



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



Course Aims

- Learn how early childhood trauma has far-reaching and ongoing consequences for children, their families and society
- Explore through virtual reality (VR) and group discussion how childhood abuse and neglect cause trauma
- Understand the connection to challenging behaviour and adverse effects for learning
- Explore strategies and tactics to support pupils struggling with the effects of early trauma



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 applications of the VR library to school contexts
- As a professional you will be able to understand how to use the VR experiences in your specific role



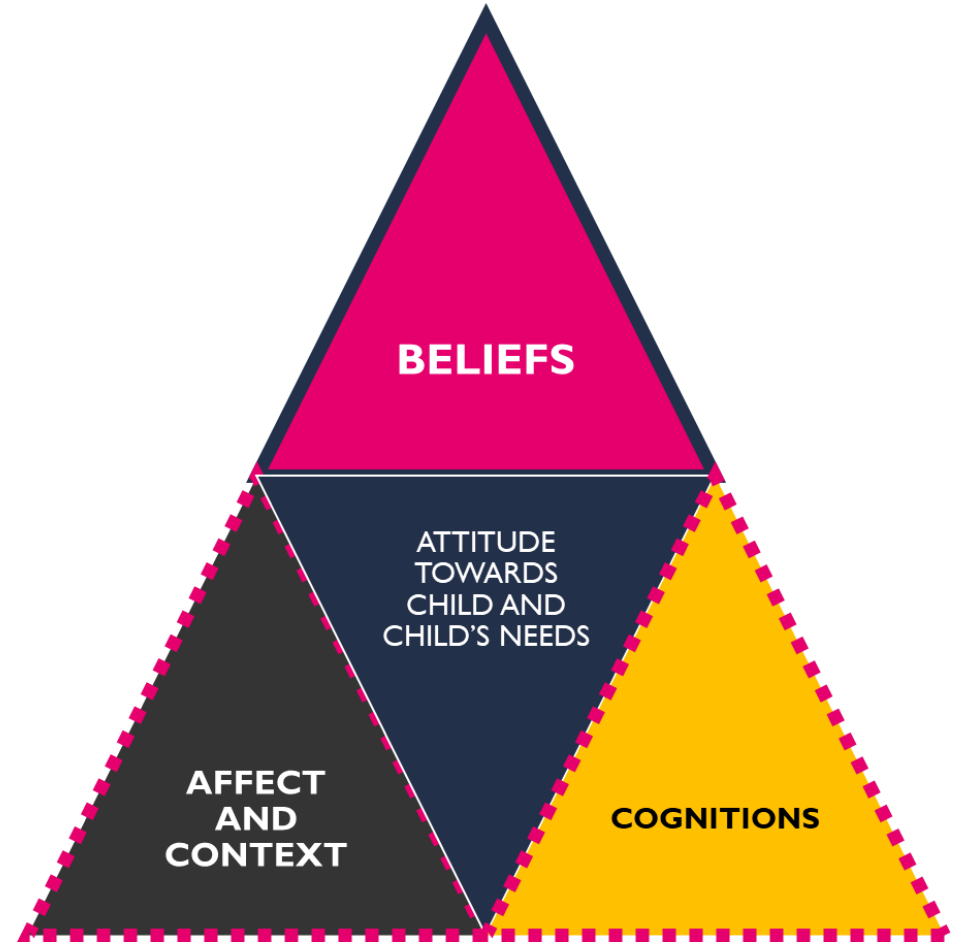
“You never really understand a person until you consider things from his point of view – until you climb into his skin and walk around in it.”

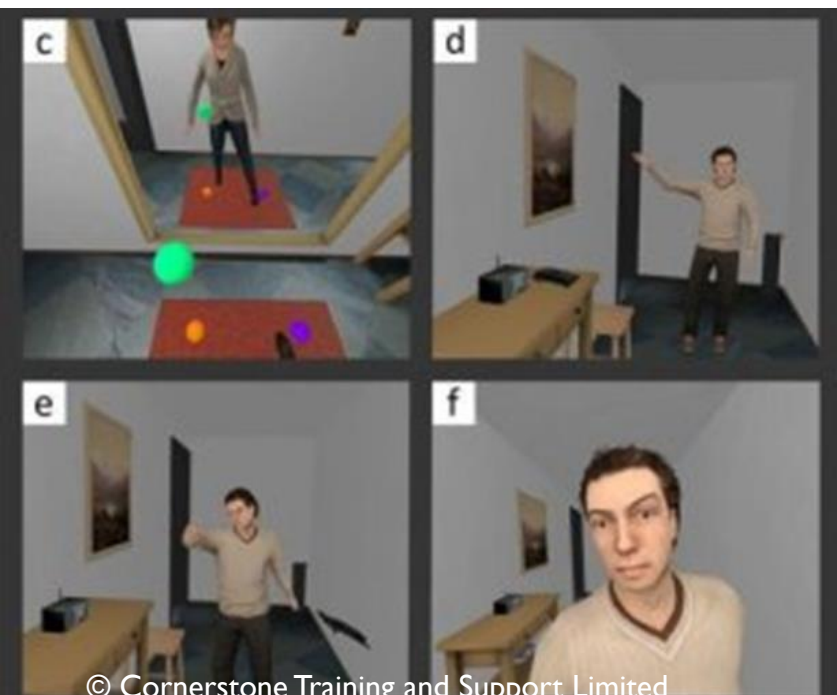
Harper Lee

© Cornerstone Training and Support Limited

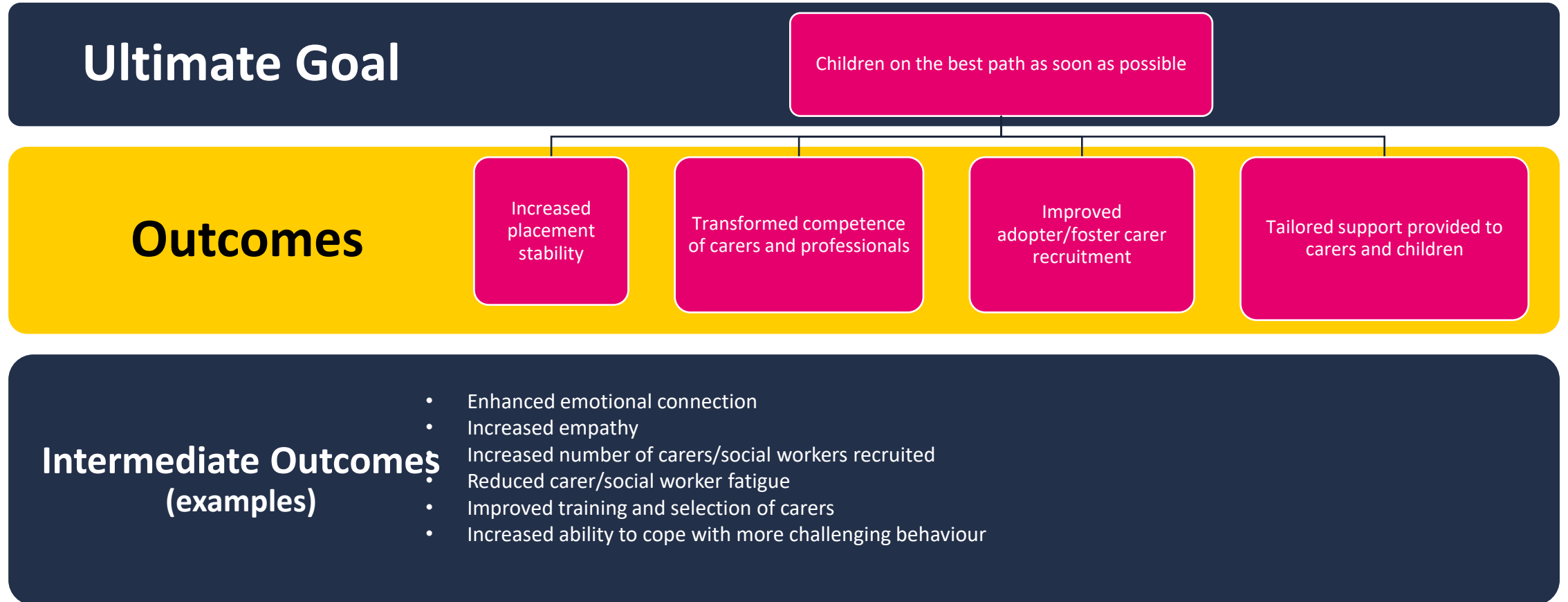


Why VR ?





Theory of Change: Children's Social Care



Some of our findings

- Beyond our expectations...we are indeed changing behaviour, accelerating learning and changing lives through the use of the technology.
- By harnessing VR and sitting it within the social workers “tool box” we are creating a potent INTERVENTION.
- The line between IMPACT and TRIGGERING is thin
- We are creating new strands of practice....VR PRACTITIONERS
- The application is immense...



"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**



Familiarisation with the VR equipment & VR Library



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 Case for A Different Approach



5 x more
likely to be
excluded
from
school

3 times more
likely to
become
NEET

25% of rough
sleepers in
London have
been in care

65% of
children in
Young
Offenders
institutes have
been in care

Care leavers
have worse
health
outcomes
across a range
of measures

More likely to
be a teenage
mum and
have children
removed into
care

Education and Children in Care

2018:

Key Stage 1:

- 51% (75%) reached the expected standard in reading,
- 42% (79%) in writing,
- 49% (76%) in maths
- 58% (83%) in science.

• **Key Stage 2:**

- 30% lower than for children not in care in all subjects and combined



Education and Children in Care

Key Stage 4:

- Average Attainment 8 scores for CIC were up to 40% lower than for children not in care
- Children in Care reaching the end of KS4 are 3-4 times more likely to have an SEN than all children

Attendance:

The percentage of children in care classified as persistent absentees has increased over recent years from 8.9% in 2014 to 10.6% in 2018



Joe



Rayleigh



**Our training
will immerse you
in Cornerstone VR™ –
Seeing a child's world
through their eyes**

Introducing Joe
and Rayleigh

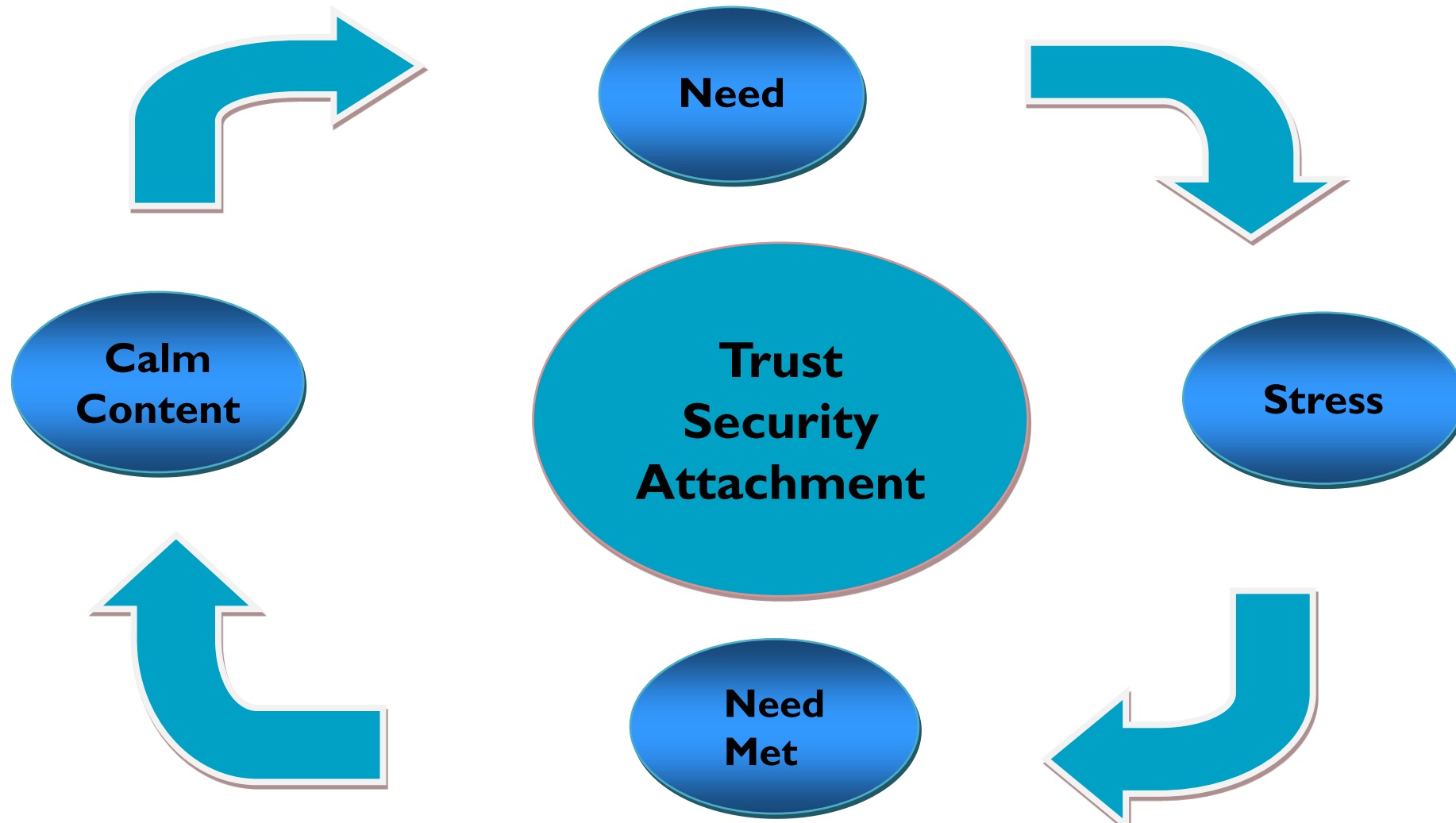


What makes the individual?



Attachment

Arousal Relaxation Cycle





Secure Attachment

- A relationship that creates confidence in the availability of a specific, protective caregiver if needed, and supports exploration when it is safe to do so
- The child does not need to focus on the needs of the caregiver, but can simply attend to what s/he wants, needs, thinks, and feels

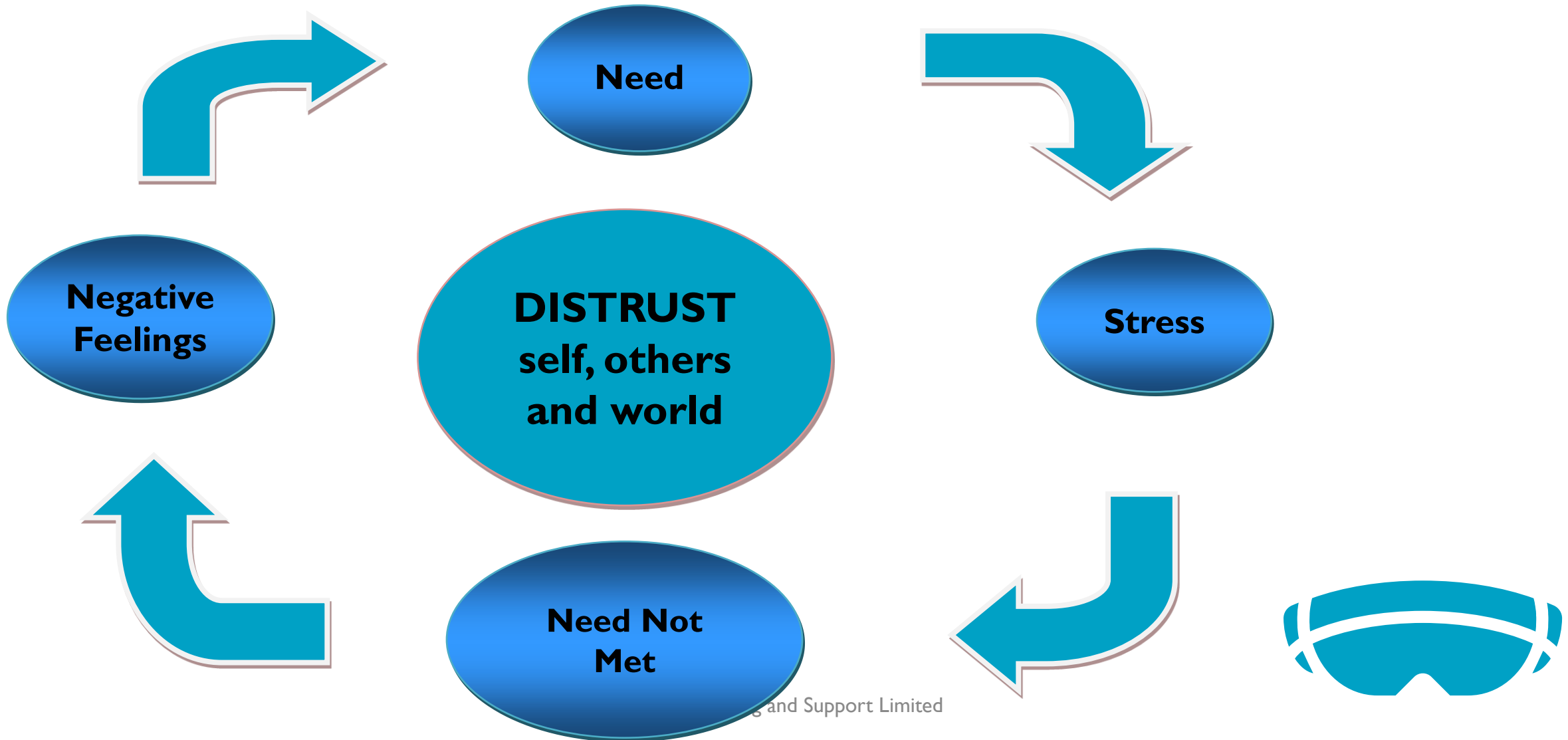
Secure Attachment

Children are born with a range of innate attachment behaviours allowing them to draw their primary caregivers towards them at moments of need or distress.

- Sensitive responding from caregivers helps children develop secure attachments
- Able to use caregivers as secure base to explore world
- Outcomes better for:
 - social, emotional development
 - educational achievement
 - mental health



Arousal Relaxation Cycle



Attachment Difficulties

- Children learn responses from the way adults treat them
- Children in Care have adapted their behaviour to survive neglect and abuse
- Attachment patterns can be adaptation to caregiving have received
- Changes of caregiver, neglectful/maltreating care, disregard for a child's needs all contribute to attachment difficulties



Insecure-Avoidant Attachment Style

- An organised strategy of attachment that over emphasises the exploratory aspects of the relationship while under emphasising the need for emotional closeness and comfort
- This strategy allows a child to stay as close as possible to the caregiver while expressing a minimum of emotional need



Insecure Resistant/Ambivalent Attachment

- An organised strategy of attachment that over emphasises the demonstration of closeness and proximity, while underemphasising the exploratory aspects of the relationship
- The child seeks to keep an inconsistent caregiver available through a heightened display of emotionality and dependence





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

Attachment: What develops

A: Continuity of maladaptation, culminating in disorder

B: Continuity of positive adaptation

C: Initial maladaptation, followed by positive change

D: Initial positive adaptation followed by negative change to pathology





Attachment: Group exercise

In your small groups take 5 mins to look at Joe and Rayleigh's respective developmental pathway.

For each key period/placement in their life, how did their developmental pathway look? Was it a positive or negative time in their life in terms of attachment, security, building relationships etc?

Draw a tree, railway track or write notes, for their respective developmental pathway, with a 'branch', section or train track for each 'part'.

The aim is to show the changes in their journey, that it is not one set path.



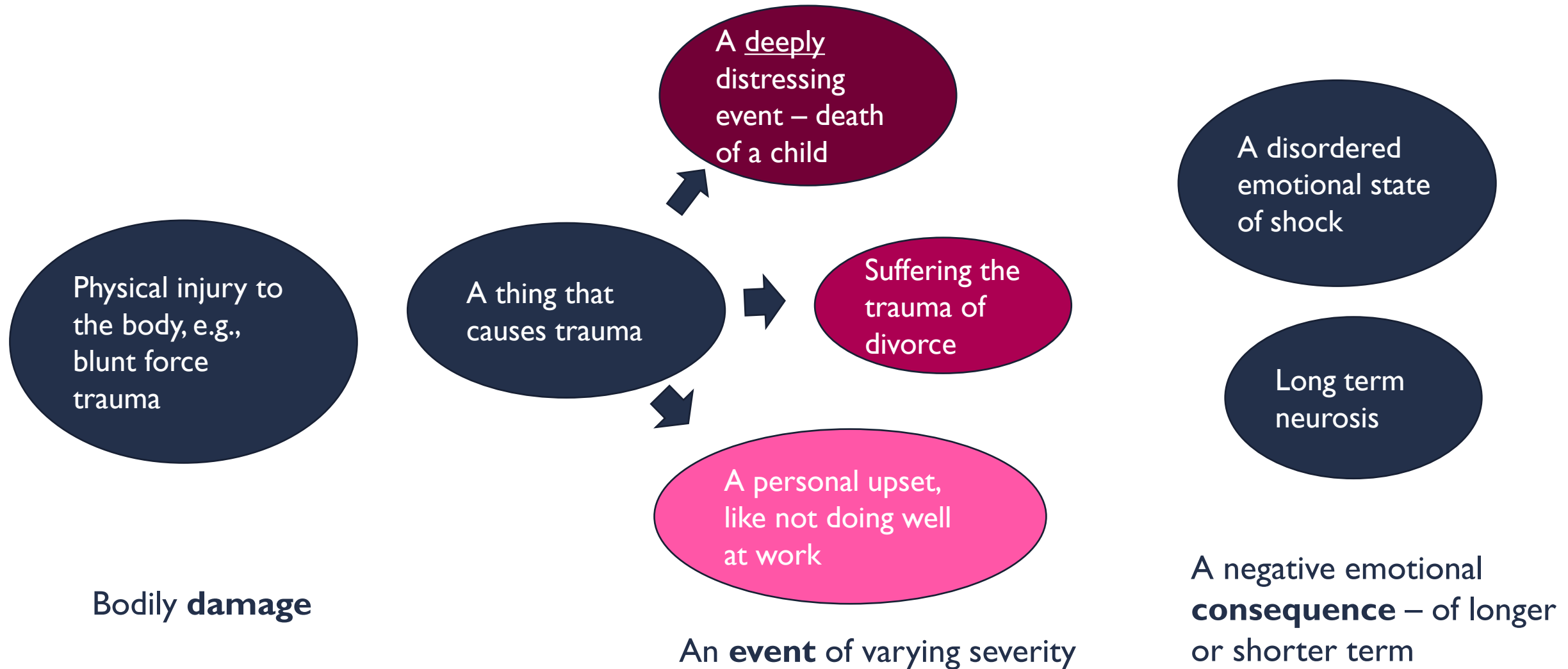
What Do Children Need?

- Permanency & stability with well-attuned caregivers
- Caregivers who can be resilient to odd responses to care (at first)

Trauma



The many faces of trauma in the dictionaries



In School

- Watch this child in school and one teacher response
- What did you notice happening in the trigger scene?
- What does the response teach Rayleigh about:
 - Herself
 - Adults
 - How to relate to the world?



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'

Trauma

- Children in care may have experienced a variety of traumatic events prior to coming into care
- Coming into care is a change and also traumatic
- May present with emotional distress and/or display distress through their behaviour



Adverse Childhood Experiences

- **Loss or separation** – resulting from death, parental separation, divorce, hospitalisation, loss of friendships (especially in adolescence), family conflict or breakdown that results in the child having to live elsewhere, being taken into care or adopted, deployment of parents in armed forces families
- **Life changes** – such as the birth of a sibling, moving house or changing schools or during transition from primary to secondary school, or secondary school to sixth form

Mental health and behaviour in schools (2018) DfE

Adverse Childhood Experiences

- **Traumatic experiences** such as 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

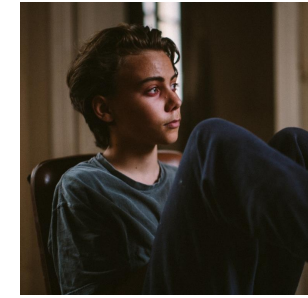
Mental health and behaviour in schools (2018) DfE



Children in Care

Risk of mental health problems 4 to 5 times higher than those living with birth parents

- 37% Conduct Disorder
- 12% Emotional Disorders
- 7% Hyperactivity Disorders
- 4% Rare Disorders



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

Biology





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**

Genetics



All of us are influenced by our genes and our genetic heritage



The nature of that influence is highly complex interesting



Nature & nurture are deeply entwined



Genes affect pathology and positive adaptation



The impact of genes varies for different behaviours in different individuals, in different environments, at different ages and according to different early experiences...

Biology:

Genes, heritability and mental illness

The risk of **any** mental health disorder in a child, according to birth parent mental health problems

		Parent 1		
		No MH	Common MH	Severe MH
Parent 2	No MH	10%	20%	21%
	Common MH	20%	31%	33%
	Severe MH	21%	33%	36%

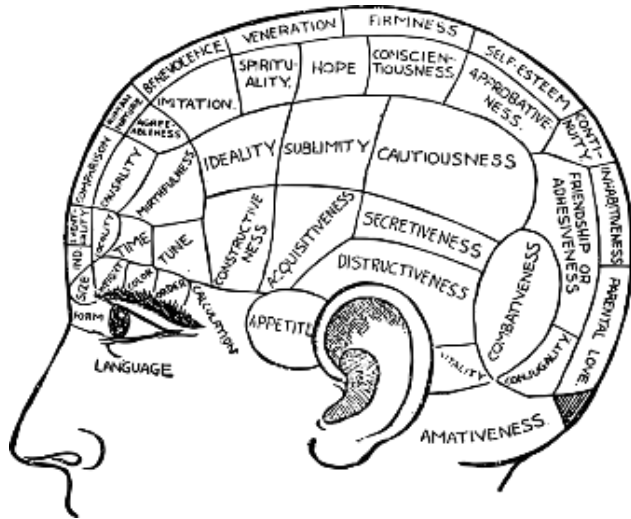
Genes, heritability and mental illness

- Staying in birth family with psychopathology is risk
- Genes are more or less likely to be switched on, depending on the environment the child is in
- A good and sensitive environment can keep the 'bad' genes switched off



Neuroscience

- The brain is made up of many different systems and sub-systems that interact with each other and do very different things at different times
- The emerging science talks about:
 - Adaptation not damage
 - Different systems and functions
 - Not illnesses as such, but more an underlying or latent risk/vulnerability



Psychology





Psychology

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

Emotional Regulation

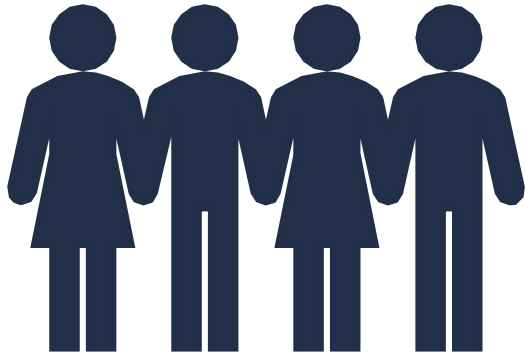


- Parental availability and soothing help children to feel they can cope with strong negative affect, and assist them to develop healthy ways to cope with difficult emotions
- Emotional regulation allows children to react to challenges in flexible and appropriate ways
- Abusive parents may react to children's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



Aggression

- 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)

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

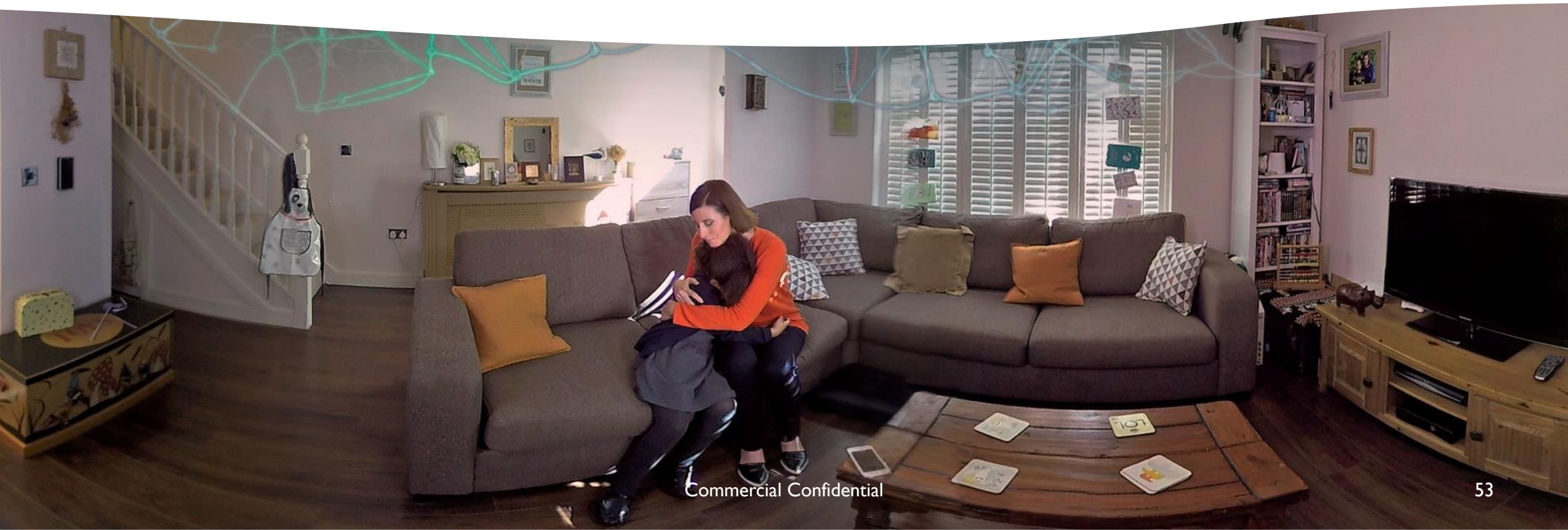
SchoolVR 10

Alternative Response

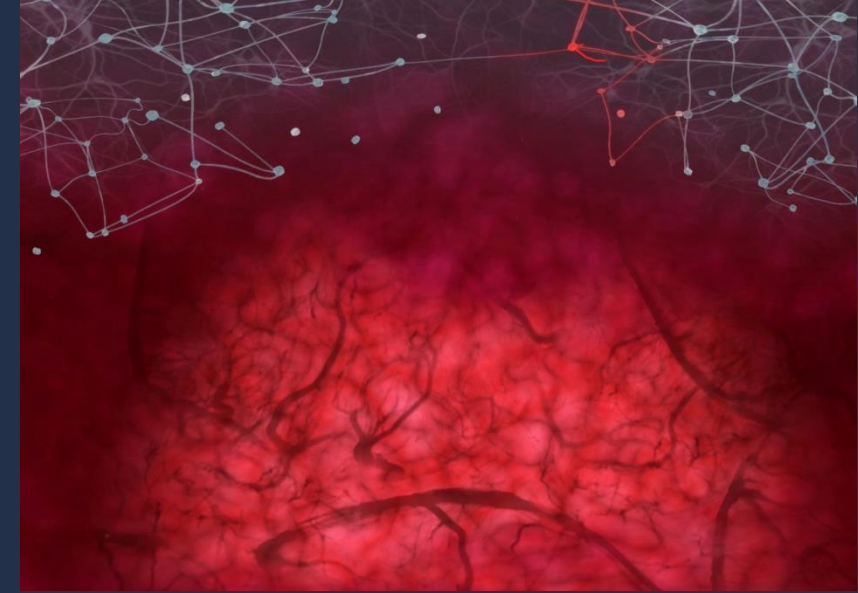
- What was different?
- What worked?
- How can we support good practice in schools?



Children with Early Life Trauma at Home



The VR Library



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 or in scenarios that are so far removed from our own experience that we, potentially a lack of tolerance and we find it near impossible to relate to where the other person is coming from.



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
- Putting ourselves in someone else's shoes can lead to lasting behaviour change



A close-up photograph of two hands clasped together. The hand on the right is wearing a dark blue long-sleeved shirt, and the hand on the left is wearing a light grey long-sleeved shirt. The background is a soft, out-of-focus outdoor scene with warm tones.


Window to
our World

How might
this be useful?

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





The material
is high impact
and must be
used
responsibly

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

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?



Practice using
your own case
study and then
feedback from
recipient /
both

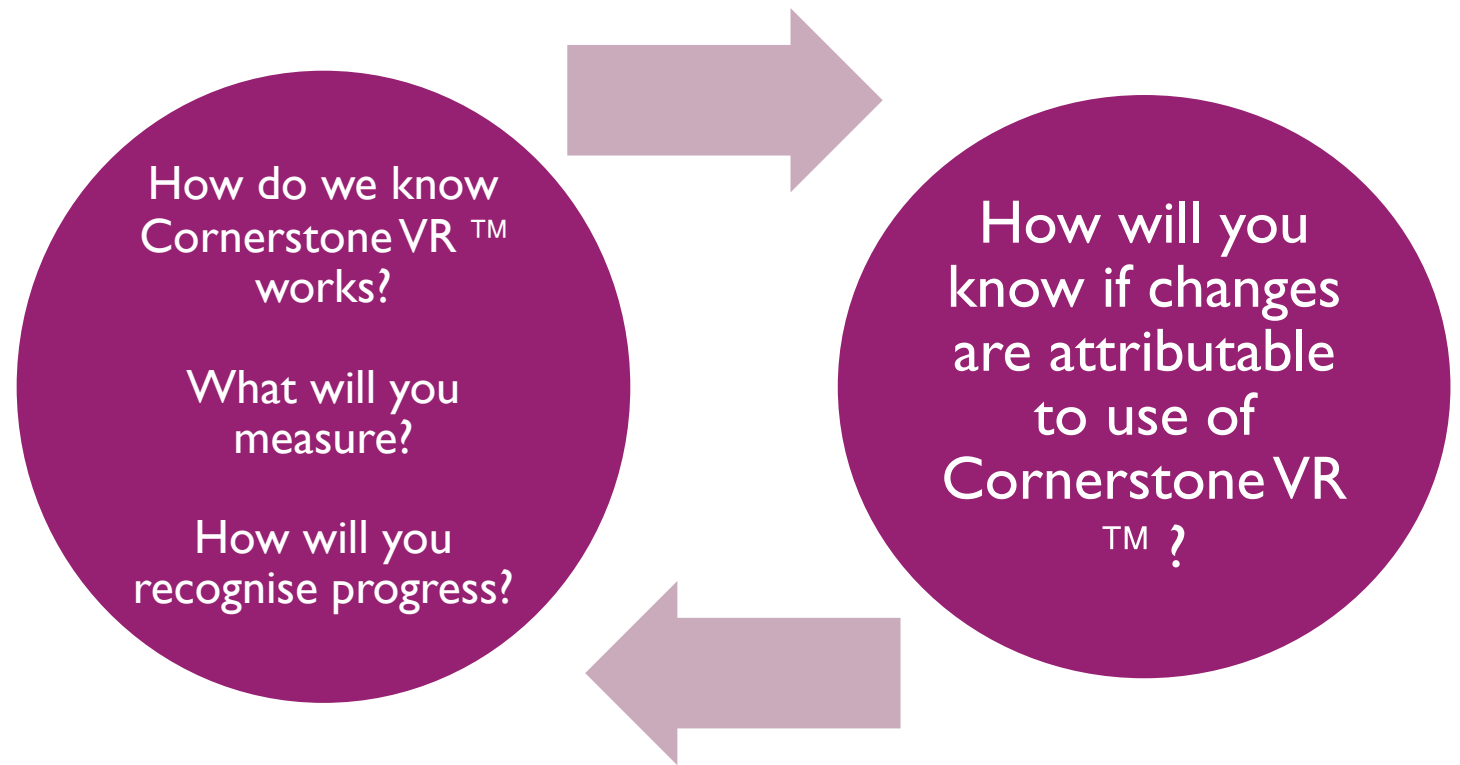


Examples of group work

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



Exercise



Feedback postcard

I feel the VR has given the client (end user) a better understanding of children's needs.

Understanding change

I (Strongly disagree) to 5 (Strongly agree)

Why do you say that? _____

I feel the VR has given the client (end user) a better understanding of the child's perspective.

Empathy change

I (Strongly disagree) to 5 (Strongly agree)

Why do you say that? _____

As a result of watching the VR, I think the client (end user) will change their behaviours/responses.

Behaviour change

I (Strongly disagree) to 5 (Strongly agree)

Why do you say that? _____

1 (strongly disagree) 2 (disagree) 3 (neither disagree nor agree) 4 (agree) 5 (strongly agree)

VR Practitioner

Purpose of VR session

Please circle all applicable

Recruitment	Family finding	Team building & change management
Assessment	Post placement support	
Training	Other: _____	

Goal of VR session

(In no more than 4 words)

Which clip(s) did you show?

Please circle all applicable

1 2 3 4 5 6 7 8 9 10 11 12 13

The VR experience helped me to understand how my behaviour/responses effects children.

Understanding change

I (Strongly disagree) to 5 (Strongly agree)

The VR experience has made me think differently about my current behaviour/responses.

Attitude change

I (Strongly disagree) to 5 (Strongly agree)

The VR experience has made me consider alternative ways to behave/respond.

Behaviour change

I (Strongly disagree) to 5 (Strongly agree)

What are you going to do differently (attitude or behaviour)? _____

1 (strongly disagree) 2 (disagree) 3 (neither disagree nor agree) 4 (agree) 5 (strongly agree)

End user

Please circle most applicable to you...

Foster carer	DV survivor
Adopter	Birth parent
DV perpetrator	Special Guardian

Note: the statements in *italics* will not appear on printed versions. These are to demonstrate, within this evaluation strategy, the link back to the purpose of the evaluation.

Data regarding user and goal of use

Case study template – 1:1 or group work

Your (VR Practitioner) profile

Name:

Job title:

Organisation:

Email:

End user profile:

E.g. foster carer, adopter, DV perpetrator, DV survivor, birth parent, special guardian, other (please specify)

Please provide:

Situational context, including:

- 1) The background of the case (set the scene here, for example, how you are supporting them i.e. through recruitment, to manage difficult behaviour etc.)
- 2) The previous approach of the end user (how was the end user feeling about their situation prior to using VR, what other methods have you previously tried to address the issue, if any)

VR context, including:

- 1) Intended purpose of VR use (e.g. to teach a foster carer new ways to manage challenging behaviour, to increase adopter empathy/understanding of child's past)
- 2) Intended outcome of VR use (e.g. foster carer continues to foster the child, adopter completes adoption process)

Please describe:

Actual **process** (what did you do with the end user, e.g. 'on week 3 of sessions with end user, I held a discussion with them about their issue, then briefed the end user, showed them 'Being Me', then debriefed):

Actual **outcome** (what happened with the end user as a result of using the VR):

Key quotes from you (the VR Practitioner):

Key quotes from the end user:

Recommendations/take-home message to other VR Practitioners as a result of this case:

Feedback sheet, certification course



Certification course: feedback sheet

Skills development	VR Practitioner
<p>Following the certification course...</p> <p>I feel confident to set up the VR technology for a session with clients/others in 1:1 <u>settings</u>. Please circle one of the following:</p> <p>1 2 3 4 5 strongly disagree disagree neither agree agree strongly agree nor disagree</p> <p>I feel confident to set up the VR technology for a session with clients/others in group settings. Please circle one of the following:</p> <p>1 2 3 4 5 strongly disagree disagree neither agree agree strongly agree nor disagree</p> <p>I feel confident to give instructions and provide support to clients/others when using the VR technology. Please circle one of the following:</p> <p>1 2 3 4 5 strongly disagree disagree neither agree agree strongly agree nor disagree</p>	<p>Your facilitator today is Caroline Bengo.</p> <p>Professional discipline? (Please circle all applicable)</p> <p>Social worker Social work assistant Family worker Residential worker Youth worker Teacher Health worker Other: _____</p> <p>What purpose do you intend to use Cornerstone's VR Programme™?</p> <p>Recruitment Assessment Training Family finding Post placement support Team building & change management Other: _____</p> <p>Who is your primary client base?</p> <p>Foster carer Adopter DV perpetrator DV survivor Birth parent Special Guardian Other: _____</p>
<p>Compassion re-set/empathy increase</p> <p>The certification course was effective to...</p> <p>Provide me with a deeper understanding of the child's perspective. Please circle one of the following:</p> <p>1 1 1 1 1 not at all slightly moderately very extremely effective effective effective effective effective</p> <p>Make me consider alternative ways to approach situations in my practice. Please circle one of the following:</p> <p>1 1 1 1 1 not at all slightly moderately very extremely effective effective effective effective effective</p> <p>What three points would you most like to feedback to us?</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p>	



Certification course: feedback sheet

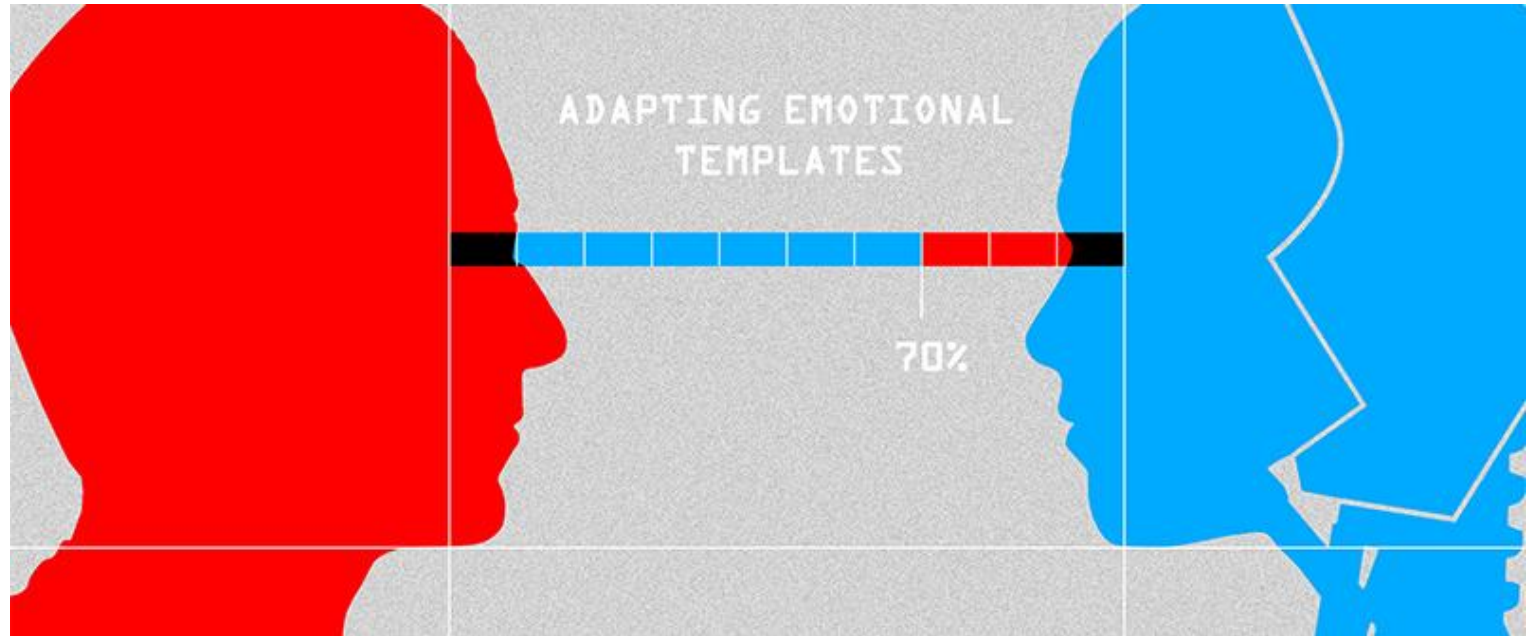
Knowledge acquisition	VR Practitioner
<p>The certification course was effective to...</p> <p>Provide me with an understanding of how Cornerstone's VR Programme™ will be impactful when working with clients/others. Please circle one of the following:</p> <p>1 1 1 1 1 not at all slightly moderately very extremely effective effective effective effective effective</p> <p>Teach me the different potential uses for Cornerstone's VR Programme™ in my practice. Please circle one of the following:</p> <p>1 1 1 1 1 not at all slightly moderately very extremely effective effective effective effective effective</p>	<p>How often have you used VR before?</p> <p>Never 1-2 3-5 6-9 >10</p>
<p>VR Practitioner responsibilities</p> <p>Following the certification course...</p> <p>I understand my obligations to administer and return feedback postcards after use with each client/other. Please circle one of the following:</p> <p>1 2 3 4 5 strongly disagree disagree neither agree agree strongly agree nor disagree</p> <p>When required, I understand my obligations to carry out specific case study feedback. Please circle one of the following:</p> <p>1 2 3 4 5 strongly disagree disagree neither agree agree strongly agree nor disagree</p> <p>I feel confident to carry out Cornerstone's ethical processes (provide the relevant briefing and debriefing) for clients/others using the VR technology. Please circle one of the following:</p> <p>1 2 3 4 5 strongly disagree disagree neither agree agree strongly agree nor disagree</p>	

Name: _____

Organisation: _____

Email: _____

Bringing it all Together



Temperature check



Next Steps

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

Who will maintain the headsets?

What happens if I have issues with my headset?

Feedback on use of VR in practice?

What further support does Cornerstone offer?

Cornerstone Partnership – Community - CornerstonePartner

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





Thank you for your participation



Improving the lives of families touched by the care system

thecornerstonepartnership.com