connect with them. And we have to show a little of ourselves, and get them to understand why we're involved and the reasons for why we're involved. So that's the reason why I put the question mark in terms of the before, because I think it was there. But perhaps we didn't know how to articulate it, or respond to it. And now we have Trauma Informed and Trauma Skilled. So there's that shift in language.

So, if we move to the next slide, please. So what has helped us in that journey - shift in the use of language? Well, there's various policy statements, I've mentioned GIRFEC, fundamental in terms of those changes, we have The Promise, which talks about the use of language and how we use language, and how we, as professionals, should not hide behind our professionalism. But we should be there to make sure that people understand why we're involved and avoid jargon. And when we are using jargon, make sure there is an explanation. We've shifted from child protection case conferences. We now talk about child protection planning meetings, because what is a child protection case conference? It's a planning meeting. So why don't we call it that? And have now began that journey in calling it child protection planning meetings. We have various guidance documents, we have the new National Guidance for Child Protection, which was updated in 2021-22-23, and gives us clear parameters on what we should be thinking and how we should be working with those people that we serve. Some of the language that we've heard, disguised compliance, non-compliance comes from Child Death Reviews/Inquiries. And so language that is presented in formal documents, which is sort of adopted, taken on board and used, but do we look behind those behaviours? Do we look behind those actions? And then I suppose the other element is word of mouth. We hear terms bandied in conferences, trainings, SCRs, learning reviews, and other reports. So we tend to adopt that within our professional dialogue and in terms of being able to understand what does that basically mean, but do we have that understanding with those that we serve?

If we move to the next slide, please. So where are we now? So, there's been great advancement, we now have the United Nations Convention on the Rights of the Child (UNCRC), which clearly indicates that we have a responsibility to speak and to listen to those children and young people. The Children's Charter, a fundamental document that probably is not so well known, but it's really important. Children and young people want us to be able to use our power appropriately, keep them safe when they need to be kept safe. Listen to them, speak to them. We have new legislation in place that looks through that trauma informed lens - age of criminal responsibility is very clear, in terms based on the policies and procedures of GIRFEC, and that we need to be looking behind those adverse childhood experiences, guidance updates, there are many there, and many signposts to look at things differently. Psychological Trauma Framework - a very fundamental shift, to look, as I've said previously, around those presenting behaviours and actions, to see the person and what they've experienced and what they're living with. The Promise, another fundamental document that enables us to look at things through a different lens. And then, probably what I think is most important for us to remember, is the voice of lived and living experience. What does it feel like to walk in their shoes? What does it feel like to experience that particular situation? And I'm the chair of the National Child Protection Learning and Practice Development Group. And one of the things that we're embarking on as part of our work plan for this year, is looking at how we reflect the voice of those people that we serve in our learning and development so that their voice is heard, and is seen as being important and significant in how we work and support with those people that we serve. And then lastly, but I think also importantly, rather than thinking about the silos of how we work, we need to look through that public protection lens. So yes, we may have a concern about a child, but equally, there may be a vulnerable adult within that family who equally deserves the support and protection that our services and agencies can provide. So, we look at the whole family holistically through that public protection lens.

Next slide, please. So how did we get to achieve a Trauma Informed Ready Reckoner? Many years ago, pre-pandemic, East Ayrshire presented a ready reckoner around the whole issue of disguised-compliance. And that was at roughly the same time as the Liam Fee SCR (Significant Case Review) was published. And it was while reading that ready reckoner, I thought to myself, well, could this be transformed from a disguised-compliance/non-compliance, ready reckoner to a trauma informed ready reckoner, so it was discussed at our Public Protection Learning and Practice Development Group locally, and Shumela and the team at the Resilience Learning Partnership, sit on our Public Protection, Learning and Practice Development subgroup as those with lived experience or living with experience. And Shumela and I decided that it will be a good idea to look at that and see how we could shape it into a Trauma Ready Reckoner. And that's how we've got to where we are today. And Shumela is going to talk you through in terms of that Trauma Ready Reckoner, that as the end result, we now include that in multi-agency training. And the title of the course is when services failed to engage. But we also include it across that public protection agenda in adult support and protection council officer retraining. So, we're tackling it from both sides, both in terms of child protection, but also in terms of adult support and protection.

Next slide, please. So, moving forward, who knows where we're going next, what will happen. I'm not a politician. I'm not a magician. So I don't know in terms of what direction we will be going in. But what I see is the clear indication that those with lived and living experience are central to how we work and will continue. And hopefully their voices will be echoed more and more in terms of learning and development. And it's important that when we're exploring those concepts of neglect, we hear their voice, we act and support their voice and going back to Biestek, in terms of that acceptance, that non-judgmental attitude. And I think one of the key messages I want to just leave you with is a statement in terms of

Enable Relationship Based Practice – Complexity; Humanity from Ruch in 2005.

And they state the authority of safeguarding and child protection is a blend of authority, using our professional knowledge and judgement, but showing humility and showing empathy. And if we can do that, then hopefully that perceived lack of engagement will dissipate, and be reduced. And the last statement I just want to leave you with is by Howe: 'The social worker-client relationship is the vehicle in which empathy is conveyed, care is provided, experiences are shared, belonging is created and meaning making occurs' (Howe, 2013).

So I'm going to hand it over to Shumela. However, Joe has just reminded me, I should have done something at the very beginning. And we would just like you to answer the first two questions on the Menti place. So, from your experience in working with families where there may be concerns about neglect, have there been concerns regarding engagement? And it's a yes or no answer. And if you could just submit your answer by clicking on the submit button. Thank you.

In your opinion, would you be more likely to view these concerns regarding engagement as located in the service? People who access the service? Or a combination of the above? And if you could complete the same by submitting your answer with the submit button, thank you.

Okay, thank you very much. And we'll look at the results at the end of the session once Shumela has spoken and we can have some dialogue around those. So now I'm going to hand over to Shumela.

Thank you, Neil. Really interesting to see the responses come in to the menti there and wonderful as always to listen to you articulate your approach to child and adult protection. That's why we love working with you.

So, if I could just get my slides up, please? As Joe said, my name is Shumela Ahmed, and I can't give you a big wonderful introduction like Neil, I have not had a career like Neil's not yet - it is one I aspire to. My background is in education and I am the co-founder and managing director at the organisation that I work at, which is Resilience Learning Partnership. We are a relatively new organisation. We've only been around for about six years, we are in our sixth year just now. But we have been growing steadily and I think, are influencing positively in this space. We are a lived experience led organisation - around 82% of the people who work at RLP have lived experience of complex trauma. They also have a wealth of other experiences - academic, professional, lived, learned, some have living experience and might be currently experiencing complex trauma or the consequences of that. And we bring that mix of our lived, but professional and academic experience all together in one pot to do what we do. Our basics are up here for you to read. But what's really important for this session, I think, for us to know is that we're national partners in the NTT - the National Trauma Transformation Programme. We're co-authors of the National Trauma Training Plan, the green document that you see here, and co-authors and designers of the roadmap, which I want to introduce you to later on in the session.

So that's why we sit on the Learning and Development subgroup in Clackmannanshire alongside Neil and other colleagues, but we are also really involved in other strategic areas. In Clackmannanshire we co-chair the Community Justice Partnership alongside the police, criminal justice, social work in the NHS, which is, well we are the only type of organisation like ours to do that, currently in Scotland. It's a privilege, but it's also a beautiful demonstration of power sharing at the highest level, locally. And we've been co-chairing that space now for a couple of years. It is definitely one of the spaces

where we feel like an absolute equal partner around the table. We are considered just as the police are, as criminal justice, social work, as NHS are locally. And that's a real shift. So, Neil talked a lot about a shift in language, and there is a huge shift in language. But there's also what we're starting to see and what trauma informed practice asks is what we really need to see is a shift in culture. Our culture informs our language. And with the roadmap that I'll tell you a little bit about later on, it actually absolutely starts with culture for thinking about making some of these big changes within our organisation and within our systems of services or processes or policies that Neil was talking about. We actually don't just need a change in language, we need a change in culture. And trauma informed practice gives us an evidence-based structure to do that around.

So, if you just go into my next slide, please, Michelle, I just want you to remind us all of trauma and Neil hit on a lot of that perfectly actually, in the definition. So if we look down here at the bottom, and we'll look at single child incident trauma, adult single incident trauma, these could definitely be single incidents of neglect, as Neil said, that are very serious and can then open up a whole world of things for families and the services around them, as continued, or complex trauma, which is childhood, you can see down here in the roots, childhood complex trauma, adult complex trauma. And I'll come on to the other bits in a second. This beautiful slide was designed by NES - NHS Education for Scotland. And because of who they are, the other adversity parts on the other side are as political as they are willing to be. I'll be a wee bit more political, even though I'm not a politician either, on my next slide, but that other adversity that is experienced, is usually out in our communities. It can often be structural as well. And it absolutely can play a role. And when families get to a point of neglect, that's happening, poverty is one of the biggest key drivers of neglect. And so, if a family is consistently experiencing that it will absolutely be playing a role in those root causes that we see down in the bottom. What that will mean for children, young people, adults is what we then start to see as it as we move up in the tree: difficulty managing strong emotions - that came across in Neil's example with the father and the breastfeeding, the risky strategies to manage the stress - again you could tie it to that, absolutely. Difficulties with relationships - absolutely. That played out in that scenario that Neil shared with us. What will that mean long term for children, young people, adults? Mental health issues, absolutely. Physical health issues, we have seen the evidence emerging on a phenomenal scale on this. And social outcomes, we all know this too well. So, we're looking at things like risk of further harm, higher rates of substance misuse and other health harming behaviours. We don't often talk about the other health harming behaviours a lot like overeating - that's a big one. And we don't talk about it. I think perhaps, that could potentially fall into the neglect realm, higher risk of all mental health difficulties, absolutely. Higher rates of preventable diseases. That's where that evidence around the physical impact of trauma is really starting to support. I run an organisation where 82% of the people have lived experience of complex trauma. So, I know the co-morbid chronic health conditions that come along with that as an employer. So, this is absolutely something we should all be aware of. One in five people in Scotland who have experienced complex trauma, that complex trauma is either physical or sexual abuse, and childhood, they're not homogenous group away over there somewhere waiting for us to come and rescue them. They work in our services, they work in social work, teaching the NHS they are in the police. They are everywhere, they drive buses, taxis, clean our schools, they feed our weans. So that's absolutely matters on a really big level, when you think about one in five of our population, and the co-morbid chronic health conditions that actually come along with trauma for many and complex reasons, but it absolutely should be brought to our attention. Higher risk of early death. The evidence tells us people with long histories of complex trauma are dying about 20 years earlier than the general population. That's absolutely a matter for everybody. Educational difficulties - we know and see this. Relationship risks - so you know, for young people experiencing a lot of trauma when

they go into adulthood can often then be vulnerable and at risk of further abuse, or further traumatisation, but because they are an adult may be treated very differently within the system. I often use the example of Childhood Sexual Exploitation, or young people who are adults or having sex with and we are very concerned about as from a child protection perspective. But as soon as they become of the age of consent, I don't hear that any child or adult protection professionals ever talking about the sexual abuse of women in particular, who are over the age of consent, and it should be a protection issue, but we don't seem to care as much when that age change takes place. So we really need to get a grip of that. Reduced opportunities - we know that education, employment, financial, housing, so many reduced opportunities for people. And so, then we also see things like a lot of contact with the justice system. You know, a high population - last time I looked 67% of our young people in Polmont are cared experienced. I think that tells us a lot about the trajectory for people who are very much caught up and what and within the system at the moment.

We can move on to another slide, because that slide I just showed you, the trauma tree as about trauma at the individual level. And we're only seeing the other adversity there on the sidelines. This is also a trauma tree, I call it, but it's from the States. And it brings together two different aspects. The top of it identifies what we at RLP don't use the language of ACEs, we prefer to use the language of trauma, we find the ACEs language a bit limiting because it only looks at 10 specific areas, which you see here. Also, because it only looks at maternal mental health and doesn't consider all parental mental health, dad's mental health and the role that that may play. But absolutely, we acknowledge the ACEs work. And it's been great. It's got so many wonderful conversations going on in Scotland, particularly around our early years practitioners, and who switched them onto a whole load of stuff that I don't think they were previously getting, so that's absolutely brilliant. What this tree does is - it's called the pair of ACEs, because absolutely as - looking at the adverse childhood experiences, but if any of us know the great James Docherty, who's a colleague and a good friend of mine, me and him often talk about adverse system experiences. And I think this tree is going in the same direction as talking about adverse community environments and it is making a wee play on the anagram there, but it brings in things that are absolutely significant, because we can't just focus on trauma, at the individual level for too long. Yes, it's important, it's absolutely significant and we must understand that and understand how to respond to it. But we can never get too far away from some of those structural factors that will drive trauma within families or adults. So, poverty - a huge driver, as I mentioned earlier, discrimination, which happens in all sorts of weird and wonderful ways within our communities. Community disruption, otherwise known as regeneration, in Scotland absolutely can cause a lot of disruption, and therefore distress in communities. But it's often always framed and labelled as a really good thing that we really get into communities and understand it? We have done a bit of work in that area in Glasgow actually, in an area that was regenerated. And it may not be the dystopian limbo story that everybody might think because there's lots of new shiny buildings around the same families that are often still living there with the same issues, the same problems, the same drivers, the same poverty levels and discrimination. Lack of opportunity, economic mobility, and social capital - it is the thing that can lift us out of trauma, poverty, discrimination, all of the things and I say this as a person with lived experience who employs a large workforce of people with lived experience, it is absolutely about having access to a free education system. Some of the great things that already exist out there that have allowed us to get on and access, education, training and opportunities, volunteering opportunities, employment opportunities, but we need to do so much better and there's a whole lot of work that needs done pre that to remove those barriers that that trauma has put in the way. Negative experiences at early childhood education can just set you up for a lifetime of distrust of any service - the doctor, the dentist, anything education related, the Benefits Office, the housing office. All these places that can get you out and away from poverty into

sustainable employment or education you know. I hate that we have a free education system in this country, yet I didn't find out about that and how to access it until I was 29 years of age, and I'm quite an intelligent woman. And even before my two degrees, I kind of was navigating the word and surviving, yet no Job Centre told me this, no worker that ever engaged with ever told me or school didn't say, listen it's all good. If you leave here with nothing, you can go to college or you can go to an Access course, you know, there is a free education system here. We kind of put it all on, you know, making it out of school, with all that stuff. And actually, when you're living a life of trauma, sometimes school is the most unhealthy place for you. And it can take some young people - not all, but some - years to recover from some of what they've experienced. Getting on board with education often is not the first thing our young people might be thinking about, and we need to create a different way of doing things that doesn't mean children are coming out of school thinking they are useless - they're worthless and they are not going to amount to anything. And housing - a UK wide problem, not just a Scottish problem, but it's absolutely a problem, the quality of it, and the affordability. And community violence will often play a role. Some families are just in communities getting on with it, none of this other stuff's going on up in the top of the tree. They're doing well, yet they live in communities where all of these things are happening in the bottom roots, and that can be a real source of trauma, and you know, lack of opportunity, and people can be easily drawn and to - young kids or families - are forced to stay in a high crime, high poverty area with low housing and low opportunity, low economic mobility, what's the chance for the weans to get in that? And that's where we start to see and have generational problems.

We move on to the next slide. So, I just wanted to remind us all, I suppose, why and some of what is going on out there but here are some of the things that that we need to consider. When embarking upon the Trauma Ready Reckoner, with Neil, one of the things - and it's a shame our colleague

Adele MacLannachie, 41.41

who is what we call the TP TIIC, which is the Trauma Informed Implementation Coordinator, employed by NHS education for Scotland, but sits within a hospital trust, so sits within Forth Valley - only works a couple of days. But we were able to work alongside Adele and it brought together three really important elements, which are actually beautifully displayed in this diagram here. So RLP the expertise by lived experience. So EBE - Experts By Experience we will often say or just people with lived experience. Leadership - so Neil, absolutely a wonderful leader in our area (Adele as well), an exceptional leader, also someone who's in clinical practice in Forth valley. And I'm allowed to say myself, I lead the organisation so I'm a leader as well. So we all sat across all three. We've all got lived experience. We are all in leaderships and we're all experts by profession, as well. And many of you guys will be. So many people on this call there is 320 of us and that one in five stat tells us there will be loads of us that will have care experience on this call. And it absolutely matters, it's probably what drove you into your job. It's probably what gives you the insight and the stomach to stay on and try and fight for some of the change that you want to see. So we need to recognise that many of us whether we talk about our lived experience or not, can absolutely sit across all three. What's really important to know is that we need to bring all three of these elements together to create anything trauma informed. It cannot be trauma informed if it is not informed by those with lived experience of trauma. That's a beautiful quote and I would also add to that that it cannot be trauma informed without these other two elements, with a leadership with the capacity and the authority to actually affect change. And with experts by profession who know this stuff, who know people, who know the literature and the theory and the evidence-based stuff. And it's about bringing those three elements together to actually design, and where possible, deliver our services. That's how we approached

creating the Trauma Ready Reckoner and that's how we got what we did at the end with the end product that I'm about to show you.

So if we just move on to the next slide, we'll send slides around after this, and I'll have links into the NTP website and the roadmap in particular, but what we did was we took a trauma lens to the disguised-compliance form, and RLP, took that form and took it to our people, and said, what does that mean to you? How do you make sense of it? This is something that a local authority might use with a family. We gave them context around it, and we asked them to put their lens on it. Adele took it away, and we put this exact lens on it. But we were doing that as well, and in the background this tool was being developed, it wasn't published yet, so we were a bit ahead of the game, which is wonderful. And Neil just has this lens naturally from his experience, from his wealth of experience working in all the different places he has, and that's the thing some of you guys might be very naturally trauma informed, sort of understanding the human, it's about seeing the human behind what might be presenting, it's about having a bit of an idea about how a childhood filled with neglect, sexual abuse, witnessing domestic violence, may actually look in an adult or a developing child. So many of you know this and I think Neil was right, about us not having the language quite right yet for that. And the roadmap, will help you around that. But the roadmap and the lens tool in particular asks us to look at every aspect of our service. And that's what we looked at when we were looking at the Trauma Ready Reckoner, or developing the Trauma Ready Reckoner. And the blue sky hope for us as a lived experience lead organisation, and I'll always keep saying this - is that a form that could actually be filled out in collaboration with a family sitting down at a table and showing them that and helping them understand why we are asking those questions, why we have concerns around a certain area. And why we might be concerned about that.

Because I know that experience when we take child protection issues to groups of people with lived experience, particularly if there are people with lived experience of childhood sexual abuse in any of the groups. They are the strongest advocates for stronger and stricter child protection measures, actually, which may be quite surprising. But the way that we're able to nurture a conversation like that is about the environment that we set up in and the relationships that we hold with people. They don't see it as a threat, us bringing up something like that. So, we're able to get really honest and authentic answers out of them, which might surprise, actually, some child protection professionals here if you were to hear it. So, there is within the roadmap, a trauma lens tool that's fully accessible to you all, but it looks at all these different elements. And I think beyond a risk assessment or non-compliance there are other parts, because if we're thinking about somebody coming into the service, and engaging - and that might be a reason why we're putting an X beside their name, because they are not coming in, well, you know, what is access to your service like? What is the actual physical environment like? What is it like? What does it remind people of when they are coming in? Or, just simply how welcoming is it? Is it a welcoming place? Are the reception staff aware and trained in trauma informed practice to change their approach and be a bit flexible? How does your service approach relationships? How is it supporting recovery? Because everybody has a role in that for people. Even down to things like what materials and media are you sending out to people? What's on your walls? What's sitting on the waiting area tables? The communications and language that you use as a team? How does that happen? Because trauma informed practice isn't just something for people accessing our service or for people who we serve. Trauma informed practice is for all of us, as well. And I do believe that some of that, like Neil talked about, the language and the guidance and all of that that you guys have. But if that's not been designed in the right way, and if it is re-affirming deficit-based language as well as deficit-based approaches that is feeding into how we think about people, you know, what's written about people, what we write about people, what we read about people - it absolutely informs how we think and feel about people. So, communications and

language is absolutely vital. And the last one I'm going to mention is the partnership working because that's what allowed this to work really, really well. It was that partnership approach - solid relationships within that. And an ability to try, as hard as it was for us, to look at this document and go, God, even as again, somebody who's care experienced and looking at that and thinking, oh, you know, your first reaction, but to be able to be involved, and developing that and creating a new version is one of our proudest achievements. I talk about that resource at all the trauma training I deliver, it's used at STIL, the Scottish Trauma Informed Leaders, training by NES, as a really good example of working together around a tool like this, to really power share around it and design something that still asks all the difficult questions, still does what it was designed to do, but does so in a very different way, a trauma informed way.

So if we could just move on to the next slide. This is it here, and it's not a fancy all singing dancing thing. But as you see the document here on the left with a traffic light system in it is the original disguised-compliance recording template that was brought to us. As you can see, it's got several observations in there and has that all important traffic light system. So like a traffic light system for our risk register at RLP, we use that with our board, it's great for that. And we also use that, in a lot of project related stuff. But this document is about a person. So, one of the first things people have asked was, what is that down at the bottom? And then when we just explained what a traffic light system was, there was quite an adverse reaction to that. Well, traffic lights systems are about warning of dangers and to prevent any accidents, it had really negative connotations. And I know, it's still widely used in some counselling and psychology circles, but we would, again as a lived experience led organisation, advocate that there are other ways to score humans that might be a bit different from the way that we used to score our systems and our processes and things like risk registers, because that's where you'll often see a traffic light system consistently used. And that's where the connotation is, we could use numbers, we could use letters, we could use words, we could use a different colour palette. And that would take away that really negative connotation that people with lived experience associate with it straight away. Also, each of those observations when we went through them, almost everybody in the group, and I think there was about eight to 10 people in the group led by me and a colleague, who both have extensive lived experience in this area. So, there was definitely 10 of us, maybe 12, every single person could come up with a really valid reason, particularly survivors of childhood sexual abuse, as to why they might behave like this in an interaction with a social worker or a child protection professional. And it was really an interesting listening to some of the reasoning around that. So that really informed what we then brought to the table alongside Adele in informing what you see as the result of our work together. So obviously, one of the obvious things is the name has changed straight away, and it no longer has that traffic light system. It still has every single one of those observations. But as you can see, the sentences are much fuller, and each has a box or text underneath it to give some context around trauma, around why that might be the case, why a parent might be presenting in this way, and also at the top of the document, you'll see a couple of paragraphs of text again, building up the context, giving people more information about the impact of trauma, and what might be playing out in front of them. It goes from a one page document to a three page document and also comes - rather than just finishing at these ticks - it gives the professional something else as well so comes with some signposting and that can be adapted to be as full as you want or specific - you know, if it's a child or if it's a family member, or if it's an adult, you could have different lists of signposting within a local area for people to go to. I don't think how it works and how it all reads out is the most important thing here for you guys. What it is, is about taking that approach where you might have documents or resources like this, that you have to use templates that you're developing yourself. How are you doing that with lived experience? How are you bringing the lived experience voice into that, and I

think that's the most important part of this. It's about how are you starting to work alongside and share some of the power you hold with communities of lived experience to ensure that we are designing things in that different way, in that trauma informed way.

If we move on to the next slide, please. So that's the resource. But as I said, I think it's more about the approach, the willingness to come together with those three entities, your leaders who are responsible, ultimately for this stuff, your experts by profession, which you have in abundance, and the communities of lived experience that exists locally. You may already be engaging with them. These are some really useful resources that are supporting the trauma informed work, but also giving you some practical advice on how you might be able to do that. We've got one for anyone who works with children and young people, one for anyone who works with adults, a beautiful one - a piece of the puzzle just came out a couple of months ago - which is for anyone working with anyone with dementia. I share this with people I know, it's a beautiful video to watch and share. If you have anyone with dementia in your life or you know, anyone who's supporting anyone with dementia, and Common Ground has just recently released this year as well. And this is for anyone working with anyone with learning disabilities, I'm hoping that more are going to be coming out of the NTT, but I've provided links for where you can find those. They are really useful. And they start to put that lens over how might we change some of those standard things that we do within our organisations.

Next slide, please, Michelle. And lastly, I just want you to say what really made it work. It was relationships, relationships, relationships! There is a wonderful quote out there: 'No matter what the question is relationships are the answer.' And they absolutely are. Because as difficult, as I say it was to look at a document like this, for groups of people with lived experience, the relationship that we hold both with Neil, and with Adele, and the council in general allowed for that really good partnership working to take place. And you see the end result is what you see. And I hope it's by no stretch of the imagination, the end of the relationship. And, and one last wee thing I just wanted to say because I made some notes. The policy context around this, I think is really important as well. The evidence around trauma has really informed for example, our domestic abuse legislation and coercive control legislation and seeing the likes of things like Safe and Together and a different approach to when domestic abuse is happening within families. And I think Neil's example highlighted that beautifully. And the other thing as well is the evidence around trauma, where neglect then becomes trauma, because it's sustained, it's over years, kids are born into it. Then again, the evidence around this is informed policy. So, the driver in child poverty has absolutely come from the evidence of understanding that long term systematic neglect, which can absolutely drive out of poverty is complex trauma. So, these are much bigger issues than just on your shoulders, guys. That's what I'm saying. It doesn't all sit on the protection professionals, this is absolutely everybody in the system's responsibility. So I'll leave it there and open up for Q&A. in a wee second once I hand back over to Joe and happy to answer any questions whatsoever on anything we've spoke about.

Thank you very much, Shumela and Neil, that was an excellent presentation - really thought provoking. We have some questions. And maybe we can go back to the Mentimeter, just briefly because it flashed up very quickly and I didn't get a chance to really note down what the results were. And maybe we can just focus on that for a few minutes. And then we'll take some questions. But Michelle, are you able to bring them into the backup and people can see the results? It probably isn't a surprise, obviously question one is just about engagement. People have signed up for the webinar so they're interested in engagement and interested in the challenges around engagement. So, it's not a surprise that, you know, we've got a good majority of the attendees here and there's over 300 attendees have managed to fill it out or 200 are filled out and most of them are saying yes, engagement is at concern. And the next one was the interesting one, I think was when the vast

majority was saying as a kind of combination, the above which I think really feeds into the about what you were saying Shumela, about relationships because that indicates it is about relationships - when it's a combination of them both, it's about the interaction of the services and the people that work in the services, with the people who use the services and help people access the services and the people we serve, as you said. So just any comments from yourselves about the mentimeter, Neil or Shumela?

Yeah, not surprising. And yeah, I would like to think the combination of above as, is about relationships, which is great. I think we need to be honest as well. So people accessing the service, I'm surprised to see so many, even though we're in such a big group because, for me, trauma informed practices, absolutely are about holding a mirror up to ourselves. And so the first thing we want to be always asking is, what do we need to change? What are we not doing right? What do we need to do differently? So, things like a three strikes and you're out policy, we really need to get rid of them. There are so many different reasons why people might not be able to engage - really practical reasons sometimes, that might not be actually about relationships, but about affordability, or whether somebody is actually able to travel on public transport, for example. We see a lot locally, and anecdotally, people with lived experience or complex trauma, really struggle to travel on public transport, for example, and we operate out of a rural area where the only way you can get to us sometimes is you have to get two buses, or, you know, walk a long distance, which again, can be a struggle for people. So, I think there are many and varied reasons and when we think about power, we always need to be holding a mirror up to yourself as a service, when we're not getting engagement, I think that's the first place we always need to look.

And I would agree with Shumela, we need to look at ourselves, and we need to look at our services and how our services are delivered. Yeah, so it doesn't surprise me it's a combination of both. So, it's good in terms of having that sort of insight to us as professionals and agencies, as well as the insight into those that we serve.

Thanks, I am going to start off with a question and we'll go to the questions in the Q&A that people have put in. And I suppose this is just reflecting on what you've presented on Neil, about the things that I suppose have driven some of the change in the language and the culture and the bit, that remains a challenge. And I suppose the bit that is a challenge for practitioners, is there's been a lot of positive developments, a lot of guidance that has come out in the last few years and people talk about cluttered landscapes. So, I just wanted to kind of get a bit of a view from yourselves about, out of all those policies, which ones do you think are the ones that are the most important in terms of this agenda? And I suspect Shumela you've already answered that in your presentation in terms of the whole trauma informed approach, but I just wanted to get people's views on that, and how we help practitioners navigate that cluttered landscape because it can be confusing, and I think it probably is confusing as well for the people we serve as well. Because there's so many policies that have come out in last few years.

Yeah, I suppose it's getting back to the basics. I think GIRFEC is one of the fundamental documents because it's clear in terms of the My World Triangle, you know, how I grow and develop is fundamental. And then what I need from those that care and look after me is fundamental and the my wider world, I suppose if we were to relook at the my world triangle, Shumela and I would both advocate perhaps under the My wider world bit, Trauma should be another soundbite bubble in terms of past current trauma, because I think that's probably the bit that we need to explore a lot deeper with the families that we serve, and having those meaningful discussions. And then I suppose the National Practice Model, again, brilliant. Back to the basics, the Resilience Matrix, again, perhaps within the Resilience Matrix, we need to build in that bit around adversity, an element of trauma,

because that could be a sign of adversity. So, I think, you know, if we look at some of the existing guidance that we have and models that we have, it's just making them more robust from a trauma informed, trauma skilled lens.

Thanks Neil, Shumela?

I would absolutely agree. And this is the thing about trauma informed, absolutely. The trauma informed agenda for sure. But some of what already is out there, or what is coming can be trauma informed. The Promise is very much trying to do things in a trauma informed way. I sat on the review as part of The Promise, and it is in there, absolutely. So, some of the things that are already out there, the nature of them, like the nature of The Promise, and the approach, and what it's aiming to do is trauma informed. If you start to pick it apart and look at what it wants to do, it's not just about getting everybody trained, and trauma training, it's about how it's designed itself, The Promise and how it's trying to do the work that it's doing. And then councils are taking that on, they are very much trying to do that in a trauma informed way. So trauma informed should lay over what we are already doing. It will be informing it even if the language isn't there, but it isn't legislation now around victims and witnesses trauma informed. So, we're starting to see it bleed into legislation, which is fantastic. So, The Promise is a big one for me, and helping us keep families and communities and keeping families together. It's huge and will give us long term benefits and see less people going to criminal justice system, less families broken up, less trauma. Seeing addiction as a public health issue -so that's starting to come through as well and guidance, legislation and policy - we're even seeing it in adverts now, which is brilliant, that continuation into our culture. So, workers are taking that approach - it still shocks me how I'm still hearing in some training spaces that addiction is a choice. Particularly where trauma is concerned. We need to get people out of that way and I know NES are developing some stuff on some learning resources, specifically around substance misuse that I think will be really useful for anybody working in the area. And I will never stop going on about it, but poverty as well, is an absolute driver of so much of the issues that we all work in and around. Sorry, I've got a runny eye, I must have got some dust in it. The child poverty being a big one. And I think we are making some decent, decent strides in that but we need to keep on going.

Okay, here is a question this from one of the participants in the webinar. And I think feeds very much in the part you were saying, Shumela, about folks in the room will have experienced adversity. So, this isn't an issue about othering, this is about everyone's concern. And I suppose the fact that there is a large amount of trauma within society that we've talked about during the session today. So how can we utilise our shared lived experiences, everyone is impacted by loss, trauma, etc. To stop othering and tap into our connection with children, young people and families?

For me, that's a bit where the culture shift comes in, you know. It's not about us all sharing our lived experience necessarily, but it's about the insight that our lived experience brings and how that can influence. But it can be a lonely place as well and I am reached out to by lots of professionals who are... just yesterday, actually, I had a professional who works in the NHS, who's a clinical psychologist with an NHS Trust in Scotland and was reaching out to me for advice on how they can influence within the workspace. Because when they had tried previously, they weren't met with very great responses. And there was a lot of othering. And attitudes started to change and how the person was treated was starting to change. So that's culture. And that's still happening, and we can't get away from that. But if you have lived experience, and you're able to connect with any others, so I'm working with a couple of local authorities, Clackmannashire, Falkirk, and Dundee all have staff lived experience groups up and running now, this is brilliant. Dundee's is leadership staff. So, it's a pretty senior level. SCRA, the Scottish Children's reporter also have a staff lived experience group, and there's 15 people in it. Some of them have worked in the organisation for 20 plus years. So, this is

amazing. If you work in an organisation where that's happening in any level, get yourself involved in that, but also connecting to your community as well. Depending on where you work, there might be different attitudes or even policies around disclosing your lived experience. And I think some of the conversations need to be surfaced, if you work in a place that's big enough and you can start that conversation. 'I say listen, I'm wondering, I'd like to, you know, facilitate a wee group every six weeks for staff who have lived experience to see if we can take a look at the trauma informed agenda.' I would hope you were met with encouragement and support in your organisation who would say, Aye, on you go - send them the NTP website so they can see all the resources and the solid stuff behind us. The national partners are Scottish Government, COSLA, NHS education for Scotland improvement service, and then us. But those four should give your senior leaders, your organisation confidence that this is good work and relevant work as well. So, I would absolutely advocate you go for that. And please reach out as well. Our details will be sent out after this if you want any further advice from RLP on approaching it.

And I think the other thing to remember is in terms of although some people may not have direct lived trauma themselves, in terms of their own lived, or living experience, from the work that they do day to day with the families that they serve will have an impact of them. So, I think we have to acknowledge that vicarious trauma is probably one of the biggest things that we experience on a professional level. If we're hearing the stories day-to-day, that is going to impact in terms of how we work, how we function, how we engage, and how we respond and how we work in partnership. So, it's about acknowledging that. And I suppose it's a plea for leadership, that it's a priority to look at vicarious trauma for our employees, to recognise it and actually support it, and not making referrals, or 'I think you need to see occupational health', you know. Let's deal with it. As Shumela said, in a safe space that recognises it within the workplace, rather than pushing it to one side or moving it to the next person or the next organisation to deal with. Because I think that's really important. Vicarious trauma is massive in terms of, you know, our day-to-day work, and in cases of our own lived experience. And I'm sure we all do it. But certainly in our training environments, we make it very aware, right from the very beginning, when the training calendar goes out, there's a trauma alert or a trauma aware statement, this may not be the right time for you to attend this course. Because we may be dealing with issues that may have impacted on you, as a child and now as an adult. So please think about whether it's appropriate for you to attend at this moment in time. And again, that goes out on the flyers around the information. And it's obviously recorded at the very start of any training session. Because by the time the person comes into the event, it may be too late. So, we need to do that preventative stuff prior to them coming in, but acknowledging it, that we're all living with it. And it's what they feel comfortable in sharing it on wanting to share. But there has to be an agreement by all involved that it should not be discussed out with.

I would add to that, actually, that where vicarious trauma is happening, then we are at risk of things like compassion fatigue, and burnout. And as in only the most obvious parts of an organisation that we might need to put that lens on and acknowledge that, that we need to put provision around. So I've just recently trained all the staff and customer support department in a council. So those are the guys that are the call handlers, they take all the calls that come in, they man the reception, and after spending two full days with them and hearing in depth about what actually goes on, in some of those conversations, some of the help that they are actually giving to people, some of the situations people are bringing, there has never been a better reason actually for me that everybody in an organisation needs to be at least trauma informed, because some parts of the council, they just see it as that's the switchboard. Whereas these guys are hearing repeatedly call after call from really distressed people. And then they might jump into a wee council tax query. And then they're right back in to somebody who may be contemplating suicide, who is homeless, who's just out of prison, who has really, really

extreme circumstances. And this is acknowledging the impact of that on human beings and not always just the most obvious, but if we can get good standards of practice in child protection, in social work and all the other areas that should have good support and supervision, should have good resource around prevention of vicarious trauma, compassion fatigue and burnout, hopefully it can start to then transcend them in other parts of their organisations.

Thanks, Shumela, that is really interesting because there's obviously been a lot of discussion now about staff well-being and retention and recruitment. It's all, I suppose tied together, but that's probably a topic for a whole other webinar. And I'll just move on to the other questions, and these ones, I suppose, are looking at the use of the tool and just how it can be used. So, here's a question about how do we integrate the importance of the positive empathic relationship alongside the use of the tool and avoid it becoming just a tick box exercise. Practitioners need to do this and be able to use the elements of the Biestek principles as described by Neil. So just any comments about we can do both and there is another question related to that - just about any kind of feedback from people that have used the tool that we might have gathered within Clackmannanshire. And also, have they found that useful? Or have they shifted back to that deficit based practice or maybe the tick box one, and I would hope the system leaders of change would support this shift in practice, so the important bit about the shift in cultures takes leadership etc, to bring in new practices, because with the best will in the world, you can come up with the best ideas, but it's about implementation. And that is a challenge. So, both of those questions, I'll get into just how the tool has been used. So, any comments, probably more directed at you Neil?

So, I suppose the first thing is in terms of nobody should be using the tool, unless they've had sort of that briefing around its purpose and how it can be used. So that's why we've introduced it into the training about working with it when services find it difficult to engage. So, we explore the use of the tool and how it can be used. And in terms of the consequences of using it in terms of that signposting. And then in terms of then giving them the tool to use on the day, we explore it, and then it being located on sort of the platforms where staff can use it. In terms of the use of it, and we are beginning to do an audit, to look at the tools and the assessment tools we use in general, around supporting practice, because we got to have that so what? Question. You've got the training, you've got the tools you've got now. So what? What's the impact of that going forward A) in terms of your assessment, B) your engagement, and C) in terms of those that we serve what they feel about it? So that's the next part of our journey. So, the first part was introducing it. The second part was embedding it. And now we need to then do the analysis in terms of the so what? around those three key areas.

Thanks Neil, that's really helpful. We've got a question here, from a safe-guarder who would appreciate your thoughts on how you balance the use of language and to be empathic towards parents and still be able meet the threshold required at court. And again, this is probably for yourself, Neil, from the kind of point of view of establishing grounds at hearings, etc, to evidence compulsory measures, I find that sometimes parents have difficulty understanding the Child Protection concerns, due to their own lived experiences, and being interpreted that if it was okay for them, it's okay for their own children, so a bit about the cycles that are going on there and people's levels of understanding and how that's explained. So, it's that bit about getting difficult concepts across, I suppose. But then doing that in an empathic way, which isn't judgmental, et cetera, et cetera. The way we were talking during the presentation. So, I'll open that up to both of you. But I suppose it is the bit that is the social work practice side which the safe-guarder is asking about.

It comes up time and time again, when we're doing the Neglect Toolkit, the impact of parental substance use, it comes up time and time again. And I suppose what I ask practitioners to do is, we don't just turn up and say, right now we're going to do the Neglect Toolkit or the Graded Care Profile. It's about having a discussion about what they are, why they are used, and the purpose of them, giving them an opportunity to look at the paperwork with the professional, giving them an opportunity to ask those questions. So, it's about building that relationship first, recognising the strengths, and then in terms of building to the more difficult areas and the difficult subject areas. That's not to say that we should be colluding with parents, we shouldn't be ignoring the hard stuff. But it's in terms of making that journey as easy and as soft as possible so that when we get to them or difficult subjects, we've heard in terms of the voice of the person living with that trauma or lived with that trauma, and then actually giving them an opportunity - so okay, I've heard what you've said. You've helped me better understand what your experience is. Now let's explore in terms of what some of our concerns are. And if we go back to the basics, in terms of they will always say that they want the best for their child, they have their child's best interests. So, we go back to the basics and say, well, this is what children need. This is how they grow and develop. And this is how the wider world, your community, the state supports that. And we need to look at where the strengths are, and recognise those strengths, and build on those strengths. And then we can then deal with the deficits or the gaps. So, I think it's about building that trust, creating that supportive relationship, you know, that acceptance, and having that non-judgmental attitude. And showing humility, as Howe says in that statement, you know, the Social Work client relationship is a vehicle in which empathy is conveyed, care is provided, experiences are shared, belonging is created, and meaning making occurs. That, I think is the key.

Absolutely agree with everything that Neil just said there, and for me, it's about educating parents and how we're able to do that. And we can do that through relationship - Neil's example of the breastfeeding situation, what it took for that professional to challenge that in the moment, the confidence required, the knowledge and the ability to navigate what would have probably been quite a tense situation, at the beginning to come out with that result at the end is just phenomenal. And actually, in the trauma work, we talk about knowledge, skills, confidence and capacity. And people often think it's just about the training piece. But as you all know, everybody can go on a wee hour and a half, or three days session on any topic, it doesn't make you an expert in that, you know. So I just think that the education part is where that confidence comes in for practitioners - the confidence to be able to have that conversation, while holding the knowledge that are in child development or in the impact but being able to have that really difficult and what would have been a very messy conversation, that's where it needs to happen. For me, there was also a beautiful example often used by the Caledonia Project, the domestic abuse mandated service that perpetrators are put on in their programme, because often perpetrators of domestic abuse, and particularly males who claim to be good fathers. And so then when they are presented with the evidence on what just even witnessing domestic abuse, will do to the developmental brain of a child - that's where they started to see real changes in behaviour. And people really sticking with the programme and been able to complete that and changing the views and beginning to really understand that the impact that their views and behaviour we're actually having on our children. So I know it takes longer and I know some of us will have that time when you're making your assessments. And I get that we need other conversations around that. But taking other approaches. For example, we run a six month education and training programme for people with lived experience. It's called the TIER pathway, stands for Trauma Informed Education and Recruitment. The majority of people that come on and have had really long extensive histories of complex trauma, many have had their children removed, have been interacting with the criminal justice system and they've had addiction

issues. And that's why they've ended up coming on the programme. I can tell you with my hand on my heart, that it takes at least three months, but for some people the full six months for them to come out and have a really changed perception on trauma and the impact it's had in their lives. And any of those people who are then parents really are starting to change some of their views and behaviours themselves. We're not doing anything, you're seeing it. One cohort last year or the year before, made a beautiful video at the end of it on parenting. Some of the people had had their children removed and were working alongside people who hadn't had their children removed, but had had social work involvement. That itself is really difficult to do but they all came with this beautiful message and recognised the impact and role trauma had played in their parenting. And that's where I think we've still got a lot of work to do. And not seeing child protection over here and trauma there. We need to understand the role that trauma has actually played in many parents' lives and how that will absolutely inform your parenting style and again, I say that as somebody with lived experience. I've got a 22 year old and a 14 year old and how I parented each, because each were born at the opposite ends of my trauma journey is very, very different. How I attached to each is very, very different. And that's the really complex nuanced stuff that lies in trauma that sometimes our wee forms and tick boxes are not understanding and getting to grips with, and we need a culture that does - we need practitioners that get that and can work in that space.

That was that was a great answer. And I'm just conscious of the time and people are having to shoot off at eleven. So, we'll probably have to bring it to a close in terms of the questions, although, unfortunately, we haven't been able to get to all the questions in the Q&A. So, I would like to just thank you for posting them. And there's also some helpful comments been put in the chat as well, which you may have seen. And maybe we could just bring up the Mentimeter just to finish off and just get a bit of a sense of how helpful people have found the session and then we'll close it there after if that's all right. And Thanks, Michelle. So, this meant to be our last question is asking you has your knowledge regarding working with families and the role of a trauma informed approach changed following this session?

A few are still adding to it, but I think that is also interesting. So, I think people have found it helpful. And their views in terms of being Trauma Informed have changed quite a bit. For some, it's a little but that, I suppose demonstrates that people have come to it trauma informed, but it's the bit about how we implement that in practice that's the real challenge. And I think, Neil, you are alluding to that as well very much through your presentation. So, I just want to finish again by thanking both of you for your time, thanking everyone who's attended - I know how busy everyone is. And then just the capacity for people to attend training is very much squished with the day-to-day practice concerns that people are embroiled with. So, I just want to say a big thanks to everyone who's attended, taken part, contributed to the Q&A, and listened to the presentations and once more thanks to yourself Shumela and Neil for an excellent presentation. And my voice is now going so I probably need to go and have a drink of water or a cup of tea and we'll just finish there.