



cornerstone

## VR Practitioner Training

 Part of the Antser Group

# Cornerstone VR Practitioner Training



Cornerstone is a social enterprise founded by stakeholders of the children's social care system in 2015



We are social innovators...re-engineering support services in children's social care, addressing challenges of quality and impact



Cornerstone is the global leader in using immersive technology to tackle social care problems



Cornerstone VR being used in the UK across 30 organisations since January 2018

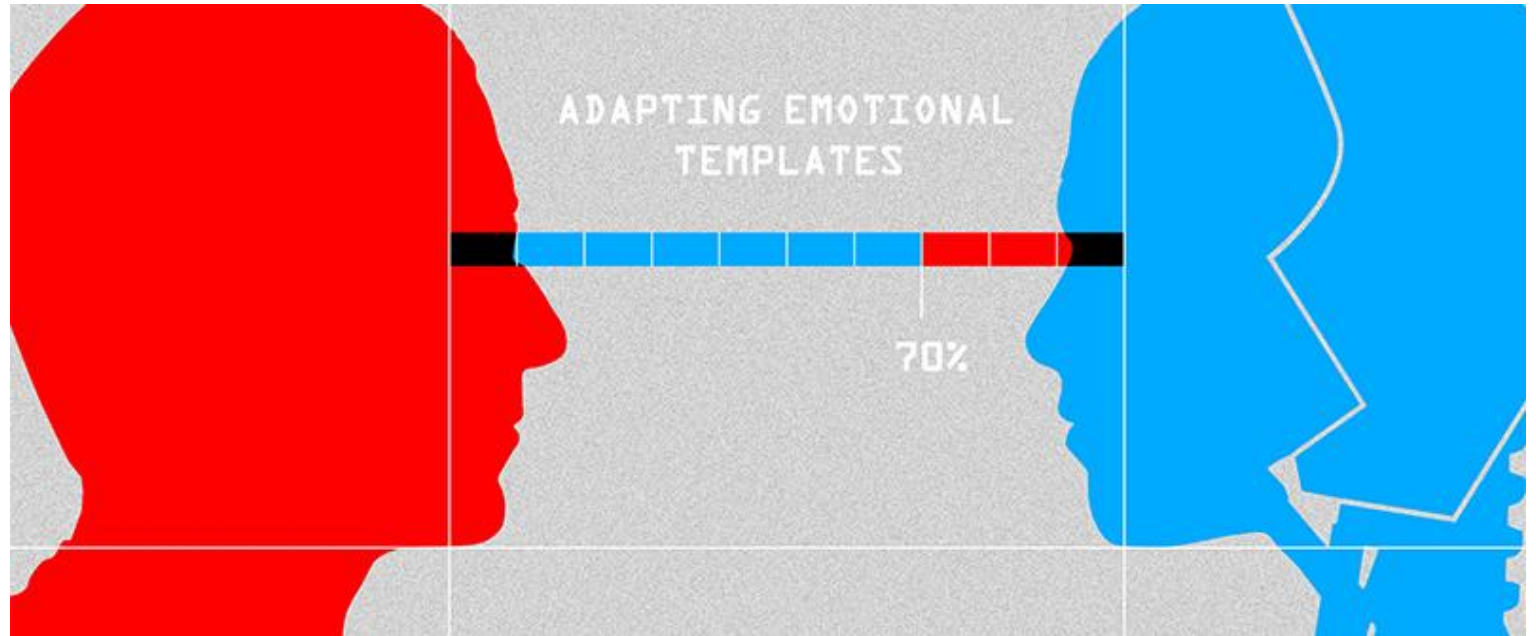
# Introduction to Cornerstone



# Introductions

- Your name
- Your Role
- Your Aims for Today





# Temperature check

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# Course Aims

- To introduce our VR library: Being Me
- Provide an overview of how these VR experiences can help understanding of trauma
- Explore how the experiences link to key psychological theories of childhood development
- To identify ways of using the VR library in practice



# Learning Outcomes

- Learners will be confident in using the VR technology
- Learners will be able to understand how to use the VR experiences to discuss the impact of early trauma, neglect and abuse
- Develop competence in the different applications of the VR library
- As a professional you will be able to understand how to use the VR experiences in your specific role





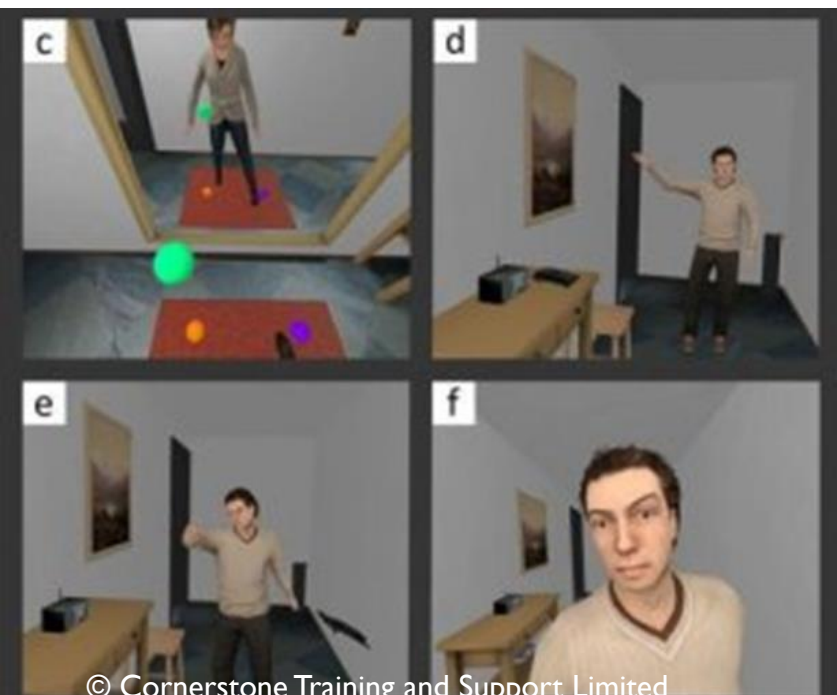
*“You never really understand a person until you consider things from his point of view – until you climb into his skin and walk around in it.”*

*Harper Lee*

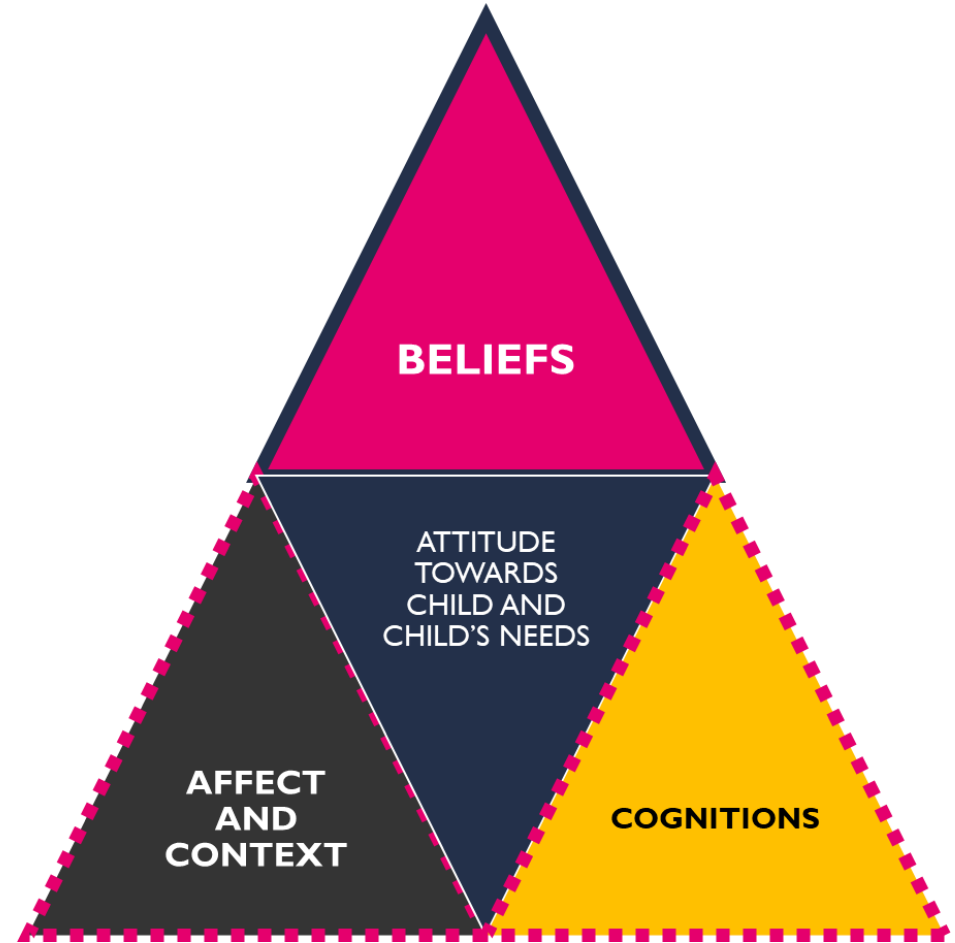
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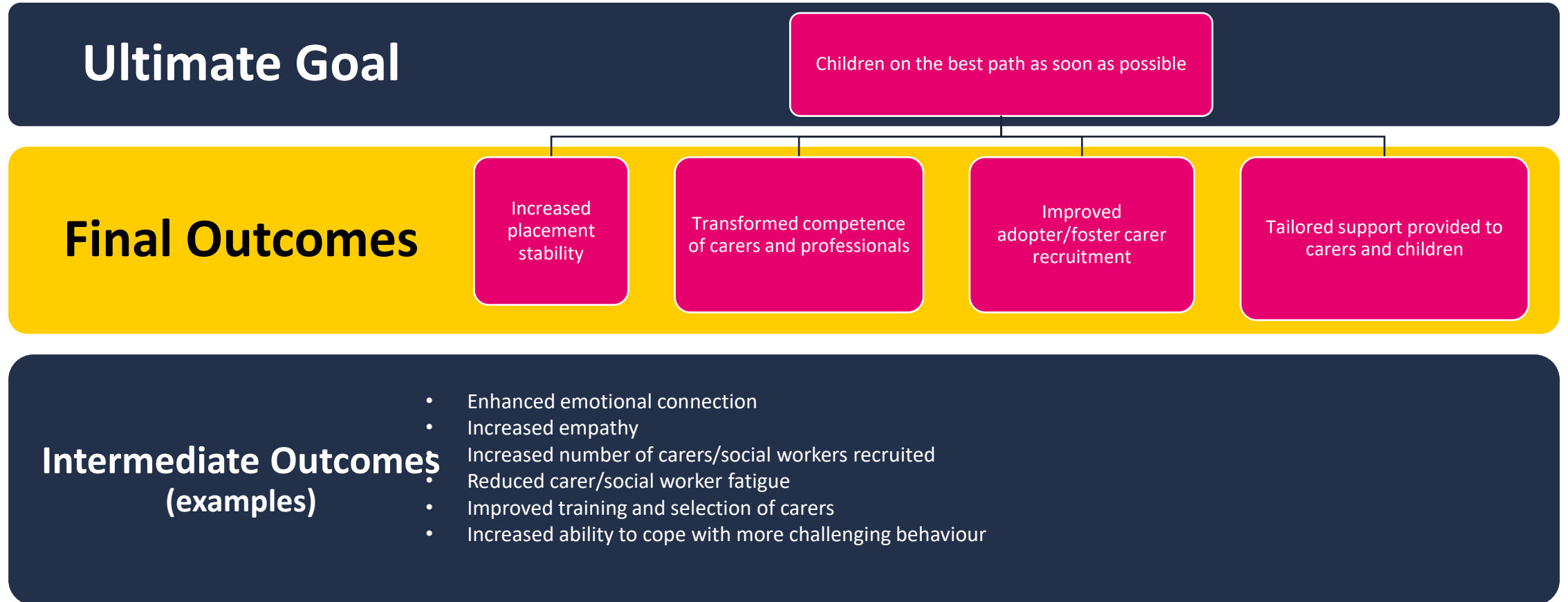




# Why VR ?



# Theory of Change: Children's Social Care







# INTRODUCTION TO VR AND ELEPHANTS

# Safe & responsible use

- Remain seated for the whole VR experience
- Make sure you have enough room to move around
- Take headset off if you feel any discomfort



**"The virtual environment recreates the trauma that some children experience in their home lives prior to coming into care in order to better support adoption decision making"**

***Extract from Calderdale Ofsted Inspection Report, Nov. 18***

**Improving the lives of children  
and families  
In social care through innovative  
technology**



**500+ people trained  
as Cornerstone VR  
practitioners**

**Working in 30+  
organisations,  
responsible for over 13,000  
looked after children**







**“I will now parent empathetically all of the time... I have learnt another way to parent”  
(Adopter)**

**“I will be able to connect more with our son; address the feelings not the behaviour” (Adopter)**

**“The emotional experience in putting ourselves in the child’s shoes gives a very real view of what the children have gone through. I learnt so much and I will use lots of it in my life and parenting experience”  
(social worker)**

# AIMS OF USING VR WITH DOMESTIC ABUSE

- Cornerstone VR has been shown to be effective in altering behaviour by way of its ability to;
- Create empathy
- Educate and convey complex information rapidly
- Generate “emotional learning” of abstract concepts (e.g.: hypervigilance)
- Connect cause and effect/ demonstrate consequences in a visceral way
- Take another person’s perspective by virtually being that person during a specific experience



# DOMESTIC ABUSE

- What is it?
- What does it look like in your work?
- What are the effects that you have noticed?
- Why do you think there is such a problem with domestic abuse?
- What are some of the underlying difficulties?





# DOMESTIC ABUSE

- Domestic abuse is any type of controlling, bullying, threatening or violent behaviour between people in a relationship. It can seriously harm children and young people and witnessing domestic abuse is child abuse. It's important to remember domestic abuse:
- Can happen inside and outside the home
- Can happen over the phone, on the internet and on social networking sites
- Can happen in any relationship and can continue even after the relationship has ended
- Both men and women can be abused or abusers.



# DOMESTIC ABUSE

Signs that a child has witnessed domestic abuse can include:

- Aggression or bullying
- Anti-social behaviour, like vandalism
- Anxiety, depression or suicidal thoughts
- Attention seeking
- Bed-wetting, nightmares or insomnia
- Constant or regular sickness, like colds, headaches and mouth ulcers
- Drug or alcohol use
- Eating disorders
- Problems in school or trouble learning
- Tantrums
- Withdrawal.





# B E I N G   M E

REVEALING AND HEALING  
CHILDHOOD TRAUMA

**‘You’ve no idea what it’s like being me’**





# Biology

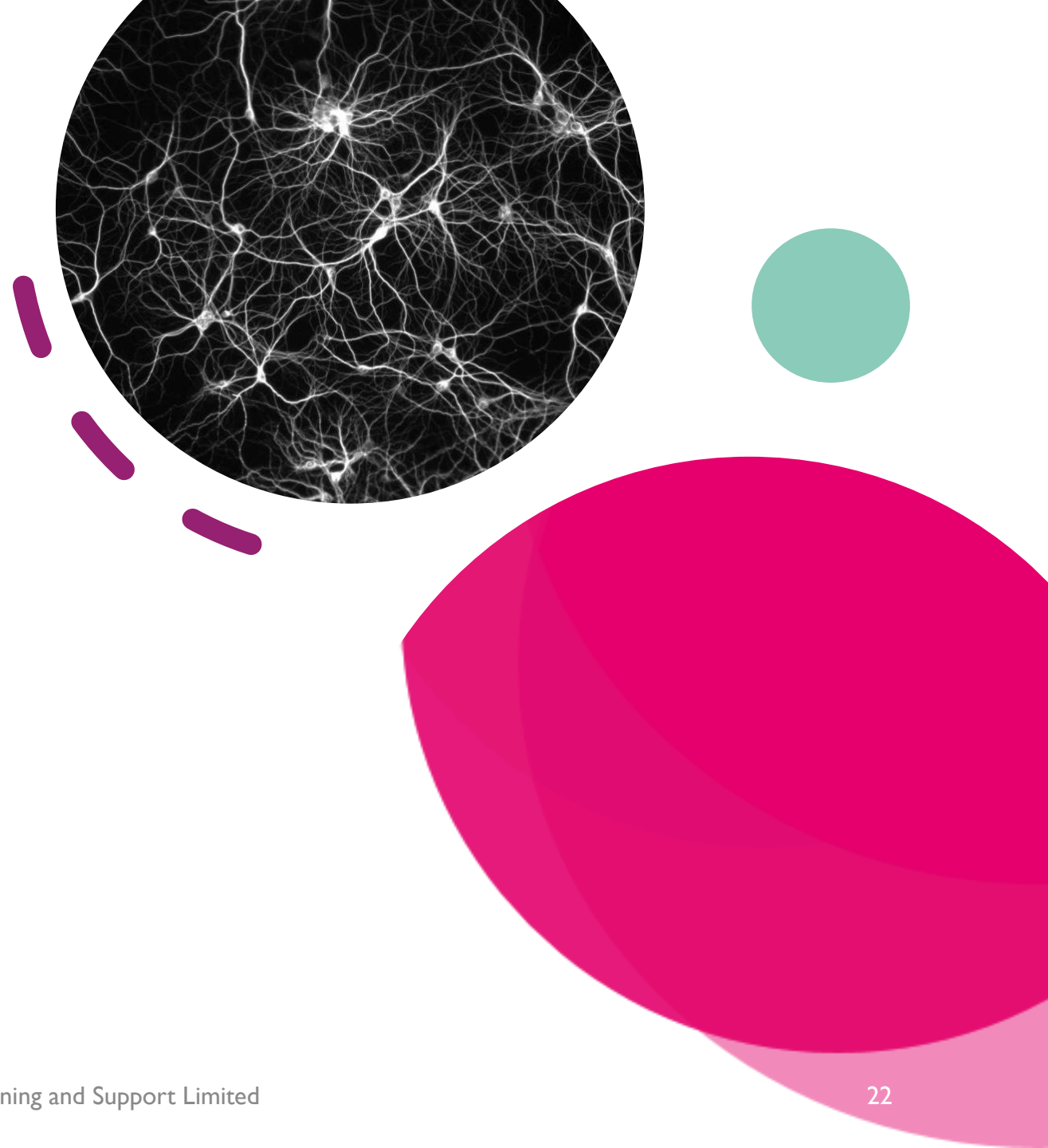
**Definition:** what goes on inside the body

The impact on the developing brain is one way in which early experiences can leave a biological legacy – what others?

- **Genes**
- **Physiology**
- **Immunology**
- **Toxins – drugs and alcohol**

# Development

- The human brain contains billions of neurones, most of which are produced by mid-gestation
- The organisation of the brain depends on both internal factors and experience
- The last trimester of pregnancy and the first two years of life are particularly significant times
- Development and change continues across childhood and beyond



# **ACTION:** Trauma and Its Impact on Children

- Look at the experience: Early years
- One word to describe how you feel?
- How do you think this will affect a child's behaviour?
- What might you see?
- How might this impact on self esteem?





# RELATIONSHIPS

What are the factors impacting on the positive development of parent child relationships?



# Adverse Childhood Experiences

- **Loss or separation:** resulting from death, parental separation, divorce, hospitalisation, loss of friendships
- **Life changes:** the birth of a sibling, moving house, changing schools
- **Traumatic experiences:** abuse, neglect, domestic violence, bullying, violence, accidents or injuries;
- **Other traumatic incidents** such as a natural disaster or terrorist attack. Some groups could be susceptible to such incidents, even if not directly affected. For example, schools should ensure they are aware of armed forces families, who may have parents who are deployed in areas of terrorist activity and are surrounded by the issues in the media.

*Mental health and behaviour in schools (2018) DfE*

# Attachment: The scientific foundation

A concept developed by John Bowlby



An infant or child's strong, innate tendency, or 'drive' to seek proximity to and contact with a specific figure in certain situations, when **frightened, tired or ill**

- One drive amongst many
- Attachment Behaviours only seen when child is stressed
- Directed to one or two specific people
- A legacy on how we experience and behave in relationships

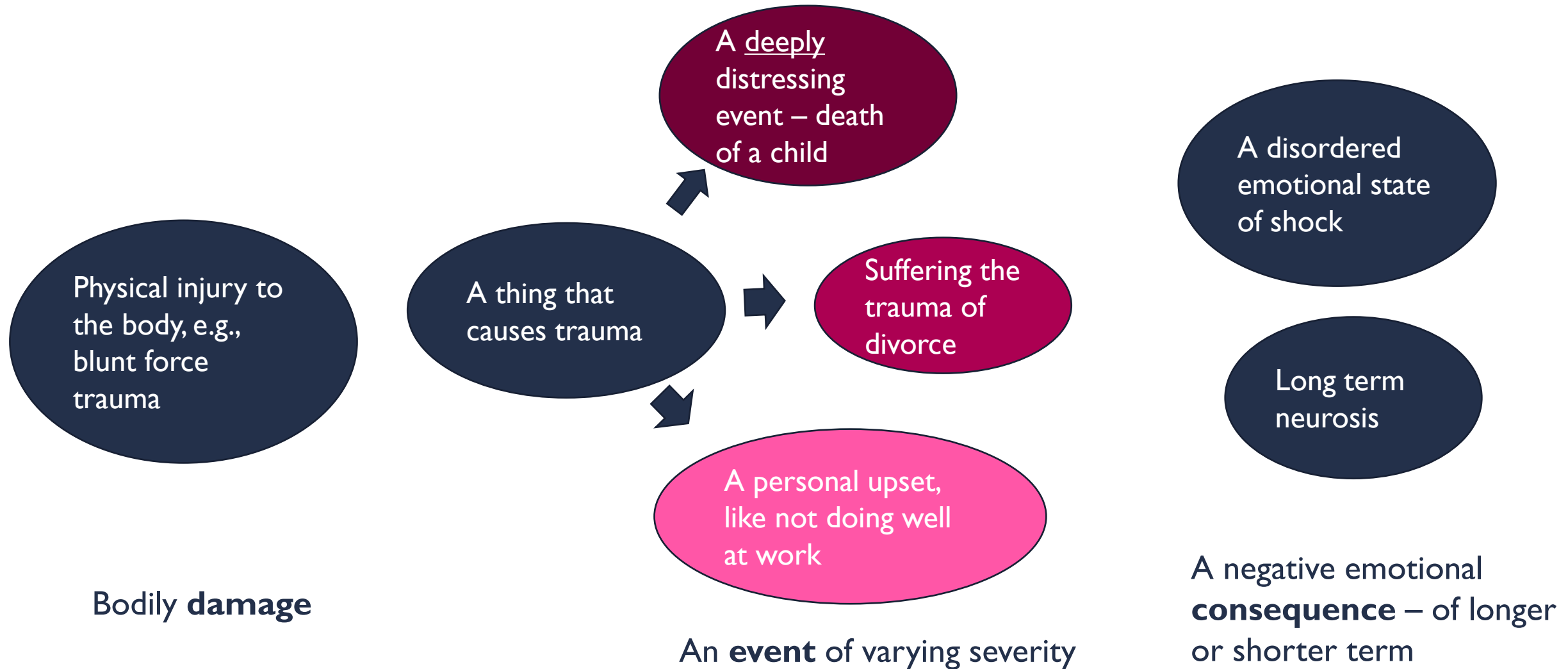
# Constraints on healthy development

- Neglect reduces experience and reduces growth
- Abuse creates adverse experience and adverse learning. It reduces connections
- Abandonment results in a child who is not regulated by the parent
- Continued adverse experience leads to the stress response system being permanently switched on





# The many faces of trauma in the dictionaries



**Trauma** from the Greek,  
“wound”

## PTSD and Mental Health Problems

American Psychological Association

**Trauma** is an emotional response to a terrible event like an accident, rape or natural disaster

### **NICE Guidance in the UK**

Post-traumatic stress disorder can develop following a major traumatic event. It can affect people of all ages.

- The ICD-10 describes a major traumatic event as 'a stressful event or situation of an exceptionally threatening or catastrophic nature, which is likely to cause pervasive distress in almost anyone'.
- The DSM-5 described a major traumatic event as 'exposure to actual or threatened death, serious injury, or sexual violence'

# What happens after traumatic experiences?

Different things can happen;

**A**

Nothing, the child adjusts in the long term and no obvious effects, apart from some issues in the short term [crying, sleeplessness, anxiety etc.]

**B**

Distress to the event persists in the long term and the child gets PTSD

- Some is single event: a broken arm after being hit
- Some is complex: several things happened & affect memories/wellbeing

**C**

Many, repeated traumatic events that influence personality & identity

- PTSD still possible but maybe also effects regarding trust, emotion regulation etc

**Trauma response is affected by personality, genetics, previous experiences**



# AT SCHOOL



# **ACTION:** TRAUMA AND ITS IMPACT ON CHILDREN

- View experience 3: Children with trauma at school
- What you think the child is learning about adults and what they might expect from them?





# Psychology

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- **Personality – out going / shy; anxious / fearless; happy go lucky / sad or ruminative**
- **Executive function**
- **Memory**

# Emotional Regulation



- Parental availability and soothing help children to feel they can cope with strong negative affect, and assist them to develop healthy ways to cope with difficult emotions
- Emotional regulation allows children to react to challenges in flexible and appropriate ways
- Abusive parents may react to children's distress in threatening or unpredictable ways





# Aggression

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- Children who experienced severe emotional abuse, physical abuse, and neglect show higher levels of aggression and externalising symptoms
- Physical abuse = more likely to assume others are intending them harm
- Children subjected to maltreatment are more likely to be both victims and perpetrators of bullying



# Resilience (Protective Factors)

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## Individual Level

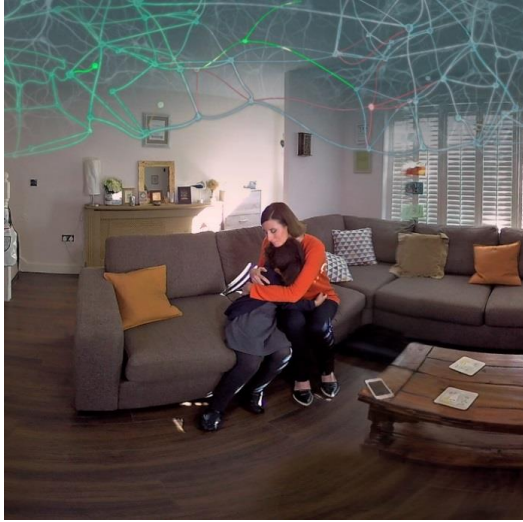
- Personality traits (high self-esteem, internal locus of control, external blame attributions, attribution of success to own efforts)
- Gender (females more resilient than males)

## Family Level

- Supportive familial relationships/positive changes to family structure
- Stable family environment

## Social Level

- Supportive relationships with non family members



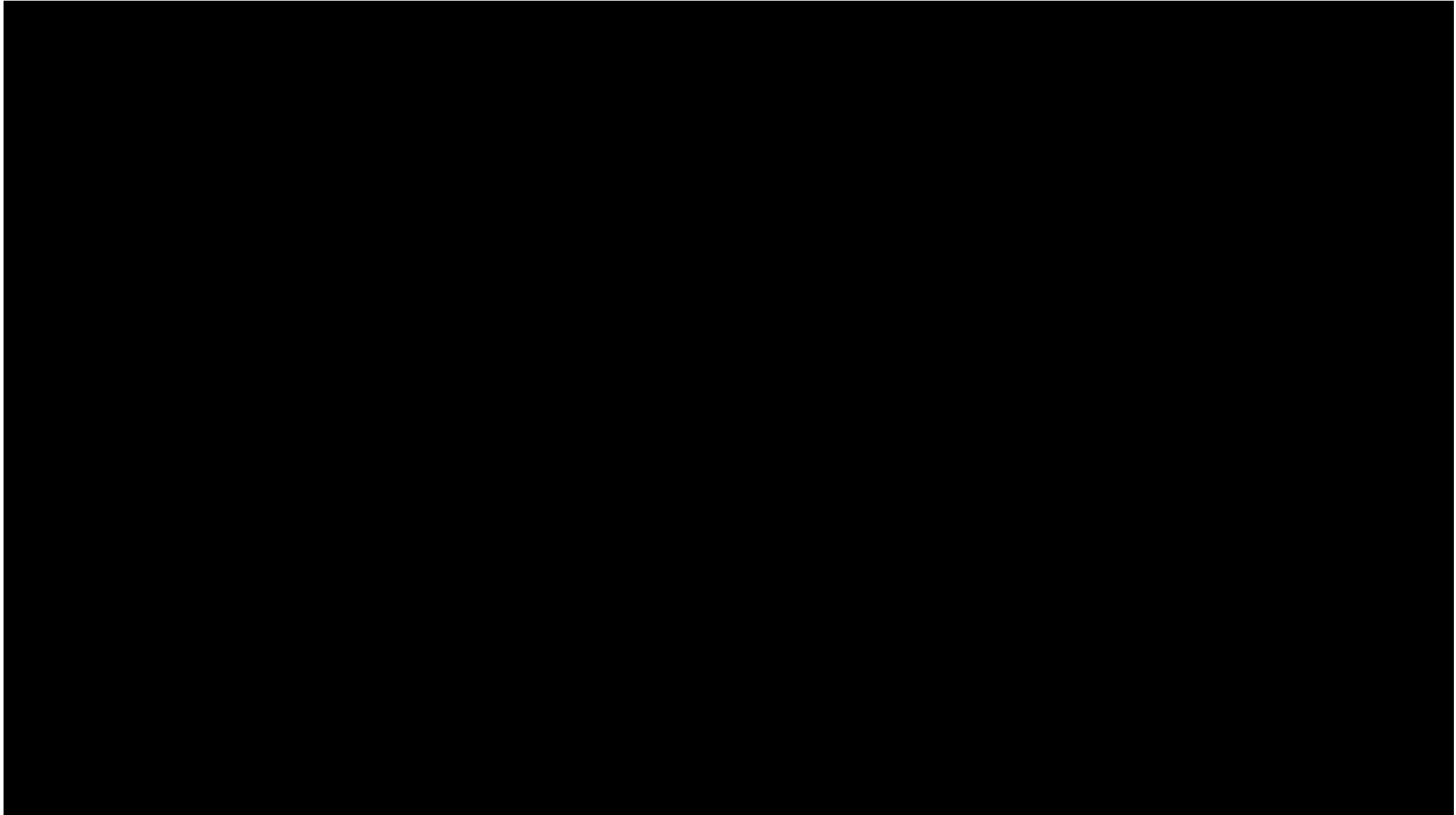
# Differential susceptibility

The theory, posited by Jay Belsky , amongst others, that

*"individuals vary in the degree they are affected by experiences or qualities of the environment they are exposed to. Some individuals are more susceptible to such influences than others - not only to negative but also to positive ones."*

# Biology: Genes & differential susceptibility

Thomas Boyce video (Dandelions & Orchids)



# Individuals can be “Dandelions or Orchids”

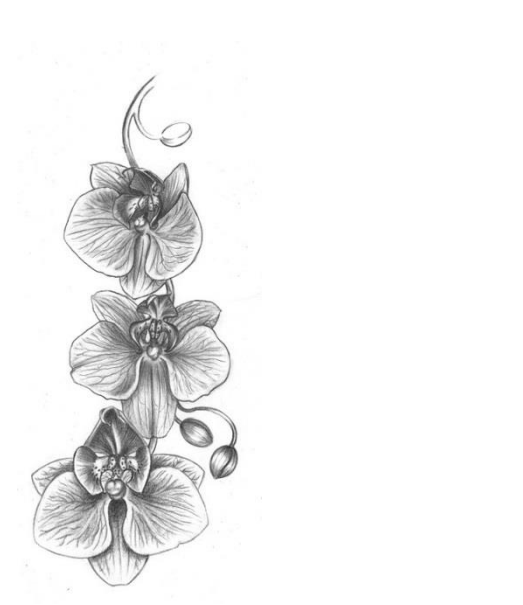
As Ellis and Boyce explained in their 2005 paper, dandelion children seem to have the capacity to survive – even thrive in whatever circumstances they encounter.

They are psychologically resilient. Orchid children, by contrast, are highly sensitive to their environment, especially to the quality of parenting they receive. If neglected, orchid children promptly wither – but if they are nurtured, they not only survive but flourish. In the authors’ poetic language, an orchid child becomes “a flower of unusual delicacy and beauty.”

A good environment for the brother may still not be precisely right for the sister

Focusing on gross ‘trauma’ or shared experiences of siblings can obscure these crucial individual differences that makes these siblings unique

Adversity tends to breed diversity in outcomes

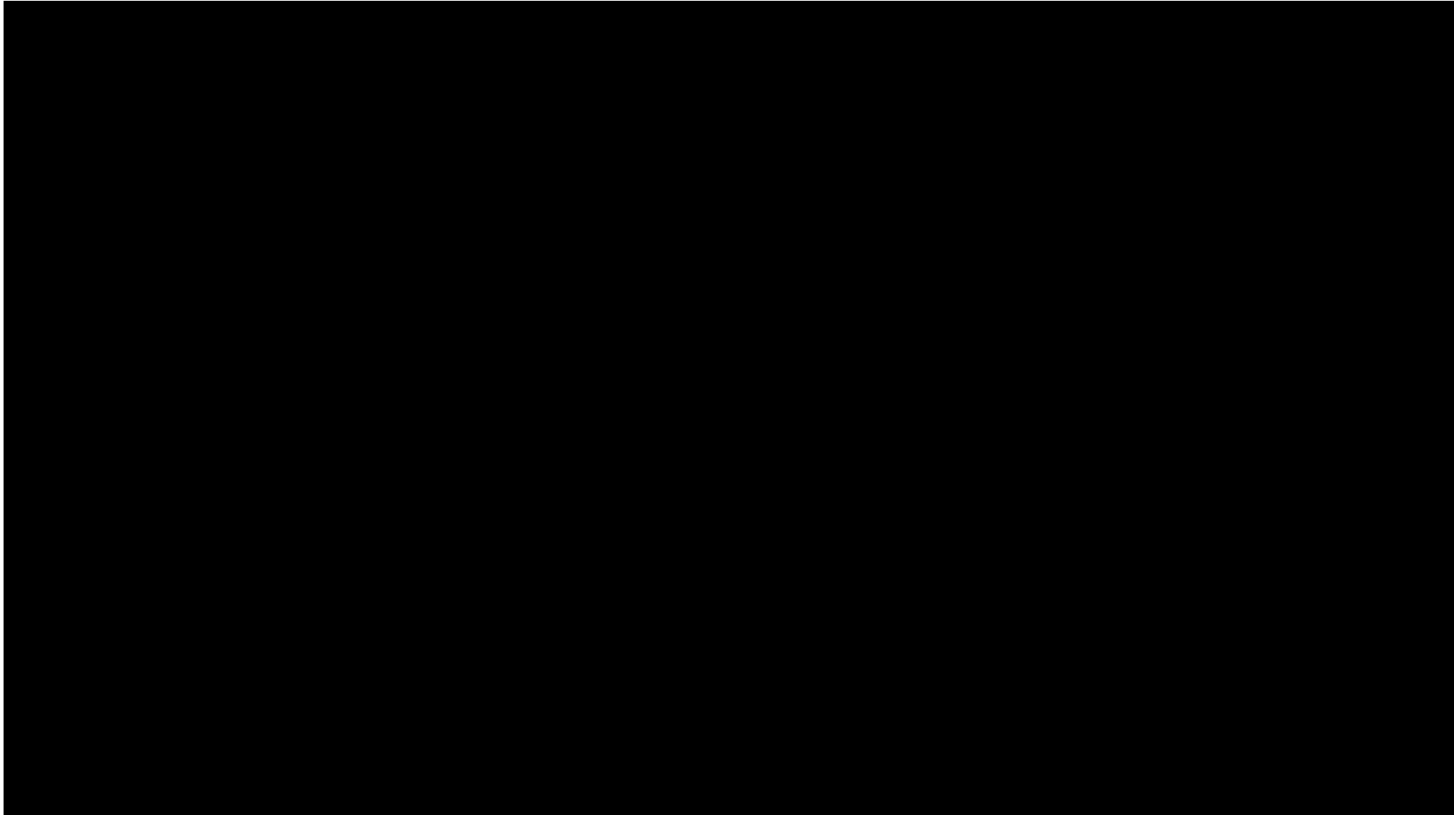


Thomas Boyce - “Orchids and Dandelions”



# Biology: Genes & differential susceptibility

Thomas Boyce video (Dandelions & Orchids)



# Why is VR useful in children's social care ?

- Empathy is the foundation of good relationships, both at work and in our personal lives
- Being able to empathise with another person relies on our ability to “perspective take”
- Sometimes that's hard to do in the abstract



# Why is VR useful in children's social care ?



This can lead to a lack of understanding and the resulting behaviours can create distance within a relationship

Perspective taking is also important in the development and change in our attitudes

Putting ourselves in someone else's shoes - our "beliefs" and "truths" can be reframed

The resulting shift in attitude can then lead to lasting behaviour change





WHAT DO YOU THINK THIS CHILD IS LEARNING FROM THEIR CARE GIVER'S RESPONSE?

HOW DO YOU THINK THIS WILL HELP THEM DEVELOP IN THE FUTURE?



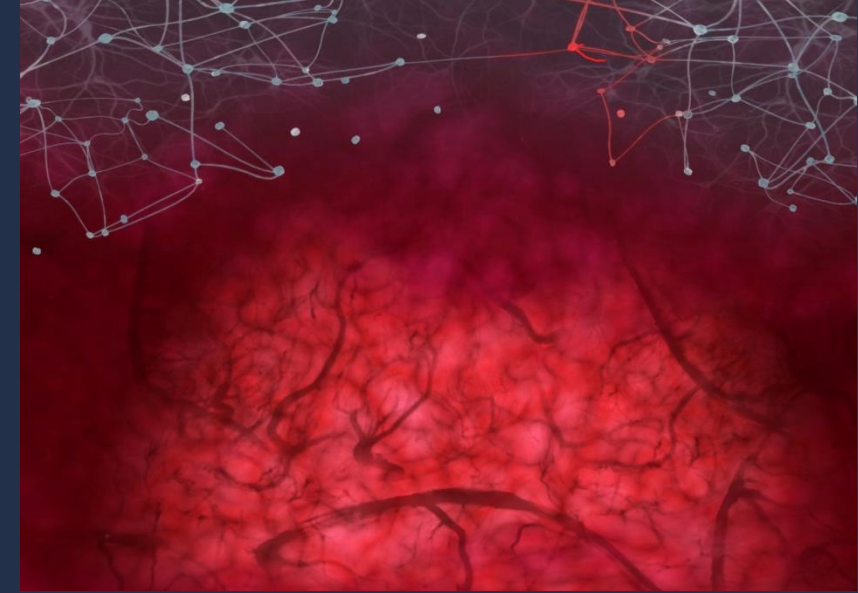
## WINDOW TO OUR WORLD – SMALL GROUPS

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- What themes can you draw from this?
- How might you use this in your work?



# THE VR LIBRARY



# Group Activity

What might the distinct reactions be to VR ?

What will you be looking for when individuals or groups watch the VR?

How will you follow up on individuals who have watched the VR, and when?



# Processing the VR Experience

- We are all individuals with our individual reactions to the VR
- Some people may have a very clear and immediate reaction to the VR
- Following processing of the VR material there could be a further reaction at a later date
- We all have our own learning style and this will impact on what we take from the VR
- All participants who watch the VR need to be supported as individuals





# High Impact & Responsible Use

Each pilot organisation is responsible for using the materials appropriately in any given situation and with any particular person.

It should only be used by qualified social workers, clinicians or recognised therapists under the terms of the license agreement.

**The reason for using the material should be explicit**

**Before use:**

- **A thorough impact assessment should be undertaken e.g. potential triggers considered**
- **Users should be warned about the content**
- **Users should be given an opportunity to opt-out**



### Pre Viewing

- Ensure the person is seated
- If they wear glasses, ask them if they would mind removing them, but this is not essential
- Explain that this content relates to children who have come into the Care system, and it can provoke emotion, during, or after watching
- Be clear that these are actors who took part in the film making
- Explain that this has been filmed in 360 – and that this is immersive content. For this reason, tell the person to look all around once the episode starts
- Ensure the person is clear that they can remove the headset at any time if they wish – e.g. if they feel nauseous or triggered
- Ensure the person knows that they can raise their hand if they need your help with the headset

### Post Viewing

- Help them take the kit off and try to gauge emotion
- Have a tissue to hand and offer it to them
- Stand back a little and don't speak straight away, then start to engage in conversation
- They may want to say something first. You could ask them "how was that for you?"
- Don't ask too many questions – rather say what you think – this allows them to engage or not.
- Don't talk to them for too long and be discreet with their emotions
- Do point out if there is a red mark on their forehead where the goggles have been
- Give them time to adjust their hair / glasses

# PRE AND POST VIEWING HINTS & TIPS

Commercial Confidential

# Foster Carer Recruitment



*“We had a really successful fostering information session this week and we brought along our VR headsets which help give greater insight into the experiences some of our children have been through.”*



# How are people using Cornerstone VR?

## Context: Skills to Foster

Which VR? In utero and Early Life Trauma,  
Children with Early life trauma at home

Role: Senior Fostering  
Support Worker

“I included training on the  
effects of children whilst in an  
unregulated state and other  
connected information.”

Frequency of use: 1-2  
times per month



# AYSE Supervision



*AYSE peer supervision today focusing on the complexities of abuse/neglect with the help of VR equipment. Social workers reflected on the powerful impact it had on them, yet were still focused on understanding the circumstances of the 'harmer'. Sure signs of a holistic workforce!*





# Teachers and Support staff: A whole school approach





# Pupil Barristers & YOTs



# Context: I:I & Assessment

Which VR? Being Me

Role: Specialist social worker in Fostering

Frequency of use: 5-10 times per month

“Enlightening, helped them decide if fostering was for them, gave them a better awareness of possible trauma and experiences children have had.”

“It is a great piece of kit and all that have used it have commented how real it feels.”





# DEVELOPING A PLAN FOR A PARTICULAR SCENARIO

# Using VR



WHERE MIGHT IT  
HELP ?



WHICH CLIPS MIGHT  
YOU USE ?



HOW TO ENSURE WE  
USE RESPONSIBLY ?

# I:I EXERCISE USING THE PLANNING TOOL

Planning to use VR:

Purpose of session

Which VR experience?

How will you introduce this piece of work to your client?







## Using VR with groups



# Group work purpose

- Efficiency
- Peers
- Exposure to diversity
- Group dynamics (caring happens in groups)
- Practical test of relationship building abilities

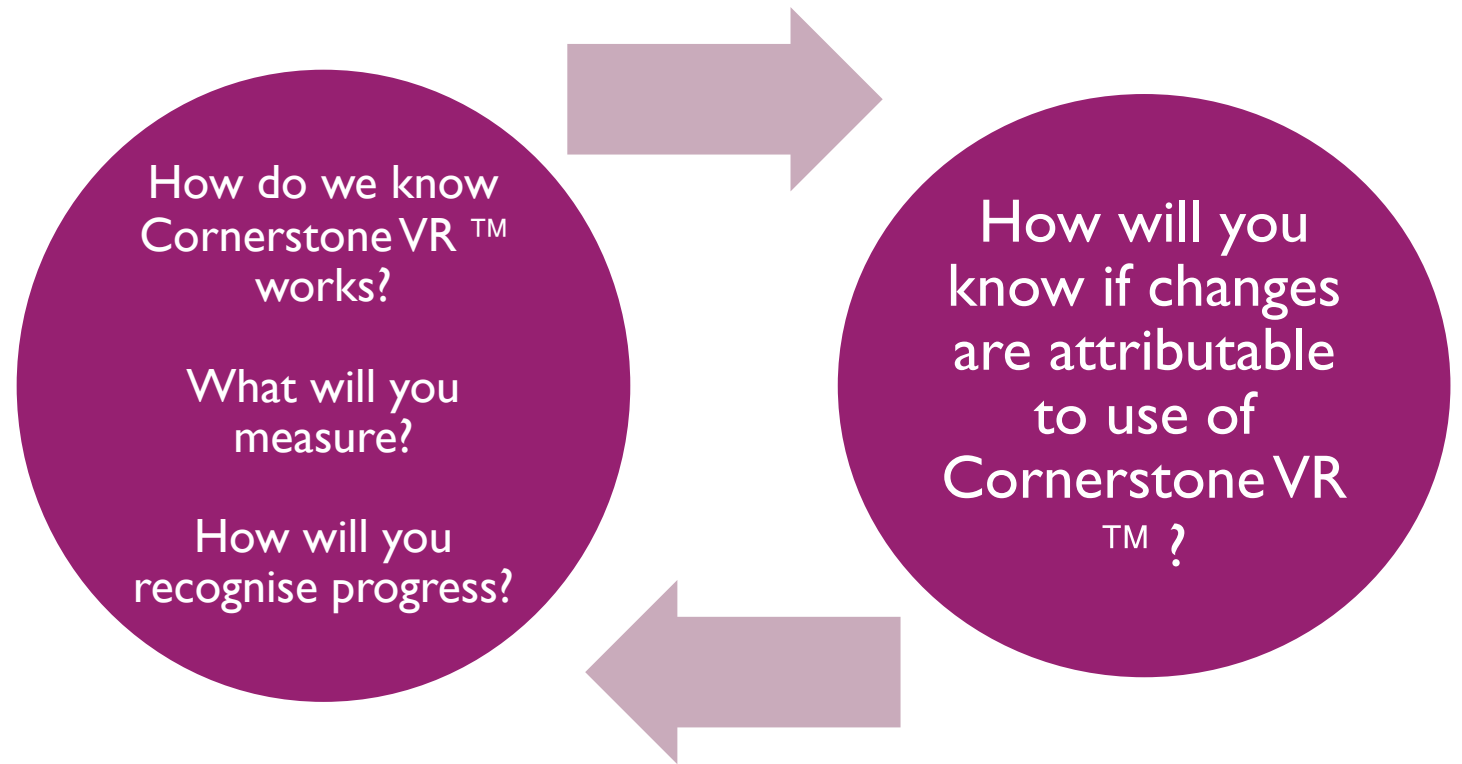


# Examples of group work

- Preparation groups
- Skills to foster
- Post-placement training
- Professionals training
- Many others



# EXERCISE





## NEXT STEPS

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Where will the headsets be stored, and how will I book one out?

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Who will maintain the headsets?

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What happens if I have issues with my headset?

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Feedback on use of VR in practice?

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What further support does Cornerstone offer?

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# FEEDBACK ON USING THE VR IN SOCIAL WORK PRACTISE



We want to ensure that you have a good experience using the VR experiences, and we would love to get feedback from you.



Ability to report back to your organisation how and where the VR tools are being used



Improved support materials and support for using VR in practise



Ability to hear your opinions on the VR experiences and how they can be improved





## CORNERSTONE PARTNERSHIP

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You can find our website here:

Go to the community section type:

CornerPartner to access our resources

# PERSONAL IMPACT

- Postcards !
- What are you personally going to do differently and/ or seek to implement within the next month
- To yourself or your manager/s or both





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# THANK YOU FOR YOUR PARTICIPATION



Improving the lives of families touched by the care system

**[thecornerstonepartnership.com](https://thecornerstonepartnership.com)**