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Let love liberate our children to learn

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Abstract

This article is a short reflection on an example of practice within one early years' establishment which represents the journal's special issue theme, "The extraordinary ordinary: The power of everyday care." The practice focuses upon intervention for three generations of a family. The grandmother and mother experienced adversities in childhood, and similar circumstances exist for Holly who is three years old. The emotional and physical effects of toxic stress upon learning through play are presented from Holly's perspective. The practicality of daily living for her mother, in a context of addictions, is described as a potential barrier to participation. The long-term impact of trauma upon each generation is represented by the grandmother's negative attitude to change and her inability to provide a role model for the family. The article concludes by emphasising a key aspect in the complex process of transforming research into practice in the field of child protection: Sensitive and empathic responding by a practitioner which nurtures family love, and secure attachment.

Keywords

Parenting, early childhood, adversity, toxic stress

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Holly's story

Holly is vigilant. She crouches low to the ground, and strands of curly black hair sweep across her face, creating a transient shield against the world. Holly's toes are tight and poised, and one hand is positioned in readiness to support a quick exit. Felitti's adversities can be neatly tagged to the home circumstances of this three year old child: poverty, domestic violence, parent incarcerated, mental health, and more (Felitti, Anda, Nordenberg, Williamson, Spitz, Edwards, Koss & Marks, 1998). These issues remain applicable today, and they are recognised as having a residual effect upon children throughout the lifespan. Further inquiry into adverse childhood experiences is a prominent feature of current research and influential to daily practice. Trauma-informed practice underpins delivery of curricula and assessment of need in child protection (NHS Scotland, 2017).

Holly is in a warm, bright nurture room, surrounded by toys, and accompanied by two members of her family: mother and grandmother. A key worker sits on the periphery of this inter-generational group. A child can be removed from the external source of adverse childhood experiences, on a temporary basis, but toxic stress pervades the human body. A silent, and constant internal companion which affects the wellbeing of skin, of muscles, of organs, of heart, of brain, and encapsulates the inner working model – the unique core of every being which determines daily living. Toxic stress affects Holly's interpretation, understanding, and interaction with a learning environment.

Research explains how epigenetics influences the architecture of our brains (Champagne, 2015). The collegiate or ambivalent relationship between genetic disposition, and environmental influences, affects our ability and capacity to achieve high levels of wellbeing, and involvement with a learning environment. Holly's story is typical of the lives of many vulnerable families. Toxic stress is a family affair which research explains in a context of genetics, learned behaviour in specific circumstances, and survival strategies of fight, flight or freeze as responses to trauma or perceived threat (National Scientific Council on the Developing Child, 2017). These issues are demonstrated by the three generations of Holly's family as the intervention unfolds.

Holly's mum would not sit down, her arms were folded, coat fastened and she was shivering. Methadone collection was 8.45 am before the pharmacy was busy, excepting the passive line of adults with addictions who waited in silence, and anticipation. It is well-known that drop-off time for children in a service is the optimum engagement period for a family's participation in intervention; therefore during the first hour of the session this young mother was experiencing a physical, and emotional barrier to learning as her body assimilated the daily dose of methadone.

Gran was angry about child protection processes continuing to the next generation of her family. Social work, Children's Panel, action plans and projected outcomes were common examples in the vocabulary of this extended family. Parenting programmes were familiar territory for the matriarch but she attended the session, and listened carefully. Polite resignation is often witnessed in older adults in this context. Anger and resignation are not characteristics which feature positively within the theory of change.

Seven potential steps are highlighted by Horwath and Morrison (2001) in the assessment of a carer's capacity to change: pre-contemplation, contemplation, determination, action, maintenance, lapse or re-lapse. Anger is an emotive reaction to circumstances, and an immediate obstruction which tempers a readiness to learn. Resignation could be placed within one of the four responses to change which the previous authors describe as *compliance.* This reaction includes high effort but low commitment. Time is an essential partner in the creation of a context for change to occur; however vulnerable families often operate within a status quo of minutes, or hours, or days, and many parents and carers find it challenging to engage with long-term processes.

Human beings respond to conditions which can support learning or divert the pathway of development. Responses can overcome adverse influences, or be enveloped by negativity. Research has found that the brain has the property of plasticity; therefore the architectural structure can be changed (Van der Kolk, 2003). Internal characteristics of an individual, and external factors which support positivity or disseminate negativity throughout the inner working model, are driving forces in neural development. Emphasis is given to intervention

within the first 1000 days of life in which plasticity has the greatest potential (Allen, 2011); however neural re-connections can take place throughout a life-span (Moore, Arefadib, Deery & West, 2017). Behaviour in adulthood encompasses attitudes and values which may have been formed within childhood, or adulthood, for example the experiences of Holly's mother and grandmother. Historical influences can produce an inter-generational effect: grandparent to parent to child (Heckman, 2011). Every practitioner will agree that the context of child protection is cyclical. Optimal value, and sustainability of outcomes, are gained by supporting several generations of a family (Education Scotland, 2019).

The rationale of parenting intervention is the development of secure attachment between child and primary carers: Holly, her mother, and maternal grandmother. Gaining longevity of outcomes for vulnerable children involves identifying, and capitalising upon the strength of an extended family unit. If secure attachment is created then the child's inherent motivation and capacity to seek out learning is activated, executive functioning increases, and developmental milestones are achieved (Whitters, 2020). Holly needs to recognise that she is in a safe environment. Holly's representation of home is a source of toxic stress which has been transferred to the nurture room, prompted by the presence of mother and grandmother; therefore consideration is given to external and internal influences which affect the structure, and operational capacity of her brain. These considerations form an essential preliminary to the delivery of any intervention.

Sensory interaction supports secure attachment

At birth, babies experience many forms of tactile interactions with their parents, and secondary carers as family members. The senses of a baby are primed for learning and a lifelong emotional bond can rapidly be established, for the majority of families, through consistent and predictable nurturing of an infant.

Secure attachment supports a child's social and emotional wellbeing, and development of the sense of self (Fonagy, Gergely & Target, 2007). Campbell-Barr, Georgeson and Nagy Varga (2016) discuss links between the biology of

attachment and motivation for learning. Achieving the autobiographical self involves the ability and capacity to regulate your own impact upon the world.

The sense of self continues to mature throughout adulthood. Parents or grandparents who have experienced adversities in the past, and continue to be affected by current stress responses, may not be able to demonstrate a positive relationship to a child, or to each other. Early relational experience is quickly adopted as a blueprint which guides future ties. Negative relationships are the role models often witnessed by children within a home in which the adult's behaviour is affected by environmental and social challenges. This description matches the home circumstances of Holly.

Sensory interactions provide a necessary foundation for re-establishment of this integral relationship; however intervention has to be achievable and desired. Living in a context of abuse creates fear, anxiety, and antipathy to touch by parents, and children. Iterative and responsive practice strategies are essential to overcome instinctive reaction, and to re-configure the inner working models of the three generations of Holly's family. For example, non-tactile actions in the initial stages of the intervention. The adults were encouraged to promote acceptance and encouragement, communicating Holly's self-worth by a nod, thumbs up, or a beaming smile. Over time Holly's mother was shown how to use the back of her hand to gently acknowledge the little girl's interactions, and to demonstrate care and affection. Eventually the grandmother was confident to apply a finger-tip touch in order to communicate love to her granddaughter. Basic human responses are easy to achieve in a safe context but reactions to adversities are integral to survival in an unsafe environment, and it took time, and patience to support these adults to ignite natural inherent nurturing behaviours. A family's ability to transmit love and secure attachment to a child is invaluable.

The parent-practitioner relationship in services is used initially for information-sharing, and collation of facts, but over time the relationship develops into multi-layers of knowledge and understanding. This relationship matures into a therapeutic alliance. Emotive memories shape and consolidate this alliance. The collaboration of two people, service-provider and service-user, is created for a

purpose: to instigate, and to support change in parent and family. Implicit memories of a parent are founded on childhood experiences, good or bad, and explicit memories informed by reaction and interaction with the learning environment of life. New memories are formed, and complex processes configure and re-configure the inner working model (Bowlby, 1979) which affects perceptions, values, attitudes, and operational skills.

The family members were encouraged to recognise their power and influence upon each other, and to use it wisely. The practitioner communicated belief in the family's ability and capacity to succeed. Belief from a professional, which is shared effectively, is an intangible powerful aspect of the therapeutic alliance.

This alliance is a medium to present activities which the child can achieve – a quick return for Holly, and multiple opportunities for her mother and grandmother to recognise attainment, to feel pride and to share this positivity with the little girl. Activities were presented which related to Holly's interests in order to capture learning potential. Ideas were implemented which supported reciprocity and represented secure attachment in practice. The high level of learning which occurs within a serve and return interaction was demonstrated in video feedback, and promoted understanding to each generation (National Scientific Council on the Developing Child, 2016).

Conclusion: Research to Practice

Discovery and explanation is the goal of researchers. Attainment of families is the goal of practitioners. Reading a thesis or research brief is easy, and enjoyable as academic knowledge empowers the individual, and fulfilment is based upon an increase in comprehension; however the true value of research for society is harder to achieve, and resides in practice. Practice is the application of academia. Practice is transferring veracity from findings to fieldwork. Practice is the professional's demonstration of worth – not regarded as personal achievement but a desired outcome which represents the work of researchers, funders, political strategists, and families. Knowledge of human development, child protection policies, and common adversities, can be learned

but it is challenging to understand the world from the perspective of a vulnerable family.

External adversities do not dissipate because of a family learning session but intervention can support internal change, and influence behaviour of adults and children. Subsequently the effects of toxic stress can be reduced.

This reflection on practice concludes by highlighting the potential, and potency of family love to increase resilience and development throughout an extended family unit. The practitioner's role has immense value, alongside interventions. A different interpretation of the world was presented to three generations of Holly's family which was perceived, and comprehended from a lifestyle founded upon secure attachment. We all need love, and consistent predictable relationships, regardless of our stage within life's journey. Let love liberate our children to learn.

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