

SPECIALIST EDUCATION SERVICES

“The SES Way” An Exploration of our Therapeutic Model Policy and Practice

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SECTION 1 — THE SES WAY: OUR APPROACH IN PRACTICE

1 INTRODUCTION

Bespoke, personalised, specialised education, health and care are hallmarks of SES establishments' operation, based on a positive psychology perspective that underpins our values and approach, known as the SES Way.

We are often asked, "What therapeutic model do you work to?" Very often those that ask already have their own preconceptions about what is or is not "therapeutic". As there is a great deal of confusion (and debate) about Therapy and Therapeutic with a capital T, we have tried to encapsulate our philosophy in the SES Way.

Historically, many professionals and organisations talk in terms of 'treatment' or 'healing'. Often this means viewing the child as having 'deficits' which are then worked on as part of a treatment programme. This concept, for us, is mistakenly a 'doing to' rather than a 'doing with' approach.

Our perspective, backed up by the continuing research and understanding of neuroscience and brain plasticity, is that planned, personalised learning (i.e. learning viewed in its broadest sense), putting the child at the centre and working from their strengths and ambitions, is the 'therapy'.

We embrace the opportunity as professionals to learn from our young people through what they bring personally and what they bring in respect of challenge.

At SES we purposefully create a personalised response, creating the young person's Portfolio of Achievement and Need (PAN) alongside our holistic planned environment therapeutic response, recognising that every interaction is learning and has the potential to be therapeutic for them.

2 VISION STATEMENT

Our vision statement expresses our values:

- ✓ *we believe in a 'no limits' approach to helping children*
- ✓ *we believe in children's abilities and potential*
- ✓ *we believe in unconditional positive regard*
- ✓ *we believe our children deserve fun and happiness in childhood*
- ✓ *we believe in a 'can do' philosophy*
- ✓ *we believe in success and learning from mistakes*
- ✓ *we believe intelligence is multifaceted*
- ✓ *we believe learning is a lifelong process*
- ✓ *we believe creativity and imagination are the keys to developing passions and talents, and preparing for life in a rapidly changing world*

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- ✓ *we believe assessment of progress is based on improvements on 'previous best'*
- ✓ *we are future orientated*

We constantly strive to integrate health, social work and educational perspectives and incorporate best practice from the different approaches in a holistic, nurturing, learning environment.

3 AIMS AND OBJECTIVES OF SES

The purpose of SES is to provide a holistic therapeutic facility that offers a safe, nurturing, caring, positive and protective homely environment that promotes personal growth, development and learning.

- To create and maintain appropriate caring boundaries for each young person that helps them make the transition from dependence to autonomy
- To develop a Portfolio of Achievements and Needs (PAN) which looks to preferred futures, enhances self esteem, develops strengths to maximise their personal potential, produces opportunities to succeed and moves the young person to an appropriate level of self-determination.
- To provide the platform for future permanence for each young person. This may be in the form of a return to their own home and family, permanent alternative placement in foster care, adoption, long term residential care elsewhere or independent living.
- To achieve the highest possible standard of educational achievement measured by:
 - ✓ A movement from disaffection to engagement in the learning process
 - ✓ Improvements in behaviour conducive to learning
 - ✓ A growing enthusiasm for learning
 - ✓ Specific and generalised achievements
 - ✓ Tangible accredited outcomes
 - ✓ Emerging gifts, talents and passions
 - ✓ National accreditation
- To make the curriculum fit the student not the student fit the curriculum.

4 OUR SES WAY ETHOS

The SES Way is the shared ethos that underpins everything we do across Specialist Education Services. It describes how we build relationships, make decisions and create environments in which children and young adults can feel safe, valued and able to thrive.

At its heart are three simple principles: Be Curious, Show Love and Build Connections. Together, they shape a relational and therapeutic approach that supports our belief in No Limits for every child and young adult and drives our daily culture.

Be Curious, Show Love, Build Connections

Be Curious (Learning without limits)

- **Ask Lots of Questions:** It's great to be curious! We all ask questions to learn more.
- **Explore New Things:** We help each other to try new activities and discover exciting things.
- **Find Your Own Answers:** It's fun to figure things out by ourselves, we always have people around to help us all explore.
- **Keep Wondering:** We all keep wondering about the world and never stop learning.
- **Enjoy the Journey:** Learning is like an adventure. We are always excited to see where our curiosity will take us.

Show Love (Unconditional positive regard)

- **Be Kind to Others:** We share kindness and go out of our way to make others feel happy.
- **Help When You Can:** We encourage each other to help each other and show we care.
- **Show Appreciation:** We all show gratitude; it promotes love and makes everyone feel valued.
- **Listen and Care:** We all listen to and help each other; random acts of kindness are great!
- **Spread Love Everywhere:** We all spread love by being caring and understanding to everyone around us.

Build Connections (Every interaction is an intervention)

- **Make Friends:** We all reach out and develop strong enabling relationships and friendships, building strong connections with others.
- **Work Together:** We all work together, because teamwork helps us all grow.
- **Share and Listen:** We share our thoughts and listen to others, creating understanding and trust.
- **Help Each Other:** We believe in helping each other, because that's how we build a caring and connected community.
- **Stay Connected:** We stay connected by checking in and supporting each other every day.

5 SES: BASIS OF THERAPEUTIC APPROACHES

“Without theory practice is but routine form of habit. Theory alone can bring form and develop the spirit of invention.”

(Louis Pasteur – 1859)

SES recognises that children benefit from different approaches according to their individual needs, experiences and development. We therefore reject a ‘one size fits all’ model and adopt an eclectic, personalised therapeutic approach, drawing on relevant research, theory and evidence-informed practice.

Underpinning the SES Way and our therapeutic approach are three core foundations: **Planned Environment Therapy**, the **Secure Base Model** and **neuroscience**. Together, these provide the theoretical and evidence-informed foundations for our practice, shaping how we understand children, build relationships and create environments that support safety, development and growth.

In keeping with our No Limits vision, we believe that all aspects of a child’s experience at SES have the potential to be therapeutic. Relationships, the environment, everyday care, education, opportunities and specialist support should therefore work together to promote safety, wellbeing, development and progress.

6 WHAT IS THE SES WAY?

We believe SES is unique, with its core no limits vision, ethos and philosophy that leads to positivity and aspiration for all children and young people. Avocet House, Turnstone House and SES Kite are total learning environments, where adults and young people learn about themselves and each other from their daily interactions and relationships.

This personalised therapeutic response is known as ‘The SES Way’, encompassing our systemic work with the child, family and team, driven by our ‘no limits’ vision.

The SES way and its therapeutic milieu is grounded in an overall eclectic approach to promoting positive change in the children and young people in its care. With our “no limits thinking” we are open to any approach that promotes positive emotional wellbeing, recognising that a strong focus on a child’s wellbeing increases the likelihood of children achieving their full potential.

Key aspects above that underpin our SES Way:

- **Relationships** are recognised as being at the heart of the SES way, enabling relational connection and regulation for children.
- A high quality **physical environment** that enables children to have a sense of security, belonging, safety and homeliness.
- Providing a nurturing, caring and loving approach that builds **curiosity** and **compassion**.
- Fostering **empathy** and appropriate behaviours through **restorative approaches**, alongside using principles of PALACE, the rupture and repair cycle and Vital Relational Functions
- **Unconditional positive regard** for children, supporting their growth and development by learning from mistakes and not judging their behaviour.
- A community that values children as people; nurturing self-respect and self-esteem, helping children feel **valued for who they are**.
- Supportive interpersonal relationships with staff who respect children as people, offering **positive role models** and positive models of relationships.
- Emphasis on **self-control** and cooperation rather than externally imposed control.
- Development of **personal, emotional, social and academic** skills; to become self-directing.
- Opportunities to exercise **responsibility**.
- **Humanity** and flexibility in the running of the community.
- A belief in learning without limits with a **positive learning culture** embedded in all aspects of day to day life to achieve success.
- Opportunities for adults to **co-adventure** with children, planning **activities** that promote play, fun, happiness and exploration to develop resilience, regulation and confidence.
- Understanding **positive psychology** and our focus on human wellbeing, character strengths and potential, promoting gifts, talents and passions and how the PAN process is built upon these core principles.

6.1 PORTFOLIO OF ACHIEVEMENTS AND NEEDS (PAN) PROCESS

All young people coming to SES are seen firstly as individuals, therefore their needs are unique and as such a carefully planned, individually constructed approach leads to long term therapeutic outcomes from the initial point of entry. This is a hallmark of the SES Way. Individual outcomes are planned and tracked through the Portfolio of Achievement and Need (PAN) process, represented through the 'My Journey' learning model (see next page).

A 'no limits' highly personalised recovery package is developed from the child's Portfolio of Achievements and Needs (PAN). Our children need an holistic framework of care, support and guidance, for them to start to re-engage in the learning process. SES provides such a framework of high quality care and therapeutic intervention embedded in a highly personalised learning experience.

We accept no barriers to innovation, creativity and response in order to reawaken a passion for learning in each student. SES believe that all parts of the waking day and all experiences are potential learning opportunities.

The PAN process commences as part of the admissions process, identifying long-term aspirations for young people in partnership with the placing authority, and where appropriate, their family. Key documents such as the lead consultant report and Principal's Statement of Intent letter inform the subsequent PAN planning structures. Learning targets are not deficit based by concentrating solely on perceived 'needs'. We actively seek to start with a child's strengths, passions and talents and expand from there.

6.2 MY JOURNEY LEARNING MODEL



Further details can be found in the SES Learning, Assessment, Recording and Reporting Policy and Practice document.

7 THE IMPORTANCE OF RELATIONSHIPS – THE HEART OF THE SES WAY

There is a growing wealth of evidence about the brain science of human relationships that points to how critical parent-child relationships are. This impacts on our practice.

The parent/carer-child connection is the most powerful mental health intervention known to mankind” (Bessel Van Der Kolk)

Positive human interaction creates the conditions of safety needed for activation of the social engagement system. Science shows that providing stable, responsive, nurturing relationships in the earliest years of life can prevent or even reverse the

damaging effects of early life stress, with lifelong benefits for learning, behaviour, and health. Early experiences influence the developing brain.

In the environment of the home, school, classroom and relationships, new learning experiences can help develop new neural pathways throughout childhood and adolescence. The capacity of the developing brain is not fixed or static, which means that new experiences that are offered to children can have far-reaching and positive effects, no matter how challenging the children's start in life.

"The more healthy relationships a child has, the more likely he will be to recover from trauma and thrive. Relationships are the agents of change and the most powerful therapy is human love" (Bruce Perry)

Anyone who has seen parents playing with infants will have seen how they enjoy each other's company, e.g. adults cooing and babies chuckling in return. The baby is playing a major part in this "dance". Dr. Edward Tronick Still Face Experiment highlights what happens if the parent doesn't respond ([Still Face Experiment Clip](#))

Imagine a child growing up in a family where parents are not engaging with them through neglect, drug/alcohol dependency and/or are abusive, physically, sexually. This is what will have happened to the majority of children and young people coming to live at SES. Attachment theory teaches us that there are two important outcomes:

- How adults are viewed, and
- What the children think of themselves

Adults will be perceived as unavailable, frightening, rejecting, neglecting abusive. The children will have built a view of themselves as worthless, bad, unlovable etc.

(See appendices for attachment theory in diagrams)

7.1 SELF AWARENESS

Self-awareness is the ability to recognise our emotional state and understand what we need to reach optimal well-being. It enables us to be mindful of our boundaries and how we present ourselves, ensuring we don't unconsciously project our personal challenges onto others, especially children.

It is fundamental and underpins all aspects of the SES Way.

We can model self-awareness by exploring our emotions without expecting children to meet our needs. For example, saying, "I'm feeling tired, so I'll drink some water and go to bed early," teaches them about self-care.

By sharing our self-awareness, we help children develop their emotional intelligence and encourage them to express their own feelings, fostering healthy coping strategies.



The heart of the SES Way (The Importance of Relationships)



“Children heal and learn through safe, consistent relationships.”

Relationships enable relational connection and regulation for children. When children and young people experience safe, trusting relationships with self-aware adults, their potential is not limited by past experiences. Adults are the key therapeutic tool, and our impact depends on how we show up in moments of stress and challenge.

We provide a nurturing, caring and loving approach building curiosity and compassion.

We show love through consistency, care and boundaries – being dependable and emotionally available.

We reflect on how our tone, body language and decisions shape relationships.

We show unconditional positive regard for children, supporting their growth and development by learning from mistakes and not judging them.

We foster empathy and appropriate behaviours through restorative approaches, alongside the principles of PALACE and Vital Relational Functions.

We embrace repair and reconnection, openly addressing ruptures and rebuilding trust.

Our community values children as people; nurturing self-respect and self-esteem, helping children feel valued for who they are.

We respect children as people, offering positive role models and positive models of relationships.

We build adult self-awareness; a dysregulated adult will not regulate a dysregulated child.

We support children through co-regulation before self-regulation, helping children feel safe enough to calm, think and learn (regulate – relate – reason).

Adults co-adventure with children, planning activities that promote play, fun, happiness and exploration to develop resilience, regulation and confidence.

Adults are the key therapeutic tool, and our impact depends on how we show up in moments of stress and challenge.

“The more healthy relationships a child has, the more likely they will be to recover from trauma and thrive. Relationships are the agents of change and the most powerful therapy is human love.” (Dr Bruce Perry)

BE CURIOUS SHOW LOVE BUILD CONNECTIONS



7.2 PALACE, VITAL RELATIONAL FUNCTIONS AND RUPTURE/REPAIR CYCLE

7.2.1 PALACE

As we have established, central to the SES way and its success are relationships within the community, providing relational connection and regulation for children. Through relationships adults are able to ensure all aspects of the SES Way become reality. SES staff are supported to understand that how their way of 'being' with children on a day to day, and moment to moment basis is critical to developing flourishing individuals and communities.

This way of being is based upon an understanding of PALACE, Vital Relational Functions and the Rupture/Repair cycle.

PACE is an approach developed by Dr Dan Hughes, an American psychologist who works with traumatised children (PACE stands for Playfulness, Acceptance, Curiosity and Empathy).

These PACE principles help to promote the experience of safety in our interactions with young people - the adult stance, how we want and need our adults to be. When relationships are going well, this is quite natural. However it is always helpful to 'turn this up a bit' when there is a rupture in the relationship, and to practice PACE in our interactions on a daily basis.

At SES we have adapted PACE to become – PALACE – adding 'Love' and 'Authenticity', critical to building genuine and lasting connection.

Children need to feel that you have connected with the emotional part of their brain before they can engage the thoughtful, articulate, problem solving areas.

"Connect before we reflect: When a child is upset, connect first emotionally, right-brain to right-brain. Then, once the child is more in control and receptive, we bring in the left-brain retelling what happened, reflecting and planning forward, learn new ways of responding etc." (The Whole Brain Child, Daniel J. Siegel and Tina Payne Bryson)

- **Playfulness** helps children experience relationships as safe, enjoyable and stronger than the things that go wrong. A light-hearted, curious approach can reduce shame, defensiveness and withdrawal, making difficult conversations and reflection easier without minimising what has happened. It also helps children experience positive emotions, develop humour and keep lower-level behaviours in perspective.
- **Acceptance** means recognising and staying alongside a child's feelings without judgement, even when those feelings are difficult. It does not mean agreeing with their view or accepting harmful behaviour; it means seeing and valuing the child beyond their behaviour and helping them know the relationship remains secure.

- **Love** means showing children, through our words and actions, that they are valued, cared for and important. Through warmth, compassion, consistency and unconditional positive regard, we help children experience relationships that remain strong even during difficult moments.
- **Authenticity** means being genuine, open and true to ourselves in our relationships with children. By being real and trustworthy, we encourage children to feel safe to be themselves, helping to build deeper and more meaningful connections.
- **Curiosity** means seeking to understand what is happening for a child rather than making assumptions or judgements. By wondering about their thoughts, feelings and intentions, we connect with the emotion behind behaviour and help children feel understood, valued and held in mind.
- **Empathy** means showing children that their feelings matter and that we will stay alongside them through difficult emotions. By seeking to understand how things feel for the child, we help them feel safe, understood and less alone, reducing conflict, stress and withdrawal.

7.2.2 Vital Relational Functions

Understanding Vital Relational Functions (VRFs) are essential for the SES staff team as they provide a basis for a child's emotional, social and neurological development.

PALACE is the stance we as adults take and VRFs are the means used to communicate PALACE to others. In a healthy adult-child relationship, we naturally adopt an attitude of PALACE and use the VRFs in our interactions with children. PALACE and the VRFs work together to help children, over time, to recognise, name and manage their emotional states, and make choices about their behaviour.

The VRFs can be thought of as 'what we do' to put PALACE into practice.

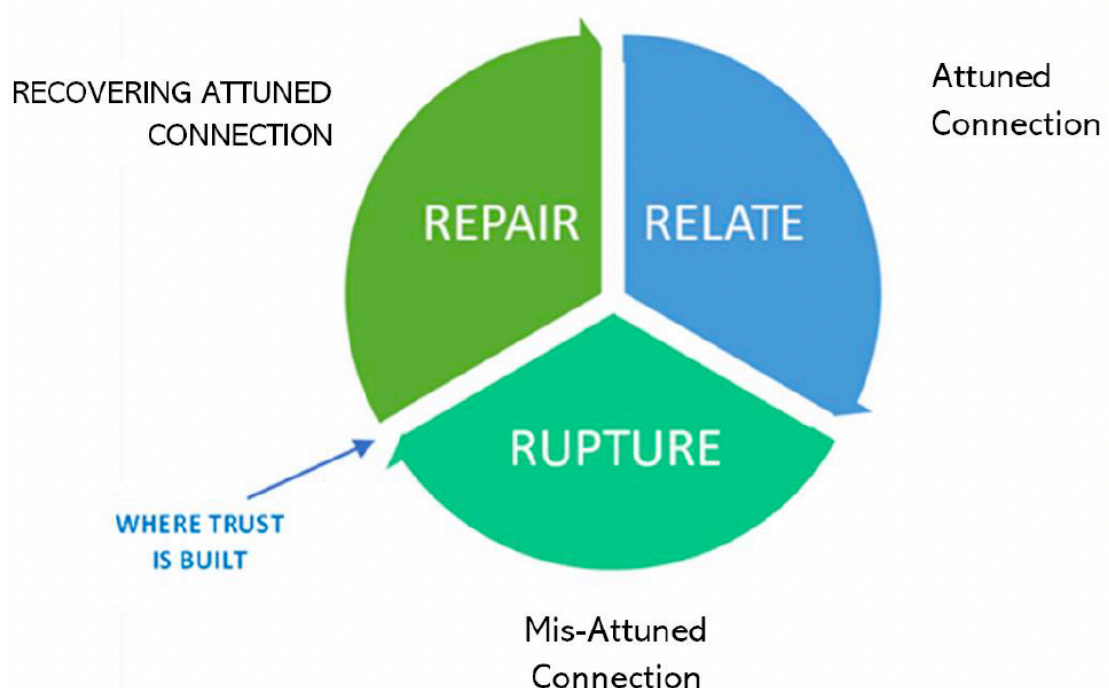
The table below illustrates each of the VRFs.

ATTUNEMENT	Be alert to how a child is feeling and their emotional state through their facial expressions, body language, gestures and the noises they make. Demonstrate that you understand their emotional state; i.e. catch how they feel with facial expression, body language, 'ooh, aahh, mmm' noises.
VALIDATION	Be alert to the child's experience. Validate their perspective/experience/feeling. Use W.I.N. – I wonder... I imagine... I notice... I wonder if you are finding it hard not seeing your friends... I imagine that would make anyone feel sad... I noticed you looked unhappy about that...

	This way of communicating helps to emphasis positive use of 'I' statements, uses empathy and validates feelings and emotions.
CONTAINMENT	Be alert to how a child is feeling. Demonstrate containment by catching and matching their experience and offering it back to them in named digestible pieces. Show you understand the pitch/intensity/quality of their feeling and that you can bear it. Make the unbearable bearable.
SOOTHING	Be alert to how they are feeling and calm and soothe their distress. Children need to repeatedly experience being calmed before they can soothe themselves.
REGULATING	Demonstrate emotional regulation. Modelling how to regulate the emotional state will build capacity in the child.

7.2.3 The Rupture – Repair Cycle

This cycle serves as an essential opportunity to create safety and model what it means to be human. It means experiencing emotional misconnections which feel unsettling and even shaming, and then repairing the relationship to a deeper level of trust.



The '**relate**' phase refers to the times in a relationship when we feel connected and attuned with one another, things are going well, and we are making efforts to maintain this positive and mutually beneficial relationship. In this phase, we are effectively building a bridge of connection between ourselves and the other person. In the relate phase of the cycle, the adult

can monitor their own emotional state and can regulate themselves physiologically, relationally and cognitively to be optimally present and accessible for the child. The adult can connect with the child and focus on their needs being met. The adult is present and can contain the child's emotional experience for them. The connection between the two is reciprocal.

The '**rupture**' phase refers to misunderstanding or misattunement in relationships. In other words, when we don't get it right for the other person and the relationship experiences a setback. Ruptures are an inevitable part of any relationship. They become a crucial component in the relationship when the rupture is subsequently repaired because this helps to develop the child's resilience. When a rupture happens, the child no longer feels safe and their nervous system quickly reacts with survival responses of fight, flight or freeze. These are associated with distressed behaviours. If an adult can stay regulated, they can repair the rupture effectively with compassion.

The '**repair**' involves correcting the misunderstanding of the rupture by sharing understanding of intentions, feelings, thoughts and actions to come back into relationship. The repair part of the cycle is an essential component of healthy growth, boosting our resilience and helping us to cope with challenges by giving us greater trust that difficulties can be resolved. Awareness of the rupture is key, along with regulation prior to repair. The repair can only happen once the incident has been processed and all parties are calm. The repair takes place by acknowledging the mistake and using VRFs and PALACE to reaffirm the attunement. The repair needs to be modelled by an adult. By repairing the relationship, the child's arousal state can settle, and the attuned relationship can re-establish. This is closely connected to the SES restorative approaches process.

8 WHAT INFLUENCES OUR THERAPEUTIC APPROACH?

The personalised SES Way therapeutic approach is underpinned by research and best practice. As a forward thinking company, SES continues to be immersed in emerging pedagogy, scientific thinking and research, and where appropriate we will embrace aspects of these to enhance the lives of children. At present, the SES Way draws upon core principles from Planned Environment Therapy, the Secure Base Model and Neuroscience.

Further details about all three are found in section two of this document.

8.1 PLANNED ENVIRONMENT THERAPY

Planned Environment Therapy recognises that the whole environment and everyday experience of living and learning can be therapeutic. At SES this includes:

- Unconditional positive regard and strong, dependable relationships with adults.
- Nurture and care, particularly during periods when children need greater safety and reassurance.

- A supportive, caring community that feels homely and relational rather than institutional.
- Open expression of feelings, recognising behaviour as communication and seeking to understand what lies beneath it.
- Supporting children to develop self-discipline, responsibility and an understanding of how their actions affect others.
- The importance of shared everyday experiences, including food, mealtimes and domestic life.
- Creating warm, welcoming and well-cared-for physical environments that promote safety, comfort and belonging.

“At the heart of the problem is the lack of love. Love therefore must be at the heart of the cure. Whatever else we do we must make each child feel that they are loved.”

8.2 THE SECURE BASE MODEL

The Secure Base Model, developed by Gillian Schofield and Mary Beek, is an attachment-based framework for caregiving. It describes how consistent, sensitive relationships with trusted adults can provide children with a secure base from which they can develop confidence, resilience, relationships and greater independence.

It has five dimensions: Availability, Sensitivity, Acceptance, Co-operation and Family Membership.

“The availability of a trusted caregiver provides a secure base from which the child can explore the world.”

8.3 NEUROSCIENCE

Neuroscience helps us understand how children’s experiences and relationships influence the developing brain, body and nervous system, and consequently their emotions, behaviour and capacity to learn. Experiences of trauma, adversity and prolonged stress can affect the development and functioning of stress-response systems, leaving some children more likely to become overwhelmed, highly alert, impulsive, withdrawn or dysregulated.

Importantly, development remains responsive to experience. Safe, predictable environments and repeated positive interactions with trusted adults can help buffer stress and support children to develop greater regulation, emotional security, resilience and capacity for learning and relationships.

At SES, this encourages us to look beyond behaviour and consider what may be happening developmentally, emotionally and physiologically for the child. Adults therefore have a critical role in providing the safety, connection, co-regulation and consistent relational experiences through which children can increasingly develop their own capacity for regulation. Neuroscience reinforces rather than replaces our other therapeutic foundations: it strengthens our understanding of why the relationships and environments emphasised through Planned Environment Therapy and the Secure Base Model can be so important to children’s development.

8.3.1 Thrive within the SES Way

Thrive is a specific way of working with all children that builds upon and strengthens the SES Way. It supports children's social and emotional wellbeing, helping them to engage more successfully with relationships, everyday life and learning, and to become increasingly self-assured, capable and adaptable. By understanding behaviour in the context of social and emotional development, Thrive can help adults recognise and respond to developmental needs that may sit beneath troubled or troubling behaviour, providing a stronger foundation for learning and wider progress.

SES has invested significantly in developing trained Thrive Practitioners, who lead and support the approach within our communities. All adults are expected to have a basic understanding of Thrive and its core principles, while practitioners work alongside children's key teams to undertake ongoing Thrive assessments, identify potential developmental gaps and develop appropriate strategies and activities. These are woven into children's everyday experiences through relationships, nurture, play, shared activity, co-regulation and appropriate challenge, rather than being seen simply as separate therapeutic interventions.

Thrive also connects closely with our understanding of neuroscience, recognising that children's development, emotional regulation and capacity to engage and learn are shaped by their experiences and relationships, and can be supported through repeated, positive experiences with trusted adults.

In this way, Thrive provides another practical framework through which we can Be Curious, Show Love and Build Connections, helping adults understand where a child may be developmentally and consider what they may need from us to support their next steps.

9 **PUTTING THE SES WAY INTO PRACTICE**

The following practical approaches bring together the key principles of Planned Environment Therapy, the Secure Base Model and neuroscience, translating our therapeutic foundations into everyday interactions with children. Adults should:

- **Use PALACE in everyday relationships.** Bring **Playfulness, Acceptance, Love, Authenticity, Curiosity and Empathy** into interactions with children. PALACE is not something reserved for difficult moments; it is the relational approach we use throughout the day to build safety, trust and connection. It means seeing the child beyond their behaviour, remaining interested in their experience and demonstrating through our responses that relationships can survive difficulty.
- **Use Verbal Relational Frameworks (VRFs).** Use relational language that communicates curiosity rather than judgement or certainty. Phrases such as “**I wonder...**”, “**I imagine...**”, “**I notice...**” and “**I guess...**” help adults explore what may be happening for a child without telling them what they think or feel. VRFs

support children to feel understood and create opportunities for reflection, conversation and connection.

- **Remember the Three Rs – Regulate, Relate, Reason.** When a child is distressed, begin by helping them **Regulate** and experience safety. Then **Relate** through a warm, attuned and sensitive relationship. Only when the child is sufficiently regulated and connected should we **Reason**—reflecting, learning, problem-solving and considering what might happen differently next time; trying to go directly to the ‘thinking brain’ when a child is dysregulated is unlikely to be effective.
- **Use the SES Six-Step Approach – Regulate, Reassure, Validate, Respond, Repair, Resolve.** When difficulties arise, begin by helping the child **Regulate**, then **Reassure** them of safety and the relationship, and **Validate** their feelings and experience. Once regulation and connection are established, **Respond** to what has happened, **Repair** relationships or harm where needed, and finally **Resolve** through reflection, learning and agreed next steps. The sequence reminds us not to rush towards consequences, problem-solving or resolution before a child is emotionally ready.
- **Be the regulated adult.** Children often need to experience regulation through another person before they can regulate independently. Pay attention to your own emotions, facial expression, posture, proximity, pace and tone of voice. Be calm, steady and emotionally available.
- **Be aware of prejudice and bias.** Recognise that our own experiences, assumptions, expectations and unconscious biases can influence how we understand a child, interpret their behaviour and make decisions about them. Remain curious about our own responses, challenge assumptions and consider whether factors such as a child’s background, identity, presentation, communication or previous reputation are influencing our judgement. Use reflection, supervision and professional challenge to ensure children experience fairness, respect and genuinely individualised responses.
- **Recognise the child’s Window of Tolerance.** Notice whether a child is calm, connected and able to think, or moving into **hyperarousal** (for example anger, anxiety, agitation or fight/flight) or **hypoarousal** (for example withdrawal, shutting down, appearing numb or disconnected). When a child is outside their Window of Tolerance, reduce demands and prioritise safety and co-regulation rather than expecting reflection or problem-solving. Over time, repeated supported experiences can help children develop greater resilience, emotional regulation and a wider Window of Tolerance.
- **See behaviour as communication.** Rather than beginning with “*How do we stop this behaviour?*”, be curious about “*What might this behaviour be communicating?*” Consider stress, fear, sensory needs, developmental gaps, relationships and what has happened before, during and around the behaviour.
- **Connect before you correct.** Use warmth, empathy, acceptance and curiosity to establish connection before moving towards boundaries, reflection, responsibility or change.

- **Co-regulate.** Use the child's individual strategies to help their brain and body return towards regulation. This might include calm presence, reassurance, rhythm and repetition, movement, sensory experiences, breathing, appropriate physical comfort, play or simply staying alongside them.
- **Match the child's developmental need, not simply their chronological age.** Ask what the child is developmentally and emotionally able to manage at that moment. Adjust language, expectations, support and challenge accordingly.
- **Be predictable and consistent.** Provide routines, structure, clear expectations and repeated experiences of adults who remain available. Children need to experience that relationships survive difficulty and that adults continue to 'stick by them'.]
- **Balance nurture and structure.** Provide warmth, care and unconditional positive regard alongside clear, safe and appropriate boundaries. Avoid both harsh, critical responses and doing things for children that they are developmentally ready to begin doing themselves.
- **Create opportunities for Care, Play and Seeking.** Share enjoyment, humour, creativity, curiosity, exploration and meaningful activity. Positive experiences and relationships are part of the therapeutic work and provide repeated opportunities for development.
- **Co-adventure.** Do things *with* children rather than simply supervising them. Explore, play, try new experiences and support appropriate risk-taking, providing the secure boundaries from which confidence, resilience and independence can grow.
- **Give children agency.** Involve children meaningfully in decisions, choices, restorative conversations and planning. Help them increasingly recognise their feelings, make choices, solve problems and experience themselves as capable of influencing their own lives.
- **Be a Rock and Resource.** As children become more independent, remain a dependable adult to whom they can return for safety, connection, advice and support, without unnecessarily taking over.
- **Expect development, not perfection.** Children develop through repeated experiences, practice, relationships and opportunities to try again. Notice small steps, celebrate progress, repair relationships when things go wrong and remain patient with the child and yourself.

10 CONSULTANTS WORKING WITH THE SES TEAM IN SUPPORTING HOLISTIC THERAPEUTIC APPROACH

SES consultants work at a number of levels, including child specific, team development and strategic. Their influence is carefully integrated into all aspects of the work with children from admissions, casework planning, bespoke individual

interventions, training, and systemic family therapy and our wider No Limits thinking. Individual therapeutic work provides children with opportunities to explore, at their own pace, the experiences, feelings and difficulties that may be affecting their lives, whether conscious and unconscious. The young people's inner resources are then enabled by the therapeutic process to bring about positive growth and change.

SES uses appropriate assessment processes to identify where a child may benefit from additional specialist therapeutic support. This may be provided from within the SES team or commissioned externally, with the nature, intensity and duration of support determined by the individual needs of the child. SES works with a range of specialist professionals, including Educational Psychology, Child and Adolescent Therapy, Psychiatric support and Systemic Family Therapy, alongside other bespoke approaches such as art therapy, play therapy, counselling or individual psychotherapy where appropriate.

Importantly, specialist therapy does not sit separately from the SES Way or replace the therapeutic relationships children experience every day. We recognise that consistent, reliable and trusting relationships with the adults who live, learn and work alongside children are fundamental to their development and wellbeing. Specialist professionals therefore work alongside the child's wider team, helping adults develop a shared understanding of the child, their experiences and behaviour, and identifying approaches that can be consistently applied within everyday life. In this way, specialist therapeutic input complements and strengthens the therapeutic environment, supporting the adults around the child as well as providing direct intervention where this is assessed as appropriate.

11 CODE OF CONDUCT

All SES team members must read, understand and sign the **SES Way Code of Conduct**. The Code translates the SES Way into clear expectations for how every adult behaves, communicates and builds relationships with children and colleagues. It establishes from outset that working at SES carries a personal responsibility to create physical and emotional safety, practise empathy and authenticity, build positive relationships, remain reflective and self-aware, maintain professional boundaries and avoid approaches that may shame, humiliate or cause harm.

Signing the Code is an active commitment to live the SES Way, not simply to know about it. It reinforces our expectation that the SES Way should be visible in everyday interactions, decisions and responses, particularly during difficult or challenging moments, and that every adult shares responsibility for creating the relational, trauma-informed culture we want children to experience.

(See section two for Code of Conduct in full)

12 TRAINING STAFF

SES has an extensive staff support and development program to assist the staff teams. This begins with the interview process where the scene is set through discussion tasks and questions, with many issues being explored between candidates and the interview panel. Successful candidates have an intensive six month induction training period, in which many core issues such as the SES therapeutic model, attachment and trauma are explored. All staff undertake the SES Way module in their first two weeks.

Beyond induction, staff have a bespoke professional development plan, as well as regular planned training through team meetings. Core principles on child development, young person's personalised needs and attachment based theory will be revisited, alongside the completion of the Level 3 Diploma for Residential Child Care.

Monthly consultations with independent psychiatrists and/or psychologists enable staff to organically grow their understanding of therapeutic practice in the context of the SES young people.

SES have supported staff in developing professional expertise that complements the SES Way, with trained practitioners in both Trauma Informed Schools and Thrive Approach. These both enable adults to become trauma informed, promoting the wellbeing and mental health of children and young people.

SES further support staff through an annual conference, aimed at developing professional knowledge and connecting with the underpinning no limits vision.



SECTION 2 — THE FOUNDATIONS OF THE SES WAY: THEORY AND UNDERSTANDING

This section provides the theory, research and additional knowledge that supports and underpins our SES Way. It explores the key ideas and approaches that have influenced our understanding of children, relationships, development and therapeutic environments, including Planned Environment Therapy, the Secure Base Model, attachment, neuroscience and related approaches.

It is intended as an additional resource for the team, helping adults deepen their knowledge, understand *why* we work in the ways we do, and make meaningful connections between theory and everyday practice. It should be read alongside the practical guidance in Section One, recognising that the value of theory is ultimately in how it informs the relationships, environments and experiences we create for children every day.

14 **PALACE**

Playfulness

The purpose of playfulness is to enjoy being together in an unconditional way. This gives the message that the relationship is stronger than things that go wrong. Using a playful and light-hearted tone, as if you were telling a story, shows your interest and curiosity. Playfulness reduces the shame a child might feel when something has gone wrong; difficult messages or serious conversations can be easier to have if the tone is light. It does not mean you do not take the emotions or the incident seriously. It is also helpful to maintain a playful tone if you need to deliver a short reminder about behaviour.

Exaggerating the expression of emotion in body, face and voice – with sensitivity. Showing you are available through open expressions and gestures. Creating opportunities for reciprocal enjoyment to build a sense of camaraderie; exploring how you could join their world, or they could join yours. Being flexible, spontaneous and creative in your responses. Using humour sensitively and when appropriate; ‘laughing with’ not ‘laughing at’.

Being playful isn’t about being funny all the time or making jokes when a child is sad. It’s about helping young people be more open to and experience positive connection. It is not appropriate at the time of risky or distressed behaviours but when applied to low level behaviours, playfulness can help keep it all in perspective.

Playfulness allows young people to learn to cope with positive feelings which is very important for those who have experienced trauma. If you can help the young person discover their own emerging sense of humour, this can help them wonder a little more about their life and the way they behave. When young people laugh and giggle, they become less defensive or withdrawn and more reflective.

Acceptance

Unconditional acceptance is fundamental to a child's sense of safety because it shows that you have connected with their feelings without judgement, and without seeking to reassure their feelings away.

This can be hard to do as it means you and the child sitting with some strong emotions, together. This is painful and uncomfortable, but also very powerful. If a child expresses distressing emotions about themselves or others (e.g. "nobody loves me", "I'm stupid", "I'm bad", "you hate me") it is hard not to challenge them as being wrong, but it is really important to accept those feelings and acknowledge them using curiosity and empathy.

Accepting the child or young person's feelings and emotions does not mean accepting unwanted behaviour and it does not mean agreeing with the child's viewpoint, but for true acceptance to take place, it is important that the child also knows you can see them beyond their behaviour. When a child is exhibiting behaviours that challenge, on a daily basis, this can be hard to do. Try to build in times with colleagues in which you can reflect on the child beyond their behaviour as well as expressing your own feelings about the challenges.

Some examples of acceptance:

- *"I'm sorry you think I hate you, that must feel awful, no wonder you're angry with me"*
- *"I didn't realise that you feel like that, I'm sorry it feels that way to you"*
- *"I can hear you saying that you hate me and you're feeling really cross. I'll still be here for you after you calm down".*

Love

We consistently demonstrate care, warmth and compassion, showing children through our words and actions that they are valued, important and worthy of care. We offer unconditional positive regard, recognising the child beyond their behaviour and maintaining connection through difficult as well as positive moments. Love within the SES Way means being emotionally available, dependable and nurturing, and helping children experience relationships that are safe, genuine and able to withstand challenge.

Some examples of love:

- Noticing when a child is struggling and checking in or staying alongside them without waiting to be asked.
- Showing genuine interest and enjoyment in the things that matter to them, and remembering the small things they have shared.
- Offering warmth, reassurance, comfort and appropriate affection when a child needs it.
- Continuing to show care and connection after an argument, incident or difficult moment, demonstrating that the relationship remains secure.

- Making their favourite drink or snack, remembering how they like things, or saving something you know they will enjoy.

Love in the SES Way is often found in the small, repeated moments that show a child they are noticed, valued, cared about and held in mind.

Authenticity

We build genuine connections by being open, honest and ourselves in our relationships with children. Authenticity means children experience adults as real and trustworthy, rather than distant or overly professional. We communicate honestly, acknowledge when we get things wrong, follow through on what we say and allow appropriate parts of our own personality, humour and feelings to be present in relationships. By being genuine while maintaining appropriate professional boundaries, we create the safety for children to be themselves and develop deeper, more meaningful and trusting relationships.

Some examples of authenticity:

- Saying, “I got that wrong earlier — I’m sorry,” rather than becoming defensive or avoiding it.
- Saying, “I don’t know, but we can find out,” rather than pretending to have all the answers.
- Being honest about how an interaction has affected you: “I found that difficult, but I’m still here and we’re okay.”
- Following through on promises and, if something changes, explaining openly why.
- Allowing children to know appropriate things about your interests, personality, likes and dislikes, so the relationship feels human and reciprocal while maintaining professional boundaries.
- Giving genuine praise and affection rather than saying what we think a child wants to hear.
- Being consistent in who you are — children should not experience a completely different adult depending on your mood, who else is present or whether things are going well.

Authenticity is about being professionally human — bringing your real self to the relationship while always maintaining safe and appropriate boundaries.

Curiosity

Curiosity is the desire for a child to fill a gap in their knowledge or the drive to learn something new. It is related to an inquisitive way of thinking that includes exploration, investigation and learning. Curiosity is also associated with our personal development, and it facilitates a deeper connection to ourselves, others and the world around us. Using curiosity in our lives is a way for us to reduce moments of uncertainty and ambiguity, by gathering information and knowledge. Learning new things can also be perceived by our brains as a reward that we are highly motivated to receive.

It's important to be curious about the child's thoughts, feelings, wishes and intentions: they may still be learning that other people can think about them in this way or that they can be held in mind by an adult without judgement and accusation at all.

Curiosity is also important for discipline to be effective: connect with the emotion before you engage in discussion. Showing the child that you are interested in what is going on for them and willing to do something about it is a very powerful experience. Don't feel afraid to share your curiosity with the child by wondering, not telling them. Try to avoid asking "Why?", instead you might ask:

- "Is it ok if I share my idea of what is going on for you? I might be wrong but these are my ideas."
- "What do you think was going on?", "What do you think that was about?" or "I wonder what...?"

Try to be curious in a quiet, accepting tone that conveys a simple desire to understand the child: this is not the same as agreeing with their perception of the event, but shows your interest in understanding it and accepting the feelings that were involved.

Empathy

When you show empathy, you are showing the child that their feelings are important to you, and that you are alongside them in their difficulty. You are showing that you can cope with the hard times with them and you are trying hard to understand how it feels. Understanding and expressing your own feelings about the child's experience can often be more effective than reassurance. For example, if a child says "You don't care", you can respond by saying "That must be really hard for you. I feel sad that you experience me as not caring"

Acceptance and empathy are at the heart of the child starting to feel safe in the community, which reduces conflict, stress and withdrawal.

Some examples of empathy:

- *"I can see how you think I'm being unfair and this is so annoying for you".*
- *"Me saying 'No' has made you angry with me. I get why you don't want to talk to me right now."*

15 PLANNED ENVIROMENT THERAPY

At SES we have created a holistic therapeutic milieu available through the total care given to the young people by all the staff in the team, bringing the work of Dr Marjorie Franklin and David Wills with Planned Environment Therapy, into the 21st century.

The key critical components of the Planned Environment Therapy for the SES Way are:

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- Unconditional positive regard and strong positive adult relationships.
- Nurturing, particularly for a specific and intensive period after admission (although not exclusively so), is crucial in helping the child or young person feel safe and cared for.
- The experience of living in a supportive and caring community, i.e. a group living experience more akin to familial living, domesticity as compared to institutionalization, is also fundamental to the therapeutic process.
- A welcoming of open honest expression of fears, anxieties and worries/difficulties and an understanding that acting out behaviours are a way of testing trust, registering anxieties and exploring caring boundaries.
- A commitment to helping the child develop self discipline and responsibility for his own actions through 'reality confrontation' (i.e. examining the tension between their own perception of their behaviour and how that behaviour is seen by or impacts on others)
- Food, its production, nutritional value and eating
- Last but far from least, the physicality and scale of the buildings, site and location, heating lighting, colour, texture, furnishings, decoration, etc.

Probably the first consistent exponent of Environment Therapy (Milieu Therapy by another name) was August Aichhorn whose practice in Vienna and his book of 1935 "Wayward Youth" exerted a strong influence on the subsequent treatment practices. Another key figure in the early years of thinking about Environment Therapy was Dr Marjorie Franklin who became involved with the Hawkspur Camp, founded as the first practical experiment in planned environmental therapy, an experiment in therapeutic community living. This brought her in touch with David Wills appointed as "Camp Chief", whose own ideas, forged from a very different experience, were so complementary to her own. The development and evolution of Environment Therapy and Therapeutic Communities is inexorably interwoven with a whole range of pioneers in thinking and working (Bruno Bettelheim, Homer Lane, Otto Shaw, A. S. Neil, Arthur Barron, Frederick Lennhoff, Barbara Docker-Drysdale, Richard Balbernie, to name but a few). Each made their own significant contribution to theory and practice.

In 1963 a Planned Environment Therapy discussion group was formed under Dr Franklin's leadership and in 1966 the Planned Environment Therapy Trust was formed and still exists today promoting effective treatment for children and adults with emotional and psychological disorders. It also maintains a unique archive of materials relevant to the field of therapeutic care.

In 1973 David Wills wrote an article in Vol 2 of "Studies in Environment Therapy". Its title was, "Planned Environment Therapy – What is it?" Will's descriptors (1973), are incorporated into the ethos, atmosphere and practice at both Avocet House and Turnstone House. The blue text below describes how each of Will's key points translates into our practice:

- In Environment Therapy the most important part of the environment is the worker. The type of person should be someone who:
 - a) has feeling as well as intellect
 - b) is a person with integrity

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- c) shows empathy and care
- d) shows respect for others
- e) as a role model enlarges and enriches others who associate with them
- f) has firm (but not rigid) moral principles
- g) is courteous and gentle in dealings with others
- h) is a social person

We put great care and detail in our recruitment process, with emphasis on appointing the right people who are excited by our philosophy and innovative practice. Once appointed the adult is regarded with the same 'no limits' opportunities as the young people in our care. This is reflected in the quality of the induction and training the new SES member receives, also certified by our Investors in People Gold status.

- The relationships are between person and person first and client and worker second

We look for child-centred people and stress the importance of a non-institutional approach, promoting quality positive relationships which are so critical for the ethos and culture of SES.

- The environment releases the child to be themselves - their real self – thus revealing the true issues

Time and time again we have feedback from family members and social workers that their child is 'totally different' after coming to us. There are many examples of children in SES care achieving the highest of awards, signifying progress and achievement as young people.

- The child is responded to in a warm and welcoming way at all times even when negative transference is taking place (i.e. the child transfers to the adult feelings he has or had for one or other of his parents, or for other people in his life – this can be both positive and negative)

At SES, this is the unconditional positive regard we expect from all adults; it is the unconditional affection of a good parent that means that whatever else we do we must make the child feel loved despite unwanted outward behaviours.

- Positive transference can be particularly effective in building relationships and helping the child progress

Case Coordinators, Personal Tutors, Link Tutors and Learning Mentors aim to give a range of dedicated relationship options in addition to generic team members

- It is the environment therapy that is planned not just the environment

Everything we do at SES is part of a planned environment and planned "therapy" – a seamless domestic, nurturing, caring, learning environment which masks a highly professional approach to planning and integration of learning

- The worker is not left alone to identify or plan responses to the child's needs but is surrounded by others who support identification, interpretation and planning

Team of supporting adults in a range of roles including SES consultants, produce a comprehensive personalised development and learning structure to meet the young person's individual talents and needs. Adults are provided with

personal support (PSM) and professional development (PDM) at a sector leading level.

- Workers should be supported to deal with the impact of the behaviours on themselves to lessen the chance of their judgement being clouded or their attitude warped
Structured support systems in place assisting reflective and restorative practice at SES, enabling staff to tolerate and contain high levels of disturbance and emotional dis-regulation (PSM, PDM, helpline, consultants)
- Where a young person seeks maternal or paternal care or support (e.g. play, stories at bedtime, curled up beside an adult watching TV, etc.) it is given unconditionally whatever their age
At SES, not only is it given unconditionally it is planned for (individual programmes, PAN meetings)

Wills uses the following quotes to illustrate the thinking:

At the heart of the problem is the lack of love. Love therefore must be at the heart of the cure. Whatever else we do we must make each child feel that they are loved. We, who have no blood relationship to the child, must provide what its parents failed to provide. To put it another way, the maladjusted child has never learned how to form relationships – what the psychologists call affective relationships – with other people. That is what they have to learn while they are with us, and they can only learn from experience

“Make children feel that they are loved, but make them understand also that the love of parents is very different from that of friends. Convince them that parental affection will always be there waiting for them, whatever their faults, because the tender affection of parents withstands every test. But make them recognize that the affection of friends is the result of esteem, confidence and choice. Children must learn that friendship is based on merit and that it is won or lost according as they are strong or weak, devoted to others or egotistically centred on self.”

- In PET the worker provides the former (parents), the community the latter (friendship).
We don't attempt to replace parents but we do create significant adults for children, who build affective relationships. Community aspect involves developing peer relationships, both internally and external links, as well individuals being counseled through friendship and peer relationship issues. We are a community within a community.
- The aim is to create a kind of microcosm of ordinary society with its social and economic obligations, its social and economic pressures and its responsibilities to support oneself and the community
The 'voice of the child' is central to our community growth and development, as is the responsibility to other community (internal and external) members, (e.g. PAN process, house meetings, charity work, involvement with the wider society in clubs and activities, travels abroad, etc.)

- The method is to foster those parts of the personality that are whole, to strengthen the psyche to cope with/manage its own conflicts
At the core of the SES vision and philosophy is to start with strengths as part of the PAN process. We have a personalised approach to learning and make the curriculum (broadest definition) fit the child not the child fit the curriculum
- There is a belief that all living things have a tendency towards wholeness, to self-correct, an inbuilt therapeutic drive – and PET removes the impediments to the natural tendency to self-heal and by strengthening the “whole” elements it facilitates a natural therapeutic tendency
The SES vision and philosophy is for the young person to have a fresh start, for the team to start with the young person’s strengths, believe in them, validate their worth, provide unconditional positive regard, and adopt a person centered approach.
- The community demands of its members mature and rational behaviour and brings about a natural pressure to that end
We develop individual programmes, PAN targets, community activity and peer cooperation
- PET brooks no “us and them” within the community – e.g. everyone addressed by their first name irrespective of any hierarchy
All (adults and young people) at SES are known by first names and ideas are listened to with no prejudice, irrespective of source or role.
- There is some form of democratic machinery for the expression of opinion in general and the management of the day to day affairs of the community – shared responsibility
We develop a comprehensive system in which young people are involved in various of decision making processes, such as in committees, house meetings, Learning Centre curriculum involvement and key worker meetings, or staff interviews.
- A third component of PET along with the psychological and social is the educational influence
SES vision and philosophy, we excel at this within the total learning environment. ‘No Limits’ thinking pervades.
- It is concerned with learning rather than teaching; it is concerned with all those things that a person needs to fulfill themselves – different in each individual case
SES vision and philosophy, personalisation for every young person through their development and learning structures. To SES every experience can be part of formal learning even though it may not initially appear so to the young person
- It is concerned with the fullest possible creative expression – arts, crafts, skills, techniques
SES vision and philosophy, breadth and depth of personal curriculum and twenty four hour opportunities, all underpinned by no limits thinking.
- Making sure that there is opportunity to discover talent and then practice it

This encapsulates the SES vision and ethos of no limits, discovering and unlocking gifts and talents in all young people.

16 SECURE BASE MODEL

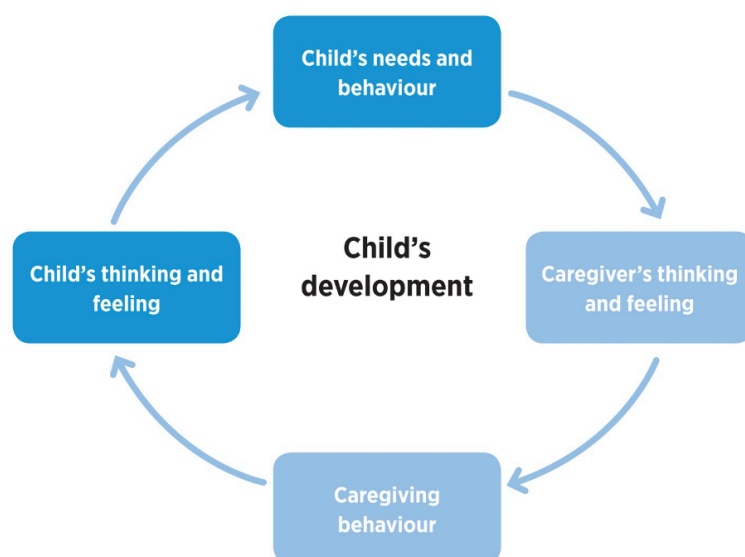
The Secure Base model, created by Beek and Schofield, provides a positive framework for therapeutic caregiving which helps infants, children and young people to move towards greater security and builds resilience. The model focuses on the interactions that occur between caregivers and children on a day to day, minute by minute basis within the caregiving environment. But it also considers how those relationships can enable the child to develop competence in the outside world of school, peer group and community.

The Secure Base Model provides a framework for adults at Avocet House and Turnstone House, and others who support the young people, to think in more detail about the different but connected caregiving approaches that can help a child to move towards greater security. It is a positive, strengths based approach that focuses on the interaction between the caregiver and the child, but also considers how that relationship can enable the child to develop competence in the outside world and manage often complex relationships with birth family members.

To fully embrace and utilise the Secure Base Model, it is essential for all SES adults to have a clear understanding of how attachment theory relates to SES young people. Alongside this, all adults should develop an understanding of the importance of developing empathy within the whole community. Recognising the fundamental importance of relationships through the caregiving cycle is critical, and reinforces the core value of Planned Environment Therapy in that the worker is the most important part of the environment, and that importance of relationships and their impact on developing neuroscience.

It can be helpful to think about caregiver/child interactions as having the potential to shape the thinking and feeling and ultimately the behaviour of the child. This process begins with the child's needs and behaviour and then focuses on what is going on in the mind of the caregiver. How a caregiver thinks and feels about a child's needs and behaviour will determine his or her caregiving behaviours. The caregiver may draw on their own ideas about what children need or what makes a good parent from their own experiences or from what they have learned from training. The caregiving behaviours that result convey certain messages to the child. The child's thinking and feeling about themselves and other people will be affected by these messages and there will be a consequent impact on his or her development.

The caregiving cycle

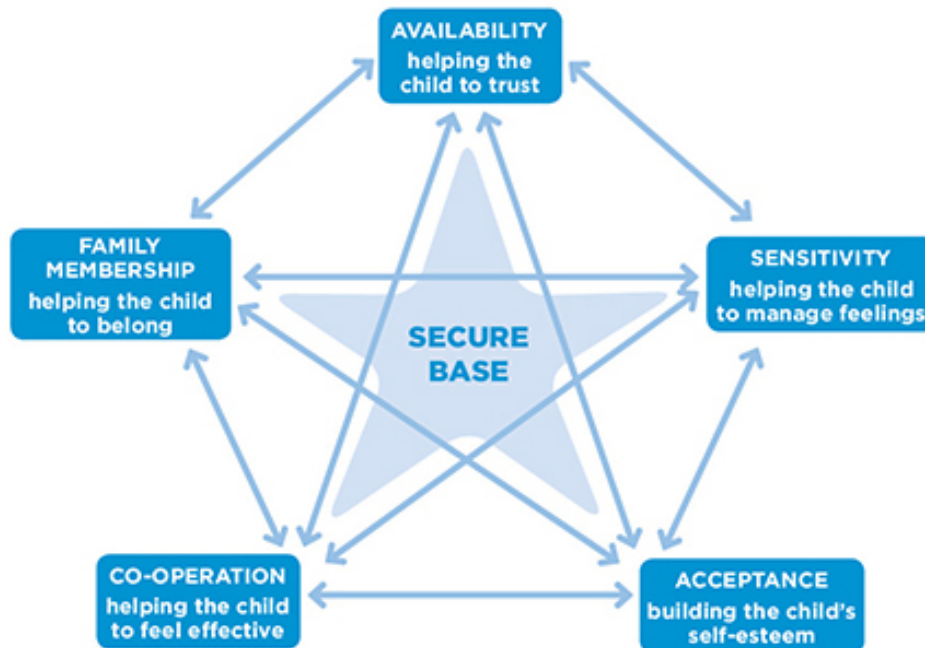


This caregiving cycle encompasses the many interactions of family life or life in a residential care setting. These range from the moment to moment exchanges over breakfast to managing major emotional or behavioural crises. Each interaction conveys a number of messages to the child and has an incremental effect on the child's beliefs about him or herself, beliefs about other people and the relationship between self and others. These internal working models will influence the child's functioning and development. Using principles of PACE and VRF's are critical to each of these interactions within the cycle.

The Secure Base Model groups these caregiver/child interactions into five dimensions of caregiving. The first four dimensions are drawn from attachment theory, a critical area of knowledge and training that all SES staff will explore throughout their induction and subsequent professional development. Beek and Schofield add an additional dimension, family membership, that is relevant for all children but can be particularly challenging for children who are separated from their families of origin. The five dimensions are:

Availability	Helping the child to trust
Sensitivity	Helping the child to manage feelings and behaviour
Acceptance	Building the child's self esteem
Co-operation	Helping the child to feel effective - and be co-operative
Family membership	Helping the child to belong

The Secure Base model



It is important to bear in mind that the dimensions are not entirely distinct from each other. Rather, in the real world of caregiving, they overlap and combine with each other. For example, a caregiver who is playing with a child in a focused, child-led way may be doing so with sensitivity and acceptance as well as demonstrating availability and promoting co-operation.

Beek and Schofield's research (2004) suggests that, over time, positive caregiving across the five dimensions provides a secure base from which the child can explore, learn and develop in a positive direction.

To enable young people the opportunity to flourish, key adults should regularly consider if they are effectively providing all five dimensions of the Secure Base for young people. Resources to support this process are available on:

<http://www.uea.ac.uk/providingasecurebase>

The following summaries and strengths/difficulties for each dimension provide a useful tool to discuss and consider if SES are planning effectively for young people:

Availability

This dimension focuses on the caregiver's ability to convey a strong sense of being physically and emotionally available to meet the child's needs, both when they are together and when they are apart. When the caregiver can do this, the child begins to trust that his needs will be met warmly, consistently and reliably. Anxiety is reduced and the child gains the confidence to explore the world, safe in the knowledge that care and protection is there if needed.

Strengths in this dimension might be indicated by:

- Plenty of physical time available to focus on the child.
- Emotional space and availability (i.e. not preoccupied with own difficult feelings and unmet needs or emotionally detached and cut off).
- The capacity to reflect on the child's needs to build trust in them as caregiver(s) and to think about ways in which they might support the child to do so.
- Alert to child's needs and signals (e.g. able to identify and describe a time when the child was worried or upset, how the child showed this/did not show it, what signs they might look for in the child to signal distress etc).

Difficulties in this dimension might be indicated by:

- Lack of time/energy.
- The caregiver's own unmet needs (perhaps from the past) are coming to the fore.
- The caregiver seems overwhelmed by the child's demands.
- The caregiver feels marginalised by child.
- The caregiver distances themselves from the child.
- Caregiver doesn't believe a child should need that much attention.

Sensitivity

Sensitivity refers to the caregiver's capacity to 'stand in the shoes' of the child, to think flexibly about what the child may be thinking and feeling and to reflect this back to the child. The sensitive caregiver also thinks about their own feelings and shares them appropriately with the child. The child thus learns to think about and value his or her own ideas and feelings and the thoughts and feelings of others and is helped to reflect on, organise and manage their own feelings and behaviour.

Strengths in this dimension might be indicated by:

- The caregiver can think and talk about the child's feelings, recognise that the child has strong feelings at times, and that they are understandable, 'in the circumstances'.
- The caregiver has the capacity to 'stand in the shoes' of the child, to think flexibly about what the child may be thinking and feeling and to reflect this back to the child.
- The caregiver can think and talk about their own feelings and share them appropriately with the child and other people.

Difficulties in this dimension might be indicated by:

- The caregiver lacks interest and curiosity in what is in the child's mind.
- The caregiver appears overwhelmed by own strong feelings - or finds it hard to think and talk about own feelings. (N.B. There is a 'normal variation' in this; it is extremes that are of concern. Key is the capacity to acknowledge and understand the child's needs).

- The caregiver finds it hard to think and talk about the child's past – finds it too painful or feels that the child needs 'a fresh start'.
- The caregiver has difficulty in thinking flexibly about a range of possible reasons for the child behaving in a certain way.
- The caregiver is frequently negative or angry towards child without 'pause for thought' about why child is behaving in this way or how best to respond.

Acceptance

This dimension describes the ways in which the caregiver is able to convey that the child is unconditionally accepted and valued for who he is, for his difficulties as well as his strengths. This forms the foundation of positive self-esteem, so that the child can experience himself as worthy of receiving love, help and support and also as robust and able to deal with set-backs and adversity. This area of caregiving builds on the dimensions of *availability* and *sensitivity*. Children need to learn to trust and to manage their feelings and behaviour in order to believe the praise of caregivers and to take up opportunities that are on offer.

Strengths in this dimension might be indicated by:

- The caregiver shows joy, pride and pleasure in the child.
- The caregiver can praise the child easily and readily.
- The caregiver can help the child to accept failures, setbacks etc in a kind, supportive way.
- The caregiver can actively support the child in pursuing (child led) experiences, interests and activities.

Difficulties in this dimension might be indicated by:

- A tendency to focus on negative aspects of the child, little pleasure or pride evident.
- Finding it hard to accept/enjoy the child's individuality and ways in which the child is different to other family members.
- The child seen as 'a burden.'
- The caregiver offers little

Co-operation

Within this dimension, the caregiver thinks about the child as an autonomous individual whose wishes, feelings and goals are valid and meaningful and who needs to feel effective. The carer therefore looks for ways of promoting autonomy, but also working together and achieving co-operation with the child wherever possible. This helps the child to feel more effective and competent, to feel confident in turning to others for help, if necessary, and to be able to compromise and co-operate.

Strengths in this dimension might be indicated by:

- The caregiver thinks about the child as an autonomous individual whose wishes, feelings and goals are valid and meaningful and who needs to feel effective (for example, 'he gets settled with his toys and it's understandable that he hates it when we have to go out').
- The caregiver can look for ways of working together to achieve enjoyable co-operation with the child wherever possible (for example, 'we make a game of clearing the toys up and he enjoys that so he doesn't mind going out so much').
- The caregiver promotes choice and effectiveness wherever possible.
- The caregiver can set safe and clear boundaries and limits – and also negotiate within them.

Difficulties in this dimension might be indicated by:

- The caregiver emphasises the need for control, for example - differences of opinion with the child are a battle that they must win.
- The caregiver finds it difficult to accept /enjoy child's need for autonomy and to allow choice/promote competence and effectiveness.
- The caregiver finds it difficult to allow child to take moderate risks.

Family membership

Family membership is a vital strand of healthy emotional and psychosocial development. A child who has no close family relationships will carry feelings of psychological and social dislocation. In contrast, the certainty of unconditional family membership can provide anchorage and the reassurance of practical and emotional support throughout life, acting as a psychosocial secure base for exploration, identity and personal development.

When children are separated from their birth families, the family membership dimension refers to the capacity of the caregiver to include the child, socially and personally as a full family or residential group member, at a level that is appropriate to the longer term plan for the child. At the same time, the caregiver must help the child to establish an appropriate sense of connectedness and belonging to his birth family. In this way, the child can develop a comfortable sense of belonging to more than one family and a more coherent identity.

Strengths in this dimension might be indicated by:

- The caregiver is able to give verbal and non-verbal messages of the child's inclusion in the family.

For children who are members of more than one family:

- The caregiver is able to talk openly and appropriately with the child about both the strengths and the difficulties of their other families.
- The caregiver is able to support the child to get 'the best' from both families.

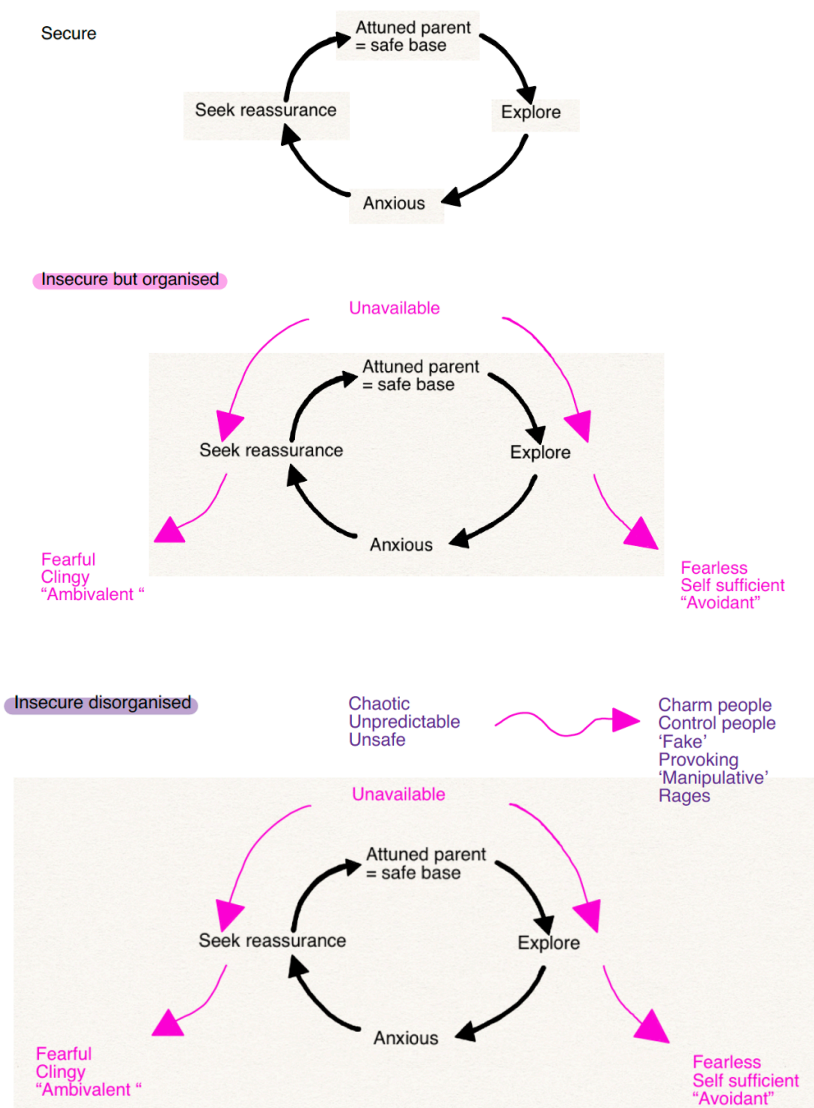
Difficulties in this dimension might be indicated by:

- The caregiver tends to treat the child differently to other children in the family (this may be very subtle, for example, providing a different sort of biscuit for a lunch box).

For children who are members of more than one family:

- The caregiver is anxious that they might 'lose' the child to the other family or that the other family's values might conflict with and displace their own in the child's mind.
- The caregiver talks/thinks negatively about other family.
- The caregiver creates (unreasonable) barriers to contact between the child and the other family.

16.1 ATTACHMENT THEORY IN DIAGRAMS

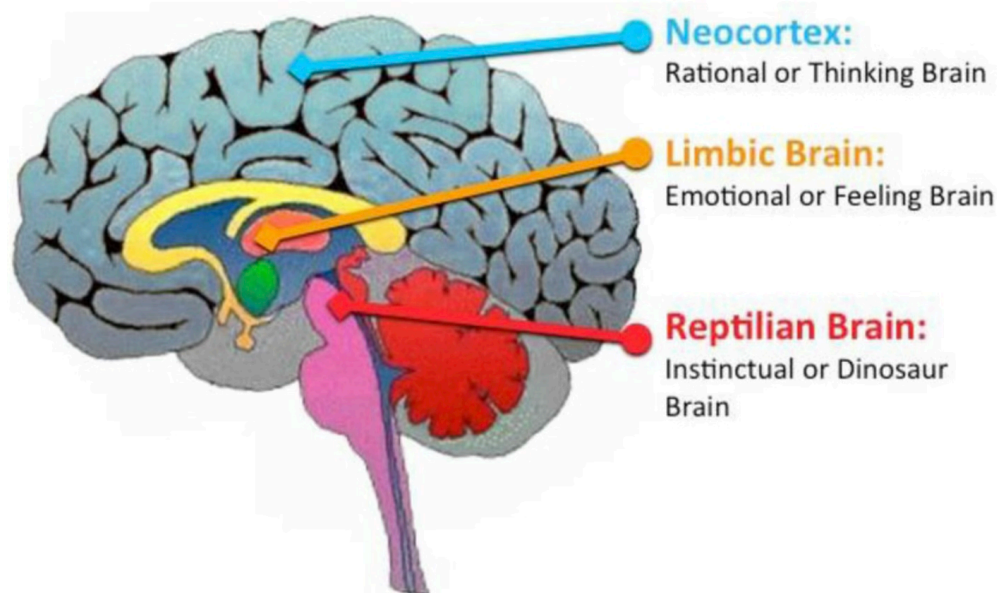


17 NEUROSCIENCE

In recent years there has been significant advance in neuroscience and our understanding of brain and body systems, and their connection to human behaviour. This has influenced and reinforced our SES thinking about how important “parenting” is. Several key researchers and pioneers have impacted on our practice, in particular, the work of Margot Sunderland, (Director of Education and Training, Centre for Child Mental Health, London), Bernard Allen (Education Consultant), Dr Bruce Perry (American Psychiatrist, clinician and researcher) and Professor Bessel van der Kolk (Trauma Research Author). The area of Neuroscience is, and will continue to be, a growing influence on our practice.

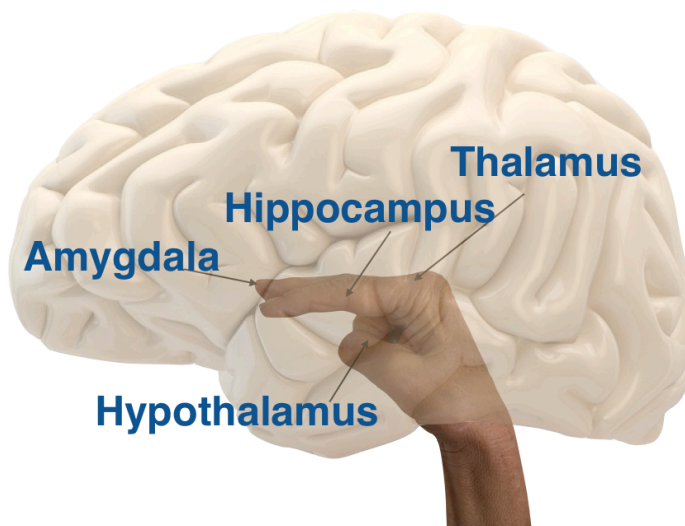
17.1 BRAIN THEORY AND STRUCTURE

Brain theory is constantly evolving as a result of significant scientific advances by neuroscientists. Traditionally, the brain has been described as being in three parts, known as ‘Triune Brain Theory’.



- **Reptilian** (largely unchanged by evolution – controls bodily functions, e.g. heart, lungs, stomach. Poly vagal System links to good physical health and immune system)
- **Mammalian** (also known as the limbic system - triggers strong emotions to be managed by rational brain)
- **Rational** (also known as neocortex, the higher brain – frontal lobes/neocortex)

The Limbic System is found in the middle of the brain and can be visualized by making a fist with two fingers sticking out, as below:



17.2 BRAIN DEVELOPMENT

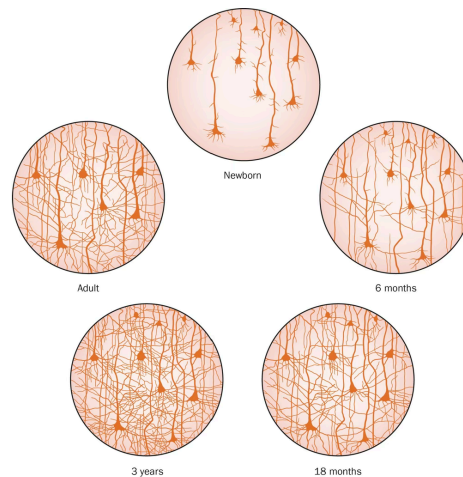
Brain development, or learning, is actually the process of creating, strengthening, and discarding connections among the neurons; these connections are called synapses. Synapses organize the brain by forming pathways that connect the parts of the brain governing everything we do—from breathing and sleeping to thinking and feeling. This is the essence of postnatal brain development, because at birth, very few synapses have been formed. The synapses present at birth are primarily those that govern our bodily functions such as heart rate, breathing, eating, and sleeping.

The development of synapses occurs at an astounding rate during a child's early years in response to that child's experiences. At its peak, the cerebral cortex of a healthy toddler may create 2 million synapses per second. By the time children are 2 years old, their brains have approximately 100 trillion synapses, many more than they will ever need. Based on the child's experiences, some synapses are strengthened and remain intact, but many are gradually discarded. This process of synapse elimination—or pruning—is a normal part of development. By the time children reach adolescence, about half of their synapses have been discarded, leaving the number they will have for most of the rest of their lives.

By 3 years of age, a baby's brain has reached almost 90 percent of its adult size. The growth in each region of the brain largely depends on receiving stimulation, which spurs activity in that region. This stimulation provides the foundation for learning.

At around 7 years of age, the pruning slows down; more and more brain cells are myelinated (a whitish material that is made of protein and fats surrounding brain cells). This allows better communication between brain cells and strengthens pathways.

See images of the developing brain on the next page.



The brain is neuro plastic. There is huge hope and optimism for professionals to help a child or young person develop new pathways through therapeutic interventions and relationships.

17.3 EMOTIONAL SYSTEMS IN THE BRAIN

Research by Panksepp has shown there are several ingrained emotional systems deep in the lower brain - Rage, Fear, Separation Distress, Seeking, Care, Play and Lust.

Fear, Rage and Grief systems are instinctual and primitive.

- Rage, Fear and Separation Distress are set up from birth and support survival. Infants get overwhelmed by the triggering of these systems because there is so little higher rational brain functioning at this stage to help them think, reason and calm themselves down.
- If a child is not given enough help with the intense lower brain feelings and primitive impulses, their brain may not develop the pathways to enable him to manage stressful situations.

The Care, Seeking and Play systems enable cells and pathways in the body to be activated by positive natural chemicals and hormones through good parent – child relationships. These include:

- Oxytocin (released at birth to support bonding)
- Opioids (hormones that give us a sense of well being; produced when a child is lovingly touched or held by a parent or caring person)
- However, if the parent responds with criticism or shouting, these positive chemicals are blocked; child may suffer from stress that can cause permanent changes in the brain.

The Care, Play and Seeking systems are prosocial, protective and affiliative. Lots of joyous and playful times with children can activate positive arousal chemicals in the brain as well as the brain's Play system; this will increase the zest for life.

Therefore, we need to provide lots of imaginative, explorative activities to activate

the Seeking system. This will increase the appetite for life, curiosity, and the drive and motivation to make her creative ideas reality.

Calm or Alarm – ‘They are like muscles... the more we activate the pro-social or primitive alarm systems, the more they become personality traits.’

17.4 STRESS REGULATION SYSTEM

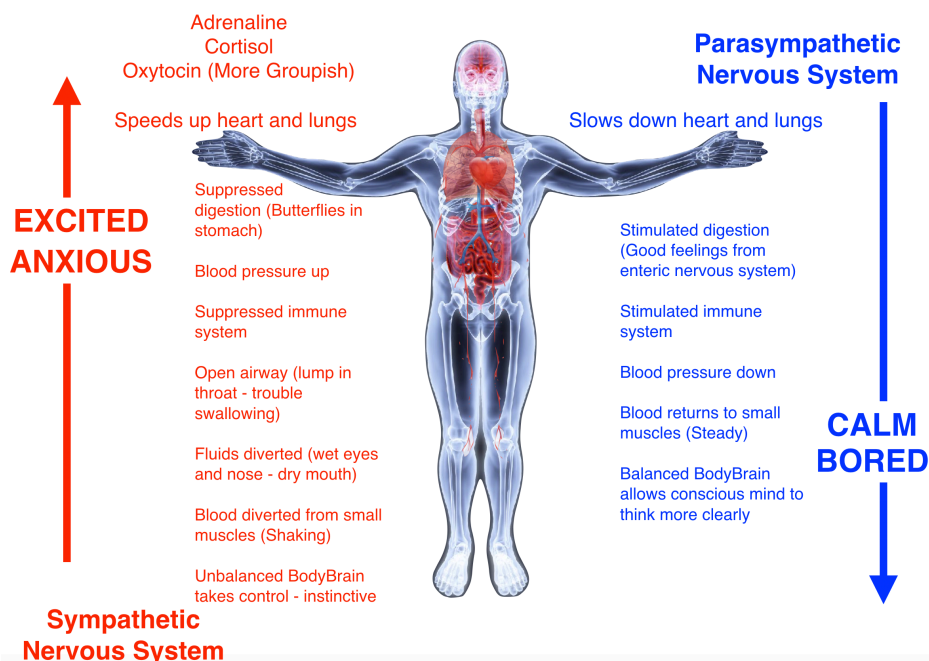
Our stress-regulation system is vital to our survival and is activated by our primitive survival circuits: rage, fear and separation distress. The stress regulation system involves:

- brain
- aspects of autonomic nervous system (ANS)
- aspects of endocrine (hormone) system

The autonomic nervous system comprises of the parasympathetic and sympathetic nervous systems.

The parasympathetic nervous system acts like a brake, slowing us down to rest, digest and connect, or in extreme situations to shut the body down in the freeze response. The sympathetic nervous system acts like an accelerator, preparing us for action, such as fight or flight

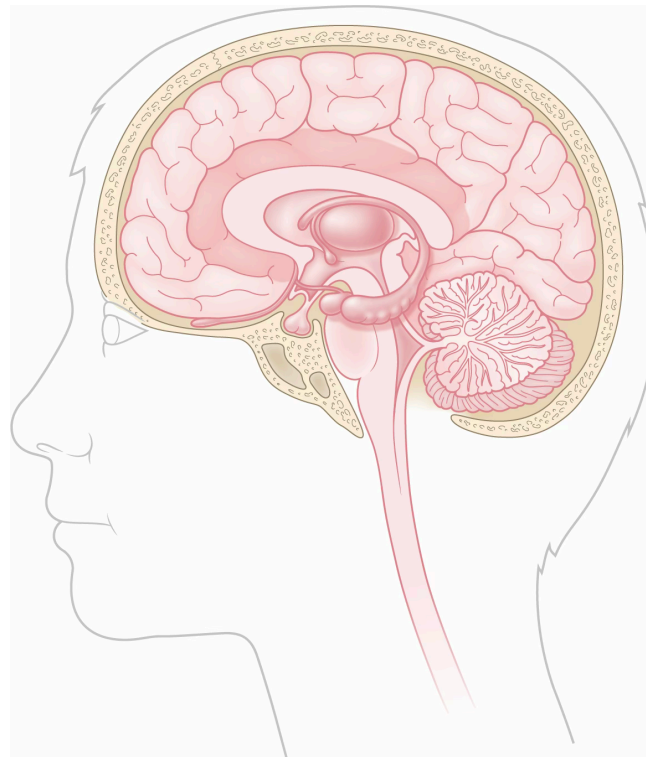
In early childhood, research on the biology of stress shows how major adversity can weaken developing brain architecture and permanently set the body's stress response system on high alert. The child's brain is like a trigger-happy alarm system, wired to fire at any sensory stimulus that is reminiscent of an earlier threatening situation: a voice tone, a sudden movement, a smell that triggers unconscious memories. The survival response is triggered that propels the child into fight, flight or freeze.



When the child feels threatened, they have limited access to thinking because their lower brain regions (brain stem and limbic system) are dominant and they are surviving the best way they can. Learning is therefore blocked until regulation happens and for this, the child is dependent on the presence of a self regulated/regulating adult.

The lower brain alarm system is the amygdala, which senses threat and communicates with the hypothalamus. The hypothalamus releases stress hormones (e.g. adrenalin), preparing body for flight or fight. The stress hormones block positive arousal chemicals to ensure full attention is on threat. If you have been helped in childhood with intense feelings of anger, frustration and distress, the higher human brain intervenes and can quieten down the amygdala, releasing anti-anxiety chemicals. If you experienced a difficult childhood and were not supported to manage feelings, the higher brain may not have developed the necessary wiring. The child can stay stressed for hours, days, weeks or even longer.

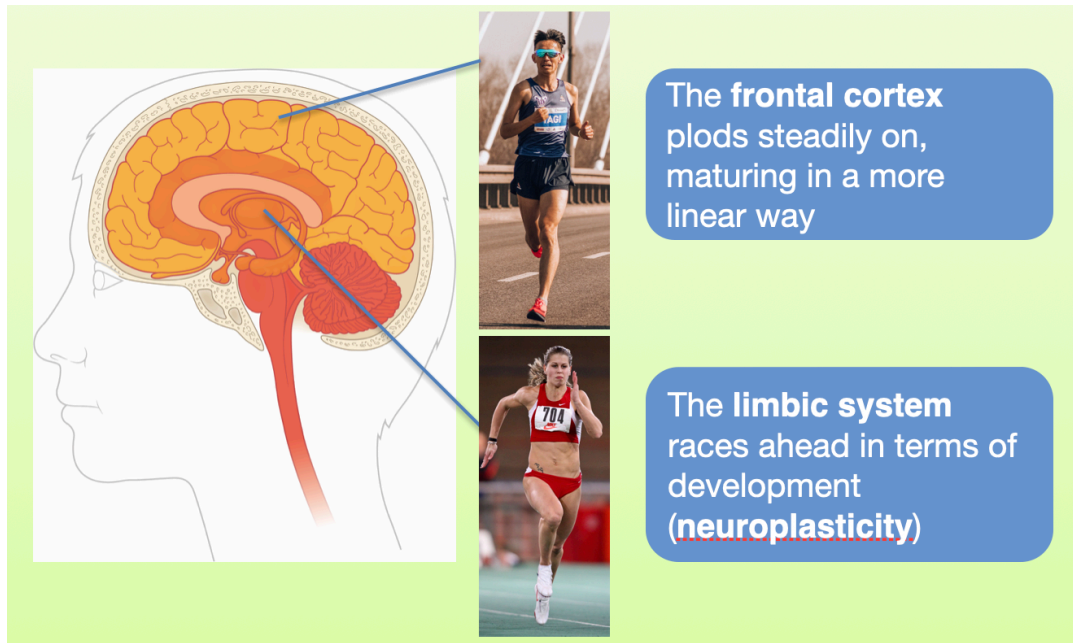
In the adolescent brain the amygdala becomes hyper-sensitive.



17.5 ADOLESCENCE

Building on our previous learning about the triune brain, the adolescent brain experiences a significant shift in the balance between the frontal cortex and the limbic system. A key aspect of this development is the differing rates of neuroplasticity in these areas, leading to a maturation imbalance compared to childhood. This balance typically restores itself by early adulthood.

As adolescence begins, the limbic system, which governs emotions and social interactions, develops rapidly, while the frontal cortex matures more steadily and linearly. This dominance of the limbic system during early to mid-adolescence



causes a frontal/limbic imbalance, resulting in heightened emotional sensitivity and changes in social behaviour.

Common effects include:

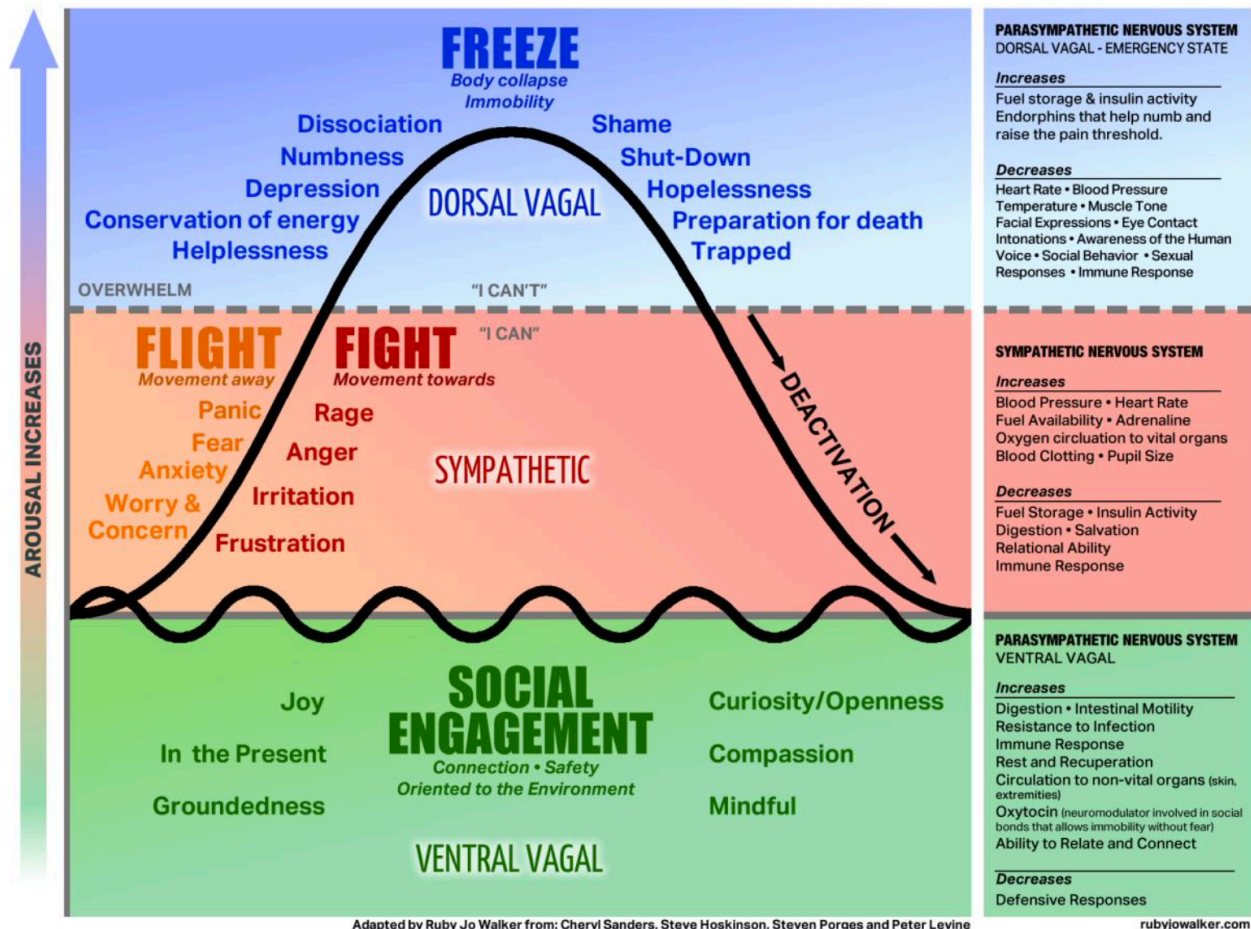
- Increased self-absorption
- Easier distraction
- Moodiness
- A strong desire to fit in with peers
- Different criteria for assessing risk

By late adolescence, the frontal cortex nears maturity, allowing for cooperation between the two systems and restoring balance as they transition to adulthood. The dominance of the limbic system is crucial for young people to experience life, enabling them to develop the higher-order reflective thinking needed for adulthood. Therefore, assumptions that teenagers "should know better" can be misguided, often leading to judgmental attitudes from adults based on their experiences. This developmental process supports young people in separating from their families and forming their own identities, similar to the exploratory behaviour observed in younger children navigating the world for the first time.

At SES, understanding the characteristics of adolescent brain development helps us approach the needs of young people with empathy and insight. By providing a supportive environment that recognises their emotional sensitivity and guides them through this critical period, we can foster resilience and promote healthy independence as they grow. This aligns with our commitment to nurturing their emotional and social development, ensuring they feel safe and supported as they navigate their journey toward adulthood.

17.6 POLYVAGAL THEORY (STEPHEN PORGES)

The work of neuropsychologist Stephen Porges has helped us to understand what happens to us all when we perceive danger. His polyvagal theory suggests a hierarchy of three levels:



When we do not feel safe, the body prepares itself to respond to danger. If the danger seems very great, the nervous system is activated in such a way that we have a very high tolerance for pain, and often become very still. In this 'freeze' state, which is the state of greatest stress, children sometimes appear to 'zone out', show confusing behaviours such as laughing inappropriately as though they cannot stop, or even appear to fall asleep. Sometimes this is called "dissociation".

When we perceive threat that is not at the highest level the body prepares itself for defence. Sometimes we call this "fight or flight". It is likely that you have seen this response on many occasions. Children who have experienced trauma escalate into this state very quickly. It may look as though there was no trigger, or that the apparent trigger was very small.

Many children who have experienced trauma are vulnerable to experiencing 'fight, fright or flight' reactions in everyday situations which would not normally make children feel afraid. This reaction is not conscious, is completely involuntary and out of their control. In order for children to be ready to learn, however, they need to be

in the calm, open and engaged state described in the graphic above. Only in this state can they engage with you and others to think about what has happened and how you can understand it together.

When a child is challenging or threatening to you, when you feel deskilled or frustrated by the child, your own defences are likely to unconsciously take over. At this point it is very difficult for you to be in a calm, open and engaged state too. Many teachers are more likely at this point to revert to more traditional behaviour management styles which, unfortunately, do not work with children who have experienced trauma. Very often this is the point at which communication breaks down between you and the child and the situation escalates.

To support children with activated stress systems, we can utilise the science of comforting. Comforting activates the Vagus nerve, this belongs to the 'slow down and relax' parasympathetic branch of the ANS. If we do not comfort and sooth a distressed child the body can become hard wired for hyperarousal, making life stressful and exhausting. This can lead to a range of health problems, e.g. breathing disorders, heart disease, fatigue, headaches etc. The Vagus Nerve is found in the brain stem, and it rapidly restores key body systems. Establishing good vagal tone is essential for emotional balance, clear thinking, better attention and a more efficient immune system.

We need to stimulate the anti-stress chemical systems in the brain through:

- Touch and massage
- Sucking (babies!)
- Warmth
- Movement and rocking
- Low sounds

When children and young people suffer from relational trauma, it can result in:

- Underdeveloped brain systems badly affecting capacity for attention, learning, concentration, creativity, empathy, kindness.
- Smaller brains: less sophisticated neuronal networks
- Alarm systems in the brain have a field day
- Immune system is compromised

17.7 IMPACT OF CHILDHOOD TRAUMA

As already highlighted, what happens in early childhood can matter for a lifetime. To successfully support our children's future, we must recognise problems and address them as soon as possible.

The Adverse Childhood Experiences study revealed irrefutable evidence showing that childhood experiences are the most powerful determinants of who we become as adults. And that traumatic childhood experiences, when unaddressed, have a significant graded relationship to the development of the most troublesome health, mental health and social problems of today

The study found that:

- 4 ACEs - Life span reduction of 10 years
- 6 ACEs - Life span reduction of 20 years

Consideration of ACEs is therefore crucial to thinking about how to improve the lives of children and young people, to support better transitions into adulthood, and achieve good outcomes for all adults.

'The trauma keeps them rigidly fixated on the past, making them fight the last battle over and over again' (Van der Kolk 1996)

17.8 NEUROSCIENCE IN ACTION

Our constantly evolving understanding of neuroscience enables SES to consider how the personalised needs of our young people can be effectively planned for.

Of paramount importance is the recognition that a young person's learning opportunities and therapeutic interventions support and help develop new neural pathways within the brain and promote positive stress regulation.

Every interaction, intervention and relationship with our young people potentially supports the Care, Play and Seeking emotional systems, enabling cells and pathways in the body to be activated by positive natural chemicals and hormones. When opioids and oxytocin are in dominance in the brain, the world feels like a warm, inviting place; they bring a sense of calm and contentment. We therefore expect all adults to provide nurture and build relationships with young people (Care), to share enjoyment, laughter, fun, joy and relaxation (Play) and to be energized, engaged, curious, motivated and show interest (Seeking).

How our body manages stress can be supported by providing physiological, relational and cognitive regulation. Examples of these include:

- Physiological
 - our tone of voice, posture, touch, eye contact
 - promotion of oxytocin
 - pattern/rhythm/repetition
 - soothing and calming
 - activities that allow stomping, scrunching, shouting
 - singing, clapping, whittling
 - mindfulness
 - stroking, hugging, rocking
 - food
 - supported risky play
- Relational
 - scavenger hunts
 - messy, wet activities
 - exploring senses
 - growing, eating and making

- activities that generate oxytocin, serotonin, dopamine, endorphins
- play and fun
- Cognitive
 - writing lists
 - counting
 - talking therapy
 - ordering, sorting
 - puppets, imaginative play
 - art

Providing opportunities for children to learn outdoors is essential as this promotes the release of serotonin. Simply taking along walk every day is a good habit for young people and staff to develop. Research in the field of Biophilia shows that learning outdoors reduces stress, improves attention and clarity of thinking.

We can and must promote and improve a young person's Mental Fitness (Bernard Allen), enabling greater awareness and control of their own thoughts, feelings and behaviour. At its simplest level this could be allowing young people to be involved in decisions about themselves or participating in restorative approaches. This begins to build their internal locus of control, reducing the sense of helplessness that looked after children can feel. Planning for the future as part of their PAN process engages neural circuits that are associated with motivation and positive moods. We need to teach young people to recognise how to control their own feelings by calming their own biological systems, developing greater self control and changing their habitual patterns of behaviour.

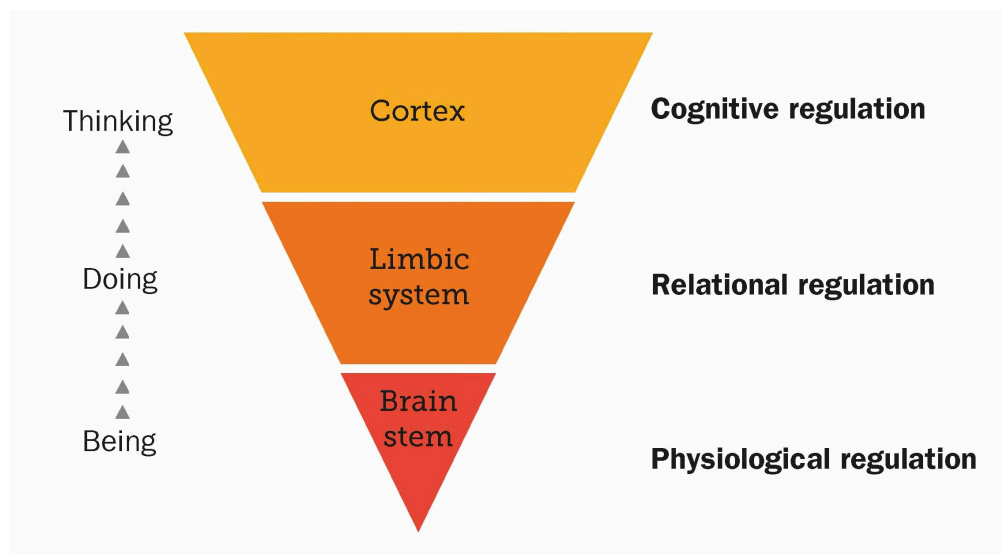
Our understanding of attachment theory and the impact of childhood trauma provides a clear framework for how we can provide for our children to allow them to learn to have a positive view of themselves and us, the adults who care for them.

“Exposing the child, over and over again, to developmentally appropriate experiences is the key. We need to provide environments which are relationally enriched, safe, predictable, and nurturing.” (Bruce Perry)

17.9 REACHING THE LEARNING BRAIN

Our understanding of regulation reminds us that children are best able to think, reflect, problem-solve and learn when they feel safe, regulated and connected to others. When a child is overwhelmed or dysregulated, our first responsibility is therefore not to reason, correct or seek immediate resolution, but to help them regain a sense of safety and regulation through the presence of a calm and attuned adult.

This is reflected in the Three Rs – Regulate, Relate, Reason: first supporting regulation, then strengthening relational connection, before moving towards reflection, understanding and learning. The models below illustrate this progression from physiological regulation, through relational regulation, to cognitive regulation, reinforcing a central principle of the SES Way: regulation and relationship come before reasoning and learning.



Physiological Regulation: Good physiological regulation helps us calm ourselves and manage our bodily functions. We become aware of our heart rate, breathing, and body sensations. Techniques like a soothing voice, touch, rocking, holding, a loving presence and slow breathing can aid in this regulation.

Relational Regulation: Effective relational regulation allows us to express distress and seek support and love from others, knowing they may feel similarly and that others experience the same emotions. In stressful situations—like visiting a hospital or going for a job interview—we can turn to others for help.

Cognitive Regulation: Good cognitive regulation enables us to anticipate what might happen next, recall past successes, and think about the consequences of our actions. It helps us reassure ourselves that we are fundamentally okay.

17.9.1 Bruce Perry's Neurosequential Model

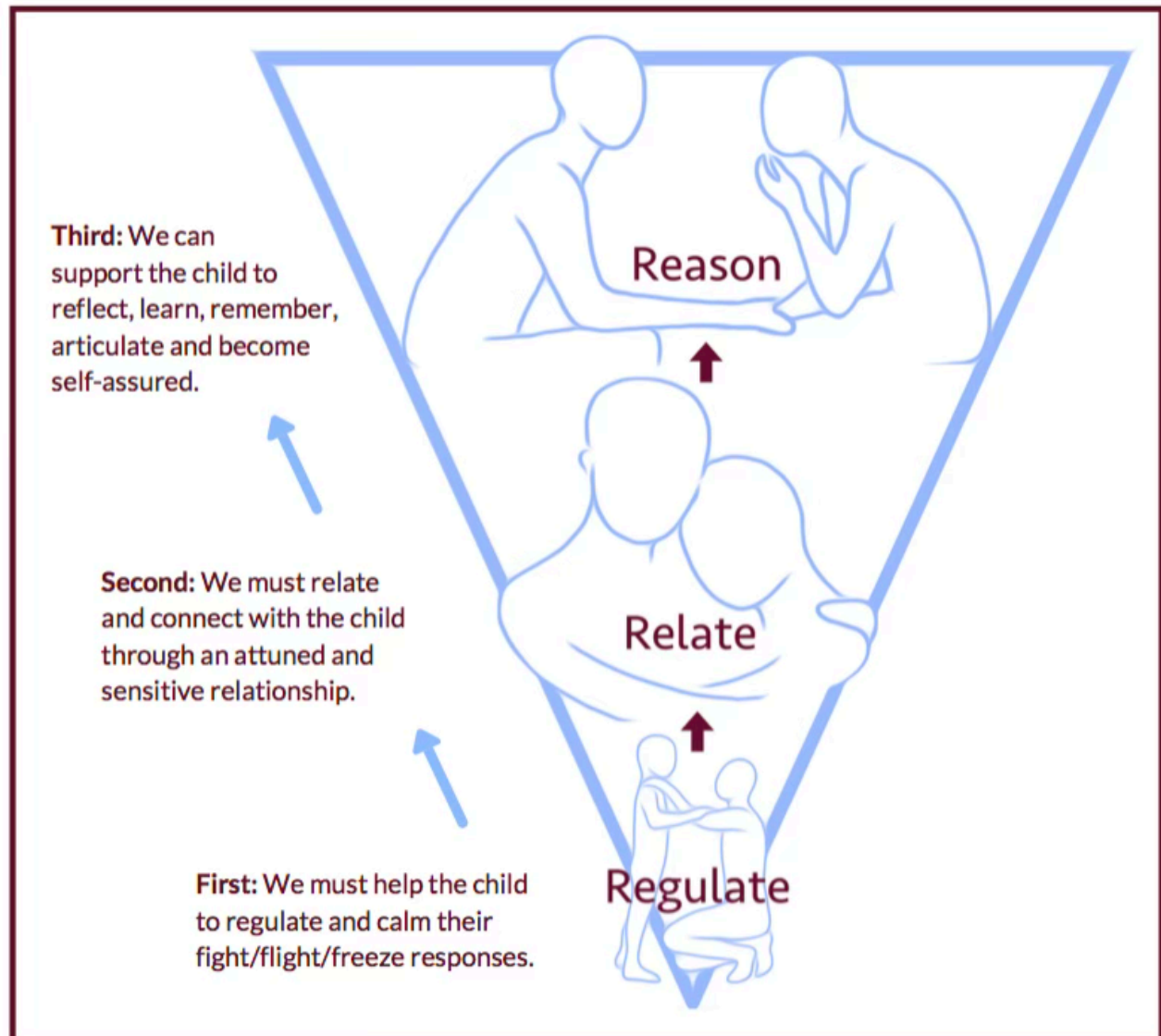
Bruce Perry's Neurosequential Model emphasises the importance of understanding a child's developmental experiences and their current state of regulation when considering how best to respond. When children are stressed or dysregulated, their capacity for reflection, reasoning and learning can be reduced.

Perry's Three Rs – Regulate, Relate, Reason provide a simple way of translating this understanding into practice: first help the child to Regulate and experience safety; then Relate through an attuned, supportive relationship; and only then Reason, supporting reflection, problem-solving and learning. For SES, the central message is clear: regulation and relationship come before reasoning and learning.

See diagram overleaf.

The Three R's: Reaching The Learning Brain

Dr Bruce Perry, a pioneering neuroscientist in the field of trauma, has shown us that to help a vulnerable child to learn, think and reflect, we need to intervene in a simple sequence.



Heading straight for the 'reasoning' part of the brain with an expectation of learning, will not work so well if the child is dysregulated and disconnected from others.

17.10 THE THRIVE APPROACH

Thrive is a specific way of working with all children that helps to develop their social and emotional wellbeing, enabling them to engage with life and learning. It supports children and young people to become more self-assured, capable and adaptable. It can also address any troubled, or troubling, behaviours, providing a firm foundation for academic attainment. Thrive builds upon many aspects of the SES Way already discussed within this document.

SES have invested in training a significant number of Thrive Practitioners who lead on the approach within the communities. The table on the next page illustrates the developmental strands and stages of Thrive. Thrive is an extensive approach that all adults within the community will have some basic knowledge of. All children will have ongoing Thrive assessments, led by Thrive Practitioners with the key teams, that highlight gaps in children's development and suggest ways that the adults can support healthy developmental.

Additionally, it is essential for all adults to understand some core principles of Thrive that connect with the SES Way.

Jenga Model

One way to consider a person's emotional development is as a set of Jenga blocks. When a child goes through emotional events that stress emotional development, it can cause a Jenga block not to be there, affecting our emotional resilience. Examples of emotional events on a young person could be, but are not limited to; a lack of eye contact from their primary carer, substance abuse by primary carer, the death of a significant person, lack of appropriate stimulation or lack of food in childhood. As the child grows with these blocks missing, their emotional resilience / tolerance is not as high as it could be. The blocks not being there represent gaps in emotions for children. As the young person grows up, more emotional blocks are added to the tower even if it isn't completely stable. Therefore when emotional events happen as they grow, the tower secure which leads to less emotional resilience and the towers may completely collapse. Thrive looks to use different techniques and activities to fill in the emotional gaps for young people which in turn helps their emotional resilience.

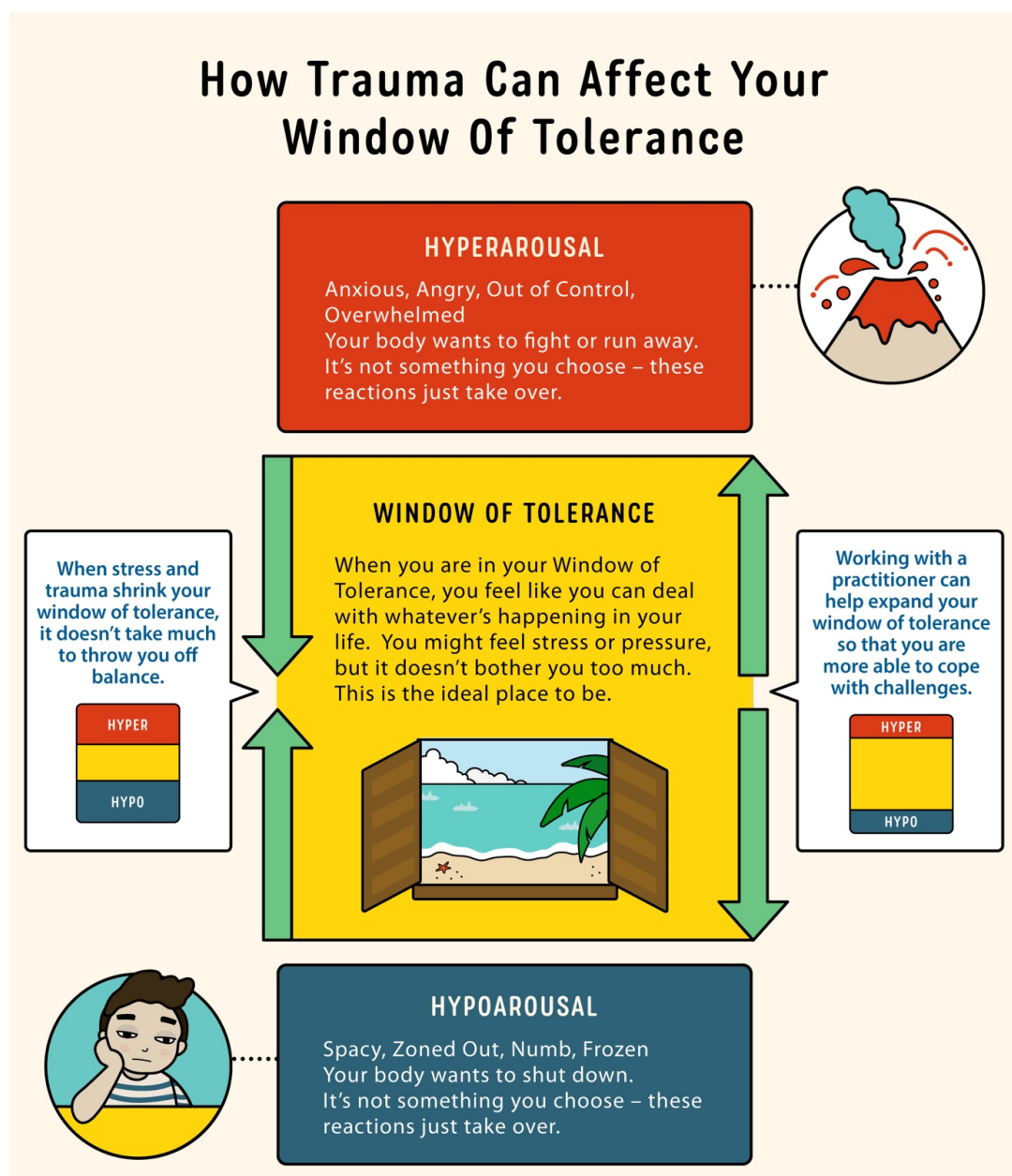
The Thrive Developmental Strands

Developmental Strand	Developmental Stage	Developmental Tasks	Healthy Development	Interrupted Development
Being	0-6 months	Being safe, being special and having needs met	Confident and appropriately trusting; receptive to new experiences and relationships, aware of needs, able to signal distress and ask for help	Timid and fears changes; out of touch with own needs; demonstrates repetitive oral behaviours; easily distracted
Doing	6-18 months	Exploring and experimenting, experiencing options and initiating, engaging and doing	Curious and creative; takes initiative; active and easily stimulated; seeks sensory experiences; enjoys investigating and getting involved	Passive, quiet; hangs back; unable to settle or focus; displays extreme responses
Thinking	18 months – 3 years	Expressing a view, learning about cause and effect. Feeling, thinking and problem-solving	Names, expresses and handles feelings; understands rules and cause and effect; thinks for themselves; can say 'no'	Oppositional; acts tough; directs others; over-reacts; demanding and pushy; or acts powerless
Power and Identity	3 – 7 years	Developing an identity, distinguishing fantasy from reality. Exploring power with responsibility	Has positive sense of self and individual identity; adapts to different roles and relationships; understands consequences and contexts	Threatens; bullies and lies; low self-esteem; discounts self; uses reputation to bolster self
Skills and Structure	7 – 11 years	Motivation for developing skills, developing morals and values. Understanding the need for rules	Enjoys diversity, difference and acquiring new skills; possesses internal/external structures: values; rules; is developing a confident gender identity	Anti-authority and anti-rules; shows mismatch between expectations and skills; over-casual; does not complete tasks
<u>Interdependence</u> Entering interdependence	11- 13 years	Feeling welcome and known; creating safety; discovering the new	Making new connections; keeping self safe; exploring the world independently, asking for help if needed; motivated to develop our skills and take healthy risks	Tests existing ways of doing things; less well-developed decision-making and negotiation skills; prioritising fitting in with peers over everything else; some risk-taking behaviours; poor body image; lacking basic self-care strategies;

Exploring interdependence	13 – 15 years	Learning how to know and manage my inner and outer world; experimenting with power, problem-solving and decision-making; finding my voice	Balances needs and desires with demands of the world; forms healthy relationships with clear boundaries; assertive and reflective; comfortable with not getting it right first time; confident to share ideas respectfully	exaggerated emotional responses; tendency to misread Fails to understand links between action, consequence and the impact of actions on others; stuck in own thinking; difficult to express and articulate own views; reacting with urgency and impulsivity, struggling to take responsibility for behaviour; grandiosity; boasting about self or own escapades; copying behaviours seen in key adults.
Practising interdependence	15 – 18 years	Strengthening my relationship with myself; navigating challenge and change; exploring the world creatively	Has own values, self-determination, motivation; reflects on who we are and want to be; keeps safe in relationships; resilience to remain steady and flexible; plans and prepares for new experiences; thinks creatively.	Easily overwhelmed and confused; lacks discernment; anxious about the future; unable to make decisions about the future; easily irritated; rebels against established rules within family, school and society;
Securing interdependence	18 – 25 years	Feeling secure in who I am and trusting myself; enjoying independence and being able to seek out support; building my community	Confident in own identity, trusts own abilities; can calm and regulate; can communicate own needs effectively; takes accountability for actions; can live interdependently; has healthy social networks; displays kindness and compassion.	Takes inappropriate risks; unable to maintain relationships; unwilling to separate to live interdependently; addiction, abuse and self-harm.

Window of tolerance

Everyone has a window of tolerance, when we refer to this we mean that it is the emotional state we are in when we can think, feel, behave and function in the most effective way possible. When we become hypo or hyper aroused it can cause us to move out of our window. Things like stress, hurt, anxiety, pain or anger can have a massive impact on our ability to stay within our window. We are particularly vulnerable to moving out of this window if we have trauma, adverse experiences or unmet attachment needs as these can all shrink it due to our nervous system being disrupted. When we move out of our window we can become very overwhelmed and struggle to regulate our emotions, this could then lead us to fight, flight or freeze. To increase our window of tolerance we have to practice being in uncomfortable situations and therefore increasing resilience and emotional regulation.



Co-adventuring

Co-adventuring is when an adult explores and plays alongside a young person offering safe boundaries for them. As well as offering the safe boundaries the co-adventurer can help develop confidence to explore and seek out new experiences through encouragement and modelling. This helps the young person develop meaning to their feelings and discoveries and understand the world around them. Co-adventuring during planned risk taking activities can enhance resilience, confidence, emotional regulation and an increased window of tolerance. It is important that adults build co-adventuring into day to day life and planned activities.

Rock and Resource

When a young person reaches the stage of interdependence the adult in their lives become what we see as a 'rock and resource'. This is to say that the adult becomes someone the young person can return to as a constant in their lives (the rock) and look for information or support (the resource). As an adult working with young people who will reach the stages of interdependence age wise with us, it is important to remember our role in being a constant adult for them who is able to provide them with advice and guidance as they grow older.

Developmental highway

Adults at SES can use the Developmental Parenting Highway tool to help them decide ways they can care for children that avoid overindulging them.

The highway as a metaphor - Think about parenting like driving down the highway. When you stay in the centre lanes of the highway children thrive and grow. To stay safe on the road you need a good set of front and back tyres. The front tires are the soft, nurturing side of parenting; the back tyres are the firm, structure side.

Keep to the centre - The best way to avoid overindulging children is to stay in the centre of the road – avoid the shoulders and ditches. The middle is where true parent power lies.

Nurture - The front nurture tyres, on the top and centre of the road, show the soft love that gives children the support that they need in order to grow and thrive.

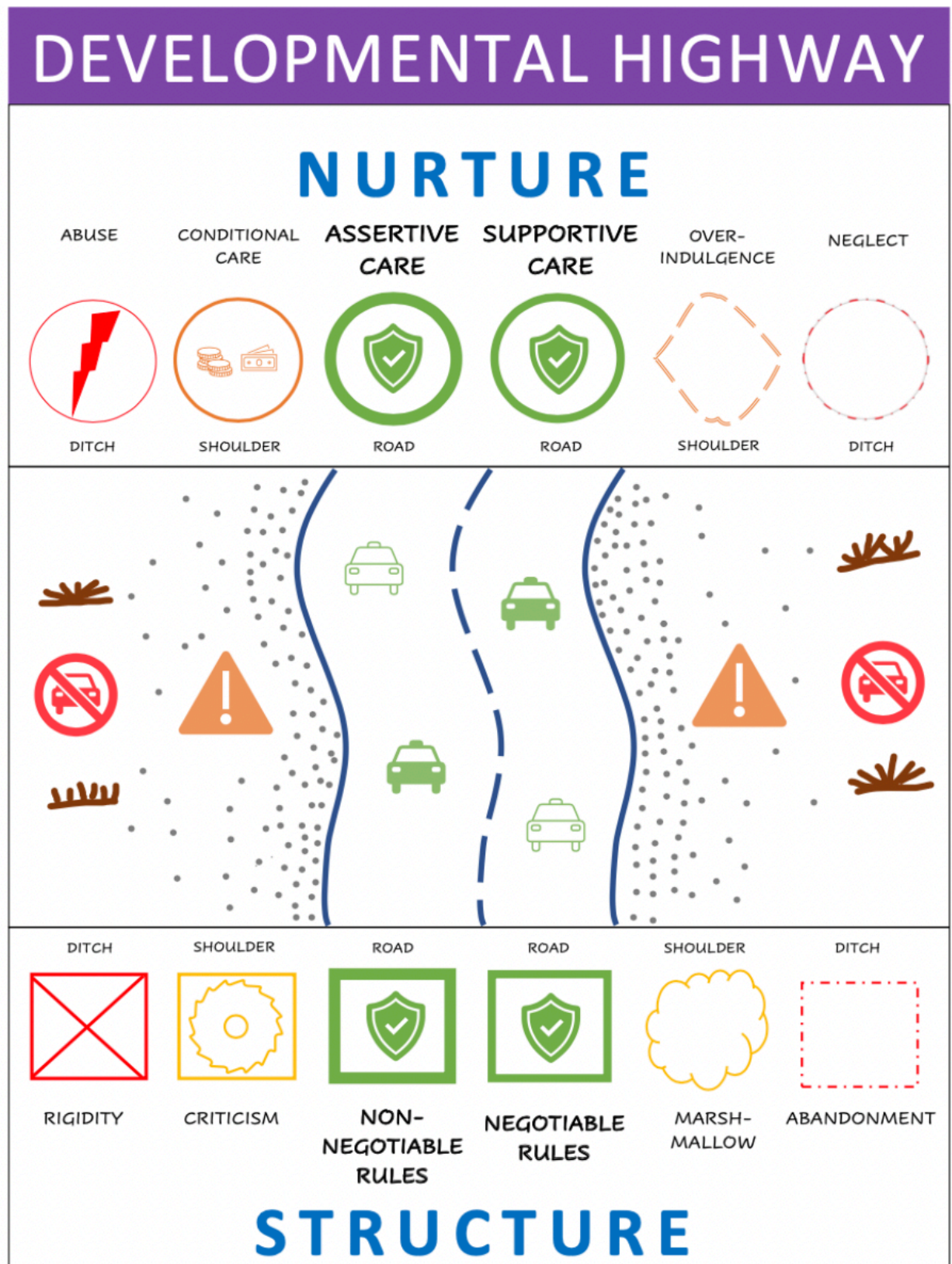
- Assertive care provides food, shelter, clothing, education, and love.
- Supportive care offers help when it is OK for the child to say no.

Structure – The back structure tyres, at the bottom and centre of the road, set rules and provide structure so children can learn to care for themselves, develop responsible relationships, and contribute to their communities.

- Non-Negotiable rules are set by the parents based on their values and the child is expected to adapt and follow them.
- Negotiable rules are negotiated between parent and child, with the parent having final say. This love from firm structure helps children learn how to think critically about choices and actions they take.

The shoulders and the ditches - Parents should avoid the shoulders and ditches of the highway as much as possible.

- Avoid soft structure. Insist that your child does chores. Set boundaries and encourage your child to follow rules. When rules are broken or a child uses poor judgment, allow the child to experience natural consequences if they are safe. Otherwise do the necessary teaching or follow through with safe consequences. Soft structure can lead to irresponsibility.
- Avoid doing too much. Doing things for your child that they should be doing for themselves creates helplessness and encourages an over-blown sense of entitlement.
- Avoid harsh critical or hurtful words. Be aware of tone of voice, body language and word choice. Be a supportive member of your child's team.
- Avoid the ditches. If you think your parenting style may fall into the abuse, neglect, rigidity, or abandonment categories, please consult with a doctor or parenting professional for assistance to get back onto the centre of the parenting road.



17.11 SES WAY STAFF CODE OF CONDUCT

Our SES Way - Be Curious, Show Love, Build Connections 		
Every interaction is opportunity for positive intervention. We provide children and adults with consistent relational safety, support them through moments of disruption, and help them experience reconnection and recovery.	We meet our children where they are, not assuming we know how children are feeling and that they always communicate their needs directly. We listen actively and empathetically, recognising each child's experience is unique and may not always be easily expressed.	We work to re-connect, re-engage and rekindle our children's love of learning by supporting them in rebuilding their brain and body habits together, focusing on gently guiding them through this process with empathy and understanding.
We check in with everyone, prioritising those who are most vulnerable and who are known to be grieving or struggling, remaining attentive to potential hidden anxiety, upset and trauma that may not be immediately visible.	We support our children in socially and emotionally reconnecting with each other, fostering opportunities for positive and meaningful interactions across SES and with the wider community.	We radiate positivity, recognising and celebrating each child's progress, no matter how small, expressing genuine delight in their achievements. Sarcasm will be avoided. We ensure our encouragement is sincere and avoid any form of humiliation or shame at all costs.
We reassure our children they are not alone and that we will be right by their side throughout their journey. We share stories of others who have navigated through adversity, helping to provide hope and perspective.	We centre on truly listening to and responding to our children's needs and experiences with sensitivity and care.	We prioritise emotional health and well-being, recognising that this may be a long journey. We focus on building positive, strong, trusting relationships, as these are fundamental to healing, recovery and emotional regulation.
We are emotionally present, welcoming children with our words, body language, gestures, pitch, tone, and the overall warmth of our voice to convey a strong sense of safety. By being positive and reassuring, we actively foster a sense of belonging for everyone.	Kind candour, trust, honesty will thread like gold grout to ensure ultimate re-connection and emotional containment.	We are child-focused, recognising that children are individuals with unique needs, not just data points. Our priority is to build strong foundations that support their growth. By co-creating a secure and nurturing environment, we aim to provide a stable base from which all children can thrive and flourish.
We will approach our children with empathy and without judgment. We will cultivate curiosity rather than frustration and actively listen to and acknowledge their concerns, no matter how small they may seem.	We embrace the courage to be vulnerable and fully present, acknowledging that there will be challenging times ahead. We are committed to trying new approaches, understanding some succeed and some may not.	We recognise that achieving success requires time and patience, we are committed to investing the necessary effort to support everyone effectively. Together, we are stronger in our shared journey toward healing and growth.

All behaviour is communication of need

Through our SES Way, we emphasise the importance of the PACE principles (Dan Hughes), and we use our own PALACE framework at all times taking the stance of;

Playfulness – We demonstrate through availability a willingness to be in contact in a flexible, adaptive and spontaneous manner. We remain connected and in control of the affects/feelings being presented and represent emotional tone in a positive, energised manner; to amplify (safely) the emotion in body, face, and mind.

Acceptance – We accept the young person and their state as true and valid; sensitively representing this state back to them to communicate understanding and create a meeting point to move on from.

Love – We consistently demonstrate care and support through warm and compassionate interactions, showing unconditional positive regard.

Authenticity – We foster genuine connections with others by being authentic; by being true to yourself, you encourage others to do the same, which builds deeper, more meaningful relationships

Curiosity – We constantly show a deep interest in understanding the experience of the young person and their state from their perspective; what and how questions, openness, non-defensive and an ability to accept negative emotions without disconnecting.

Empathy – We provide the affective and cognitive linkage from the position of the young person, ensuring the experience of being felt in the heart and mind of another.

SES - 6 steps for communication during times of crisis and conflict

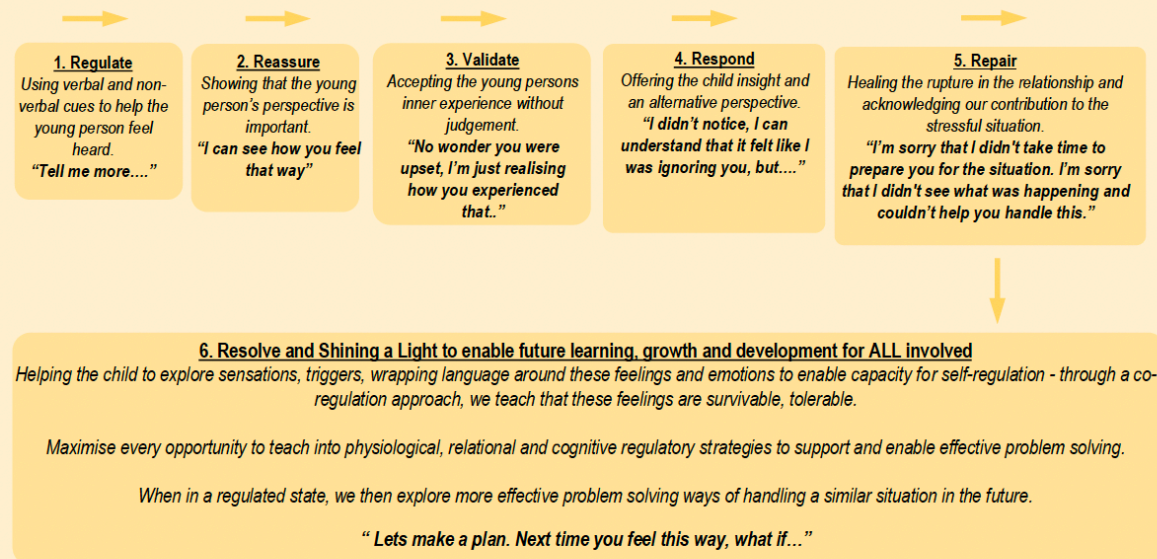
These allow for open, honest connection with a child (or adult), prioritising emotional regulation and safety **before** more logical, reflective thinking and planning.



Focus on regulation, relationships, reparation first.....before resolving.

We need calm steady self-aware adults to co-regulate children (and each other)

“I wonder... I imagine... I notice... I’m guessing...”



“The more healthy relationships a child has, the more likely he will be to recover from trauma and thrive. Relationships are the agents of change and the most powerful therapy is human love.”

Bruce Perry

SES Way Code of Conduct Agreement



As a member of the SES team, I commit to upholding the principles of the SES Way, which is grounded in research and trauma-informed care. By signing this agreement, I acknowledge my personal responsibility to agree to the following principles:

1. **Prioritise Safety:** I will create a physically and emotionally safe environment for all children and colleagues. I will be attentive to the needs and experiences of others and strive to ensure that every interaction promotes a sense of security.
2. **Practice Empathy:** I will approach every situation with empathy and understanding. I will listen actively to the concerns of children and colleagues, recognising the impact of their experiences and feelings.
3. **Embrace Authenticity:** I will be genuine in my interactions, demonstrating honesty and transparency. I will professionally share my true self while respecting the individuality of others.
4. **Foster Positive Relationships:** I will build and maintain positive, trusting relationships. I will use constructive communication and show appreciation for the efforts and achievements of others.
5. **Supportive Engagement:** I will engage with children and colleagues with sensitivity and patience. I will be proactive in offering support and encouragement, understanding that each person's journey is unique.
6. **Reflect and Adapt:** I will reflect on my practices and be open to feedback. I will adapt my approach as needed to better meet the needs of those I support.
7. **Avoid Harm:** I will avoid behaviours that could be perceived as humiliating, shaming, or punitive. I will seek to address issues with compassion and respect, ensuring that all interactions contribute to positive outcomes.
8. **Self-Awareness:** I will maintain self-awareness and recognise my own emotional responses and biases. I will strive to understand how my behaviour and reactions may impact others and take responsibility for my actions.
9. **Professional Boundaries:** I will establish and maintain clear professional boundaries in all interactions. I will ensure that my relationships with children and colleagues are respectful, appropriate, and focused on their well-being and development.

I confirm my commitment to these principles and agree to embody the values of the SES Way in all aspects of my work. I understand that adhering to these principles is essential for fostering a trauma-informed environment and supporting the well-being of everyone in our care.

Name: _____ Signature: _____ Date: _____