

# ACORN EDUCATION AND CARE

## The Importance of Feeling Safe

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### Introduction

Last month, April 2018, Ofsted published their annual Children's Social Care Questionnaires, which gathered the views of 37,000 children, parents, social workers and other professionals between June and October 2017. In summary it found children in care are receiving less support and do not feel as safe as in previous years.

Among the children in residential care surveyed, only 69% said they feel safe in their children's home all of the time, compared with 70% the year before and only 21% said they feel safe most of the time, compared to 24% in 2015.

These are very worrying statistics when evidence suggests feeling safe is essential for all children's healthy development:

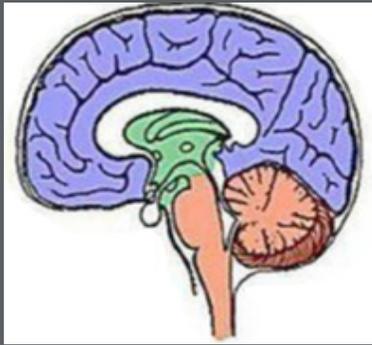
- Attachment theory emphasises the importance of a secure and trusting carer-infant bond on development and well-being (John Bowlby 1988).

- The Neuro-sequential Model of Therapeutics evidences the importance of early experiences on a child's brain development (Perry et al 2008).
- The Developmental Trauma Model evidences the impact early trauma can have on a child's development within seven key developmental domains (Bessel A van der Kolk 2005). For instance, links between childhood stress and hyperactivity, anxiety, impulsivity and sleep problems (Perry, Pollard, Blakely, Baker & Vigilante, 1995).

### Early Development

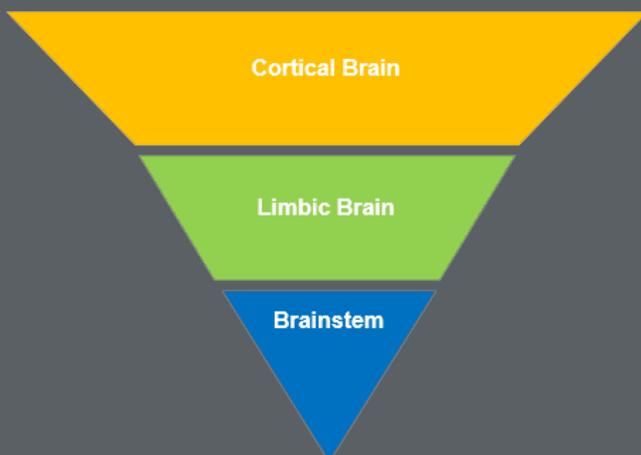
As babies we are completely dependent on others for our very survival; we need our care givers to feed and water us, shelter us from the elements, and keep predators at bay. It is through this safe provision we develop our reliable attachment relationships which in turn enable us to regulate our emotions, explore the world around us and realise our potential to learn, achieve and become independent and contributing members of society.

Recent developments in the field of Sequential Neuro-Science (Perry) have further endorsed 'feeling safe' as critical to how our brains develop.



This simplified model shows that our brain develops in three stages, each stage responsible for a hierarchy of functions.

### The Three Stages:



#### 3. Cortical Brain

The third stage involves development of thinking, learning, language, inhibiting, self-concept and cognition.

#### 2. Limbic Brain

This relates to attachment and emotional regulation and develops after the Brainstem.

#### 1. Brainstem (Primitive brain)

This is the first to develop and includes the development of sensory/motor, survival and disassociation.

## Looked After Children

Children within the Looked After system have had Adverse Childhood Experiences and many present with Developmental Trauma (Bessel van de Kolk 2005).



(The CDC-Kaiser Permanente Adverse Childhood Experiences (ACE) Study)

Such experiences significantly impact upon a child's development. Sadly these children have not experienced their safety needs being met by another and so they have been forced to try to survive alone. This need for survival has meant they have by necessity had to function predominantly within their Primitive Brain which has enabled them to develop defensive strategies such as 'Fight/Flight/Freeze' to survive from perceived or very real danger.

It is essential that these children are helped to feel safe enough physically and emotionally so that they can let go of these defensive behaviours which will enable them to function more often within their Limbic and Cortical brain areas thus accessing the ability to emotionally regulate, develop their identity, learn and achieve.

Children within residential services may have had many years of traumatic experiences and it may take many months for safety to be felt and trusted as reliable and long lasting; even then this is likely to be undermined at times of change, transitions and unexpected events. During these times children may resort to earlier defensive behaviours; their 'survival mode' and will need additional understanding and support from their carers and teachers.

The core practice model within Hillcrest Children's Services is underpinned by our recognition (and the evidence base) of the need for all children to have a real feeling of safety. Without this being established it will not be possible for a child with Developmental Trauma to begin to establish attachment relationships and engage in the next stages of their therapeutic and educational journeys.

## Developing Attachment and Feeling Safe

The focus on supporting children with social, emotional and mental health difficulties is on safety and containment; both emotionally and physically. Practically this means:

- Recognising the importance of providing reliable and consistent 24/7 living and learning routines and avoiding surprises and unknown events.
- Providing a warm, child centred, quality home environment that symbolically shows the child that they are valued.
- Planning for the child's arrival, researching their likes and dislikes and ensuring these are practically responded to – colour of their bedroom, first meal, toiletries etc. Also creating a personalised and protected space for the child.
- Providing opportunities for 'replacement experiences' which can help a child regulate stress and overwhelming feelings.
- Attuning to and predicting a child's emotional states.
- Placing an emphasis on non-verbal engagement with a child; sensory, physical experiences.
- Responding to a child's emotional age rather than their chronological age.

## Conclusion

Living and learning with children with Developmental Trauma can be extremely challenging for their carers and it is essential to place great emphasis on supporting the therapeutic teams to understand the children's needs and to be able to consistently respond thoughtfully and sensitively.

Hillcrest Children's Services provide Reflective Practice supervision to all the teams as well as a programme of bespoke training; this includes the delivery of our accredited Diploma in Therapeutic Child Care and Reflective Practice.

The results of a survey undertaken by the Hillcrest Children's Services Quality team in 2017 showed that out of 89 responses received from the children, 91% felt safe, 6% as yet felt unsafe and 3% were not sure.

## Useful Resources/Websites

- [www.nspcc.org.uk](http://www.nspcc.org.uk)
- [www.gov.uk](http://www.gov.uk)
- [www.irct.org.uk](http://www.irct.org.uk)  
(Institute of Recovery from Childhood Trauma)
- [www.childtrauma.org](http://www.childtrauma.org)  
(Child Trauma Academy)

## References

- Developmental Trauma Disorder: Towards a rational diagnosis for children with complex trauma histories (Bessel A. van der Kolk, MD Psychiatric Annals, 2005)
- The Neurosequential Model of Therapeutics (Perry, Bruce D, Hambrick, Erin P. in Reclaiming Children and Youth, v17 n3, 2008)
- A Secure Base Parent-Child Attachment and Healthy Human Development, John Bowlby, 1988, Basic Books)

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[www.acorneducationandcare.co.uk](http://www.acorneducationandcare.co.uk)