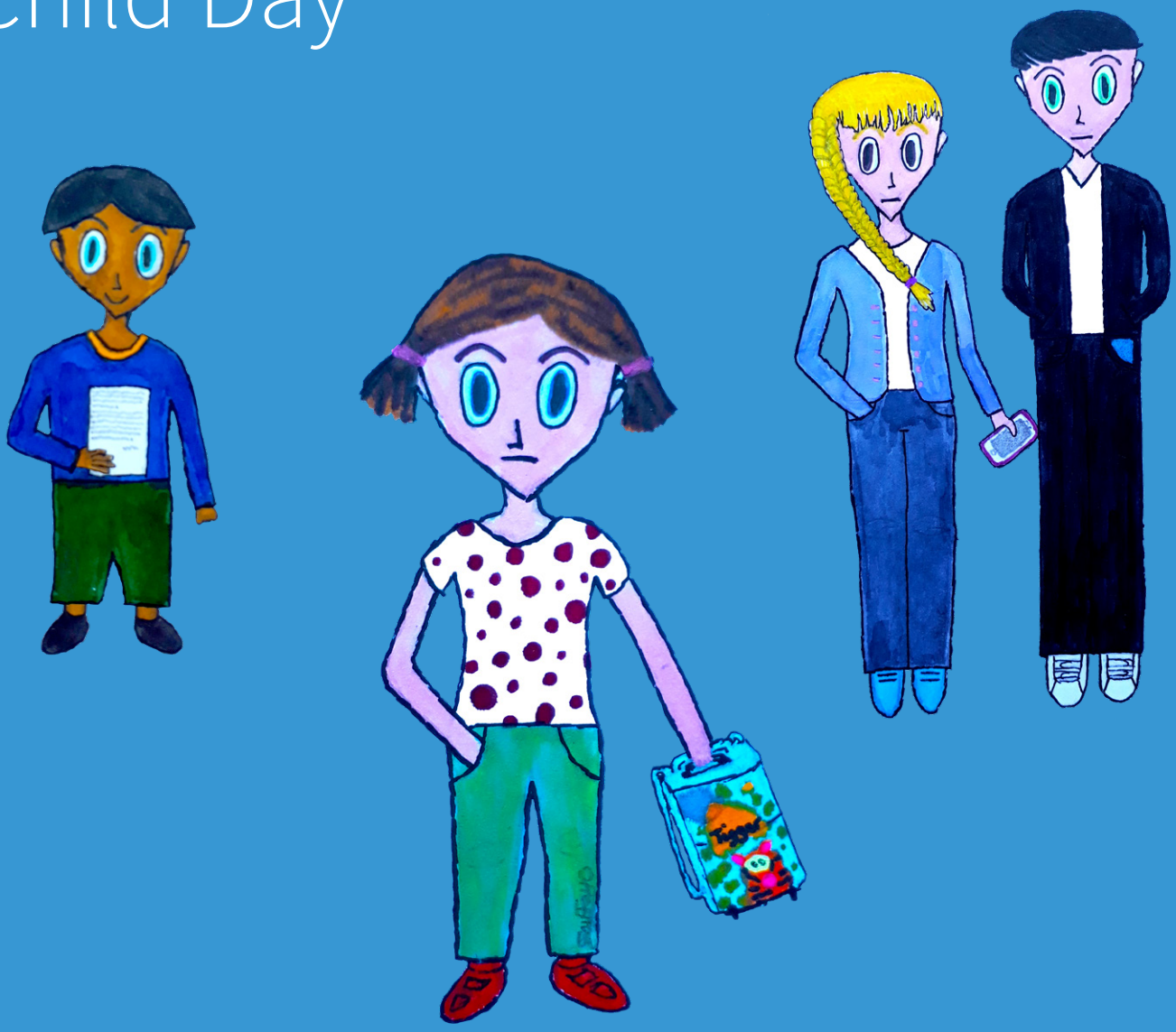
Gwasanaeth Mabwysiadu Cenedlaethol | National Adoption Service

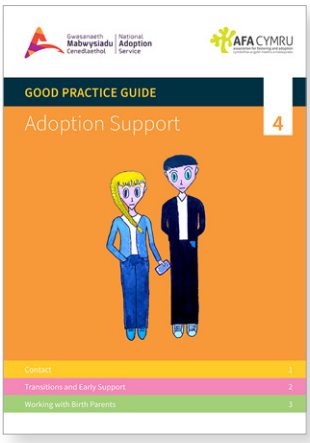
AFA CYMRU
association for fostering and adoption
cymdeithas ar gyfer maethu a mabwysiadu

RESOURCES FOR PROFESSIONALS

Trauma Nurture Timeline and Understanding the Child Day



Contents



This resource pack for professionals has been produced by AFA Cymru on behalf of the National Adoption Service to accompany the Trauma Nurture Timeline and Understanding the Child Day training, and the series of Good Practice Guides. It has been commissioned and funded by the National Adoption Service for Wales (NAS).

Cover illustrations: Jess Coldrick

Introduction

TRAUMA NURTURE TIMELINE AND UNDERSTANDING THE CHILD DAY

This resource pack has been designed to accompany the Trauma Nurture Timeline and Understanding the Child Day training developed on behalf of the National Adoption Service by AFA Cymru and SEWAS. Both the course and the resource pack attempt to cover as broad a range of relevant issues as possible in order to prepare and assist practitioners involved in completing a Trauma Nurture Timeline and facilitating an Understanding the Child Day or meeting, with the aim of ensuring a consistent pan Wales approach that aligns with the Transitions Good Practice Guide.

This pack is not meant to be a comprehensive guide but reflects an overview of some of the key principles, evidenced based research and knowledge that underpins the model. At the end of each section there are references and links to further resources, including links to books and research papers, websites and recordings, that we hope you will find useful. Familiarity with these as well as opportunities for experiential learning will assist with facilitation and build practitioner confidence.

All the diagrams, text and resources are designed so that they can be easily accessed and adapted as necessary. They can be used when completing the Trauma Nurture Timeline and an Understanding the Child event to highlight a particular issue or experience / provide clarity for prospective adopters, and within further training and development.

There are a series of packs in the Appendices that contain information and questions for different audiences; these can be adapted as necessary and used when gathering information for the Trauma Nurture Timeline or the Understanding the Child Day. These packs were developed by SEWAS and generously shared as part of this development. Also included is an evaluation templates used by SEWAS as part of their service development.

All materials included in this pack are used at the practitioner's discretion.

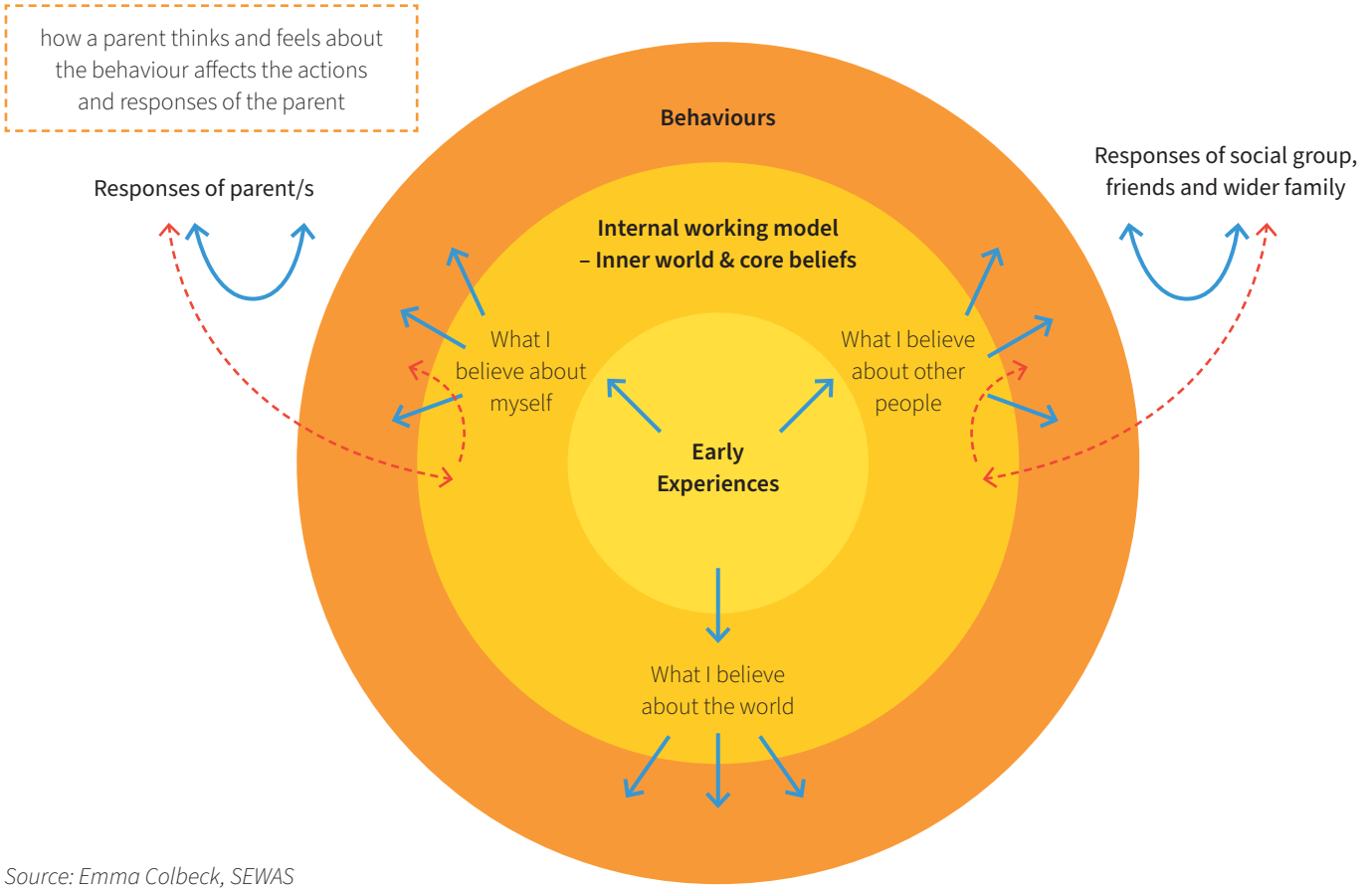
Children are affected and shaped by their experiences. For children who have experienced developmental trauma (Van der Kolk, 2005), there is a misunderstanding about the way in which babies and young children "remember" their experiences.

Neuro-scientific evidence has shown that the impact of trauma, including alcohol and substance misuse, poor parental mental health and abusive relationships, affects a child's genetic make-up and pre-disposition to stress pre-birth. When proximity and comfort from primary caregivers is not available, young babies and children experience ongoing chronic stress which continues to affect the development of their brain. They absorb their experiences as part of their reality and use them to develop their way of being resulting in insecure and disorganised attachment patterns (Elliot, 2013).

A thorough understanding of a child's history is therefore essential if we are going to understand the impact of trauma and make the right decisions for their future and begin to address this with the right strategies to make a substantial difference to their lives.

National Adoption Service Good Practice Guide
Transitions and Early Support

Circle of Understanding



Source: Emma Colbeck, SEWAS

You can download this graphic as a powerpoint slide from adoptcymru.com/good-practice-guides

If we can understand what was or may have been happening for the child during his or her early life we can begin to consider and try to understand the impact this may have had upon his/her understanding of the world.

Early experiences influence the child's beliefs about themselves and others. The child develops beliefs about whether others can be trusted or relied upon and whether the world is a safe place. The child also forms a view of themselves, whether they have influence in the world, whether they are "good", "bad", likeable or loveable. These beliefs and feelings are the child's internal working model or inner world.

The child's inner world influences his or her emotional and behavioural development and potential for the future. By trying to understand a child's early experiences and behaviours we can begin to wonder about what maybe happening for them in his or her inner world.

Beginning to wonder and trying to understand what is happening in the inner world is one of the first steps in being able to parent therapeutically.

Child Development Overview

CHILD DEVELOPMENT: A BRIEF GUIDE

	0 – 6 months	6 mth- 1year	2 years	3 years	4 years	5-11 years	11- 21+ years
Physical development (examples)	Lifts head. Rolls front to back Good muscle tone. Appropriate weight gain.	Sits and crawls. May stand. Walks holding one hand by 1 year.	Runs and climbs. Builds six bricks. Spoon feeds, drinks from cup.	Walks upstairs. Draws person with head. Pencil control, uses scissors.	Walks downstairs. Hops, climbs. Ball skills developing.	Draws full person. By six years, knows left and right, ties a bow. Physically active. Skips with rope, proficient with ball. Draws with precision and detail.	Puberty. Developing sexually.
Cognitive and language development (examples)	Attentive to known voices. Shows interest in new things. Smiles in response to speech. Vocalises.	Babbles. 50 words by 1 year. Double syllable sounds.	Symbolic thought/imaginative play. Dramatic growth in vocabulary/ grammar age 2-3.	Asks lots of questions. Understands past, present, future. Theory of mind-understands that other people have thoughts and feelings that differ from one's own. Therefore can 'lie' – but also negotiate. Uses sentences. 1,500 words.		Able to concentrate. Developing memory strategies. Problem solving skills. Putting feelings into words. Sense of time. Talks fluently and with confidence. Sense of humour – loves jokes.	Increasingly independent thinker. Capacity for abstract thinking, planning, looking forward. Using previous knowledge/thinking about the hypothetical in order to solve problems.
Emotional/ social development (examples) A secure base is provided through a relationship with caregiver(s) offering a safe haven and a reliable base for exploration. Promotes trust/ competence/ resilience.	Alert, responsive. Interested in human face. Tracks with eyes. Shows range of feelings.	Selective attachment figures. Enjoys close contact. Enjoys play on own and with others. Signals discomfort/can be comforted. Can manage brief separations with support. Stranger anxiety, but varies in intensity. Difficulty in sharing.		Explores surroundings. Looks at people when communicating. Perspective taking/empathy. Shows/regulates range of emotions including social emotions e.g. pride, guilt, shame, embarrassment. Usually responds to limit setting. Aware of gender, and other social roles and expectations.		Learning social roles/cultural values. Interested in own past – asks 'why'? Enjoys games with rules. Will try new tasks, pride in achievements, accepts mistakes. Can share and compromise. Can express wide range of emotions. Learning to relate positively to peers, can work in a team Able to hold secure base in mind when separated (e.g. at school) so free to learn.	Identity development- may follow or reject parent/community values. Self-esteem/self-concept open to change. May have extreme emotional shifts – but managed with support of caregivers. Aware of personal strengths and limitations. Peers/activities outside the home important. Conscience development/pro-social values. Comfortable with sexuality. Can be assertive/accept reasonable limits. Developing goals for the future. Knowledge that secure base is available in times of difficulty is very important.
The needs of children in care or adopted	Genetic and pre-birth influences interact with the caregiving environment. Early weeks are crucial to development. The longer the exposure to adverse caregiving, the longer it will take to restore potential development. But some infants can make a good recovery with reliable, sensitive caregiving.			Children may be preoccupied with unmet infantile needs. Behaviour may be withdrawn, chaotic, demanding, controlling. Caregiving that focuses on meeting previously unmet needs can repair earlier harm.		Children often show poor self esteem and ability to co-operate. Peer relationships difficult and capacity to mange the expectations of the classroom (concentration, working together, etc.) limited. But also children can discover fun/rewards from relationships & activities.	Can be a period of upward or downward spirals as some young people come to terms with their history and develop strengths, while others are overwhelmed by anxiety about adult life/peer pressure.
	All children and young people coming into care after adversity will need focused, sensitive caregiving that helps to fill the gaps in their earlier experience. These gaps are often formed in infancy and children at any age may appear preoccupied with unmet infantile needs such as feeding and comfort seeking. They will also need special focus on building self esteem and competence and active support in developing interests and activities, managing relationships with peers and working together with adults. A comfortable sense of birth family membership and support and ongoing foster/adoptive family membership can be highly restorative. Children and young people have an ongoing capacity to overcome adversity and benefit from security and emotional warmth.						

This chart was drawn from the following sources: Fahlberg, V (1994) A child's journey through placement, London: BAAF;Sheridan, M (1997) From Birth to 5 years – Children's Developmental Progress, London: Routledge; Schofield,G. and Beek M. (2006) Attachment Handbook for Foster Care and Adoption, London: BAAF.

Promoting and supporting children's development is at the heart of social work with children and families. The Adoption Research Initiative longitudinal study of very young children at risk of significant harm , highlights the importance of child development knowledge for social workers. This chart is a brief reminder of the typical stages of children's physical, cognitive and emotional development. It is by no means comprehensive and you are advised to refer to the referenced texts for more detailed information.

Source: http://adoptionresearchinitiative.org.uk/docs/child_development_chart.pdf

Each child is unique as is their developmental profile. Development is sequential with abilities developing in the same order but often at different rates, and this may be affected by pre or post birth experiences, and can be interrupted by lack of appropriate stimulation, or traumatic stress, or both. Children who have suffered early trauma often have "spiky" profiles in their milestone development.

Age	Expected development	Interrupted Development could mean	Resulting behaviors may include
Birth to one year	• Rapid physical growth • Beginnings of language development • Gaining muscular control • recognise their primary caregiver's voice and smell, cry when they are hungry, in pain, need feeding, changing or just cuddling. • Trust begins to develop as basic needs are met • Strong attachment to key people begins • Beginning to develop wariness of strangers	• Failure to thrive physically and emotionally • Poor language development • Insecurity • Mistrust • Poor or distorted attachment relationships	• Being passive and unresponsive • Poor muscle control, lack of co-ordination • Poor eye contact or fixed stare • Clingy • Sleep difficulties • Feeding difficulties • Shallow relationships • Lack of empathy, lack of warmth • Inability to establish rapport • Hyper-aroused or dissociated
One to three years	• understand the world around them and try to gain control over it • know who their main carers are and cry if they are left with someone they do not know. • Use primary carers as base from which to explore the world	• Poor physical development and co-ordination • Fearfulness OR inappropriate independence of adults • Inability to control anger and frustration • Impulsiveness • Sense of having no control over events, learned helplessness	• Regression to infantile behaviour • Dependency and possessiveness • Temper tantrums • Aggression or violence • Seizing control and power • Poor personal hygiene • Self-soothing behaviours (thumb sucking, stroking) • Self-stimulating behaviours (head banging, poking, picking, masturbating)
Four to six years	• Rapid language development • Curiosity and eagerness to learn • Enjoyment of physical activity • Imaginative play • Sharing and co-operating • Enjoyment of company of others • Increasing self-reliance	• Delayed language development • Learning difficulties • Lack of curiosity • Social isolation • Poor physical co-ordination • Feelings of guilt and shame • Feelings of being out of control • Loss or lack of control of bodily functions	• Lack of interest, apathy • Frozen watchfulness • Nightmares • Extreme dependency • Restless energy • Aggression towards self, other, objects • Poor memory • Inability to concentrate
Seven to ten years	During this time they are developing: • Reasoning skills • New physical skills • Seeing a sense of order in the world • Developing a clear sense of right and wrong	• Being overwhelmed by sense of grief and loss • Poor concentration • Difficulty in making relationships • Lack of energy for social life or learning • Arrested moral development	• Feelings of sadness, anger, guilt, shame • Withdrawn or dominating with others • Blocked capacity for new types of reasoning • Lies to cover up deficits • Trying to "buy" friends or acting tough
Eleven to sixteen years	• Onset of puberty • Need to make important relationships outside family • Trying to make sense of strong feelings including sexuality • Questioning of adult values • Exploring from a secure base • Changing views about self and others • Establishing a sense of identity	• Insecurity • Low opinion of self • Greater intensity of emotions • Inability to make lasting friendships • Identity confusion • Arrested moral development • Lack of confidence or overconfidence in new ventures	• Over independence • Aggression and violence • Shutting off from adults • Constant challenges to people in authority • Inappropriate attention seeking • Truanting from school • Running away from home base • Misuse of alcohol, drugs or other substances • Self-harm • Indiscriminate sexual behaviour

Child Development: A summary of theory and contemporary research evidence
https://fosteringandadoption.rip.org.uk/wp-content/uploads/2014/02/DfE-3-Child-Development-Final.pdf

8 things to remember about Child Development. Center on the Developing Child. Harvard University
https://developingchild.harvard.edu/resources/8-things-remember-child-development

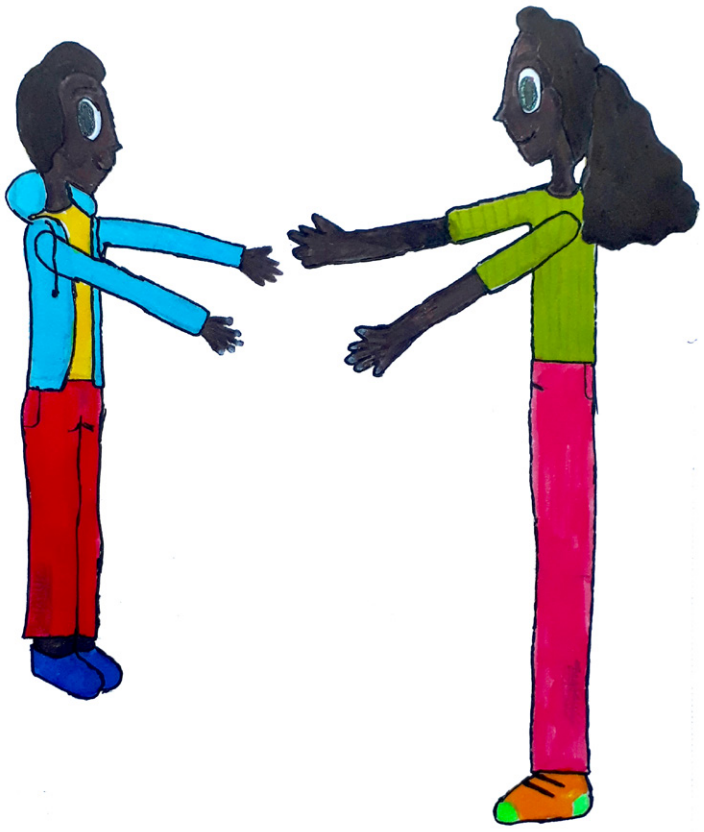
ACEs and Toxic Stress: Frequently Asked Questions. Center on the Developing Child. Harvard University
https://developingchild.harvard.edu/resources/aces-and-toxic-stress-frequently-asked-questions

Persistent Fear and Anxiety can affect young children's learning and development. Center on the Developing Child. Harvard University
https://developingchild.harvard.edu/resources/persistent-fear-and-anxiety-can-affect-young-childrens-learning-and-development/#content

Maternal Depression can undermine the Development of Young Child. Center on the Developing Child. Harvard University
https://developingchild.harvard.edu/resources/maternal-depression-can-undermine-the-development-of-young-children/

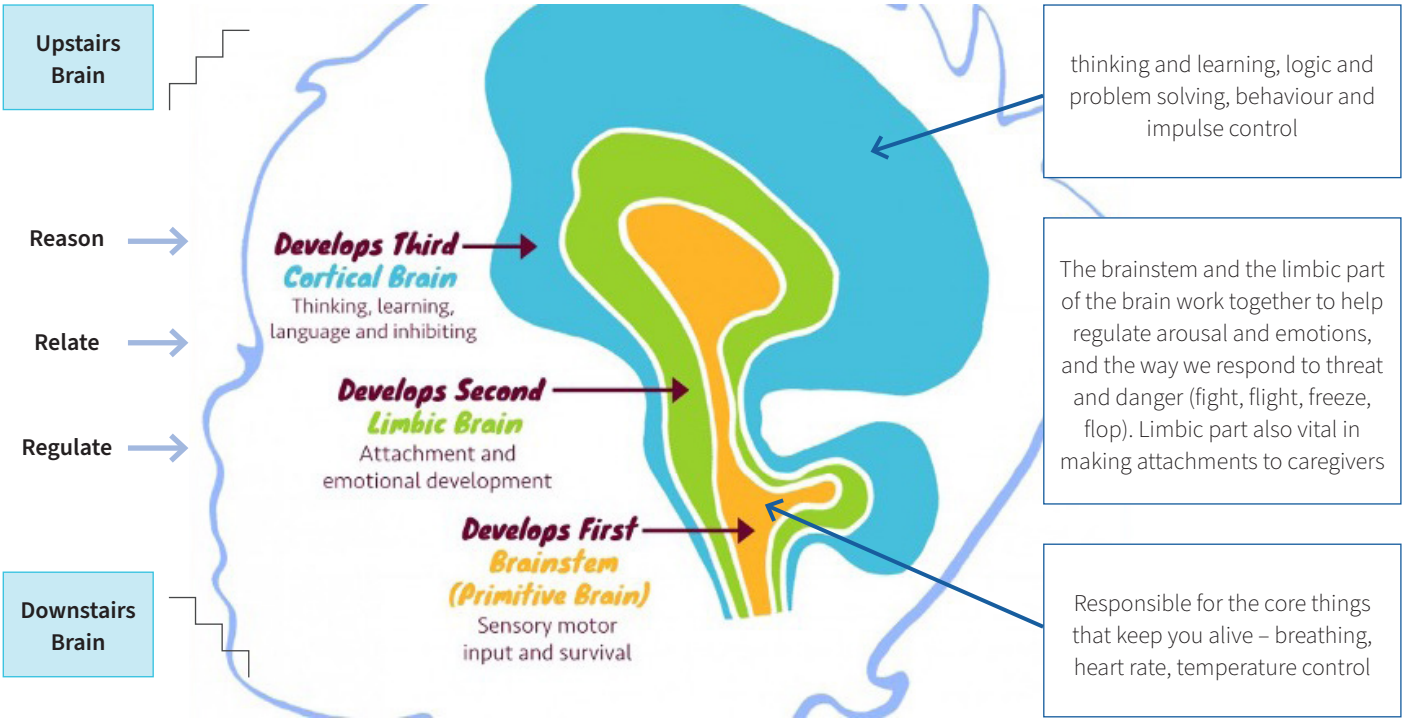
National Adoption Service Post Approval training modules. Health and Development issues in children who have been adopted
https://www.adoptcymru.com/adopter-training-modules

What Every Parent Needs to Know Margot Sunderland (2007). DK Publishing



Brain Development, Trauma and Attachment

HOW WE LEARN AND DEVELOP REGULATION



Source: Beacon House, Therapeutic Services and Trauma Team

You can download this graphic as a powerpoint slide from adoptcymru.com/good-practice-guides

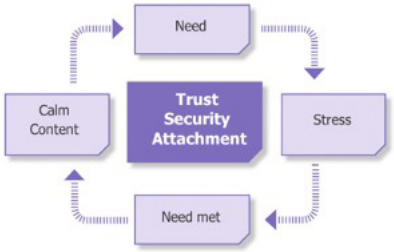
Babies are born helpless and their early hours and days can be extremely stressful; their survival depends completely on their carers, and so it is important that they establish some degree of control over them at a very early stage. The behaviours that they develop in order to get proximity and help from a carer are called attachment behaviours. The response of their carer helps to alleviate the baby's stress and enables the child to relax and begin the process of placing trust in the carer (Please also see the Impact of Alcohol for pre birth effects).

The baby's underdeveloped brain will grow and increase its capacity after birth in response to stimuli but in those early months the baby will have no capacity to regulate or manage the stress that they feel. The carer's response to the baby will help to sooth and relax the child and decrease the stress and contribute towards the child developing the pattern for managing stimulation and relaxation and thus learn to regulate their own stress. Other positive interactions that the carer engages in, with the child, such as making faces, blowing raspberries, making sounds, begins the process of helping the child to develop an understanding of, and pleasure in, social interaction and the beginnings of empathy.

The trust that a child develops in their attachment figure will enable them, as they grow, to look to them for assent to their activities as they explore the world. The adults face can indicate to a child if what they are about to do is okay or not okay. The child may feel shame if the adult indicates that an action is unacceptable, but this will help the child to learn not to do certain things and consequently stay safe.

The carer who helps the child to recover quickly after the shame – who reintegrates the child – enables the child to learn from mistakes and to learn that they do shameful things, but they themselves are not bad. Continued interaction between adult and child will now help the child to develop the ability to manage strong emotions and patterns for thought.

The baby with responsive caregivers trusts that they will keep him safe and knows they are going to respond when he needs them. This enables the baby to relax and concentrate on learning and development without worrying about their survival. This produces a profile of neurotypical development where the "downstairs brain" is appropriately less developed allowing the "upstairs brain" to grow.



What am I learning?

"I am…"	"Others are…"	"The world is…"
loveable	reliable	safe
liked	trustworthy	consistent
worthy	caring	predictable

I can relax, take in my surroundings, expect to be cared for

A POOR EARLY EXPERIENCE

A poor early experience for a child can mean that the child can develop a completely different experience of the world and a different pattern of learning. If a baby cannot get the attention from their carer or their carer induces fear as well as comfort, then the baby will not be soothed. They may become very demanding and/or very controlling and/or very dependent. They may remain confused about relationships and be unable to form relationships based on trust. An inability to regulate their own stress may leave them having strong reactions to stressful situations or disassociating from them.

Having a carer who does not engage in any form of interaction may leave a child confused about social interactions, finding no reward in such relationships nor seeing themselves as rewarding in any way. If the adult gives confusing reactions as to what is right or wrong or overreacts and doesn't reintegrate the child then they may develop the sense, not that they make mistakes, but that they are bad or they may develop an inability to take responsibility for their actions.

An adult who cannot or does not help a child to manage their emotions as they grow leaves a child potentially unable to manage or control their own strong feelings. A child who is not helped to develop thought patterns through story telling or games may not get a sense of the difference between fact and fiction nor things such as the difference between mine and yours. If the carer is not consistent in their response, either through neglect or abuse, the child may need to develop attachment behaviours which maximise their chances of survival in the world into which they have been born. This will impact on how the child relates to others and how they interpret the world.

Very cleverly and sensibly, the baby's brain responds to their experience by growing the survival part of their brain. They will be hyper alert for possible danger, listening and watching to see if things are safe or anxiously worrying about whether their caregiver will be coming back and what might happen when they do. And so because they are working very hard at gauging their surroundings, this swamps their ability to be able to relax, play and learn. This profile grows if this is their repeated experience, and their trauma interrupts and affects their brain development; their "downstairs brain" has to grow at the expense of their "upstairs brain". This is called Developmental Trauma.

The survival responses that the child uses have developed over time in response to, and because of, their experience, and will have at some point worked for them.

What am I learning?

"I am…"	"Others are…"	"The world is…"
unloveable	unreliable	dangerous
unlikable	untrustworthy	inconsistent
worthless	frightening	unpredictable/predictably bad

I continue to feel acute stress.
I maximise my chance of survival with attachment behaviour

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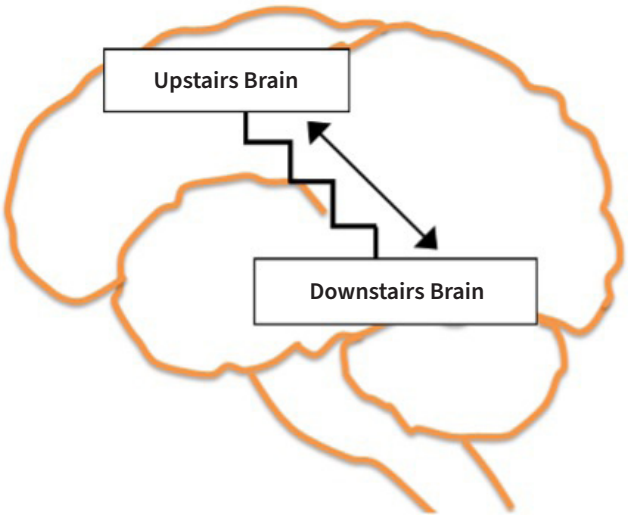
THOUGHTS, EMOTIONS AND BEHAVIOURS

Concept of the Upstairs ↔ Downstairs Brain

(This is developed from an idea originally by Dr Dan Siegel and Tina Payne Bryson in the book 'The Whole Brain Child' 2012)



It's a matter of survival.....

To understand the "upstairs downstairs" concept we start by considering the purpose and development of the brain and its functions.

All animals are born with instinctive preprogramed survival mechanisms. This applies whether we are hedgehog, hippopotamus or human.

In order to survive, there are fundamental key things which need to happen, for example..

- Breathing – this taken care of by the brain automatically, in the area at the top of the brainstream, without the need for conscious thought.
- Bodily functions – such as digestion, heart rate and many others are regulated automatically.
- Temperature regulation – again all this is taken care of automatically without any need for conscious thought.

The next level of our survival mechanisms are our behavioural responses. These are behaviours designed to get us out of danger. These are our fight, flight and freeze responses. Initially these happen as automatic responses to threatening situations; for example: hunger, fear, feeling, extreme cold, heat or pain, pushing us to take action. **It is this part of the brain that causes our emotional reactions.**

All these survival mechanisms are part of what we can think about as being in our "**downstairs**" brain.

As we continue to grow and develop, through repeated experiences our conscious thoughts begin to take control, this happens in our cerebral cortex or our "upstairs" brain. We can begin to make decisions and choices about our actions and behaviour based on experience, insight and knowledge.

The "upstairs" brain has links or a "staircase" between the "upstairs" and "downstairs" brain. Therefore, when in situations that we perceive as threatening, the majority of time, our conscious thoughts ("upstairs brain") can override the instinctive responses of the "downstairs brain". We can control our behavioural and actions.

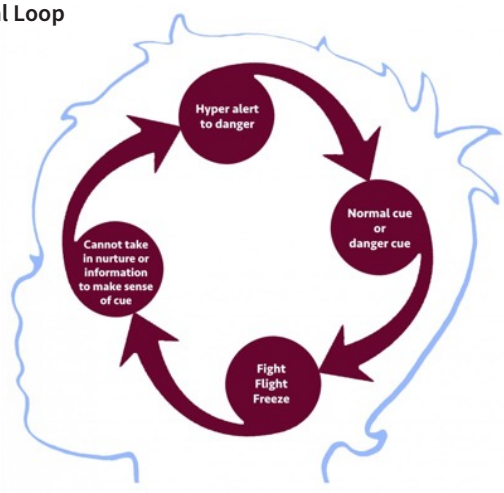
Our brain works best when our thoughts and behaviour are in harmony. We usually function in our "upstairs" brain but sometimes at times of high emotion, stress or threat we go into our "downstairs" brain. Our "downstairs" brain is always ready and keen to jump into action! Therefore, we sometimes find ourselves in a situation where our downstairs brain takes over and we 'flip our lid'. The fight, flight or freeze takes control. Our heart rate and breathing increases. We feel a surge of emotion and action hormones. We might feel angry or frightened or both. We are ready to fight, shout, run or hide. Quite often when we lose our temper and 'flip our lid' we are being led, primarily by our "downstairs" brain.

Babies are born with a fully developed downstairs brain which controls their early behaviours, emotions and responses. The upstairs brain has to develop throughout early childhood and on into adulthood. Babies and children learn from their primary caregiver how to understand their early feelings, emotions and sensations and importantly how to regulate them. The staircase between the upstairs and downstairs becomes well developed through repeated and consistent experiences.

For children who do not have those safe and consistent responses from their main caregiver, their staircase is less well developed. For such children the upstairs brain cannot always stay in control or regulate the effects of the downstairs brain, particularly in situations they perceive as threatening.

Furthermore the perceived threat does not always need to be real or obvious. A subconscious threat, triggered from past experiences, for example smells, raised voices, times of change can activate the downstairs brain into action.

Survival Loop



A Wormhole back in time. Why do I get so angry when I am scared, am I a bad person?
https://beaconhouse.org.uk/wp-content/uploads/2020/12/A-Wormhold-Back-In-Time.pdf

The Body Keeps the Score: Brain, Mind and Body in the Healing of Trauma. Center for Healthy Communities with Bessel van der Kolk
https://www.youtube.com/watch?v=53RX2ESIqsM

What does fight, flight, freeze, flop look like and what's actually going on?

FIGHT

I'm in danger
Scared
Alone
I feel bad
Worthless

Hot and bothered
Agressive / Angry
Controlling and defiant
Demanding

FLIGHT

Unable to focus
Panicky
Jumpy & tense
Sick
Worried

Keeping busy
Running away
Hiding
Toilet +++
Hyperactive

FREEZE

Deeply anxious
Frozen
Heart racing
Scared
Disconnected

Not interested / Bored
Forgetful
Not listening
Clumsy
Slow to respond

FLOP

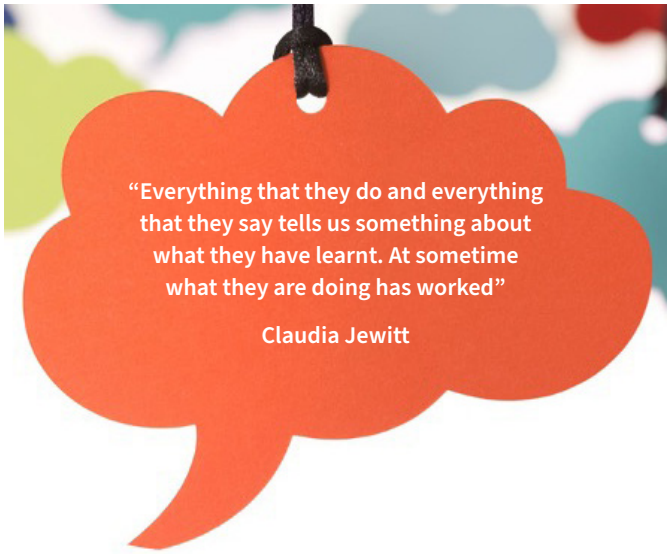
Body floppy
Can't think
Tired
Worn out
"gone"

Withdrawn
Quiet
Compliant
Passive
Resigned

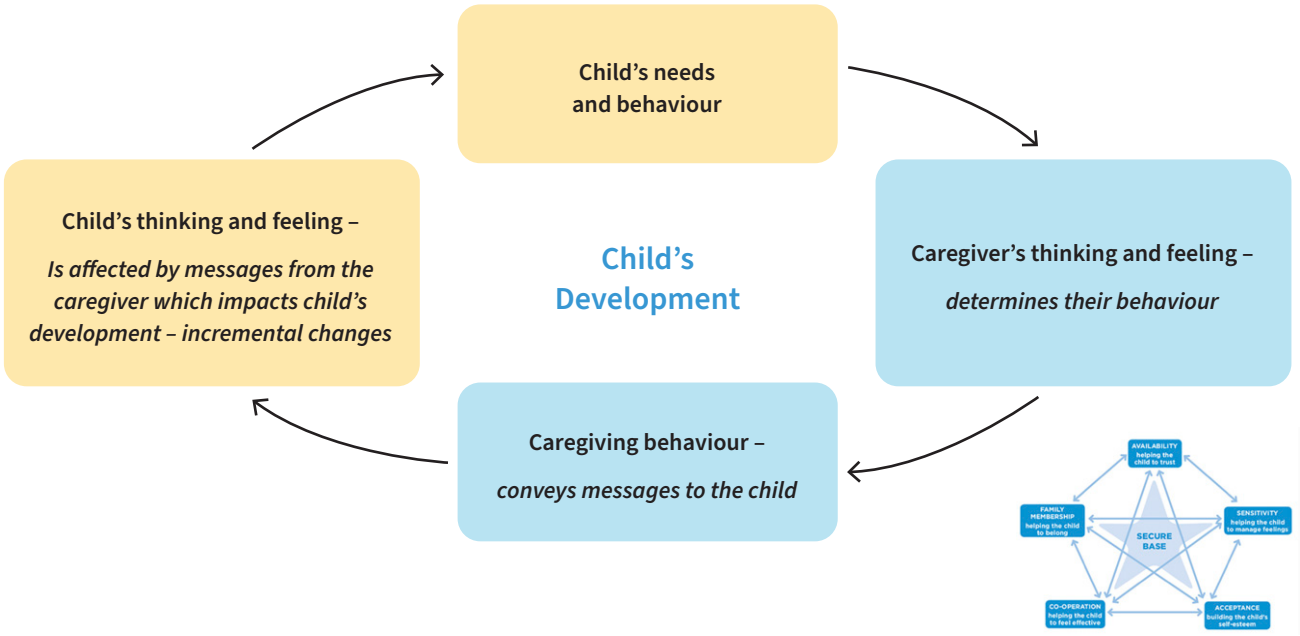
You can download these graphics as a powerpoint slide from adoptcymru.com/good-practice-guides

In order to help a child recover, we need to be always thinking about their behaviour in the context of their developmental trauma. How we think and feel about a child's behaviour will influence our responses to them and over time, will influence how the child starts to think and feel about themselves.

A child's behaviour is their response to their circumstances and is their language of communication. The dictionary of this language is their history



THE CAREGIVING CYCLE



https://www.uea.ac.uk/groups-and-centres/centre-for-research-on-children-and-families/secure-base-model

This caregiving cycle shows the interconnectedness and multiple interactions involved in family life. The child needs you to co regulate with them as they haven't learnt to regulate themselves, they need to experience your empathic response repeatedly and over time before they can reframe their view of themselves, their world and others in it.

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What is Mentalisation. Peter Fonagy, PhD. Freud Memorial Professor of Psychoanalysis and Head of the Research Department of Clinical, Educational and Health Psychology, University College London; Chief Executive at the Anna Freud Centre, London https://youtu.be/MJ1Y9zw-n7U

Polyvagal Theory and Trauma

EXPLAINING FLIGHT, FLIGHT, FREEZE, FLOP

Useful links to further detailed information

Dr Stephen Porges: What is Polyvagal Theory https://www.youtube.com/watch?v=ec3AUMDjtKQ

Trauma and the Nervous System: A Polyvagal Perspective https://www.youtube.com/watch?v=ZdIQRxwT1I0

The Polyvagal Theory. Beacon House.org.uk
https://beaconhouse.org.uk/wp-content/uploads/2019/09/The-Polyvagal-Theory.pdf

Developmental Trauma Close Up. Beacon House.org.uk
https://beaconhouse.org.uk/wp-content/uploads/2020/02/Developmental-Trauma-Close-Up-Revised-Jan-2020.pdf

Other useful links for further information on childhood trauma and impacts

Sharing the Brain Story. Using metaphors to explain Child Development. NSPCC Learning.
https://learning.nspcc.org.uk/media/2547/sharing-the-brain-story-metaphors-summary-booklet.pdf

Childhood Trauma and the Brain.
You tube animation developed by Professor Eamon McCrory in collaboration with the Anna Freud National Centre for Children and Families and the UK Trauma Council. https://www.youtube.com/watch?v=xYBUY1kZpf8

Dan Seigal Hand model of the Brain link https://www.youtube.com/watch?v=gm9CIJ74Oxw

Dan Seigal and the adolescent brain. The Random Acts of Kindness Foundation https://www.youtube.com/watch?v=0O1u5OEc5eY

How childhood trauma effects health across a lifetime – Nadine Burke Harris – TED talk https://www.youtube.com/watch?v=95ovIJ3dsNk

Shonkoff, J.P., Boyce, W.T. and McEwen, B.S. (2009) Neuroscience, molecular biology, and the childhood roots of health disparities: building a new framework for health promotion and disease prevention, Journal of the American Medical Association, 301 (21), 2252-2259.

Shonkoff, J.P. et al (2014), Excessive stress disrupts the architecture of the developing brain: working paper 3 (PDF). Cambridge: Center on the Developing Child, Harvard University

Shonkoff, J.P. et al (2011) Building the brain's "air traffic control" system: how early experiences shape the development of executive function: working paper 11 (PDF). Cambridge: Center on the Developing Child, Harvard University.

Executive function and self-regulation. Center on Developing Child. Harvard University.
https://developingchild.harvard.edu/science/key-concepts/executive-function

Attachment theory and its relevance for parenting adopted children. National Adoption Service Post Approval Modules.
https://www.adoptcymru.com/adopter-training-modules

Shonkoff, J.P. et al (2008) The timing and quality of early experiences combine to shape brain architecture: working paper 5 (PDF).
Cambridge: Center on the Developing Child, Harvard University

Still face exercise: Dr Edward Tronick. Child Development Unit. Harvard University
https://www.youtube.com/watch?v=apzXGEbZht0

Wales Cohort Study. Cardiff University. 2021 Early adversity predicts adoptees' enduring emotional and behavioral problems in childhood European Child and Adolescent Psychiatry (10.1007/s00787-020-01553-0)

Wales Cohort Study. Cardiff University. 2021 Charting the trajectories of adopted children's emotional and behavioral problems: the impact of early adversity and post-adoptive parental warmth. Development and Psychopathology (10.1017/S0954579420000231)

Genetics and Epigenetics

"In relation to our genes it is useful to think about our biological make up as party written in pen (DNA) and partly written in pencil, that is, parts of our genetic make up altered and adapted by our experiences as babies (epigenetics). The pencil writing means that our genes can be strengthened, weakened or even turned off and on, depending on what is best for the environment into which a person is born" (Millar 2021 in Elliot 2013)

"like the software in a computer's operating system, the epigenome determines which functions the genetic "hardware" does and does not perform"

Center on the Developing Child. Harvard University

Useful links to further detailed information

Early Experiences can alter Gene Expression and affect long term development. Center on the Developing Child. Harvard University.
https://developingchild.harvard.edu/resources/early-experiences-can-alter-gene-expression-and-affect-long-term-development/

Epigenetics and how does it relate to Child Development
https://developingchild.harvard.edu/resources/what-is-epigenetics-and-how-does-it-relate-to-child-devlopment

Professionals accounts of genetic testing in adoption: a qualitative study. Michael Arribas-Ayllon, Angus Clarke, Katherine Shelton. (2019)
https://orca.cardiff.ac.uk/123980/6/Shelton.%20Professionals'%20accounts.pub.pdf

Can genomics remove uncertainty from adoption? Social workers and Medical Advisors accounts of genetic testing. Michael Arribas-Ayllon, Angus Clarke, Katherine Shelton. British Journal of Social Work (2021)
https://academic.oup.com/bjsw/advance-article/doi/10.1093/bjsw/bcab017/6148991

Birth Parents and Trauma

We know that birth parents are all too often living with the consequences of the same childhood trauma recognised by adoptive parents in their children, but without access to safety, support and security. Poverty, parental learning difficulty and poor mental health, and birth parents who were themselves care leavers (in Wales: 27% of birth mothers, 19% of birth fathers) (Roberts et al, 2017) are some of the key factors associated with a child's removal from birth family.

National Adoption Service Good Practice Guide
Working with Birth Parents

USING GENOGRAMS TO HELP US IDENTIFY AND UNDERSTAND

There are huge benefits in using Genograms from an early stage of working with a family, providing a visual tool for direct work with the family and a rich source of information for the Trauma Nurture timeline for the child.

Areas that could be explored using a genogram:

- Family and Secondary systems
- Interpersonal/ generational relationships, including sibling relationships
- Family scripts
- Addictions and recovery, including the pattern of alcohol and illegal drug use pre and during pregnancy
- Resilience
- Anger and strong emotions, including incidents and patterns of domestic violence
- Healthy boundaries, including periods of Nurture
- Trauma – for all involved and impact on individual

Useful links to further detailed information

Using Genograms in Social work practice. Research in Practice.
https://www.researchinpractice.org.uk/children/news-views/2021/february/using-genograms-in-social-work-practice/

National Adoption Service Good Practice Guide. Working with Birth Parents
https://www.afacymru.org.uk/nas-good-practice-guides/

Birth Parents with Trauma Histories
https://www.nctsn.org/sites/default/files/resources/birth_parents_with_trauma_histories_child_welfare_child_welfare_staff.pdf

National Commission on Domestic and Sexual Violence and Multiple Disadvantage (2019) Breaking down the barriers (PDF). [s.l.]: National Commission on Domestic and Sexual Violence and Multiple Disadvantage.

Mother's Experiences of having their baby removed at birth: a digital story (2016)
https://www.youtube.com/watch?v=FX6fbk8MRYg

Evaluation of Reflect in Gwent. Roberts et al. CASCADE 2018
https://core.ac.uk/download/pdf/210589309.pdf

CASCADE film capturing key finding from the Evaluation of Reflect in Gwent
https://vimeo.com/296262119/e85abce099

The Impact of Alcohol

Worldwide, alcohol is now the leading cause of non-genetic birth defects and brain damage in children…Alcohol can seriously damage the foetus at every stage of pregnancy and the impact is particularly serious for the developing brain.

Foetal Alcohol Spectrum Disorders. Parenting a child with a hidden disability. Julia Brown and Dr Mary Mather. The FASD Trust (2013)

One in four adopted children are either diagnosed with or suspected to have a range of conditions caused by drinking in pregnancy, according to a recent survey of nearly 5,000 adopters in the UK.

Among the adopters surveyed by the charity Adoption UK, 8% of children had a diagnosis, and a further 7% were suspected by their parents to have foetal alcohol spectrum disorder (FASD), the neurodevelopmental condition characterized by difficulty in impulse control, as well as behavioural and learning difficulties.

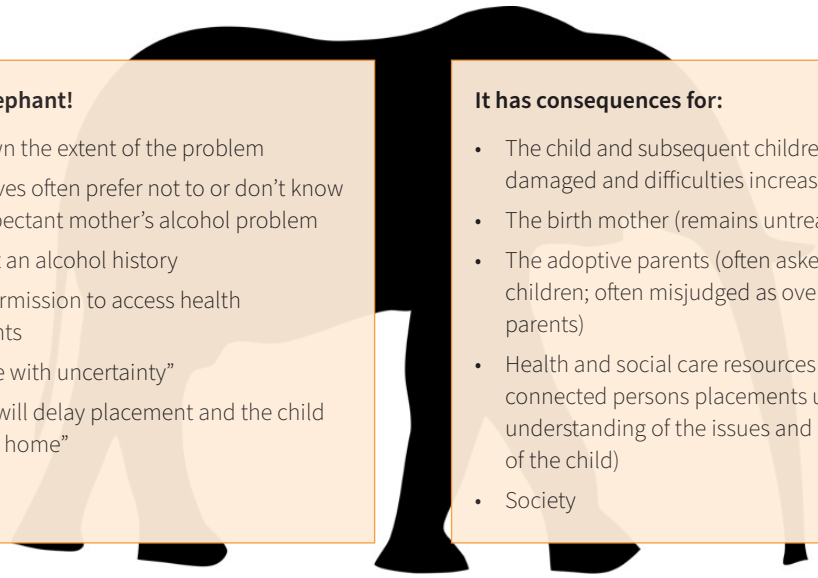
Source: The Guardian. Sept 2020

FOETAL ALCOHOL SPECTRUM DISORDERS (FASD)

Foetal Alcohol Spectrum Disorders (FASD) is a term used to describe the permanent impact on the brain and body of individuals prenatally exposed to alcohol during pregnancy that results in a spectrum of physical, emotional, behavioural and neurological characteristics. It is an umbrella term for several diagnoses that are all related to prenatal exposure to alcohol. These are:

- Foetal Alcohol Syndrome, FAS
- Partial Foetal Alcohol Syndrome, PFAS
- Alcohol Related Neuro-developmental Disorder, ARND
- Alcohol Related Birth Defects, ARBD

Drinking alcohol during pregnancy risks causing harm to the developing baby. Sometimes this can result in mental and physical problems in the baby, called foetal alcohol syndrome. This can occur because alcohol in the mother's blood passes to her baby through the placenta. Unborn babies cannot process alcohol as well as the mother's body, which means it can damage cells in their brain, spinal cord and other parts of their body, and disrupt their development in the womb.



We prefer to avoid this elephant!

- Parents always play down the extent of the problem
- Health visitors or midwives often prefer not to or don't know how to ask about an expectant mother's alcohol problem
- Social workers fail to get an alcohol history
- Lawyers say we need permission to access health information about parents
- Adopters are told to "live with uncertainty"
- Concern that diagnosis will delay placement and the child "will never find a forever home"

It has consequences for:

- The child and subsequent children (the next child will be more damaged and difficulties increase as the child gets older)
- The birth mother (remains untreated and gets worse)
- The adoptive parents (often asked to take subsequent children; often misjudged as over-protective, anxious, poor parents)
- Health and social care resources (sometimes inappropriate connected persons placements used with limited understanding of the issues and long-term complex needs of the child)
- Society

Source: The Elephant in the Social Care Room Conference. Dr Mary Mather. 2019

The developing foetus shares this environment for 9 months. Critical information is usually absent or missing. We need to ensure we capture as much information as we can from as early stage as possible. Details about pre-conception and pre-birth alcohol consumption as well as post birth environment should be included in the Trauma Nurture timeline in order to analyse the potential impacts for the child and for those caring for them.

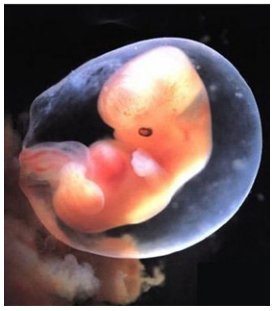
Ignoring or missing the obvious

"Sharon missed antenatal appointments because Mike was arrested from her home on robbery (armed?). Flat searched – nothing found. Mike to appear in identity parade. Car was impounded by police with my diary od appointments inside.

Neighbours report a number of violent incidents at the flat. No police confirmation of any DV".

What was missed?

Let's start at the very beginning…

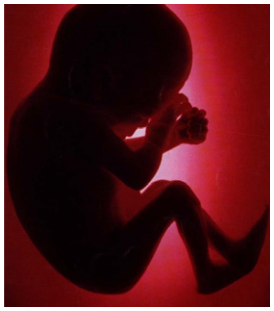


- By day 23, fetus has 125,000 neurones (brain cells)
- At birth, over 100 billion
- 250,000 per minute for 9 months

3-9 months (and 2 years after birth)

- Neurones migrate to appropriate parts of the brain
- Differentiate into specialised types
- Form appropriate connections with others
- Myelination of axons to ensure the rapid transfer of impulses
- Selective cell death eliminates unwanted tracts

Alcohol affects every stage of brain development



- Cell division
- Cell migration
- Myelination
- Cell connections
- Cell death
- "Alcohol can do whatever it likes to the developing brain" *Sterling Clarron Canada*

The impact of drug exposure

	Nicotine	Alcohol	Cannabis	Opiates	Cocaine	Meth-amphetamine
Short term effects / birth outcomes						
Fetal Growth	Effect	Strong Effect	No Effect	Effect	Effect	Effect
Abnormalities	No Agreement	Strong Effect	No Effect	No Effect	No Effect	No Effect
Withdrawal	No Effect	No Effect	No Effect	Strong Effect	No Effect	*
Behaviour	Effect	Strong Effect	Effect	Effect	Effect	Effect
Long term effects						
Growth	No Agreement	Strong Effect	No Effect	No Effect	No Agreement	*
Behaviour	Effect	Strong Effect	Effect	Effect	Effect	*
Cognition	Effect	Strong Effect	Effect	No Agreement	Effect	*
Language	Effect	Effect	No Effect	*	Effect	*
Achievement	Effect	Strong Effect	Effect	*	No Agreement	*

You can download these graphics as a powerpoint slide from adoptcymru.com/good-practice-guides

THE IMPACT OF ALCOHOL

The impact of alcohol depends on a number of factors, including dose; pattern (i.e. binge drinking vs chronic/ prolonged); developmental stage of the foetus; maternal characteristics (health, diet etc.); reaction with other drugs; ethnicity. Impact is unpredictable and varies.

- **First Trimester**
  Dismorphology: facial features, skeletal deformities, optic nerve dysfunction, heart defects, kidney defects. We know that the impact of alcohol is greatest in first trimester.
- **Second Trimester**
  Increased rates of still birth and premature labour
- **Third Trimester**
  Functional impact on development, learning behaviour and emotion. This groups tends to be largely undiagnosed.

However, for every child with facial features, there are 10 affected children with none. 85% of children damaged from prenatal alcohol exposure have no physical birth defects. These children have normal faces and normal growth, can be very verbal with a normal IQ but significant cognitive and behavioural difficulties (brain unable to process information; executive function defects) caused by alcohol exposure in the last 3 months of pregnancy.

Source: The Elephant in the Social Care Room Conference. Dr Mary Mather. 2019

Individuals with FASD have their own unique areas that create challenges in their daily lives. They may need support with motor skills, physical health, learning, memory, attention, emotional regulation, and social skills. They also have a unique set of strengths and many are showing talents, that when nurtured and supported, demonstrates their unlimited potential in those areas.

Defensive behaviours develop when there is a poor fit between the person with FASD and their world. These behaviours can be lessened or prevented with diagnosis and appropriate support. There can be issues with disrupted school experiences, mental health, legal issues, difficulties with independence and employment if a young person's support needs are not being understood and met.

There is no particular treatment for foetal alcohol spectrum disorders, and the damage to the child's brain and organs cannot be reversed. However, an early diagnosis and support can make a big difference.

MAKING A DIAGNOSIS OF FASD

Making a diagnosis of FASD can be difficult and is usually based on a scaled rating of the following four factors:

1. A confirmed history of exposure to alcohol during pregnancy
2. A pattern of distinct facial features
3. Poor growth before and after birth: children with FASD are small children who become small adults. Adequate nutrition and a caring environment are not enough to reverse the growth failure
4. Brain dysfunction which causes lifelong learning, emotional and behavioural problems

(Brown and Mather. 2013)

THE INVISIBLE CLUES

No two children with FASD are exactly alike, either behaviourally or physically.

Some of the co-occurring, behavioural, social and learning characteristics may include:

- Attention, concentration or hyperactivity impairments.
- Academic issues, including specific deficits in mathematics & memory skills.
- Speech and language deficits e.g. great expressive but poorer receptive language.
- Short term or working memory issues
- Adaptive functioning impairments that grow more recognisable with age.
- Emotional regulation difficulties
- Social or relationship challenges including difficulty making or sustaining friendships despite being sociable.
- Sensory impairments such as vision or hearing.
- Sensory sensitivities.
- Tendency to be oppositional or defensive when requests are made.
- Inconsistent performance - can do something one day but cannot the next.
- Lack of abstract reasoning, cause & effect logic, fails to generalise
- Poor sense of self and issues with theory of mind.

SKILLS AND QUALITIES

One of the important things to remember is that people diagnosed with FASD will also have strengths and talents so it is important to find out what the person does well and encourage them in it. Some common personal and skill areas include being Caring, Articulate, Friendly, Musical, Artistic, Creative, Practical, Athletic, Animal skills, Nature Skills etc. Some are in professional careers, have attended university and are raising their own children.

Source: http://www.fasdnetwork.org

STAR CHARTS DON'T WORK!

Traditional behaviour management approaches do not work – as children impacted by alcohol will not respond in the same way as a developmentally typical child (this is also applicable for all children who have experienced other Developmental Trauma) . These traditional techniques rely on the child understanding the concept of "future earning", have the impulse control to change behaviour, understand cause and effect, understand time, and have some understanding of the impact on others.

These children are not neurotypical and so these techniques will only increase parental stress and make children feel they are failures.

SO WHAT DOES WORK?

It's all about strategies and not solutions.

- Parent the child and not the chronological age. Use simple language, provide cues, help with all transitions
- Be their "external brain". The child will not understand the link between consequence and behaviour.
- Help the child understand their emotions and social situations.
- Be prepared to repeat, repeat, repeat and teach the same skill in different places. There are some skills the child will always struggle with and other where she will fly! Expect inconsistent performance, success often comes in small, uneven steps
- Have a good routine and stick to it
- Manage expectations – your and theirs, their school, other people – it's the only way.

FOR TRAINING PURPOSES ONLY

HOW IS THIS MISLEADING?

Child Profile: BETHAN

Bethan, 8 months, is a petite little girl with fine blond hair and an infectious smile. She is bright and babbles incessantly. She can be a poor sleeper and very fussy eater.

Her mother is thought to have drunk alcohol and used cocaine during pregnancy. Bethan had no withdrawal symptoms at birth. She has had her 8 month check and is meeting all her development milestones.

What do we need to think about in the Trauma Nurture timeline and Understanding the Child Day?

How will that help in terms of current and future needs?

Some things to consider:

- Does the child have a documented alcohol history during pregnancy? What can others involved add to the profile?
- What training/ information has been provided to the prospective adopters on Foetal alcohol effects? What is their understanding of potential issues?
- What support is available?

Useful links to further detailed information

Global Status report on Alcohol and Health 2018. World Health Organisation.
https://apps.who.int/iris/bitstream/handle/10665/274603/9789241565639-eng.pdf?ua=1

Foetal Alcohol Spectrum Disorders. Parenting a child with a hidden disability. Julia Brown and Dr Mary Mather. The FASD Trust (2013)

Dealing with Foetal Alcohol Spectrum Disorder. Mary Mather. Corambaaf (2018)

Parenting Matters: Parenting a Child affected by parental substance misuse. Donald Forrester. Corambaaf (2012)

Strategies not Solutions The Edmonton and Area Fetal Alcohol Network
https://edmontonfetalalcoholnetwork.org/wp-content/uploads/2019/02/strategies_not_solutions_handbook.pdf

Fetal alcohol spectrum disorder: prevention, identification and support need more resources. University of Bristol. November 2018.
https://www.bristol.ac.uk/policybristol/policy-briefings/fasd-uk-prevalence/

Think brain, not blame FASD Film
https://www.youtube.com/watch?v=7kMW05sj7Uo

Foetal Alcohol Spectrum Disorders. National Adoption Service Post Approval training modules.
https://www.adoptcymru.com/adopter-training-modules

Understanding the Child Day and Beyond

The aim of the Understanding the child day is to begin this process of wondering. Together with the prospective adopters, we will be sharing information from professionals and carers who have been involved in the child's life, and learning the child's individual past experiences.

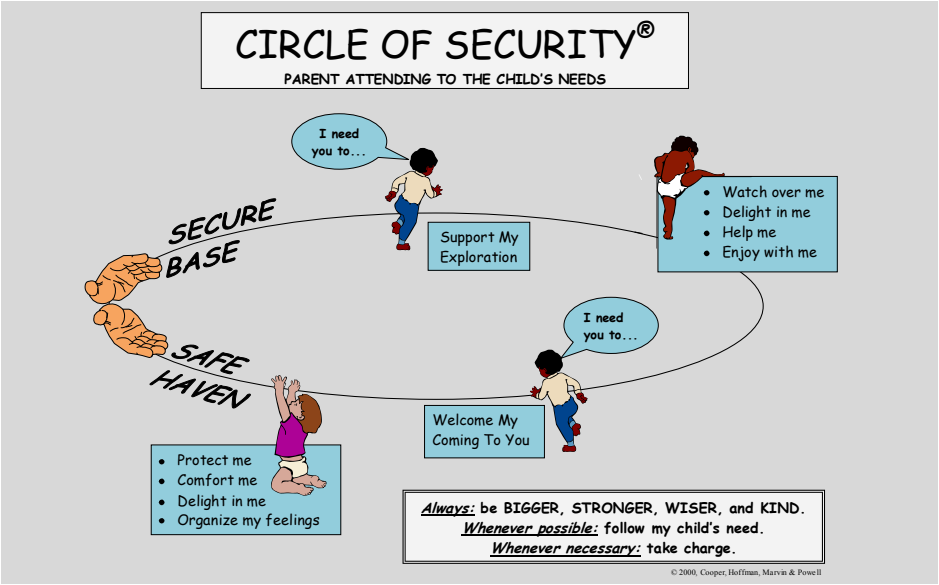
As the day progresses we will begin to wonder what this may mean for the child's inner world. We will consider what helps the child feel safe, what experiences may have caused harm and what support may be needed for the future.

"We should perceive behaviour as a child's way of communicating need rather than as an inconvenient problem in the path of an adult. Children should be seen in their historical context and within their total environment if they are to be understood and helped. Similar behaviour in different children may stem from different roots.

Pain often recurs at different stages of development. This does not mean that earlier work was wasted, rather that further progress depends on further work."

Vera Fahlberg, 2008
A Child's Journey through Placement

Unresponsive, rejecting, unavailable	Unpredictable, inconsistent	Frightening, abusive
A child whose parents are unresponsive, rejecting, unavailable may need to become emotionally self-contained, looking after themselves, possibly avoiding closeness. They may see themselves as of little value, because of the lack of response they get. They will need their carers to seek out their company sometimes, so that they begin to feel valued.	A child whose parents are unpredictable, inconsistent, sometimes available, sometimes not, can become very confused. This uncertainty can lead to anxiety and the development of different behaviours to try and keep the parent's attention on them. Predictability and routine can help this child learn that they will get a consistent response and don't need to use attention seeking behaviours or controlling behaviours to keep the focus on them.	A child whose parents are frightening and provide no comfort and are possibly abusive may not develop a defense strategy; they may experience considerable levels of stress and even 'shut down' or 'freeze' in response to this stress. Again, predictability and routine can help the child but time is key to their learning to live in a non-punitive regime.



Source: http://circleofsecuritynetwork.org/files/A%20Circle%20of%20Security.pdf

You can download these graphics as a powerpoint slide from adoptcymru.com/good-practice-guides

Useful links to further detailed information

https://beaconhouse.org.uk

- The repair of Early trauma: a bottom up approach
  https://www.youtube.com/watch?v=FOCTxcaNHeg
- Window of Tolerance
  https://www.youtube.com/watch?v=Wcm-1FBrDvU
- What survival looks like at home
  https://beaconhouse.org.uk/wp-content/uploads/2019/09/What-Survival-Looks-Like-At-Home.pdf
- Brain stem calmers
  https://beaconhouse.org.uk/wp-content/uploads/2019/09/Brainstem-Calmer-Activities.pdf
- When "I'm fine really means "I've learnt to blend in to survive"
  https://beaconhouse.org.uk/wp-content/uploads/2020/02/Chameleon.pdf
- Reconnecting in Tolerable Ways
  https://beaconhouse.org.uk/wp-content/uploads/2020/02/Connection.png

Laura Phipps, Educational Specialist, talking about trauma and brain development, what helps and what doesn't.

- Trauma and Behaviour Part 1: How trauma affects the brain
  https://www.youtube.com/watch?v=lPftosmseYE
- Trauma and Behaviour Part 2: Why does the cookbook approaches not work for many behaviour problems
  https://www.youtube.com/watch?v=zgT6oXkIeCg
- Trauma and Behaviour Part 3 : The importance of relationship
  https://www.youtube.com/watch?v=g7hq9ujeIwM
- Trauma and Behaviour Part 4 : Advice for struggling caregivers
  https://www.youtube.com/watch?v=nwabWfky3Ro

Healing Trauma and How the Body Keeps the Score. Dr Bessell van der Kolk
https://www.youtube.com/watch?v=d_YApSkqsxM

Siegel, D. J. and Bryson, T. P. (2012) **The whole-brain child 12 revolutionary strategies to nurture your child's developing mind, survive everyday parenting struggles, and help your family thrive**. London: Robinson.

What is meant by PACE? The impact of communication using the principles of PACE.
https://ddpnetwork.org/about-ddp/meant-pace

Books

Creating Loving Attachments Kim Golding and Dan Hughes. 2012

Nurturing Attachments Kim Golding. 2008

Building the Bonds of Attachment Daniel A Hughes. 2006

Brain Based Parenting Dan Hughes and Jonathan Baylin. 2012

Attachment Trauma and Resilience Kate Cairns. 2002

Blame My Brain Nicola Morgan. 2013

Therapeutic Parenting in a Nutshell Sarah Naish. 2016

A-Z of Therapeutic Parenting Sarah Naish. 2018

Parenting with Theraplay Vivien Norris and Helen Rodwell. 2017

A child's journey through placement Vera Fahlberg. 2008

Parenting a child with emotional and behavioural difficulties Dan Hughes. 2012

Parenting a child who has experienced trauma Dan Hughes. 2016

Why Can't My Child Behave? Empathic Parenting Strategies that Work for Adoptive and Fostering Families Dr Amber Elliott. 2013

Attaching Through Love, Hugs and Play. (Simple Strategies to Help Build Connections with Your Child). Deborah D. Gray. 2014

The importance of play and playfulness

AND THE LINK BETWEEN PLAY AND DEVELOPMENT

Almost everything has its roots in play. Through play, children learn about the world and themselves, and learn skills they need for study, for work, and for relationships. Through play children are able to "rehearse for real life" eg taking turns, sharing & cooperation, problem solving, developing empathy, learning to control feelings, naming feelings and helps form connections between the "downstairs" and "upstairs" brain.

Play is essential for healthy development especially for those children who might not had chance to play properly as they would have been caught up with survival or had parents not able to support their play. Playing together is so important and can develop neural pathways that were absent or derailed in early years, and can give an insight into the child's inner world. Play also helps connection, signals our availability to the child, our willingness to develop a relationship with them.

Useful links to further detailed information

The Benefits of Play for a Child's Development
https://www.brighthorizons.com/family-resources/benefits-play-child-development

Play and Early Childhood: The Role of Play in any setting
https://www.youtube.com/watch?v=pjoyBZYk2zI

The Psychology of Play: Helping Children cope with stress and worry. The British Psychological Society
https://www.youtube.com/watch?v=9mgeOkq2yyg

Shonkoff, J.P. et al (2004) Young children develop in an environment of relationships (PDF). Cambridge: Center on the Developing Child, Harvard University.

Sensory Processing, Coordination and Attachment. Ruth Stephens, Specialist Paediatric Occupational Therapist
https://beaconhouse.org.uk/wp-content/uploads/2019/09/Sensory-processing-coordination-and-attachment-Article-min.pdf

Improving Sensory Processing in Traumatised Children by Sarah Lloyd (Jessica Kingsley publishers)

Having conversations with children

And this journey continues in the adoptive family as adoptive parents share history and circumstances with their children, help them understand why they were adopted and their identity as an adopted child.

It is essential that children are helped to understand their narrative and what is happening in a way that enables them to make sense of their feelings and be able to process their loss and grief before moving to their adoptive family. *(Schofield and Beek, 2006; Fahlberg, 1994).*

National Adoption Service Good Practice Guide Transitions and Early Support

Developmental Age	Cognitive Stage	Understanding	Type of Life Journey
Up to 3 years	**Pre-operational Stage** Cannot understand concrete logic or perspectives	Basic information about Mummy's and Daddy's. Phrases like "they were not able to look after you" are fine at this stage.	Story work, Life history work
4 to 6 years	**Intuitive Thought Stage** Primitive Reasoning develops the "Why" Stage	Children will start to ask "Why" birth parents couldn't look after them or "why they couldn't keep them safe"	Story work, Life history work, Life Story direct work around permanency
7 to 11 years	**Concrete Operational Stage** Understand a perspective other than their own	At this age you can start using more descriptive language to explain life story and provide more in-depth explanations. Children of this age can understand explanations of drugs, alcohol and violence especially if they have experienced them in their earlier years and have a frame of reference.	Story work, Life history work, Life Story direct work, Therapeutic Life Story work
Adolescents	**Formal Operational Stage** Hypothetical and deductive reasoning develops	When children reach adolescent they may want more information about their life story. They typically want specfics about why decisions were made. Most children can manage this infiormation if it is provided sensitively.	Story work, Life history work, Life Story direct work, Therapeutic Life Story work

Useful links to further detailed information

Does truth telling destabilise a child's life journey? Helen Oakwater
https://www.youtube.com/watch?v=D2EX3G1-XOs

Making sense of adoption: Integration and differentiation from the perspective of adopted children in middle childhood. Elsbeth Neil
https://www.sciencedirect.com/science/article/pii/S0190740911004233

The need to know our story/ curiosity around adoption is naturel. Contact after adoption research study.
Julie Young, University of East Anglia. National Adoption Service Conference November 2020
The need to know our story/curiosity around adoption is natural

What do children and young people think? Contact after adoption research study.
Julie Young, University of East Anglia. National Adoption Service Conference November 2020
What did children / young people think about contact

Different experience/ different needs/ different outcomes Contact after adoption research study.
Julie Young, University of East Anglia. National Adoption Service Conference November 2020
How did contact affect children / young people

University of East Anglia study on Contact in adoption. Film clips of young people talking about direct contact, indirect / letterbox contact, and communicative openness in their adoptive parents.
https://contact.rip.org.uk/case-studies/#cs_film

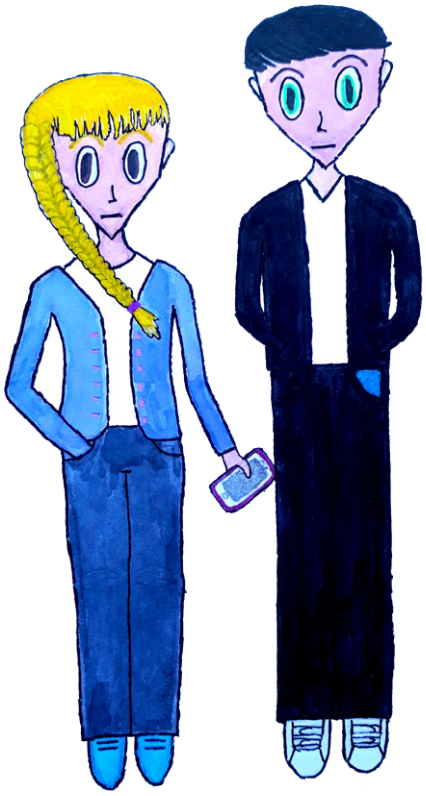
Big feelings come and go. Helping a child understand Fight, Flight, Freeze and what helps.
https://protectchildren.ca/pdfs/C3P_BigFeelingsComeAndGo_storybook_en.pdf

Film / Animation: **My Life as a Courgette**.
After losing his mother, a young boy is sent to a foster home where he begins to learn the meaning to trust and love, and to understand that his mother's death wasn't his fault.

Film / Animation: **Inside out**.
An animation adventure all about emotions – including how play can be used to overcome loss, how anger takes over the brain, and how a person can be overcome by fear and anger when joy and sadness leave

'Life Story Work with Children Who are Fostered or Adopted: Creative Ideas and Activities' – Katie Wrench & Lesley Naylor, 2018

National Adoption Service post approval modules. Life Journey work
https://www.adoptcymru.com/adopter-training-modules



BOOKS FOR CHILDREN

Not Again Little Owl – by Vivien Norris
A therapeutic picture book for children who are moving from a temporary to a permanent family. It focuses on children who have had multiple transitions. This is not a fairy tale but a powerful and moving story which gets alongside the child's experience. It has been written for foster carers, adopters and professionals supporting children.

Finding a Family for Tommy – by Rebecca Daniels
Lift the flap book so good for littler ones / under 3 – finding a family who provide what a child needs. The book can be read in preparation for a move from foster care and during introductions to permanent carers or adopters. Children can struggle to articulate the complex emotions that arise during times of change, and very young children may not even be able to acknowledge their anxieties. This book can help to reassure them at every stage of the transition.

A Safe Place for Rufus – by Jill Seeney
Good for an anxious child who might be talking/ playing about scary memories. Change and transition, such as moving house, starting a new school or perhaps even leaving home, can cause confusion and uncertainty for very young children. If they have to move from one family to another, the change is often too big for them to fully comprehend in advance; no matter how thorough the preparation, the child still has to take a very big leap into the dark. It takes time for children to trust enough to feel safe. Like Rufus, they have to discover a way to banish their fears, and like Rufus, they can be helped by finding a "safe place" of their own.

Chester and Daisy Move On – by Angela Lidster
This popular and engaging picture book is for use with children who are moving on to adoption. It tells the story of two little bear cubs who have to leave their parents and live with a foster bear family. Soon they learn they are to be adopted. The story encourages children to compare their own stories with that of Chester and Daisy. Work pages are provided for the children to write about their own experiences. This book can be used with children aged 4 -10 years old to help them explore feelings about their past and their moves, and to help carers identify these issues from the child's perspective.

Elfa and the box of Memories – by Micelle Bell
This is a beautifully illustrated picture book for young children on the importance of memories, sharing them, and finding ways of keeping them alive.

The Most Precious Present in the World – by Becky Edwards
This simply written, engaging story focuses on the universal idea of looking like (or not looking like) your family. This is used to give adopted children the reassuring messages that not only are they very special to their adoptive parents, but that it is alright for them to have mixed feelings about their adoption.

Teenie Weenie in a Too Big World – by Margot Sunderland
A story for fearful children. One day Teenie Weenie finds himself in a scrumbly screechy place. It is full of noises and crashes and things that swoop and scratch. The worse it gets, the smaller Teenie Weenie feels. After a while, he feels so small that the tiniest insect tries to eat him up. Teenie Weenie feels terrified and desperately alone. But after a while along strolls a Wip-Wop bird who invites Teenie Weenie to come and have a chocolate muffin in his tree house. With the Wip Wop bird and his friend Hoggie, Teenie Weenie learns for the first time in his life all about the power of together. He comes to know how very different things look when it's an 'us' not just a 'me'. And so after that, whenever Teenie Weenie finds himself struggling alone with something too difficult or too frightening, he goes off and finds some together.

A Nifflenoo Called Nevermind – by Margot Sunderland
A story for children who bottle up their feelings. Nevermind always carries on whatever happens! Each time something horrible happens to him he just tucks his feelings away and carries on with life. Find out what happens to Nevermind and how he begins to understand that his feelings do matter, how he learns to express them and stand up for himself.

Acknowledgements

Special thanks go to South East Wales Adoption Service, and especially Emma Colbeck, for their generous support and contribution to the development of materials for the Trauma and Nurture Timeline/Understanding the Child training, the All Wales template, and accompanying resources.

It has been good to listen to people's experiences about what works and what needs to change and we would like to thank all the practitioners who offered valuable feedback and suggestions, which we have hopefully incorporated. Your knowledge, compassion and commitment to children and families is always clearly evident and very much appreciated. You make all the difference.

REGIONAL COLLABORATIVES

Gwasnaeth Mabwysiadau Gogledd Cymru | North Wales Adoption Service

North Wales
Isle of Anglesey, Gwynedd, Conwy, Denbighshire, Flintshire, Wrexham

Mabwysiadu Canolbarth a Gorllewin Cymru Adoption Mid & West Wales

Mid & West Wales
Ceredigion, Powys, Carmarthenshire, Pembrokeshire

South East Wales Adoption Service
Achieving More Together
Gwasanaeth Mabwysiadu Deddwyrain Cymru
Cyflawni Mwy Gyda'n Gilydd

South East Wales
Monmouthshire, Blaenau Gwent, Torfaen, Caerphilly, Newport

Western Bay ADOPTION SERVICE GWASANAETH MABWYSIADU Bae'r Gorllewin

Western Bay
Swansea, Neath Port Talbot, Bridgend

Vale, Valleys and Cardiff Adoption | Mabwysiadu yn y Fro, y Cymoedd a Chaerdydd

Vale, Valleys & Cardiff
Merthyr Tydfil, Rhondda Cynon Taf, Cardiff, Vale of Glamorgan

ALL WALES VOLUNTARY ADOPTION AGENCIES SERVICES

adoptionuk
ar gyfer pob teulu sy'n mabwysiadu
for every adoptive family

Credwch mewn plant Believe in children Barnardo's Cymru

St David's Children Society
Cymdeithas Plant Dewi Sant

Appendix 1

Guidance for Practitioners

Please note, this guidance is not meant to be overly prescriptive as the approach will be individual to the circumstances of each case. However, it provides some key pointers for practitioners to consider.

TRAUMA NURTURE TIMELINE

The aim is for all children with a plan for adoption to have a Trauma Nurture Timeline (TNTL) completed. The responsibility for compiling the TNTL sits with the Family Finding team in the regional adoption service; specific arrangements might differ within regions depending on resources. It relies heavily on early information gathered and recorded by the children's Social Worker and from other sources.

Generally, the Family Finding Social Worker will start to compile the TNTL following the ADM "should be placed" decision and will continue post Placement Order proceedings into the Family Finding and Linking stage.

NB:

- At an early stage, make sure that up to date medical reports, carers reports etc are available.
- Liaise with child's Social Worker and legal regarding seeking permission to share court documents (including reports, parenting assessments etc), and to ensure this is included in the final Placement Order judgement

  "When it comes to disclosing information to the adopters, then the CARB should be disclosed including any reports that have been appended. If there is any concern over any disclosure of full reports e.g. in respect of birth parents, then the leave of the court for disclosure should be sought".
  Sarah Coldrick, Nov 2015
- Questionnaires in the Appendices of the Trauma Nurture Timeline and Understanding the Child Day (UTCD) Resource Pack can be used/adapted as part of the information gathering for the TNTL as well as the UTCD if one is held.

PRIOR TO SHARING THE TNTL WITH PROSPECTIVE ADOPTERS

Linking and Matching

- Depending on regional/ VAA arrangements, a scrutiny (or similar) meeting might be held with the Family Finding Social Worker (or Adoption Social Worker if different) and their manager to discuss any potential link before information is shared with prospective adopters. (See Transitions and Early Support Good Practice Guide. p.17)
- Family Finding Social Worker meets with prospective adopters and talks through potential link, sharing information from the CARB and other information
- Visit to prospective adopters to include Child's Social Worker and Family Finding Social Worker (as well as VAA Adoption Social Worker if VAA prospective adopters being considered).

Sharing the TNTL

- TNTL to be shared with prospective adopters when all parties are in agreement to proceed at this stage. Sufficient opportunity should be given for the prospective adopter to talk through the information in the TNTL, ask questions and begin to think about what it might be like to parent this child or children.

UNDERSTANDING THE CHILD DAY

Matching Planning

There should be agreement at this stage as to whether an UTCD will be convened. This agreement does not need to be a formalised discussion; an email agreement would be sufficient. The preparation for an UTCD happens as soon as possible following this agreement.

The aim is for an UTCD to be arranged for every child with a plan for adoption unless they have been referred to a specialist service (e.g. Adopting Together). Priority will be given to those children with more complex histories, older children and sibling groups.

However, even if an UTCD is not held, sufficient time should be set aside for all children for careful consideration of their TNTL and how their experiences have impacted them.

NB:

- You don't have to have fully completed a TNTL to do an UTCD event, and it is important that this doesn't hinder these discussions especially as services are building capacity and confidence.

Again, the responsibility for preparing and facilitating the UTCD sits with the Family Finding team in the regional adoption service; specific arrangements might differ within regions depending on resources.

Practical Preparation

- Venue and sufficient time allocated
- If digital, think about platform and invites, as well as people's ability to access
- Send invitations
- Send out Information sheets and questionnaires (be clear where replies are to be sent and by when)
- Follow up calls to clarify/gather further information if need be/call anyone who is unable to attend but might have rich information
- Update TNTL. You might want to provide a draft TNTL to prospective adopters ahead of the event
- Facilitator to be made aware of any specific issues or complexities
- Think about a broad agenda for the day
- Who will take notes/ensure information is not lost?

On the Day

- What information do I need?
- What else do I need? E.g. refreshments, tissues, additional room?
- How will a digital meeting be managed? What additional things do you need to think about?
- Clear expectations and lots of checking in
- Outline agenda for the day with sufficient time built in for on the day reflection about the child's inner working model and what this practically means.

Possible challenges

- Time
- Over optimism
- Anxiety for the Child's future
- Difficult stories
- Triggers for people
- Needing to trust the process.

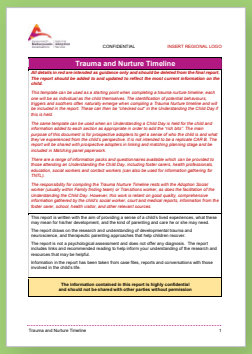
Reflection

- Prospective adopters to be given opportunity to reflect and discuss
- Professionals to reflect and discuss
- Both parties to decide whether to proceed with match
- Support and reassurance to be built in if match does not proceed
- Update report
- Final report to be shared with adopters and be included in paperwork for Matching Panel
- Update Adoption Support Plan as necessary
- As match progresses, check in with prospective adopters
- Key points to inform transitions planning and introductions.

Appendix 2

Trauma and Nurture Timeline

You can download a useable Word version of this All-Wales template, that can be customised with your own regional logo and information, at:
www.adoptcymru.com/good-practice-guides


CONFIDENTIAL INSERT REGIONAL LOGO

Trauma and Nurture Timeline

All details in red are intended as guidance only and should be deleted from the final report. The report should be added to and updated to reflect the most current information on the child.

This template can be used as a starting point when completing a trauma nurture timeline; each one will be as individual as the child themselves. The identification of potential behaviours, triggers and soothers often naturally emerge when compiling a Trauma Nurture timeline and will be included in the report. These can then be "checked out" in the Understanding the Child Day if this is held.

The same template can be used when an Understanding a Child Day is held for the child and information added to each section as appropriate in order to add the "rich bits". The main purpose of this document is for prospective adopters to get a sense of who the child is and what they've experienced from the child's perspective. It is not intended to be a replicate CAR B. The report will be shared with prospective adopters in linking and matching planning stage and be included in Matching panel paperwork.

There are a range of information packs and questionnaires available which can be provided to those attending an Understanding the Child Day, including foster carers, health professionals, education, social workers and contact workers (can also be used for information gathering for TNTL).

The responsibility for compiling the Trauma Nurture Timeline rests with the Adoption Social worker (usually within Family finding team) or Transitions worker, as does the facilitation of the Understanding the Child Day. However, this work is reliant on good quality, comprehensive information gathered by the child's social worker, court and medical reports, information from the foster carer, school, health visitor, and other relevant sources.

This report is written with the aim of providing a sense of a child's lived experiences, what these may mean for his/her development, and the kind of parenting and care he or she may need.

The report draws on the research and understanding of developmental trauma and neuroscience, and therapeutic parenting approaches that help children recover.

The report is not a psychological assessment and does not offer any diagnosis. The report includes links and recommended reading to help inform your understanding of the research and resources that may be helpful.

Information in the report has been taken from case files, reports and conversations with those involved in the child's life.

The information contained in this report is highly confidential and should not be shared with other parties without permission

Trauma and Nurture Timeline 1

All details in red are intended as guidance only and should be deleted from the final report. The report should be added to and updated to reflect the most current information on the child.

This template can be used as a starting point when completing a trauma nurture timeline; each one will be as individual as the child themselves. The identification of potential behaviours, triggers and soothers often naturally emerge when compiling a Trauma Nurture timeline and will be included in the report. These can then be "checked out" in the Understanding the Child Day if this is held.

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Child's name	
Child's date of birth	
Report prepared by	
Job title and role in child's life	EXAMPLE: my role involved reading reports written by professionals involved in making decisions about the child's care plan and facilitating a meeting with prospective adopters, foster carers, social worker and other people who have been involved with the child to help explore and consider their early experiences and potential impact of these
Sources of information	
Has an Understanding the Child Day or meeting been held? If so, include date	
Date report completed	
Updates	

CONTENTS

BIRTH FAMILY HISTORY

We know that many birth parents are living with the consequences of early trauma themselves along with complicating factors like poverty, poor mental health, immigration issues, and parents who may have been care leavers themselves. And so we start with the birth parents' own childhood history as this gives us a sense of their experiences of being parented and of their family life and relationships.

Birth mother	Insert name

Give a brief history and explanation of mother's early life and experiences of being parented, highlighting vulnerabilities and positive experiences/ protective factors.

What was her home environment and family life like? Who was there? What quality of care did she receive? Did she experience any childhood adversity? Experience of early education and time in school. Details of any medical and/ or learning difficulties

Try to avoid a timeline of events; instead, try to present her story and her potential lived experience.

Be clear what are facts and what are possibilities and assumptions.

Birth father	Insert name

As for birth mother above.

Be clear what are facts and what are possibilities and assumptions.

Birth parent's relationship history

Explain how the parent's relationship began and how it developed. Did they live together and are they still together? Quality of the relationship and how they felt about each other. Strengths and vulnerabilities? Was the relationship characterised by any violence, separations, challenges, other influences such as alcohol or substances, other individuals including children. How they felt about the pregnancy.

Be clear what are facts and what are possibilities and assumptions.

Sibling and other significant relationships

"Sibling relationships are the most significant bonds that we can have. We know that most children and young people want to keep in touch with their brothers and sisters, and mourn deeply when this is severed" (Voices from Care Conference 2019)

Details of siblings on maternal and paternal side, and the relationships of these siblings with the child. Think about the ages of the siblings, whether they have been living together, and the quality of the relationship, whether this has provided any protective factors, whether there has been poor quality or conflict within these relationships.

Genograms are often used to explore the meaning of relationships in a family and to the child, and can be extremely useful when compiling a TNTL/UTCD.

We need to be thinking about relationships, family, loss and identity rather than "contact". Who are those people that are important to the child, that they would wish to keep in touch with and who can help them understand their identity and belonging to more than one family?

POTENTIAL IMPLICATIONS FOR: [Insert Child's name]

The birth parents' lived experience and exposure to trauma has the potential to influence the genetic expression of their offspring. Epigenetics is an evolving field of study; it addresses the long debated questions of nature vs nurture and largely concludes that it is a combination of both. Put very simply, epigenetics suggests that we may be born predisposed with a vulnerability to certain diseases, responses and conditions throughout DNA. However, the environments we live in can switch these predispositions of "genetic expression" off and on.

A good starting point for information about genetic expression and epigenetics can be found here:
https://developingchild.harvard.edu/resources/what-is-epigenetics-and-how-does-it-relate-to-child-devlopment

We also need to be thinking about any genetic (inherited / hereditary) information that is known and relevant and the potential implications for the child.

What are the connections between the birth parent's early experiences that have been detailed above with potential implications for the child.

EXAMPLE: [birth mother NAME] experienced adverse childhood experiences, including parental separation and disruption. [birth father NAME] also suffered adversity with parental separation and potentially parental alcohol misuse. This may have had the potential to make certain genes more active for [INSERT child's name]. Therefore, it is important for [child's name] environment to give her a sense of feeling safe and secure and provide opportunities to form secure attachment relationships.

Is there any known genetic issues that could impact the child, for example parental learning disabilities, mental health diagnosis?

Needing to know who we are and having a coherent narrative about ourselves is part of being human, and curiosity about adoption is natural. We know how important it is for children to understand their story so that they can make sense of being part of more than one family and be able to process their losses in a safe way. We also know that there is a strong relationship between how close the adopted person felt towards their parents as a young adult and how openly the subject of adoption was discussed. This has positive implications for an adopted persons' sense of belonging and self-esteem.

Telling children difficult information can be challenging and is an ongoing and evolving process which builds on early work done with the child from when they were first taken into care. We know that where adopters and children have explored the child's story together and been active participants in putting a Life Journey book together, these are highly valued and more regularly accessed.

When considering how to talk about birth family history there are number of resources that may be useful, particularly a book called "Difficult Stories" by Helen Oakwater that explains difficult stories in ways that are suitable for children. Helen also has a useful video that talks about the importance of giving children a truthful picture of their history in a developmentally appropriate way:
https://www.youtube.com/watch?v=D2EX3G1-XOs

What does the child already understand and how have they responded to the information? What are the ongoing needs for the child and how will their Life Journey work to be done, what might be the areas that the child needs more support with and what this support might look like? Think about the need for communicative openness throughout the child's childhood and beyond (this also applies to other birth family members, especially siblings) and foster carers.

[Insert Child's name]'s PRE-BIRTH (IN UTERO) EXPERIENCES

Use relevant information below as appropriate to the child / birth family.

The detrimental effects of alcohol on a developing unborn baby are well documented. Alcohol crosses the placenta and affects the baby's blood alcohol levels within minutes of the mother's consumption. The alcohol can affect physical and neurological development and can lead to learning disabilities and challenges in regulating and managing stresses and situations, the degree of which is dependent on a number of factors including stage of the unborn baby's development, when and how much the mother drink during pregnancy. Therefore, each child will have an individual pattern of strengths and weaknesses.

Studies show that various **drugs** may result in premature birth, low birth weight, small head circumference, and a variety of behavioural and cognitive problems in the child. Regular use of some drugs can cause neonatal abstinence syndrome (NAS), in which the baby goes through withdrawal upon birth. Most research in this area has focused on the effects of opioids (prescription pain relievers or heroin). However, data has shown that use of alcohol, barbiturates, benzodiazepines, and caffeine during pregnancy may also cause the infant to show withdrawal symptoms at birth. The type and severity of an infant's withdrawal symptoms depend on the drug(s) used, how long and how often the birth mother used, how her body breaks the drug down, and whether the infant was born full term or prematurely. (https://www.drugabuse.gov)

Many different studies into the effects of stress upon unborn babies have shown that the physiological rises in cortisol and other adrenal hormones that a stressed and scared mother experience is also flooded to the baby through the placenta. This can directly affect both the physical and neurological development of the unborn baby, causing lower birth weights and shorter heights but also specifically affect brain areas that are involved in recognition and memory. Repeated and prolonged incidences of stress, and therefore increased cortisol levels, may mean that children will then have a higher base line levels of cortisol in their bodies at all times, even after they are born.

Date (pre-birth)	Give descriptions of events and incidents that took place during the pregnancy. These maybe one-off incidents or over a period of time. How did these impact both the welfare of the parents and the unborn child? e.g. periods of homelessness, illness, domestic violence, mental health difficulties. Has there been social services involvement and what has been engagement? Have other children been removed and how are they doing? Include positives such as support from others, receiving anti-natal care, abstinence from substances/alcohol. Include details about any lack of movement of the unborn baby in the womb and / or any concerns that have been highlighted. What might be the potential implications for the child's sensory motor systems? Was antenatal care accessed and at what point? **Be clear what are facts and what are possibilities and assumptions.**
Date (e.g. June 2015 – Aug 2015)	Include details of any specific issues / period of concern, action taken, decision made. EXAMPLE: [birth father NAME] and [birth mother NAME] end their relationship. Reports of domestic violence received by the police and [birth mother NAME] alleges [birth father NAME] throws a chair at her. Social services assessment concludes that [birth mother NAME] has tested clear of substances for a number of months and that court proceedings are not required at this time. **Be clear what are facts and what are possibilities and assumptions.**
Date of [insert child's name] birth	

POTENTIAL IMPLICATIONS FOR: [Insert Child's name]

In this section we begin to relate what is known and what is suspected of the potential impact on the developing unborn child, highlighting the issues and potential significance for the future. The report is NOT intended to be a forecast or a prediction of inevitability but to raise awareness of the risks and uncertainty. If we are able to explore these and hold them in mind, we can then aim to help mitigate any future impact.

Use your knowledge of research and theory on the impact of these particular in-utero experience on the developing baby, the potential impact on brain and body development. Include any information about lack of movement in the womb and the implication of this for the development of the sensory motor systems.

EXAMPLE: There were already serious concerns about [birth mother NAME] and [birth father NAME] parenting ability before [child's name] was born. Those concerns were at such a level that pre-birth parenting assessments were undertaken by social services.

Research has shown us with that unborn babies can suffer trauma to their developing brain and body when they are in the womb. This can be impacted by stress, poor parental mental health and parent's own trauma history among other things. From information gathered, [birth mother NAME] own family history and the previous removal and loss of children would suggest that she would likely have been under some strain during her pregnancy.

We know there was at least one incident of domestic violence during the pregnancy, and given the couple's history, this may not have been an isolated incident. A foetus is capable of processing external sounds from 25 weeks' gestation, and we know that during domestic violence incidents birth mothers have heightened cortisol levels due to their own fight/flight/freeze responses so [child's name]'s development may have had some impact from these incidents.

It is accepted that [child's name] was exposed to alcohol and [insert drug/s name] whilst in the womb. There is currently no conclusive research regarding the effects of [insert drug name] during gestation but studies suggest that maternal use of [insert drug name] is associated with impaired high-order cognitive function in children, including attention deficits and impaired visual perceptual integration.

Include potential symptoms of drug withdrawal in a new-born (e.g. excessive or high pitched crying; poor feeding, irritability, slow weight gain etc)

[Insert Child's name]'s FROM BIRTH

This is a period of huge significance and growth in all areas of the child's development (physical; social and emotional; cognitive/ intellectual; communication and speech). Trust begins to develop as basic needs are met, attachment to key people begins as well as wariness of strangers. The fully formed but undeveloped baby's brain is developing in response to their environment and stimulus. Very cleverly and sensibly, the baby's brain responds to their experience by growing the survival part of their brain.

It is important that we have a good understanding of factors that cause delay or interrupt development as well a normal/ usual child development "baseline" to work from. Interrupted development could result in failure to thrive physically and emotionally, poor language development, and insecurity with resulting behaviours that could include being passive and unresponsive, poor muscle control, poor eye contact or fixed stare, clingy, sleep and feeding difficulties, hyper aroused or dissociated.

It is also important to remember that each child is unique and that children who have suffered early trauma often have "spiky" profiles in their milestone development. They will have missed some essential early building blocks so we always need to think about parenting the behaviour and not the chronological age.

[Insert child's name]'s date of birth	[Child's name] is born. Include circumstances and health at birth, any withdrawal, who was present, point of discharge from hospital and where & who mother and baby went home to. **Be clear what are facts and what are possibilities and assumptions.**
[insert date or period] (insert age in weeks or months) **Note:** Some children might have multiple moves/ foster placements and details of all these need to be included (including emergency / respite placements). It is important to capture any periods of disruption / transition/ adjustment/ progress	Include any details of concern but also positive engagement and response to [insert child's name] Where was the child living and with whom? What were home conditions like/ parents presentations / support being offered by network? Did the home conditions and environment support natural physical and sensory development? E.g. was the child strapped into a pram/ highchair/ car seat for long periods? Include details of any domestic violence incidents, when and where they happened, whether child present and where they were in house, other people present etc. What if any action was taken at this point or support provided? Any significant changes of carers, including admission into care. Details of change, experience of transition, presenting behaviour – see below example for transition to foster care prompts. Details of siblings and other important people in the child's life, their relationship with them and experience of them. **Be clear what are facts and what are possibilities and assumptions.**
[insert date or period] [insert age in weeks or months]	As above with additions if necessary **Be clear what are facts and what are possibilities and assumptions.**
[insert date or period] [insert age in weeks or months]	As above with additions, as necessary. As involvement is continuing and concerns not abating, include detail any referrals made to social services relating to [insert child's name] and / or [birth mother/ birth father NAME]. Include details of any alcohol misuse and reports of events at home (eg all night drinking sessions/ loud music etc., reports of neighbour hearing screaming for long periods at night) Include details of home conditions and provide as much detail as possible about the physical state of the home. Is [insert child's name] left in care of others and for how long? **Be clear what are facts and what are possibilities and assumptions.**

[insert date or period] [insert age in weeks or months]	As above with additions as necessary. Include details of ongoing concerns and how [insert birth mother NAME] is coping with care of [insert child's name]. Include details of mental and physical health presentation. Is [insert birth father's NAME] present and his engagement, relationship with [birth mother's NAME] and [child's name] **Be clear what are facts and what are possibilities and assumptions.**
[insert date or period] [insert age in weeks or months]	As above with additions as necessary. Include details of ongoing concerns, any reports to social services / observations about child's wellbeing and parents activities, presentation and engagement from [insert birth parents NAMES] **Be clear what are facts and what are possibilities and assumptions.**

POTENTIAL IMPLICATIONS FOR: [Insert Child's name]

As in the previous section the challenge is to begin to relate the known events to the potential experience for the child and subsequent impact. Some assumptions or possibilities may be explored but it is important to be clear what is fact and what is 'wondering.'

EXAMPLE: Although [birth mother NAME] had a known history of substance misuse, reports suggest that there were no immediate concerns about her capacity to meet [child's name]'s needs and to keep her safe in the first month of her life. The first concerns were reported when [child's name] was 5 weeks old and violence occurred between [birth mother NAME and [birth father NAME]. Concerning reports then increase and later [birth mother NAME] admits to have been taking substances for several months. We cannot be certain how far back this goes and may have been before [child's name] was 6 months old or earlier.

The quality of care and experience for [child's name] during this period would likely have been at best unpredictable. When [child's name] felt hungry, cold, wet or uncomfortable her needs may not have been readily responded to. Interactions from her care giver may have been in-frequent and not always responsive or recognising her needs. The experience of this for [child's name] will potentially have been significant developmentally.

Babies and infants need to be cared for and responded to by emotionally available and at-tuned adults; babies are reliant on those around them to regulate their emotions and make sense of the world for them. A baby's brain state (whether calm or on high alert and anxious or distressed) aligns with the caregiver's brain state and is regulated by the carer. A dysregu-lated carer imprints that state on the child. Adults under the influence of drugs and alcohol are likely to have their capacity to anticipate a baby's needs, assess risks or provide co-regulation negatively affected.

EXAMPLE: It may have been that [child's name] learned to either shout or scream loudly for comfort and attention when needed or conversely not to seek comfort at all as the response was not predictable or trusted to be available. Although there are reports of [birth mother NAME] being able to care for [child's name] in the early months, this may not have been con-sistent; certainly, in later months care would have been unpredictable and possibly frighten-ing when [birth mother name] was under the influence of illegal substances and alcohol.

Think about [child's name] inner working model and what they are learning?
"I am….." "Others are….." "The world is….."

And what that means i.e. "I can relax, take in my surroundings, and expect to be cared for" OR more likely: "I continue to feel acute stress. I maximise my chance of survival with at-tachment behaviour." What does this attachment behaviour look like?

Infants' brains need to be equally soothed and stimulated to teach children how to play and experience joy (seen in simple games we play with young babies like peekaboo.) Intoxicated parents are unlikely to be unable to meet these needs meaningfully. Missing both experiences can mean that the baby does not have the opportunity to build developmental neural pathways that are so crucial to physical and emotional development. Early trauma blocks the development of the neural pathways in the brain that help regulate our emotions. The ability to emotionally connect with others is also disrupted.

EXAMPLE: [child's name] may have also been around violence and aggression between adults with frequent visitors to her home environment; this would have been very confusing and scary. Sounds, smells, sensations, the time of day or weather may have become linked to some of [child's name]'s early experiences, both positive and negative.

[child's name]'s early developing brain and understanding of the world, of those around her, her expectations of others would have been influenced by her experiences. This will include how she manages her emotions, how she reacts to different situations and how she relates to others.

[child's name] experiences were that carers are unpredictable and unreliable. She may have had limited influence on her caregiver and potentially had to work extremely hard to have her needs responded to, to survive. This potentially causes a belief of being insignificant, helpless and having little influence on the world around us.

[child's name] likely experienced few opportunities to make sense of either positive or negative emotions, limited opportunities to have her emotions soothed or regulated. Some emotions therefore would have been very overwhelming and frightening for a small infant. The relationship between [child's name] and her caregiver was an essential part of developing or "switching on" the emotional regulation area of her brain and has long lasting effects. And so these feelings may arise again in the future when [child's name] experiences strong emotions, positive or negative.

An infant's experiences between birth and two years impacts upon the growing child's future attachment relationships. The effects of living in a home with unsafe, inconsistent and neglectful care can have long-term impacts on children's physical and neurological development. In later childhood when living in a safe environment a child's brain and body systems sometimes remain tuned to keeping them safe and being alert for potential danger, and seemingly, normal everyday incidents can send a child into survival responses, which are known as fight/flight/freeze or submit reactions. A useful resource which gives further explanation of how this can present in children's behaviour and what can help when children (and adults) are triggered into survival reactions can be found here: https://beaconhouse.org.uk/wp-content/uploads/2019/09/What-Survival-Looks-Like-At-Home.pdf

[child's name] was strapped into their pushchair for long periods of time throughout the day and was not able to safely explore their surroundings and do all the things needed for healthy natural development. This significantly their affected core strength and key muscle development, their sensory motor systems. This mean that [child's name] has very limited understanding and control of his body, poor coordination and space awareness. She is often described as a "clumsy child" and falls over a lot.

[Insert Child's name]'s AGED TWO (3RD YEAR OF LIFE)

Between the ages of **one and three**, children are continuing to understand the world around them and try to gain control over it. They know who their main carers are and cry if they are left with someone they do not know. They also use their primary carers as a base from which to explore the world.

Interrupted development could result in poor physical development and co-ordination; fearfulness OR inappropriate independence of adults; inability to control anger and frustration; impulsiveness; sense of having no control over events, learned helplessness. These could manifest in resulting behaviours that could include regression to infantile behaviour; dependency and possessiveness; temper tantrums; aggression or violence; wanting to be in control; self-soothing behaviours (thumb sucking, stroking); self-stimulating behaviours (head banging, poking, picking, masturbating).

(date)	Details of child's placement in foster care. Was it planned or an urgent emergency placement? What happened at removal, where did it happen, who was there, what time of day was it? How did child present on removal and on journey to foster carers? How was the child when she first arrived at foster carers? Was she distressed and crying for long time, could she be comforted, how long did it take her to fall asleep, where did she sleep, did she sleep well or did she wake several times? Was she able to be comforted when she woke? Conversely, did the child present as "fine", disassociated, quiet or withdrawn? Did the child come to the foster carer's alone or with a brother or sister? What was their relationship like? What was the childlike by end of first week in foster care? Did she seek comfort, accept comfort? Did she want to be close to foster carer and how did she behave? Think about the child's experiences in terms of their sensory motor systems, and how these experiences affected development. **Be clear what are facts and what are possibilities and assumptions.**
First few weeks in foster care	Details of observation about the child and any responses in early weeks. What are your observations about how the child's behaviour changed? Did the child seek comfort and how did she do this? What type of behaviour was she displaying? Was she eating and sleeping well? How did she respond to different people in the household and to the household routine? **Be clear what are facts and what are possibilities and assumptions.**
Experiences in foster placement. **Note:** Some children might have multiple foster placements and details of all these need to be included (including emergency / respite placements). It is important to capture any periods of disruption / transition/ adjustment/ progress	**Details of emotional and attachment behaviours:** Was the child able to accept hugs, or did she remain "rigid" and only accept them on her terms? What are your observations about how the child's behaviour changed and how do they present currently? Does she seek and accept comfort? Does she approach the foster carer for comfort or does the foster carer always have to prompt this? What is the child like when she is separated from foster carer? Does she follow around house? Can the child be left "alone" anywhere in the house? Are there certain situations when the child's gets really upset e.g. when foster carer says goodbye to anyone or puts her coat on to go shopping? Does the child display any dysregulated behaviour (tantrums) and is there any identified triggers to this? What are the contact arrangements and how does the child respond – before, during and after? **Social Development:** What was the child's relationship with other children in foster care like and how have these changed? What was her play like and how does her play look like now? What does she like to play with? Does she play alongside her peers, and does she show signs of reciprocal play / sharing/ empathy? How does the foster carer describe the child? How does the nursery describe the child? Observations of changes.

	Bedtime and night-time: What was she like when first placed compared to now? What did/do both these look like? If there is a change, how long did this process take and what worked? **Health and development:** Details of any medical reports of delay and in what areas. Has there been any progress since being in foster care and what does this look like? Is the child reaching milestones? Is there still sdelay in some areas? Is any support being provided (eg SALT) to help catch up **Be clear what are facts and what are possibilities and assumptions.**

POTENTIAL IMPLICATIONS FOR: [Insert Child's name]

Children are amazing in their capacity to adapt, they have had to be; but exposure to early adversity such as abuse and neglect in childhood and the loss of significant people I their lives affects all areas of a child's development, their attachment patterns, and their belief about self, and can have far reaching developmental consequences. A child's behaviour is their response to circumstances they find themselves in and is their language of communication with the adults around them; the dictionary of that language is their history. (NAS Transitions and Early Support Good Practice Guide p3)

As in the previous section, relate the known events to the potential experience for the child and subsequent impact on them. Again, assumptions or possibilities may be explored but it is important to be clear what is fact and what is 'wondering.' We need to be thinking of how a child might react to another change and what behaviours we might possibly see as they cope with that.

EXAMPLE: [child's name]'s separation from her known carers was clearly terrifying and traumatic for her. She would have felt distress, felt unable to have any influence on the events happening to her and had no source of comfort from a familiar adult.

Think about [child's name] inner working model and what they are learning?
"I am….." "Others are….." "The world is….."

And what that means i.e. "I can relax, take in my surroundings, and expect to be cared for" OR more likely: "I continue to feel acute stress. I maximise my chance of survival with attachment behaviour"

[child's name]'s behaviour suggests that feeling connection and the closeness of others has not developed as a comforting and regulating feeling for her. This may mean that [child's name] will not always show when comfort is needed and may even struggle to accept it when she likely needs it most. It can be challenging for carers and parents to accept this response and interpret it as a rejection. [child's name]'s carers/parents will need to understand that while [child's name]'s responses may seem rejecting, the behaviour is based on her early experiences and expectations. [child's name] will require patience and the company of her carers being close by when she needs them even if she will not accept a hug in the moment.

When children and infant are in situations where their emotional needs are not met their brain and biological development is affected as they are largely functioning in survival mode. For [child's name], her early experiences may have contributed to her developmental delay and it is a positive sign that now she is in a nurturing environment and beginning to feel safe, her general development has progressed.

When [child's name] experiences a further move it will inevitably cause her disruption and may cause a pause or regression in her development stage. During this time, it will be important to focus on making [child's name] feel safe and secure emotionally; once this happens [child's name] will be in the best position to reach her full potential in all areas of her development.

Future needs: For the first 2 to 3 months being in a new placement [child's name] will need a constant presence of one of her main carers at all times; she will need her carer to be close and ideally in sight. [child's name] will need you around her all the time to enable her to begin to feel safe and develop a sense of security. Night waking and screaming may become more frequent as it will take time for [child's name] to feel emotionally settled and secure. This will inevitably be quite exhausting and draining for you.

Separations from her carers may continue to be a cause of distress for [child's name] for some time. Even short separations from her carers may trigger past feelings of abandonment and fear. Routine will be important and knowing what will be happening next and when may offer some reassurance. [child's name] enjoys and needs the attention of the adults around her. Being noticed and being the centre of attention will reassure [child's name] that she is seen and not forgotten.

[Insert Child's name]'s AGED THREE (4TH YEAR OF LIFE)

The same principles apply as above ie details of observations of circumstances and presenting behaviours, any triggers and soothers.

Be clear what are facts and what are possibilities and assumptions.

POTENTIAL IMPLICATIONS FOR: [Insert Child's name]

As above

[Insert Child's name]'s AGED FOUR (5TH YEAR OF LIFE)

In terms of expected development, between the ages of four and six we see rapid language development; curiosity and eagerness to learn; enjoyment of physical activity and imaginative play; sharing and co-operating and enjoyment of the company of others; increasing self-reliance

Interrupted development could result in delayed language development; learning difficulties; lack of curiosity; social isolation; poor physical co-ordination; feelings of guilt and shame; feelings of being out of control; loss or lack of control of bodily functions. We could see behaviour that include apparent lack of interest, apathy; frozen watchfulness; nightmares; extreme dependency; restless energy; aggression towards self, other, objects; poor memory; inability to concentrate.

Include below details of observations of circumstances and presenting behaviours, any triggers and soothers.

Be clear what are facts and what are possibilities and assumptions.

POTENTIAL IMPLICATIONS FOR: [Insert Child's name]

As above

THEMES OF THE CHILD'S LIFE AND POTENTIAL IMPLICATIONS/ REFLECTIONS FROM UNDERSTANDING THE CHILD DAY

This section can be used to draw together key themes that arise from the Trauma Nurture timeline and the information received from others involved with the child.

It can also be used to record discussions and reflections from the Understanding the Child Day if one is held. Please note: information from the UTCD can also be added to other sections if appropriate.

This information will be individual to each child and care should be taken to ensure this is the case. Below is an example of what might be included/ common themes.

Lack of routine or structure in [child's name]'s early care:
This means that [child's name] is likely to feel safest with routine and consistency. [child's name] has had little reason to trust or expect adults to be trustworthy or dependable. However well the move to adoption is managed, this will still be another change for her and she might take a long time to feel safe and trust the care she is offered.

[child's name]'s needs were likely inconsistently met:
Children who may have unpleasant experiences with food – from unclean bottles and or milk too hot or cold, and with food being not provided regularly may also then have negative associations with food. Link this to [child's name]'s experience.

Children who have lived in erratic and chaotic environments can be seen as very controlling to events and those around them; this is often an effort to control a world that has proved to be dangerous and unpredictable. Link this to [child's name]'s experience

Regular mealtimes, and predictable routines are very important in helping children feel grounded and safe.

Children who have not had their needs met consistently can struggle to identify their needs as the connections between a physical sensation and the meaning of that sensation, for example, connections with the physical sensation of hunger and eating to soothe that sensation have not been made for them. Link this to [child's name]'s experience.

Using yoga, dancing, rhymes and soothing children as if they were young babies, saying things like 'oh I think you're thirsty' can be very healing developmentally, and would be very useful for [child's name.

Lack of stimulation and play:
The chaos and changes in [child's name]'s early two years of life suggest she may have missed out on key early experiences and stimulation for learning as well as healthy physical development.

[child's name] sensory motor system is underdeveloped due to her experiences and she will need to be provided with specific opportunities to develop these and to familiarise herself with her own body and how it works.

Play is crucial for children developmentally in learning about and making sense of the world. [child's name] has had positive experiences in foster care and learned and developed role-play with toys and other children. She may regress following a move to an adoptive placement and may need to be taken back to younger play and have support with play. This may mean that she will not be able to play alone for some time, particularly if she is feeling stressed or anxious.

Play can be an excellent way of building attachment and helping children feel safe, and although it might not feel like, it will be very important for helping [child's name] to grow and develop.

Loss of relationships and feeling rejected:
[child's name] has experienced loss in her life in the removal from her mother and grandparents' care and from her brother, and now potentially from her foster placement. [child's name]'s last move was very sudden and abrupt. These separations combined with a move to an adoption placement may give [child's name] an expectation that people will leave and forget her. [child's name] may therefore find it difficult to trust relationships and anticipate that people will leave her. [child's name] may be extra clingy and seek to be close to carers at all times to ensure they cannot leave her and do not forget her. This may be also present as constantly talking and reminding people of her presence, or in being a good girl and trying to please.

All of the above needs to be taking into account when planning introductions to ensure that sufficient time is allowed to enable trusting relationships to develop before the adopters undertake caring tasks. There also needs to be clear plans for the direct work to be done with [child's name] and for ongoing contact with foster carer following the move.

Relationships are the golden thread in children's lives. We need to think of the important people for [child's name] and how we can support these following the child's move.

[child's name] was potentially around incidents of violence and volatile adult behaviours:
This would have been scary and confusing for an infant with little offer of comfort or reassurance from a caregiver. These incidences may have hardwired [child's name] to be prepared for danger and may have caused her brain to perceive loud noises and raised voices as signals to go into survival mode. [child's name] may be hyperactive vigilant to danger and the moods and needs of those around her.

[child's name] will need to learn that there are adults who can be trusted and are safe and who will protect her and meet her needs. Being told 'no' can be particularly shaming for children who have not experienced good enough care and so being sensitive around how to communicate to [child's name] that, when she is told 'no', that she is still safe in her relationship will be helpful in managing this for her.

Resilience and Survival:
A theme which came strongly from the Understanding the Child Day was one of resilience, strength, survival and how well this little girl has done despite the adversity she has faced. She is just amazing and people who know her are in awe of her! [child's name] has brought joy to those around her including her foster family, nursery and other children.

[child's name] has demonstrated her own resilience and immense bravery in her ability to begin to develop trust in her current foster carer. She has shown signs of wanting to develop an attachment to her foster carer and her behaviours and responses show how she has tried to do this by sticking close to her foster carer and wanting to keep her in sight. The next step for [child's name] will be not only wanting to be with a caregiver, but also to be able to trust that they will return to her and that she can depend upon them.

[child's name] will need a sensitive and empathic parenting relationship to continue to move forward developmentally and help her recover. A key factor will be an attuned caregiver to build on [child's name]'s strength and resilience within a framework of empathy, acceptance, curiosity and playfulness.

Add additional as appropriate for the child

POTENTIAL BEHAVIOURS [CHILD'S NAME] MAY DISPLAY IN NEW OR STRESSFUL SITUATIONS

The baby with responsive caregivers trusts that they will keep him safe and knows they are going to respond when he needs them. This enables the baby to relax and concentrate on learning and development without worrying about their survival. This produces a profile of neuro-typical development where the "downstairs brain" is appropriately less developed allowing the "upstairs brain" to grow.

For a neglected and abused child, very cleverly and sensibly, the baby's brain responds to their experience by growing the survival part of their brain. They will be hyper alert for possible danger, listening and watching to see if things are safe or anxiously worrying about whether their caregiver will be coming back and what might happen when they do. And so because they are working very hard at gauging their surroundings, this swamps their ability to be able to relax, play and learn. This profile grows if this is their repeated experience, and their trauma interrupts and affects their brain development; their "downstairs brain" has to grow at the expense of their "upstairs brain". This is called Developmental Trauma.

The survival responses that the child uses have developed over time in response to, and because of, their experience, and will have at some point worked for them. New and unknown situations will inevitably trigger the flight, flight, freeze flop response in {child's name] and it is important for us to think about what this might look like for them

Describe the behaviour that was seen when the child was first placed with foster carers and how they might react when they are moved again. Be as specific as possible with examples if you can.

Think about the reactions towards others, how they seek to control what was happening.

EXAMPLES:
Difficult to soothe and comfort
Withdrawn
Clingy
Hyper vigilant
Difficulties sleeping / waking in the night
Night terrors
Attempting to control carers/situations
Screaming
Biting
Bouncy and connection seeking behaviour
Rejecting of care and carers
Over-eating
Regression
Jealous of sharing attention
Happy to go with anyone
Showing no/little attachment to main carers
Independent and not looking for or accepting care/ affection.
Avoiding eye contact
Easily overwhelmed by close/ intensive interaction
Not spontaneously affectionate.

POTENTIAL TRIGGERS FOR [CHILD'S NAME]

When a child has had a difficult start in life, the "flipping the lid" action is easily triggered (Dan Seigal). They are operating on a basic survival level and the connections are not well practiced and loose. When a child is in their downstairs brain, they find it so hard to respond to nurture, to take things in, to listen to logic and respond. The absence of threat does not suddenly mean the child feels safe. They have learnt – better be safe than sorry, to be alert and vigilant. It's not that you are doing things wrong, you just need to do them over and over again.

It is good to be aware of potential triggers for [child's name] from what we know.

EXAMPLES of Potential Triggers of Negative Emotions, Feelings and Behaviour

Specific smells
Separation (even short ones)
Feeling ashamed if believes she has made a mistake or done something wrong
Nightmares
Sudden loud noises. [child's name] gets upset when…
Lack of/change in routine
Raised voices/ aggressive/ defensive adults
Feeling hungry
Still faces and being ignored or not responded to
Perceived rejection e.g. using 'time-out' or separation as a consequence to undesirable behaviour
The sensation of …… – [child's name] doesn't like….

POTENTIAL SOOTHERS AND CALMING ACTIVITIES TO HELP [CHILD'S NAME]'s REGULATION

In order to help a child recover, we need to be always thinking about their behaviour in the context of their developmental trauma. How we think and feel about their behaviour will influence our responses to them and over time, will influence how the child starts to think and feel about themselves.

This caregiving cycle shows the interconnectedness and multiple interactions involved in family life. The child needs you to co regulate with them as they haven't learnt to regulate themselves, they need to experience your empathic response repeatedly and over time before they can reframe their view of themselves, their world and others in it.

EXAMPLES of some potential soothers

Familiar smells: familiar washing powder, cooking and baking, find a favourite bubble bath (NB some smells could be both triggers and soothers)
Jumping (trampolines are particularly good for this) [child's name] also loves…
Outside play and activities- walks, running. [child's name] loves being outside and loves the slide.
Crunchy snacks – toast, biscuits, carrots
Music and singing- particularly rhythmic and rhyming songs
Reassurance- watching and observing [child's name]'s actions and behaviours, showing them back to her or naming them.
Keeping close – accepting he may need to stay with key adults in the same room until she feels safe and settled.
Hand holding
One to one attention E.g. looking at books together
Transitional objects- when you have to be separated leave a token object to reassure that you will be coming back, friendship bracelets and sticker may help
Holding in mind – when reunited after a separation talk about how you thought of Xchild's nameX while you were apart and maybe pick a flower or leaf to give to her that you saw and thought she would like
Routine and consistency
Home based activities

The following could remain within this document or be used in other documents as appropriate.

Think back to what you have learnt about parenting with PACE and Secure Base principles.

This approach does not impact on your ability to set boundaries, it actually empowers discipline – your readiness and ability to guide and teach your child in a gentle but strong way that build trust in your child. "I know you want to strangle the cat but the cat's not for strangling" - accept the desire / feeling – "I can see you're angry and it's ok / I don't blame you" – all feelings welcome but all actions are not.

Examples of empathetic and accepting language

- I care about you but it is not okay for you to do that. Shall we find a better way for you to manage
- You were very brave to have a go at that. We don't always get things right straight away
- I think you might find it hard to let me help you. Shall we see if I can help you just a little bit
- I think that you think I am being mean. I need to keep you safe because I love you
- I think you need to be with me at the moment because you are cross
- You seem to find it very hard when I tell you that you did well
- I think that you think if I don't do what you want straight away that I will forget
- You seem to get upset when I ask you to do things or tell you off. I wonder if you worry that I don't love you
- I think you find this hard because you learnt to do things a different way. That's okay. We will learn together
- When you need something from me, here is how you show me.

BIBLIOGRAPHY AND INFORMATION RESOURCES

Useful books

- **Parenting with Theraplay** Vivien Norris and Helen Rodwell (2017)
- **Parenting a child who has experienced trauma** Dan Hughes (2016)
- **The A-Z of Therapeutic Parenting** Sarah Naish (2018)
- **Therapeutic Parenting in a Nutshell** Sarah Naish (2016)
- **The Neurobiology of Attachment-Focussed Therapy** J Baylin and D Hughes (2016)
- **The Body Keeps the Score** Bessel Van de Kolk (2015)
- **Foetal alcohol spectrum disorders: Parenting a child with an invisible disability** by Julia Brown and Dr Mary Mather (2014)
- **Improving Sensory Processing in Traumatised Children** by Sarah Lloyd (Jessica Kingsley publishers) (2016)
- **Why Can't My Child Behave? Empathic Parenting Strategies that Work for Adoptive and Fostering Families** Dr Amber Elliott (2013)

Websites

- A good starting point for information about genetic expression and epigenetics can be found here: https://developingchild.harvard.edu/resources/what-is-epigenetics-and-how-does-it-relate-to-child-devlopment
- https://beaconhouse.org.uk/wp-content/uploads/2019/09/Repair-of-Early-Trauma.pdf
- Lots of resources and videos about the impact of trauma on development, the video on Windows of Tolerance is very useful. https://beaconhouse.org.uk/useful-resources
- The booklets of Survival at Home and School and the cheat sheet for ideas to help are all here as well as lots of other useful information for adopters and schools www.innerworldwork.co.uk

Video clips / short films /podcasts:

- Sarah Naish's video, what is therapeutic parenting: https://www.bing.com/videos/search?q=sarah+naish+therapeutic+parenting+youtube&view=detail&mid=B3552C6FCC27D07B8C8FB3552C6FCC27D07B8C8F&FORM=VIRE
- Helen Oakwater video on impact of trauma- physical memories and truth telling in lifestory work: https://www.youtube.com/watch?v=D2EX3G1-XOs
- Think brain, not blame FASD FILM https://www.youtube.com/watch?v=7kMW05sj7Uo

beaconhouse.org.uk

- The repair of Early trauma: a bottom up approach by Beacon House https://www.youtube.com/watch?v=FOCTxcaNHeg
- Window of Tolerance Beacon House https://www.youtube.com/watch?v=Wcm-1FBrDvU
- What survival looks like at home https://beaconhouse.org.uk/wp-content/uploads/2019/09/What-Survival-Looks-Like-At-Home.pdf

A few suggested books you can read with children

For descriptions, please see page p25

- **Not Again Little Owl** by Vivien Norris
- **A Safe Place for Rufus** by Jill Seeney
- **Teenie Weenie in a Too Big World** by Margot Sunderland
- **A Nifflenoo Called Nevermind** by Margot Sunderland
- **Big feelings come and go**
  Helping a child understand Fight, Flight, Freeze and what helps.
  https://protectchildren.ca/pdfs/C3P_BigFeelingsComeAndGo_storybook_en.pdf

Appendix 3

Information for Adopters

Appendices 3 to 8 are a suite of Word version templates that have been developed by SEWAS to provide information about the Understanding the Child Day and gather information for the event.

UNDERSTANDING THE CHILD DAY: INFORMATION FOR ADOPTERS

South East Wales Adoption Service
Achieving More Together
Gwasaneth Mabwysiadu Deddwyrain Cymru
Cyflawni Mwy Gyda'n Gilydd I

Understanding the Child Day: Information for Adopters

Aims:

- To give you a chance to meet some of the people who have been involved with the children past and present.
- To consider the child's past experiences from a child's perspective
- To begin the process of wondering how the child's early experiences impacts on them today and potentially in the future
- To think about how the child's early experiences may influence their behaviours and the parenting approach they need

How it works:

Before the day the Family Finder and Transitions Social Worker will have pulled together as much information about the child's history and story as possible.

Through the day you as potential adopters of the child, the Transitions Social Worker will go through this history in as much detail as much as possible, with the input of professionals who were involved at the time.

We will spend time considering what living these experiences was like for the children and how that has affected their development and behaviours, and what they expect of adults and the world around them as a result of these experiences.

We will spend time thinking with those caring for the children now about how it is to live with and care for the children, what soothes them and helps them when they are struggling.

At the end of the day, we will consider how this information can help to plan for and anticipate how moving to an adoptive home will affect them and what support can be put in place to help and ease the transitions for everyone.

Who will be there?

Each day is tailored to understanding the child's history and story so we will try to gather the people who are relevant. This may include the child's current and previous social workers, support workers who may have worked with the child in their birth family, past and present foster carers and any other relevant professionals.

Not everyone will be available to stay all day, and if they can't attend, we will do our best to get information from them before the day and to follow up any questions with them that may come up during the day.

UtCD: Information for Adopters 1

Child/Children	
Date of meeting:	
Your name:	

Understanding the Child Day
Prospective Adopter Reflections

Please answer honestly; your reflections are important to help us think about what support you might need and want.

Are there any particular strengths or positives that have been highlighted or revealed today for you about your match with this child / these children?
Was there any information from the day that has raised concerns or worries for you?
Do you have any suggestions for support to you'd like to receive to help you with these concerns?
What challenges do you think might be ahead in parenting this child / these children?
Is there anything you feel you would benefit from further support or training in?

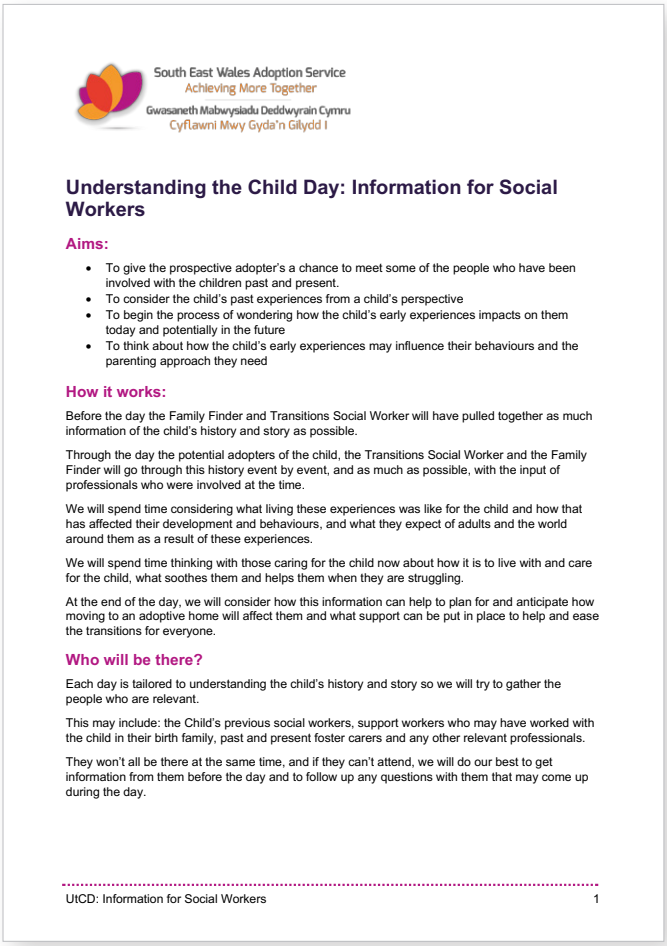
UtCD: Prospective Adopter Reflections 1

You can download these useable templates from:
www.adoptcymru.com/good-practice-guides

Appendix 4

Information for Social Workers

UNDERSTANDING THE CHILD DAY: INFORMATION FOR SOCIAL WORKERS



South East Wales Adoption Service
Achieving More Together
Gwasaneth Mabwysiadu Deddwyrain Cymru
Cyflawni Mwy Gyda'n Gilydd I

Understanding the Child Day: Information for Social Workers

Aims:

- To give the prospective adopter's a chance to meet some of the people who have been involved with the children past and present.
- To consider the child's past experiences from a child's perspective
- To begin the process of wondering how the child's early experiences impacts on them today and potentially in the future
- To think about how the child's early experiences may influence their behaviours and the parenting approach they need

How it works:

Before the day the Family Finder and Transitions Social Worker will have pulled together as much information of the child's history and story as possible.

Through the day the potential adopters of the child, the Transitions Social Worker and the Family Finder will go through this history event by event, and as much as possible, with the input of professionals who were involved at the time.

We will spend time considering what living these experiences was like for the child and how that has affected their development and behaviours, and what they expect of adults and the world around them as a result of these experiences.

We will spend time thinking with those caring for the child now about how it is to live with and care for the child, what soothes them and helps them when they are struggling.

At the end of the day, we will consider how this information can help to plan for and anticipate how moving to an adoptive home will affect them and what support can be put in place to help and ease the transitions for everyone.

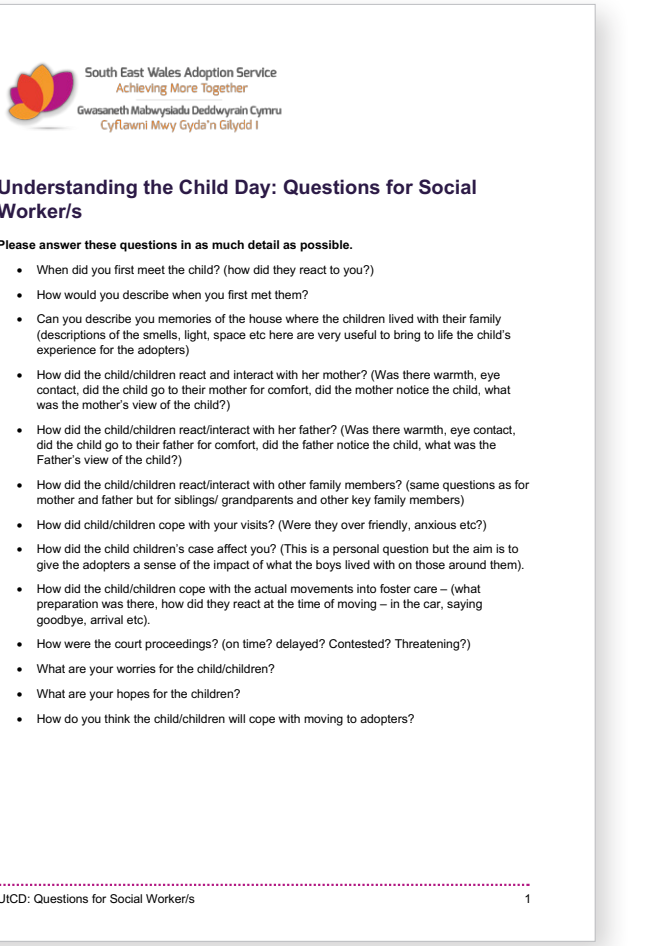
Who will be there?

Each day is tailored to understanding the child's history and story so we will try to gather the people who are relevant.

This may include: the Child's previous social workers, support workers who may have worked with the child in their birth family, past and present foster carers and any other relevant professionals.

They won't all be there at the same time, and if they can't attend, we will do our best to get information from them before the day and to follow up any questions with them that may come up during the day.

UtCD: Information for Social Workers 1



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Gwasaneth Mabwysiadu Deddwyrain Cymru
Cyflawni Mwy Gyda'n Gilydd I

Understanding the Child Day: Questions for Social Worker/s

Please answer these questions in as much detail as possible.

- When did you first meet the child? (how did they react to you?)
- How would you describe when you first met them?
- Can you describe you memories of the house where the children lived with their family (descriptions of the smells, light, space etc here are very useful to bring to life the child's experience for the adopters)
- How did the child/children react and interact with her mother? (Was there warmth, eye contact, did the child go to their mother for comfort, did the mother notice the child, what was the mother's view of the child?)
- How did the child/children react/interact with her father? (Was there warmth, eye contact, did the child go to their father for comfort, did the father notice the child, what was the Father's view of the child?)
- How did the child/children react/interact with other family members? (same questions as for mother and father but for siblings/ grandparents and other key family members)
- How did child/children cope with your visits? (Were they over friendly, anxious etc?)
- How did the child children's case affect you? (This is a personal question but the aim is to give the adopters a sense of the impact of what the boys lived with on those around them).
- How did the child/children cope with the actual movements into foster care – (what preparation was there, how did they react at the time of moving – in the car, saying goodbye, arrival etc).
- How were the court proceedings? (on time? delayed? Contested? Threatening?)
- What are your worries for the child/children?
- What are your hopes for the children?
- How do you think the child/children will cope with moving to adopters?

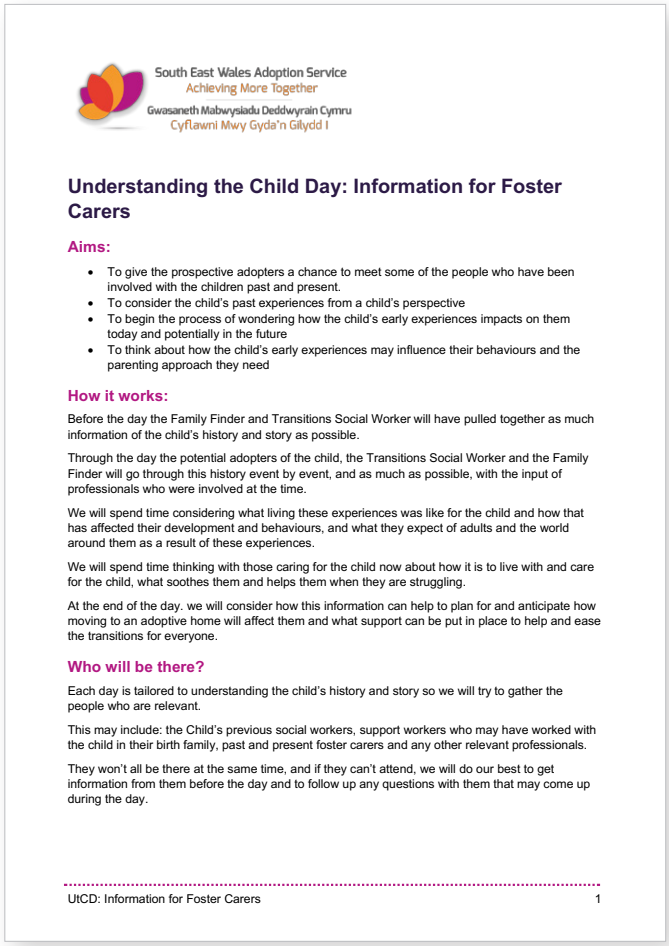
UtCD: Questions for Social Worker/s 1

You can download these useable templates from:
www.adoptcymru.com/good-practice-guides

Appendix 5

Information for Foster Carers

UNDERSTANDING THE CHILD DAY: INFORMATION FOR FOSTER CARERS



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Understanding the Child Day: Information for Foster Carers

Aims:

- To give the prospective adopters a chance to meet some of the people who have been involved with the children past and present.
- To consider the child's past experiences from a child's perspective
- To begin the process of wondering how the child's early experiences impacts on them today and potentially in the future
- To think about how the child's early experiences may influence their behaviours and the parenting approach they need

How it works:

Before the day the Family Finder and Transitions Social Worker will have pulled together as much information of the child's history and story as possible.

Through the day the potential adopters of the child, the Transitions Social Worker and the Family Finder will go through this history event by event, and as much as possible, with the input of professionals who were involved at the time.

We will spend time considering what living these experiences was like for the child and how that has affected their development and behaviours, and what they expect of adults and the world around them as a result of these experiences.

We will spend time thinking with those caring for the child now about how it is to live with and care for the child, what soothes them and helps them when they are struggling.

At the end of the day. we will consider how this information can help to plan for and anticipate how moving to an adoptive home will affect them and what support can be put in place to help and ease the transitions for everyone.

Who will be there?

Each day is tailored to understanding the child's history and story so we will try to gather the people who are relevant.

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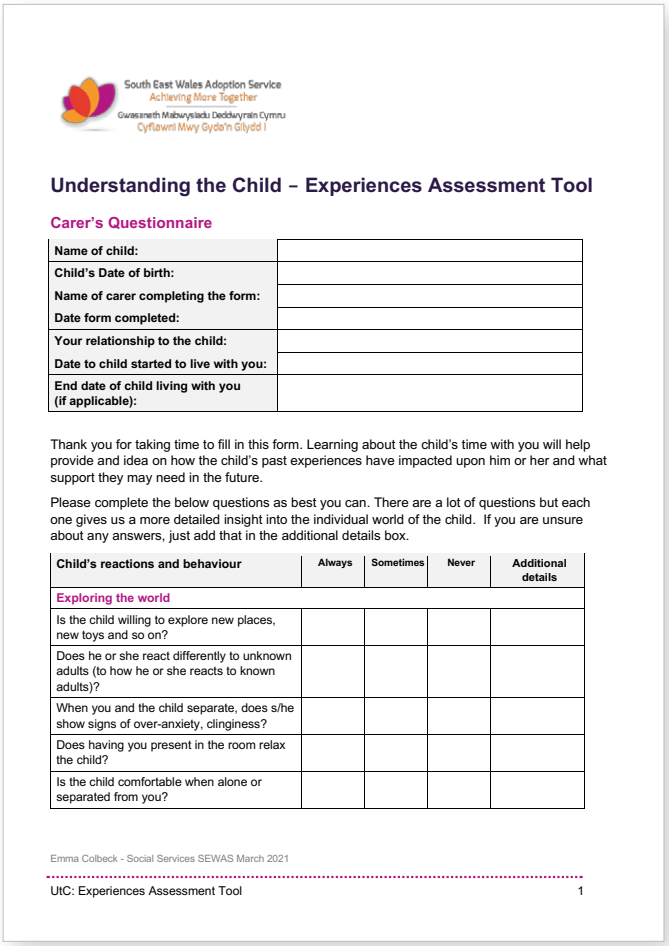
UtCD: Information for Foster Carers 1



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Understanding the Child – Experiences Assessment Tool

Carer's Questionnaire

Name of child:	
Child's Date of birth:	
Name of carer completing the form:	
Date form completed:	
Your relationship to the child:	
Date to child started to live with you:	
End date of child living with you (if applicable):	

Thank you for taking time to fill in this form. Learning about the child's time with you will help provide and idea on how the child's past experiences have impacted upon him or her and what support they may need in the future.

Please complete the below questions as best you can. There are a lot of questions but each one gives us a more detailed insight into the individual world of the child. If you are unsure about any answers, just add that in the additional details box.

Child's reactions and behaviour	Always	Sometimes	Never	Additional details
Exploring the world				
Is the child willing to explore new places, new toys and so on?				
Does he or she react differently to unknown adults (to how he or she reacts to known adults)?				
When you and the child separate, does s/he show signs of over-anxiety, clinginess?				
Does having you present in the room relax the child?				
Is the child comfortable when alone or separated from you?				

Emma Colbeck - Social Services SEWAS March 2021

UtC: Experiences Assessment Tool 1

You can download these useable templates from:
www.adoptcymru.com/good-practice-guides

Appendix 6

Information for Schools

UNDERSTANDING THE CHILD DAY: INFORMATION FOR SCHOOLS

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Understanding the Child Day: Information for Schools

Aims:

- To give the prospective adopters a chance to meet some of the people who have been involved with the children past and present.
- To consider the child's past experiences from a child's perspective
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At the end of the day, we will consider how this information can help to plan for and anticipate how moving to an adoptive home will affect them and what support can be put in place to help and ease the transitions for everyone.

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UtCD: Information for Schools 1

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Understanding the Child – Assessment Tool

Nursery / School Questionnaire

Name of child:	
Child's Date of birth:	
Date questionnaire completed:	
Name of Nursery/School/or setting:	
Person completing this form and role:	
Date the child started to attend this setting:	
End date (if applicable):	

Thank you for taking time to fill in this form. Learning about the child's time with you will help provide and idea on how the child's past experiences have impacted upon him or her and what support they may need in the future.

Please complete the below questions as best you can. There are a lot of questions but each one gives us a more detailed insight into the individual world of the child. If you are unsure about any answers, just add that comment in the details box.

Child's Behaviour	Often	Sometimes	Never	Comments and examples
Usually in a positive mood				
Excessively dependent on the teacher, assistant or other adults				
Comes to the setting willingly				
Shows capacity to empathise with others				
Has a positive relationship with one or two peers; shows they care about them and misses them if absent etc				
Shows humour				
Appears lonely				

Emma Colbeck - Social Services SEWAS March 2021

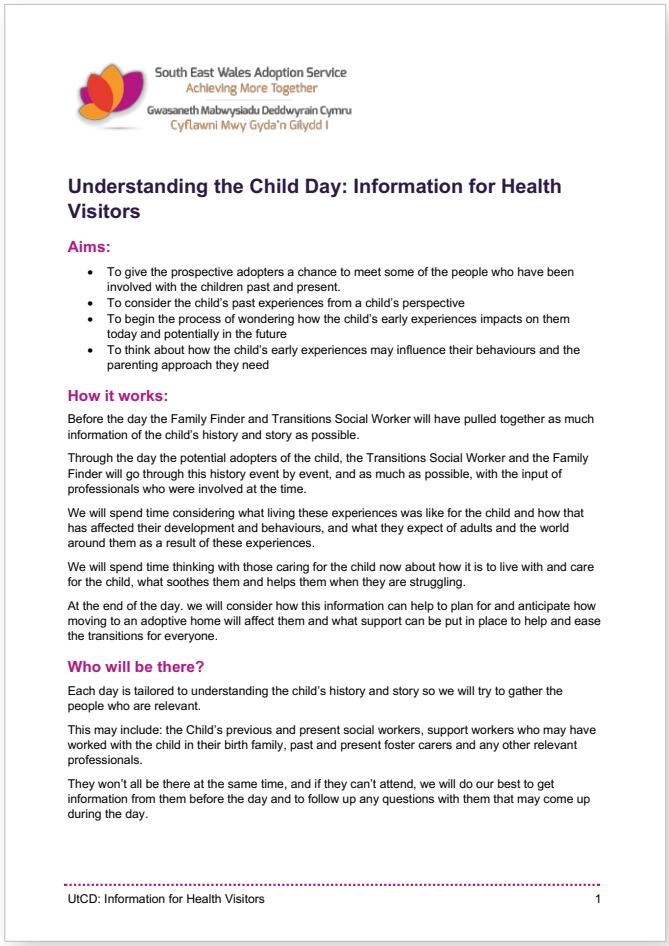
UtC: Assessment Tool 1

You can download these useable templates from:
www.adoptcymru.com/good-practice-guides

Appendix 7

Information for Health Visitors

UNDERSTANDING THE CHILD DAY: INFORMATION FOR HEALTH VISITORS



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Understanding the Child Day: Information for Health Visitors

Aims:

- To give the prospective adopters a chance to meet some of the people who have been involved with the children past and present.
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UtCD: Information for Health Visitors 1

You can download this useable template from:
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Appendix 8

Evaluation of Understanding the Child Day

UNDERSTANDING THE CHILD DAY: EVALUATIONS

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Understanding the Child Day: Evaluation

What were your expectations of the Understanding the Child day? (tick all that apply)

	No expectations
	Meet people involved with the child
	Improved understanding of the child's needs
	Clear knowledge of child's history
	What behaviours the child may present
	How to support my child with behaviours
	Please add any others

	Yes	No	At Times
Did you feel the information was presented clearly?			
Did you feel overwhelmed by the information?			
Were you given space to ask the questions you needed?			

The day has given me: (please tick all that apply)

	A chance to meet people involved with the child
	An Improved understanding of the child's needs
	Clear knowledge of the child's history
	What behaviours the child may present
	How to support the child with behaviours and feelings
	Please add any others

Any other comments?

UtCD: Evaluation 1

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Understanding the Child Day: Online Evaluation

What were your expectations of the Understanding the Child day? (tick all that apply)

	No expectations
	Improved understanding of the child's needs
	Clear knowledge of child's history
	What behaviours the child may present
	How to support my child with behaviours
	Please add any others

	Yes	No	At Times
Was the report written in a way that was easy to read?			
Did you receive the report in enough time before the meeting?			
Did you feel the information was presented clearly?			
Did you feel overwhelmed by the information?			
Were you given space to ask the questions you needed?			
Did you feel you were given enough comfort breaks?			
Did the technology work?			
Was there anything you would have liked more or less of?			

The day has given me: (please tick all that apply)

	An Improved understanding of the child's needs
	Clear knowledge of the child's history
	What behaviours the child may present
	How to support the child with behaviours and feelings
	Please add any others

Any other comments?

UtCD: Online Evaluation 1

You can download these useable templates from:
www.adoptcymru.com/good-practice-guides

Gwasanaeth Mabwysiadu Cenedlaethol | National Adoption Service

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