the
CHURCHILL
fellowship

TOWARD
A SYSTEM
THAT HEALS

EXPLORING EMPATHY AND ITS
APPLICATION TO YOUTH JUSTICE
AND CHILDREN'S EDUCATION,
HEALTH AND SOCIAL CARE SERVICES.

peerpower

CONTENTS

GLOSSARY

ACE	Adverse Childhood Experience
AI	Artificial Intelligence
ALC	Alternative Learning Centre
APPG	All-Party Parliamentary Group
ASBO	Anti-Social Behaviour Order
CAMHS	Child and Adolescent Mental Health Services
CBT	Cognitive Behavioural Therapy
CFT	Compassion-Focussed Therapy
CIT	Crisis Intervention Training
CSM	Central Saint Martins
DTO	Detention and Training Order
FIP	Family Intervention Programme
HMIC	Her Majesty's Inspectorate of Constabulary
HMIP	Her Majesty's Inspectorate of Probation
ISSP	Intensive Supervision and Surveillance Programme
JYIP	Junior Youth Inclusion Programme
LAC	Looked-After Child
MI	Motivational Interviewing
MNS	Mirror Neuron System
MoJ	Ministry of Justice
NHS	National Health Service
PCA	Person-Centred Approach
PCE	Positive Childhood Experiences
PD	Professional Development
PIE	Psychologically Informed Environments
PRU	Pupil Referral Unit
PTSD	Post-Traumatic Stress Disorder
SCH	Secure Children's Home
SEL	Social Emotional Learning
SLCN	Speech, Language and Communication Needs
SMD	Severe and Multiple Disadvantage
SNAP	Stop Now and Plan
STC	Secure Training Centre
TEI	Teaching Empathy Institute
TIA	Trauma Informed Approach
TYS	Targeted Youth Support
VR	Virtual Reality
VRU	Violence Reduction Unit
YCS	Youth Custody Service
YJ	Youth Justice
YJB	Youth Justice Board
YJS	Youth Justice Services
YOI	Young Offender Institution
YOT	Youth Offending Team

MY EMPATHY JOURNEY

SELF CARE NOTE - Contains trauma and bereavement text

Matthew, my brother, also known as 'Little Dougie' to his skateboarding friends, died suddenly just weeks after my 21st birthday, when he was 14 years old. I remember thinking at that time, that no one I knew could possibly understand how it felt to lose a brother, nor the shock at how everything you have known can change in an instant. I was angry and I couldn't find anyone that could relate to what had happened, our family would never be the same again. I thought that there should be a way I could connect with other people like me that would 'get it', and understand the impact on me, our family and the wider community. The only person that I met that could say, 'I know how it feels to lose a brother' was my Grandmother who had fostered my Mum, and I remember this having a great impact on me... she got it, she was the only one, and it really mattered.

More bereavements followed throughout my twenties with the shocking and sudden deaths of several friends in my peer group at different times. All through my twenties it felt like shock, trauma and grief was never ending.

Shortly after my 30th birthday, another significant traumatic event left me with Complex Post Traumatic Stress Syndrome (C-PTSD). What we as a family, and I as a mother and a daughter, were victims of is a taboo and shameful subject, and I am not ashamed to say, now, that it very nearly broke me. In my view, (at that time) it had destroyed my past, my present and my future.

Following this latest trauma, I was unable to function, I didn't know who I was, some days I couldn't feel, some days I couldn't eat, or sleep. I struggled to parent, I was

suicidal at times, anaesthetizing myself, and was on self-destruct. It was a battle to make it through each day for a long time and this lasted for years.

Due to the C-PTSD, I spent all my time and energy every day avoiding the triggers that reminded me of the trauma, I moved house seven times, and was homeless for some of that time. I got a job that meant travel around the country, as that helped me to avoid memory triggers. I just kept moving...

I tried to get talking therapy, but I couldn't talk about it, memories and intrusive thoughts made me very ill and could set me back a long time. I found solace with someone who had experienced a similar trauma. I would later refer to her as 'My Angel' because she showed up at my door at exactly the right time and I don't know if I would be here now if she hadn't. I don't know how she knew to come at that moment, other than she'd been there and I think she recognised the desperation in me. My Angel told me about a local charity that had a service, it was designed by people who had been through this... and they could empathise rather than sympathise. They knew you would need different things at different times, they knew the journey takes a long time, and so you could dip and out of the service when you needed – you could always be a client if you wanted, forever they said... It was there that I saw recovery was possible because the others had survived. More than that, they were living again, thriving, and helping others.

They offered counselling, acupuncture, a personal trainer, a nutritionist, group therapy, writing classes, a library,

peer support. I went to different things at different times to help me with the basic things that I could no longer do, a nutritionist taught me how to write a shopping list again and start to eat, a personal trainer taught me to feel my body again (and to throw some punches to vent the anger), the acupuncturist reassured me that she was going to help me to sleep as I sobbed telling her of my nightmares, peer counsellors were there for if/when you could talk. I would stay in that place every week right up until I had to go back out in the real world, collect my child from school, and be Mum again.

It is only on reflection can I see the enormous impact this peer-designed and led service had in offering a space where I was listened to, seen and understood; what happened was acknowledged and it was where the healing began, it was my anchor, my sanctuary. If ever there was empathic services and trauma-responsive/healing-centred care, this was it, they got it, and I believe this was in part because it was informed by people who have experienced and lived that trauma.

In 2016 I founded the charity Peer Power and I lead it as someone with lived and learned experience. I know how transformative empathy can be individually and in service and system design, and the importance of peer-led services post trauma.

Peer Power engages (as partners in our work), children, teenagers and young adults with experience of adversity. Some have described themselves as "abandoned by society". The charity has two goals in mind: individual

change and system change. We help our young partners heal after trauma, and provide platforms for them to have their voices heard and engage meaningfully in services that are meant to support them. We support them to get the skills, experience and training they need to become future leaders. With their help, we train and guide the government and agencies to create youth support systems and services rooted in empathy and positive relationships.

Since around that time and until now, I have been on a journey of discovery around the impact of my own childhood adversity, the diagnosis of ADHD in my nephew, then my daughter and now me. It has been a steep learning curve around the impact of intergenerational transmission of personal and systemic trauma in my immediate family.

Between all these events, I worked within youth justice and children's social care in Bradford, and studied a degree in Psychology and Counselling on a course

EXECUTIVE SUMMARY

that was heavy in humanistic psychology (also known as Rogerian or person-/client-centred psychology). I developed a keen interest in research on attachment theory, nurture and relational working. As part of that degree, I was placed at a local Primary Pupil Referral Unit (PRU) for children aged five to 11 years who had been excluded from their primary schools. Unbeknown to me, this was to set me on a journey of lifelong vocation to improve things for children who had experienced multiple adversities, trauma and abuse – people like me, and like many people I know.

All of this led me to my journey with the Churchill Fellowship, researching empathy through the USA and Canada, and to the writing of this report.

Through the report I will comment on love, kindness and compassion in systems, and I realise as I come to conclude the writing of this report, that actually empathy is an intentional 'doing' word, and that in fact empathy is the driver to love, kindness and compassionate action that leads to 'empathic interactions', and increases connection between service providers and those who use the services.

The antidote to (or healing of) trauma, and the mitigation of the effects of childhood adversity and trauma comes from empathy, through human relationships, empathic interactions and connection.

THE RELATIONSHIP IS THE INTERVENTION.

I wanted to explore through my Fellowship what the impact might be of increased empathy in the systems and agencies that support some of our most socially excluded children, teenagers and young adults, who experience one or multiple agencies including youth justice, social care, education, and health. I knew from my interest in the subject of empathy that there were places in the USA and Canada that were teaching empathy to children and young people, (most notably 'Roots of Empathy' that began in Canada and is now global). I knew that there were programmes in the United States and Canada directly teaching empathy to healthcare clinicians because it had been proven to increase positive health outcomes for patients. I had heard that NYPD Officers were being taught empathy, and read research that pupils achieved better grades and were happier when they had better relationships with their teachers. One company is teaching empathy in corporate organisations and demonstrating higher profits as a result.

> " Empathy leads to Love in Action, it is the driver to love, kindness and compassionate action. "

So, could the same apply then to children and teenagers, young people, youth justice workers, or in prisons? What might empathic organisations look like across health, education, justice and social care systems. What if services were more empathy-led, could this help systems to heal, rather than harm? And could that turn out to lead to more efficient services, leading to better outcomes and savings to the public purse?

It seemed to me, through my initial research, that people in the USA and Canada were more comfortable and open about talking about, and the need for, empathy and love in services; that these were 'must haves' for children who had experienced adversity. From my professional and personal experience, I wasn't sure that in England we were that comfortable with or explicit about it, and I also knew that it was what children, teenagers and young adults always said was the most important thing in engaging with services.

I wanted to learn more about empathy, see what teaching empathy looked like in practice, and whether it could also inform system change within services. This report could be of interest to all those interested in increasing knowledge, awareness and practice in mitigating the social and health impact of multiple childhood adversities, and improving the wellbeing of children and adults, including (but not limited to) funding bodies, social research and educational institutions, policy makers and senior decision makers in the Voluntary Sector, Youth Justice Board (YJB), Ministry of Justice (MoJ) Youth Custody Service (YCS), National Health Service (NHS), Public Health England (PHE), Child and Adolescent Mental Health services (CAMHS), Youth Justice Services (YJS) and schools, particularly Pupil Referral Units (PRUs) and secure health, welfare and justice placement providers.

Since the initial travel date of the Fellowship in early 2018, the sectors I hope to influence with this report (social care, justice, education and health agencies for children, teenagers and young adults) have almost certainly developed positively in terms of an acknowledgement of the importance of trauma-informed approaches. There is ongoing debate around responses to the Adverse Childhood Experiences research, and there are growing calls for acknowledgement of other types of trauma and the social and economic structural inequalities that can contribute to them, such as systems, poverty, racism and class.

There is literature abound on the above subjects, and while they are often intrinsically linked to empathy, this report seeks to focus exclusively on empathy, and its 'partners' in relational working: love, kindness and compassion. It is an exploration of the use and teaching of empathy explicitly in different agencies and systems, rather than academic research, and it is written with the intention of increasing knowledge of empathy, and sparking debate around the usefulness of intentional empathy, radical empathy and empathic cultures within organisations.

My intention is that organisations and systems prioritise relational approaches rather than bureaucratic, see opportunity rather than risk, are curious rather than closed, and above all else, that empathy, love, kindness and relationships are intentionally talked about as core values across all support organisations for under-supported children, teenagers and young adults.

I founded Peer Power as a charity in 2016, with the importance of involving young people with experience of services, teaching empathy, relationships, and loving kindness at the core.

Peer Power is distinctive in involving young people in decision-making at all levels of its organisation, and it always has. The young people who are engaged with us experience injustice and inequality through a range of social and economic factors, including race, housing, poverty and disabilities, and also significant childhood adversity, abuse and trauma. Experiences of secure settings, youth justice, social care systems, school exclusion and poor mental health are extremely common: all of our young partners have experienced at least one of these, approximately 60% have experienced three or more of these. Some have described themselves as abandoned by society'.

We are an empathy-led charity that helps to heal trauma and adversity through caring relationships, and transforms youth service systems by supporting the young people we partner with to influence and inspire action.

OUR VISION

A world where empathy-led services and systems support all children, teenagers and young adults to achieve their dreams and lead their best lives.

OUR MISSION

To be a caring support network for young people, helping to change their lives through reliable healthy relationships so they can change and inspire the lives of others and increase empathy in the services designed to help them.

Peer Power is about individual and system change, and my hope is to influence the system more broadly to be more empathic, kind and loving, because that is what young people say they need and that is what the scientific and academic evidence is telling us works for engagement, involvement and supporting people to move on from crime. It is empathy and relationships, not programmes or interventions, that make the difference.

Through exploring in the USA and Canada, I have found that the teaching of empathy, 'explicitly and deliberately' was being applied in schools, in prisons, in police forces, in justice agencies, and in health and social care agencies. I found that whole states in the USA are starting again with their multi-support agencies, understanding that it is whole system change that is required. Sometimes this can mean a long-term culture change strategy; other times it means completely starting again and redesigning trauma and experience informed services, as is the case in California, and across school systems in New York and Washington DC.

The report highlights best practice in teaching empathy and Social Emotional Learning (SEL) in justice, social care, education and health services, and brings together the learning and research that I have done since I returned from my fellowship travels.

Throughout the exploration, the work of Carl Rogers (known for humanistic psychology, Person-Centred Approach and for his work in conflict and resolution and 'Freedom to Learn'), John Bowlby (Attachment), Dan Siegel (Social Emotional Learning), Dr Jean Clinton (relational connections and the brain), David Levine (Teaching Empathy and Trauma) and Marshall Rosenberg (NVC also known as Nonviolent or Compassionate Communication) all featured heavily in most approaches.

Through my journey, I visited projects teaching empathy to children, young people and to practitioners. I met with people using technology and Artificial Intelligence (AI) 'for good' – to increase our empathy and emotional intelligence in the digital world, and I met with scientists and academics looking for the parts of the brain responsible for empathy.

This has given me the evidence to back up what I have known instinctively and experientially, from my training in humanistic psychology, my work on nurture and attachment in a Primary Pupil Referral Unit (PRU) and from listening to people with experience of the justice system for the last 20 years. They have always said that the one thing that really mattered in improving their lives was one person, a consistent and trusted relationship, with someone that really cared, 'got them' and believed in them. And I have always maintained that it is empathy and relational care that is at the heart of this. There are more details in the recommendations section that follows, and in the conclusion section at the end of the report.

From my exploration of empathy, I find that empathy and human connection can be a complex and sometimes problematic notion for those delivering support services that engage with young people experiencing multiple adversities. Some practitioners experience vicarious trauma and 'compassion fatigue', and can struggle with empathy; others have 'too much empathy', potentially leading to

66

You just need that one person who will really care.
YOUNG PERSON –
PEER POWER YOUTH
ENGAGEMENT EVENT

99

burnout and secondary trauma; and many 'wounded healers' (characterised by Carl Jung as those who are compelled to help others because they too are wounded) can be found in these support services. This is not necessarily a bad thing per se, as long as there is knowledge, self-awareness, and space for reflection and supervision. In cultures that are empathy-led, teams are looking out for each other and reflecting on themselves and their work routinely.

The most recent research demonstrates that the empathy muscle can be turned on and off, or tuned in and out (as we need to protect ourselves), and we can use that to great effect in relational working to achieve better outcomes for ourselves and those around us. We can exercise and become more skilled at managing our empathy levels.

On my return, I researched trauma-informed models of care to seek a model that best fit an empathic and relational approach. The 'three pillars' model by psychologist Howard Bath seemed the most accessible and appropriate. In this model, the first pillar is to give the child a feeling of physical and emotional safety, through offering consistency, reliability, predictability, availability, honesty and transparency. The second pillar is establishing connections. Last is the ability for individuals to manage their emotions, a core issue for those who've experienced trauma. Techniques in problem solving, managing self and emotional regulation can be taught. I would also draw the reader to the work of Dr Karen Treisman on Trauma Responsive Organisations, which is comprehensive.

As support sectors, we ought not to be delivering support services that have the potential to harm, and we ought to be delivering loving, empathic and kind, compassionate services that heal.

Language matters, and we can shift from 'justice' language for children entwined in services, to care, compassion, kindness, and supporting health and wellbeing in our choice of words. Concern with young people's wellbeing, rather than 'welfare', and openly talking about love in services, what that means in practice, how it shows up and the impact of that - this is all needed.

Love for the young people who access our services, love for our colleagues and partner agencies, and love for our vocation.

RECOMMENDATIONS

The recommendations below were created while I was travelling and reflect the good practice I experienced, as well as 'what if... ' conversations around possibilities for future best practice if there were a set of cross-sector shared principles around empathic, relational, nurturing and loving approaches in support systems for people who have experienced significant trauma and adversity.

- Services across the United Kingdom have a trauma-responsive and empathic culture rather than being simply trauma-aware: this is an active approach to healing and mitigating the impact of trauma (system, individual, and societal), and multiple adversities. This should include a common relational approach to improve outcomes across schools, Pupil Referral Units (PRUs), colleges and universities, adult and children's social care, health services, probation and youth justice in the community and in secure settings, the courts, the legal profession and the police – an approach that recognises system trauma.

- These different systems and agencies are re-configured to be less bureaucratic and increasingly relational, prioritising human connection and face-to-face contact time, supporting longer-term, consistent relationships for children, teenagers and young adults as they grow up.

- Empathy and compassion training, Social Emotional Learning and Motivational Interviewing are acknowledged in Government policy as psychologically informed and socio-therapeutic practice for practitioners to combat the impact of trauma and multiple adversities. Training in these is rolled out across multi-support agencies in the public and voluntary sectors. This should include schools, PRUs, colleges and universities, adult and children's social care, Health services, probation and youth justice in the community and in secure settings, the courts, the legal profession and the police. Services that state they are 'trauma-informed' are publically responsive to the views,

experiences and needs of people who have lived experience of those services, and acknowledge and mitigate the impact of 'system trauma'. People with lived experience of those services are involved in the design, delivery and evaluation of these services. Peer-led and/or peer-involved services become the norm rather than the exception and leadership contains a mix of lived and learned experience, equally respected. Trauma-informed should also mean informed by those who have lived trauma.

- Language and approaches in youth support and justice services move away from deficit models, and centre around assets, strengths and opportunities, with a focus on healing individuals and communities at their core. This includes in their communications and media relations in areas that influence young people negatively, such as Serious Youth Violence, Knife Crime prevention, etc, which by description (not necessarily content) are the opposite of empathic, strengths- and asset-based approaches.

- Individuals and communities determine how successful support agencies are, in terms of their own identified success measures, including relational measures, rather than measures of success determined by external agencies that account for whole populations rather than individualised approaches.

RECOMMENDATIONS IN PRACTICE

As well as coming up with recommendations, I wanted to capture some of the things I learned about empathy and what they might mean for people working in these sectors (and beyond).

- It's giving of ourselves, sharing and telling our stories ethically and safely. Stories that are powerful, healing and contain hope to deepen our relational connection with others.

- It is 'deep and intentional empathy', more than kindness, more than niceness. It is presence, it is listening actively, reflecting and checking understanding, it is feeling within another's world what that might be like, and it results in loving and kind actions that support another and build connection.

- It's not being a 'saviour or a rescuer', but a safe, trusted, solid, and boundaried relationship, that also encourages others around the child, teenager/young adult to do the same – we all often need more than one person to turn to in our lives, and those who get support from more than one service should receive the same quality of care and connection.

- It shouldn't matter if the contact is short term with a child, and an intervention or agency closes the case. What matters is that the child is listened to, receives unconditional love, warmth and care, and that those working in the 'system' played a part in healing and did not, inadvertently, harm or create 'secondary trauma' for a child.

- It is emotionally literate caregivers (practitioners) proficient at role modelling positive emotional literacy, 'naming the world' with children, teenagers/young adults and families and encouraging them to do the same.

- It's understanding the need for practitioners to look after themselves first, filling their own cup up, and 'putting

their own gas mask on first' – to be in the best position to emotionally give to others, and modelling this self empathy by example to those around them.

- It's practitioners who commit to their personal and professional development to support their presence, connection and reflection in their 'caregiving' relationships.

- It's creating emotionally safe and reflective environments for our children, teenagers/young adults and practitioners to flourish, by ensuring that we are supporting each other in order to support them.

- It's about empathy – deeply intentional, compassionate, curious, loving and caring empathy to build and sustain relationships that celebrate difference and joy with our peers, colleagues and for our children.

- It's developing leaders from different backgrounds, and with cultural competency, and supporting them to progress in their careers, so that there is a mixed of lived and learned experience in organisational decision-making teams.

- It's openly talking about empathy, care, compassion and.... love. Love within a professional caring context. We need to be ok with being loving toward the children in our care, and talking about this openly within services. We all have a human right to be loved, and to feel loved, and this applies to everyone, and especially the children, teenagers and young adults who are involved with support agencies.

EXPLORATION QUESTIONS

Through this exploration of empathy in systems, my intention is to gently (and kindly) challenge the institution, systems and bureaucracies that make up our healthcare, education, justice and social care agencies in England, and to provoke exploration as to whether these systems would improve if there were an increasing shared focus on empathy and relational connection.

In their 2015 NPC report, Abercrombie, Harries and Wharton state there is... "...an ongoing need to shine a light on dysfunctional systems which fail to address social problems, or actively make them worse. Too often the social sector is not sufficiently reactive and challenging of its own role and risks complicity in these dysfunctions." (NPC and Lankelly Chase, 2015).

My work in this area is born of frustration from years of practice, from seeing reports developed but no action taken, from experiencing inadequate and unloving systems that, through their design, can do harm to rather than heal the children, teenagers and young adults that experience them, and by feeling the frustrations of those trying to work relationally within them.

"

I must create a system, or be enslav'd by another man's. I will not reason and compare, my business is to create.
WILLIAM BLAKE

"

I WANTED TO EXPLORE THE FOLLOWING, FOR THE REPORT AND FOR MY ONGOING WORK AT PEER POWER:

- Can you teach empathy to children, teenagers and adults, and can it play a role in improving systems in health, social care, justice and education?

- Is empathy the important relational ingredient in engagement, or is it kindness, compassion, or love?

- Would increasingly empathic agencies lead to better and more efficient support services, and therefore improved outcomes for children and families in need? Thinking about emotional health and wellbeing outcomes, relationships with others and engagement with support agencies.

- Can we increase 'informed empathy' in systems and support agencies by: involving people with 'lived experience', co-creating services as a collaboration between those who have experienced services and those that deliver them, and by moving towards power-sharing, participatory practice and 'shared decision-making?

- How can empathic storytelling be used ethically and safely, putting into context power, trauma, and culture?

- What could empathic systems and agencies - and the individuals that work in them - look and behave like? Thinking about children's justice, social care and health agencies.

LIMITATIONS OF THE REPORT

A NOTE ON SCOPE AND LIMITATIONS

This report spans lots of different facets of empathy and its application to children and youth health, social care and justice agencies, but is far from comprehensive. Such is my interest and the vastness of the subject, I could have carried on reading and researching and the work would never be done! So I drew a line, closing this part of my exploration on empathy.

However, this is my life's work and my empathy journey will never be 'done'. I'm pleased to say that my exploration and putting into practice of what I've learned - at individual, service and systems level - will continue in the development of our work at Peer Power and always be at the heart of what I do.

"

Our brains reflect the world we grew up in.
DR BRUCE PERRY

"

This report was completed over a longer time period than originally planned, and since my travels took place. During the first year of writing my father died, and in the second year my mother was diagnosed with cancer, so alongside these events and the competing demands of running a young charity, there was little time for writing!*

I haven't included in the report everyone that I spoke to through this exploration of empathy. Though they have all undoubtedly influenced my learning, I have tried to include only those I think have most relevance to the exploration stated in this report.

There were some theories and ideas that were out of the scope of this report and other areas that I would have loved to have included if time had permitted. I've included some of these below:

IDEAS, THEORIES AND DEVELOPMENTS RELEVANT BUT OUT OF SCOPE:

- 'Attachment based' area of brain development. We know that in utero, the immediate postnatal environment, and the relationship between infant and caregivers in the first few years of life have direct and ongoing effects on a child's brain development and behaviour (Leckman and March 2011). However, this report does not seek to research the 'attachment based' area of brain development, rather the impact and quality of the ongoing relationship between empathic caregiver and an individual, and how empathic support systems and agencies might behave, though it does include one section on nurture theory in education settings.

- Restorative justice or restorative practice principles. Empathy plays a key role in restorative practice approaches, with some Local Authorities embedding restorative approaches across all children's services. However, they are not explored in detail here.

- Artificial Intelligence (AI). AI, in my view, cannot and should not replace human connection in systems. I found scepticism among other empathy advocates about the practical use of Virtual Reality (VR), though at the time of writing a new 'Trauma Awareness' approach by The Cornerstone Partnership VR programme was being launched. This aimed to offer 'accelerated learning, behaviour change and understanding of the needs of children in or from the care system' by providing the adults in their life (social workers, teachers, adopters, lawyers, judges or carers) with a VR experience that would emulate the early life of the child, their 'real experiences' through their eyes, providing a dose of contextual empathy and the antidote to compassion fatigue. 90% of social workers who used the training said they would do something differently as a result, as did 88% of district judges, and 90% of teachers. In February 2019, the organisation was in talks with London boroughs to implement VR training, and stated that it increased empathy and produced better outcomes for children in care.

AREAS I WOULD LIKE TO EXPLORE MORE:

- Impact of trauma on brain development. This report makes reference to adolescent brain development and the impact of trauma on physiology and brain development, but there wasn't the scope to go into the detail required. The work of Dina Temple-Raston, a counterterrorism expert, neuro-scientist Sarah-Jayne Blakemore, Dr Bruce Perry and Dr Nadine Burke are all helpful for further knowledge and learning regarding child and adolescent brain development.

- Neuroscientific research. Other than insight from the neuroscientist visited as part of my travels, this report does not and could not contain all of the scientific research on empathy that has been done to date. It's a huge subject. Neuroscientists have still not found the specific areas of our brains that relate to empathy, beyond mirror neurons, and most recently, in 2019, the empathy part of rat's brains that directly correlates with the part of a human brain. There is also much recent debate around whether empathy exists purely for survival in terms of avoiding danger and not becoming a victim (rather than the accepted view that it is survival for growth and connection), and whether we are more empathic toward only those we are more familiar with, there is some debate on this within the report.

- 'Cultural competency, intersectionalism and empathy' is an area that I identified as part of the research but did not have time to go into detail within the scope of this project.

*It's important to note here, as we update this report for full release in 2022, that its writing was completed before the outbreak of the Covid-19 pandemic in 2020. These times, which have been devastating for many of us, have magnified my awareness of intersectional inequalities, and that the writing of this report is written from the perspective of a trauma experienced cis white woman with neurodivergence and working-class roots, therefore with privilege.

- The report mentions but does not go into detail, 'Intergenerational trauma' (also known as transgenerational trauma) which refers to trauma experienced by a previous generation, who then may pass the symptoms and behaviours of trauma survival on to their children, who then might further pass these along the family line. 'Epigenetics', also referred to in the report, suggests that trauma can leave a chemical mark on a person's genes, which then is passed down to subsequent generations.

More research on brain circuitry and empathy can be found at the Social Brain Lab here. And for more on ethics and morality , see the Empathy and Moral Psychology Lab at Penn State. For further reading on empathy and related subjects, there is a bibliography at the end of this report.

RATIONALE AND INTRODUCTION

In this section I explore where and how my interest in empathy started. I also introduce some definitions and concepts that will be expanded on throughout the report. This includes empathy and why it's important, compassion, trauma, kindness, love and the relationship of these to education, justice and health settings.

After this introductory section, the following three sections present findings from my visits to the US and Canada under the headings of Empathy in Education, Empathy in Social Care and Justice, and Empathy in Health and Therapeutic Approaches. Each of the subsections contain a narrative and some of my key reflections and learning from each visit.

While studying Counselling and Psychology in 2002, I was offered a placement to work in a Primary Pupil Referral Unit (PRU), which is a place where children are educated following permanent exclusion from their mainstream school. Within a large primary school building, they attempted to educate just 12 boys, who were aged between five and 11 years old. The boys screamed and shouted from 8.15am when their taxis arrived. They climbed on the roof, spat at people, and hurled objects and abuse. They hit and kicked their teachers, screaming, swearing and using sexualised and offensive language. They were held down and restrained until they stopped raging, became calmer and began to cry. Afterwards they would either be sent home, or they would run away. Some would hide in high places, in cupboards, or under tables, crying and threatening to self-harm. In the staffroom, the exhausted teachers would talk about the children, which teachers had been hurt, how long they'd had off work for injuries. Some teachers called some of the little boys 'evil' and said they thought the boys would probably seriously harm someone one day".

These children were all known to multiple support agencies, all were being abused through neglect, and others emotionally, physically, and sexually. All had experienced loss, bereavement and rejection. Most were in the process of being assessed for psychological and educational needs, to support the range of emotional, behavioural and learning difficulties, in the hope that a statement of educational needs, or a health diagnosis might be made and additional support in place before they transitioned to a mainstream secondary school. Most were waiting for a diagnosis or a 'Statement of Educational Needs' (SEN) too late to have any chance of a successful reintegration back to mainstream primary, let alone secondary. Most were barely educated at all in the PRU and had minimal home tutoring.

I stayed at that primary PRU for years, before going on to work in 'prevention' in the Local Authority children's social care department, and then into the local youth offending service for the next 10 years. I saw the boys from the PRU be offered multiple interventions from agencies; family and prevention support from Sure Start, Junior Youth Inclusion Programmes (YIPS) for children 'at risk' of committing further crime, Family Intervention Programmes (FIPS), and Troubled Families programmes.

As children and teenagers, I saw them be arrested, go into Police custody, be given graded orders and interventions from the courts including Final Warnings, Referral Orders, Anti-Social Behaviour Orders (ASBOs), and onto Intensive Supervision and Surveillance Programmes (ISSP), Detention and Training Orders (DTOs) – ISSP, DTO, repeat – and into adult services. I saw multiple workers, multiple interventions, and multiple agencies trying to intervene to reduce the harm and cost they were causing to themselves and to others.

Throughout my career, I have always been impacted by the transformational power of empathy. My work on coproducing support services in the youth justice system showed me that when people who provide services hear first-hand from people who use services... there is empathy, a moment that stirs emotion and then action, "OK, I am hearing and feeling what it's like to journey through our services and systems and this is what we need to do to improve them".

When people in agencies emotionally connected with these 'lived' experiences, services and systems changed. And I saw an accelerated empathy process when people who had similar experiences or community backgrounds told their powerful stories and engaged their peers, especially individuals that other support services deemed 'hard to reach'. I saw that this empathy and peer support, combined with coproduction, was often a transformational and powerful experience for all involved, when informed by a strengths-based approach.

>>

A young person needs to relate to someone, people who are experienced in similar things...
YOUNG PERSON – PEER POWER

>>

I founded Peer Power as a charity in 2016, and empathy underpins everything we do. We teach it and live it explicitly. It's more than a value, it is, as Carl Rogers put it, 'a way of being', it's in our DNA. At Peer Power, our model of participatory youth engagement is built on the development of empathy. Our theory is, to give empathy to others, you need to have personally experienced empathy from others. And, importantly, you must also practice empathy for self, characterised by an understanding of your own journey and circumstances, an ability to be empathic, and kind to yourself about what has happened, how it happened and how you can best take care of yourself because of what happened.

> Most people need to have their specialness reflected back in the eyes of others in order to see it themselves.
> HELEN REISS

We also use the power of empathy through safe, ethical and strengths based storytelling. Through storytelling we can put together the pieces of our story in ways that make sense to us, in ways that are powerful and inspiring, that identify and speak to our strengths, and where we can determine our futures. These stories can help people who use services to influence those who design and deliver them (politicians, policy makers, commissioners and practitioners) so they can do things differently.

> The key to the future of the world is finding the hopeful stories and letting them be known
> PETE SEEGER (STEINHAUER, 2017)

And yet it can be a challenge to talk about empathy with our partners and collaborators. Empathy can be viewed as a soft skill, fluffy, without evidence, as something people have or don't have, and it isn't talked about within support systems or agencies. It's closely aligned with love, compassion, kindness and care, and intrinsic to trauma-responsive cultures, relational engagement, involvement and coproduction, so why aren't we talking about it, measuring it and teaching it explicitly?

The children, teenagers and young adults we engage with at Peer Power have experience of agencies such as Youth Justice Services, Social Care, Child and Adolescent Mental Health Services (CAMHS), Alternative Education and Pupil Referral Units. They have often experienced multiple adversities, many have social, emotional and communication difficulties and a high number have experienced school exclusion. When we asked them to describe themselves (in terms of what we do and why at Peer Power), some described themselves as being "...abandoned by society".

Estimates suggest that a third of people experiencing the youth justice system have mental health difficulties, although figures are likely to underrepresent the prevalence and complexity of need and the impact of associated health and social factors such as the misuse of drugs and alcohol, homelessness, child criminal exploitation and modern slavery, child sexual exploitation, community violence and peer-on-peer abuse.

Further exploration of the health, social and economic links to these characteristics can be found in 'The State of Youth Justice' report by Dr. Tim Bateman for the National Association for Youth Justice (NAYJ). In the report Dr. Bateman also explores, 'the risk paradigm' in the youth justice system that focuses on, 'the supposed deficiencies of individual children and their families, rather than understanding children's criminal behaviour as a normalised response to the environment within which they grow up'. He notes that 'risk-led interventions' can undermine and miss opportunities for high quality relationships that involve an explicit recognition that children in trouble may have done wrong but are also likely themselves to have been victims of injustice in various guises. (Bateman, 2017). This could be interpreted as recognition of the need for a more empathic and relational youth justice system.

Children and families in need of support can experience many agencies and practitioners over many years, and become disengaged from services, with some 'falling through the net' of multi-agency support services. There can be a mistrust of agencies, and of professionals, and of 'systems'. This can be particularly the case for children or young people who go into the care of the Local Authority, who can endure multiple placement changes, multiple foster and children's home carers, multiple social workers and other support agency staff throughout their childhoods.

There are many parts of children's and youth health, justice and social care systems that prevent empathic approaches, and are, by their make-up, intensely unempathic, despite having some inspirational and values-led practitioners working within them. Many of the 'multi-agency' working protocols across support agencies in health, social care and youth justice are unempathic by nature, and for some can harm those experiencing them, as opposed to healing them.

The language used about the children, teenagers and families using health, justice and social care services is unempathic. It's process-driven and services the systems and protocols, not people, and certainly not children, teenagers and young adults.

Without exploring the many acronyms that are used, there are words like: Case Management, Client, Engagement, Children and Young People (CYP), Officer, Frontline, Signposting, Referral, Pathways, Breach, Exclusion, Discharged, Risk Factors... The jargon is different for each part of the system whether it's health, education, social care, or youth justice, and yet for much of the time, they can be talking about the same families, who are accessing different services.

Journeys through these services are not routinely developed with hindsight, and through the experiences of those who have been in contact with such services. They're short-term interventions, usually 'deficit' (problem) based, with professional-led relationships, and including multiple workers, multiple assessments, multiple meetings, and hierarchy. These interventions break relationships by their make-up, and (in my experience engaging with those who've experienced them) many are not trusted by those they seek to engage.

Systems, and the services within them, need relational repair. It's a complex system of support services that's supposed to be there for people who experience multiple adversities (sometimes referred to as Adverse Childhood Experiences or ACEs – see appendix for more information), trauma or 'severe and multiple disadvantage (SMD)'. Truesdale, Sandu and Little (2015) argue that there is in fact a 'system of systems', as it is, "...easy to imagine a person in need benefiting from a service or a programme or an intervention [but] ...the agencies that deliver these services or programmes each allocates scarce resources, and develops processes that lead those with needs to workers, and workers to those with needs.

They train staff and make assessments. They are publicly accountable for standards, performance and the money they spend, and so a system is created. And these systems exist alongside other systems from other support agencies leading to a 'system of systems' across multiple agencies.

"

Building trust can take ages... it can take a long time to get to know someone and open up especially about personal things. That trust takes seconds to crumble. When new workers come in and go all the time it's hard.
TEENAGER, PEER POWER YOUTH

"

These 'systems within systems' can be difficult to navigate and can lead to further harm (or secondary trauma), and broken relationships. Even for young people who do connect with the system, the bureaucracy sometimes prevents the trained helpers from building good relationships. Some workers spend 80% of their time filling in forms and only 20% with young people. (Truesdale, 2015).

IS MISTRUST OF 'SYSTEMS' AND LOW ENGAGEMENT A RESULT OF LOW EMPATHY?

The more recent 'child-friendly youth justice', 'child-centred approach' of 'child first, offender second', 'positive youth justice' and 'strengths based' narratives all offer a move toward challenging 'deficit thinking' and an appreciation that an adult justice system should not be used as the basis in which to support children who get into trouble. The arguments for these approaches are identifiable through what we know about the neurodevelopmental and biological differences in children and adults, the impact of childhood and societal adversity, stress and trauma on health and social outcomes, the natural adolescent experience of risk-taking, impulsivity and rebellion, the prevalence of childhood brain injury in the adult prison population, and the other health, social and economic factors detailed above.

However, do they go far enough in considering the potential impact of the justice system upon the child, including the associated agencies or the 'systems within systems' such as CAMHS, education, social care, the police, the courts, the voluntary sector? Can we have a 'child-friendly' justice system if the other services that are provided to support children and families are inherently unempathic (and sometimes traumatic) with regard to the lived experience of those journeys?

Systems serve systems not people, and fail to work together with a shared ethos to operate in ways that minimise their potential for trauma, particularly regarding loss, rejection and transitions. Examples might be care proceedings where children aren't able to share decisions about their care, experiences with police, secure settings or the courts, school exclusion, assessments for special educational needs (SEN) and disabilities, disrupted relationships with health, social care, voluntary sector workers through staff shortages, funding issues, moving home and placements, changing social workers at age 11 and 18, and the sheer numbers of professionals and assessments encountered through multi-agency involvement.

COULD A MISTRUST OF SYSTEMS AND SUPPORT AGENCIES, ASSOCIATED LACK OF ENGAGEMENT BY SOME CHILDREN AND FAMILIES, BE LINKED WITH LOW LEVELS OF EMPATHY WITHIN THESE AGENCIES?

Where cultures exist of 'doing to' children and families, rather than 'doing with', in 'deficit' based systems, where there is a one-size-fits-all' approach to support, and professionals routinely viewed as the experts in the lives of others... could all of this result in low empathy levels and potentially prevent children's and families' full engagement and involvement in services?

Her Majesty's Inspectorate of Probation (HMIP) 2016 report on 'desistance approaches' in the youth justice system stated, "...those in our inspection successful in desisting from crime lay great store on a trusting, open and collaborative relationship with a YOT (Youth Offending Team) worker or other professional, seeing it as the biggest factor in their achievement". And later, people with experience of these services identified the following aspects which had been most important in helping them move away from offending: a balanced, trusting and consistent working relationship with at least one worker (this was not necessarily the assigned case manager but was, in a number of cases, another professional within or, less frequently, outside the YOT), meaningful personal relationships and a sense of belonging, to family emotional support, practical help and where the worker clearly believed in the capacity of the child or young person to move on from offending.

The 2017 HMIP report on trauma stated that, "... the young person's relationship with the case manager is important and also, "the interventions should be kept as simple as possible", they recommended on trauma that YOT management boards should "make sure that practice takes account of trauma experienced by young people". The HMIC 2019 report on custodial care for children gives a clear statement of intent around the need to 'care' for children in custody.

In support agencies, we know that relationships matter. Probation, psychotherapy, social work, and youth work research and practice literature consistently identifies the relationship between the worker and client as central to effective engagement and practice (Prior and Mason, 2010). Despite this, there are documented accounts of some young people experiencing over 30 case workers through childhood and adolescence, in addition to multiple moves of home, school and geographical area.

In the early years of the Youth Justice Board, the 'what works' effective practice literature distributed to Youth Offending Services stressed the importance of building trusted 'relationships' with children and young people in order to support rehabilitation and reduce offending. However, 18 years of assessment development and information recording, including ASSET (to assess a young person's risk and protective factors in relation to future offending), added risk and vulnerability assessments such as ROSH (Risk of Serious Harm) and VMPs (Vulnerability Management Plans), as well as national standards and austerity cuts to local authority children's services, have all arguably led to increased workloads, increasing levels of bureaucracy, and less face-to-face time spent with young people.

"

It's like we don't get to know them really, we only ask them the questions that are on the assessment, and that directs the work
A YOUTH JUSTICE PRACTITIONER AT PEER POWER'S EMPATHY LAB AT THE YOUTH JUSTICE CONVENTION IN 2015

"

Young people consistently tell us at Peer Power that it's not the type of intervention that works in increasing their engagement with youth justice, health or social services, or reducing offending behaviour, but the relationship with the worker. We've heard incredible stories of support workers that have been instrumental in supporting young people to transform their lives, often these workers have gone 'above and beyond' the service offer, and offered longer term, trusted relational focussed and consistent relationships. On the basis of their interviews with 29 YOT-involved young people, Phoenix and Kelly (2013) argue that young people's relationships with their YOT workers provided 'the context in which they made sense of the "offending work" they did with practitioners.

"

If I don't like my worker, then yeah I'm gonna breach if I don't want to see them, obviously.
QUOTE FROM TEENAGER – PEER POWER 2016

"

The essay 'relational welfare' (Cottam, 2015) states that: "the welfare state is based on an outdated, transactional model, and needs to be replaced with something that is shared, collective and relational…", as this "not only costs considerably less in financial terms, it fosters social capital. A welfare state defined in principle and practice by human possibility and relationships, rather than the agenda of institutional reform and efficiency."

Cottam describes five principles of relational welfare;

- **taking care of root causes** – we're now seeing some change towards this, with a trauma informed movement across Scotland and spreading in England and Wales
- **adopting a 'developmental approach'** that is rooted in emotional resilience learned through relationships
- **being 'infrastructure light' and 'relationships heavy'**, in contrast to current agencies that are built to service the needs of institutional culture, systems and politics, are often risk-obsessed and bureaucracy heavy, with systems, assessments and processes put before people and relationships
- **seeding and championing alternative models** – Cottam argues that we need models of mass participation to redefine the relationship between the economy and the welfare state
- **facilitating dialogue** – people in politics should facilitate dialogue by creating the conditions for new forms of creative, developmental conversation, and this should be beyond the traditional focus group, public meeting or complaint form. It is through this new conversation that something shared, collective and relational will be grown.

EMPATHY, COMPLEX NEEDS AND YOUTH JUSTICE

In 2006, David Cameron was publicly mocked for his infamous 'hug a hoodie' speech, and his alleged soft approach on youth crime. Yet the writer of that speech, Danny Kruger, defended that speech, claiming that 'while we should certainly punish people who cross the line into criminality, on this side of the line we need "to show a lot more love", and that, "love is a neglected crimefighting device." (Kruger, 2008). Over ten years later, and the media discourse about young people continues to be predominantly negative, and expects harsh punishments for young people that get into trouble. That media narrative has described people who commit crimes, including children, as 'evil', and lies heavy in the British public discourse around how children and young people that commit crimes and engage in acts that hurt others should be dealt with to ensure that justice is served.

Psychologist and Professor Simon Baron-Cohen, known for his work in autism research, suggests that rather than referring to individuals as evil, as a panacea for all serious and harmful criminal activity, that people should be referred to as being 'empathy starved', in addition to having to participate in a rehabilitative response relevant to the crime. He argues that we are all on an 'empathy spectrum', suggesting six levels of empathy from zero degrees (where a person may commit serious acts of violence or cruelty on another with little to no empathy for their victim, people who lack empathy see others as mere objects), to those at the extreme other end of the spectrum, those who over-empathise with others. Of the former, these are divided into two types, positive and negative; a zero-positive person may include those with Asperger's Syndrome or Autism, typically having a preference for systems, patterns and regularity, they are more likely to be compliant with societal rules; and a zero-negative person may include people with borderline personality disorder, antisocial personality disorder and narcissistic personality disorder – those who are capable of inflicting physical and psychological harm on others without concern of hurting them.

The recent move to Trauma Informed Approaches (TIA) in youth justice, education, health and social care is contributing to changes in the way that supporting professionals engage with and talk about young people, in multi-agency meetings, in case file recordings, and in court reports, moving from asking and considering, 'what's wrong with you', to 'what happened to you?'.

And if we take this further, I wonder, could there be a future where lawyers defend clients in criminal proceedings using fMRI brain scan images suggesting lower empathy levels and different neural circuits, or impact from traumatic brain injury, or damage from toxic stress? Is it possible that we could see lawyers trying to influence a jury to consider whether a defendant made a moral choice, or showed behaviour beyond their control due to genetics or environmental factors, using neuroscientific evidence like empathy circuits?

IF THERE ARE GENETICS INVOLVED IN OUR EMPATHY LEVELS, IT IS LIKELY THERE ARE ALSO ENVIRONMENTAL FACTORS?

The Psychologist John Bowlby's 'attachment theory' research on infant/caregiver attachment evidenced negative future social outcomes for babies that were insecurely attached to their mothers, particularly those who experienced early neglect and abuse. His research indicates that these individuals were more at risk of "future delinquency", and other adverse health and social outcomes including personality disorders such as low empathy.

Adverse Childhood Experiences (ACEs) is the term used to describe a wide range of stressful or traumatic experiences that children can be exposed to while growing up. Researchers state that ACEs are common; nearly two thirds of adults have experienced at least one. They range from experiences that directly harm a child (such as suffering physical, verbal or sexual abuse, and physical or emotional neglect) to those that affect the environment in which a child grows up (including parental separation, domestic violence, mental illness, alcohol abuse, drug use or incarceration). The more ACEs an individual has experienced, the higher the likelihood of negative health, financial and social outcomes, including substance misuse, cancer, heart and lung disease, involvement with the criminal justice system, mental illness, violence and being a victim of violence, and suicide. Individuals experiencing six or more ACEs before they are 18 years old can die 20 years before their peers who have none. Many critics of the research around ACEs state that they do not take into account social and environmental factors such as racism, poverty or class, nor do they account for all types of trauma that a child may be exposed to, including intergenerational trauma. Indeed, these experiences are not universal, and some researchers have highlighted disparities among socioeconomic groups.

People with low income and educational attainment, people of colour and people who identified as gay, lesbian or bisexual had significantly higher chance of having experienced adversity in childhood. (Melissa T. Merrick, PhD1, 2018)

According to neuroscientists such as Bruce Perry and others in the field, the damage from childhood adversity can to some extent be mitigated by protective factors. The most promising of these is resilience and trusted relationships, an outcome of possibilities and opportunities built at the individual level in a trusting one-to-one relationship between a child and an always available (trustworthy) adult. However, Professor Jeff Butts, of CUNY, cautioned that ACE and 'trauma-informed' approaches do not become a 'catch all' for 'seeming to respond' to those young people with complex needs (for example those in the justice system), as has been the case in some part of the USA. Therefore, there must be true cultural organisational change over years, and 'a way of being' rather than staff simply attending training, and then the organisation claiming it is now 'trauma-informed'. There is more information about ACEs in the appendix.

The three types of ACEs include
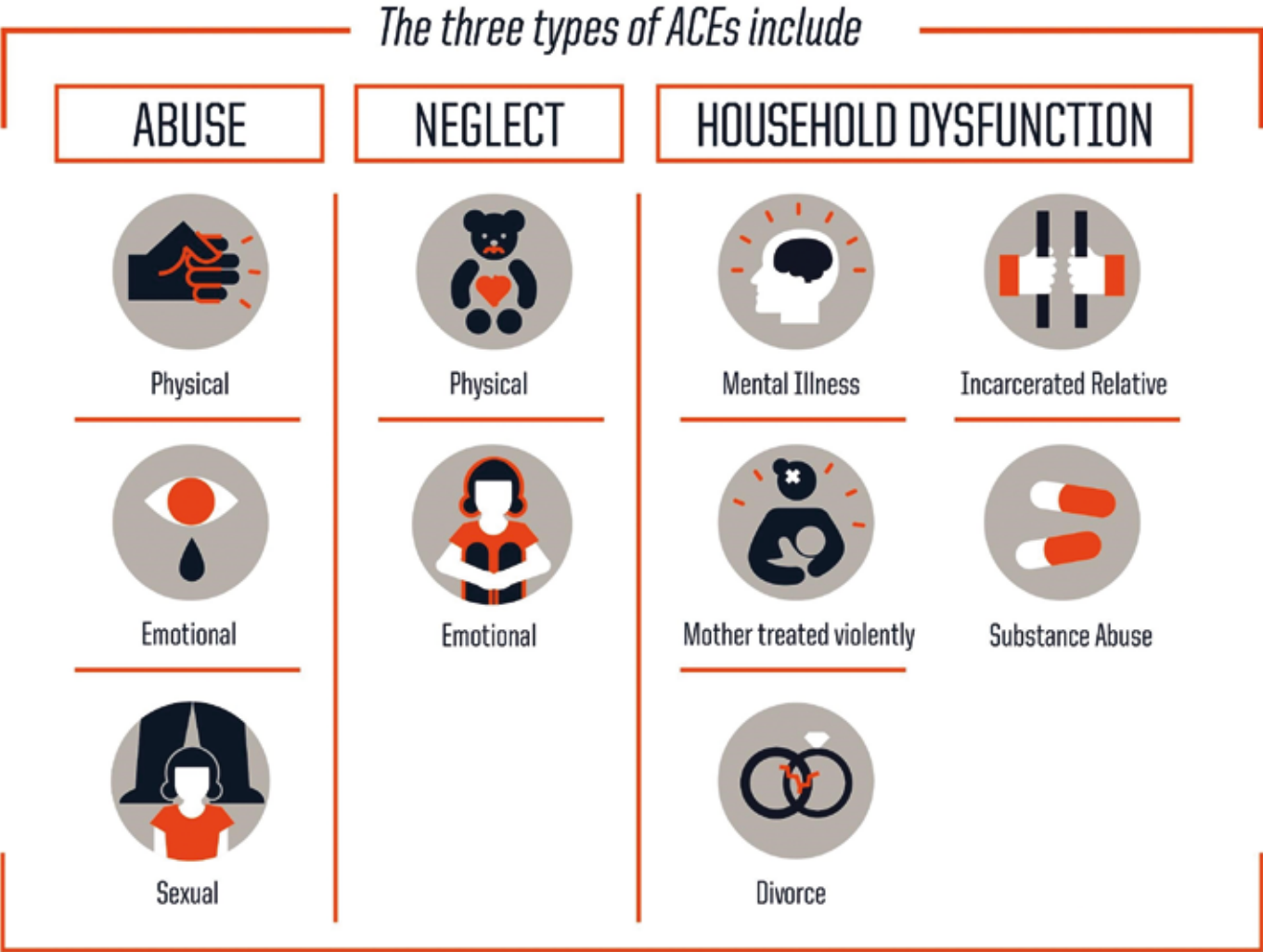
DEFINING EMPATHY

It's helpful to define what we mean by 'empathy'. There are no agreed definitions and different people mean slightly different things when they talk about empathy, depending on their perspective. In addition, empathy is often confused with, or linked to sympathy, kindness and compassion so we will explore those too.

Empathy can be viewed as a trait that's soft, emotional and sensitive, yet, as Roman Krznaric, in his 2014 book on the subject states, "empathy is, in fact, an ideal that has the power both to transform our lives and to bring about fundamental social change. Empathy can create a revolution... a revolution of human relationships."

When asked to define empathy, many people reach for the most common interpretation of empathy, the ability to walk in another's shoes, and to see and feel the world from their point of view, also called 'vicarious introspection'.

Others have defined empathy as below:

Empathy: the ability to understand and share the feelings of another.
Oxford Dictionary

Empathy... the ability of a student to experience "an emotional response that stems from another's emotional state or condition" and "is congruent with the others' emotional state or situation."
Topcu & Erdur-Baker, 2012

Empathy is defined as (1) understanding the emotional makeup of people and (2) treating people according to their emotional reactions.
Goleman

Empathy is the art of stepping into imaginatively into the shoes of another person, understanding their feelings and perspectives, and using that understanding to guide your actions.
Krznaric

Empathy is our ability to identify what someone else is thinking or feeling, and to respond to their thoughts and feelings with an appropriate emotion.
Baron-Cohen

So, it seems that empathy is being described as more than a feeling, it is 'doing', it is active. And it is very different to sympathy, 'feelings of pity and sorrow for someone else's misfortune' (Oxford Dictionary), or 'apathy', which is without feeling or caring, and being emotionally disconnected. Sympathy is feeling for or pitying someone, and is to some extent distancing through feeling bad for someone without truly connecting with them, and can have a perceived power imbalance between the two people, whereas empathy, in feeling with another person implies equal status. Sympathy can, however, sometimes create an associated compassionate response, for example, when we see a charity advertisement of a hurt child in a war-torn country, it may create a response where we feel sympathy, feel bad for the child, and donate some money to the cause (take action).

EMPATHY = IN FEELING
SYMPATHY = WITH FEELING

Empathy isn't something you either 'have or don't have', it exists in different strengths within different contexts, as a collection of skills, and can be developed and strengthened with practice. It's possible to teach empathy through knowledge expansion and creating experiential learning opportunities so that an individual can learn about their own point of view, their bias, their ability to empathise with others, to appreciate different perspectives and experiences and to communicate respectfully and cooperatively.

Psychologists describe empathy in a number of ways: you can think it (cognitive), feel it (emotional), or be moved by it (compassionate). With cognitive empathy, you understand what someone else is thinking and feeling, as when you relate to a character in a novel or take someone's point of view during a negotiation, also referred to as 'theory of mind' and 'perspective taking'. This is a voluntary skill that is a conscious effort and can be improved over time. Getting better at cognitive empathy can increase ability for emotional empathy.

With emotional empathy, you put yourself in someone else's shoes and physically feel their emotions. It's an involuntary skill, though it can be honed through pro social modelling. With compassionate empathy or 'empathic action', you have experienced cognitive (understanding the other's perspective) and emotional empathy (feeling what they are feeling), you feel concern about another's suffering, and have a desire to take action to help the person (Goleman). This can also be modelled to encourage people to help others based on their situation and feelings.

Affective empathy is the extent to which others' feelings affect yours. 'Accurate empathy' is the term used by William R Morris in 'The Art of Listening', stating that though empathy is innate to some extent, it doesn't necessarily mean that the empathy we're feeling for another is accurate. To know this, we need to establish a connection, and to be able to find out, and convey a clear understanding and sense of what they are feeling, experiencing and meaning. In short, they need to feel that you 'get them'. And this is not easy; it requires much practice and coaching of active listening skills, and in time, it becomes a part of who you are, or as Carl Rogers would describe, 'a Way of Being' in all our relationships. (Miller, 2018.)

"

You never really understand another person until you consider things from his point of view – until you climb inside of his skin and walk around in it.

HARPER LEE, TO KILL A MOCKINGBIRD

"

WHY IS EMPATHY IMPORTANT?

As humans we are hard wired to connect, as soon as we're born we have the innate capacity for empathy right through to adulthood; it's the ability to recognise emotions in human faces that transcends race, culture, nationality, social class and age. Empathy allows us to connect with others, and is essential for our survival; an individual lack of empathy can cause difficulties in social relationships, and it could be argued that a world lacking in empathy could cause difficulties in a social society. Krznaric describes humans as 'homo empathicus' who thrive on connection rather than isolation, and thinks that we are not innately the selfish, self-serving humans that we have come to expect to be described as, particularly in Western culture and media. That said, many now view modern society as lacking in empathy, and that empathy is decreasing in individuals, fuelled by globalisation, the rise of technology, social media use and isolation.

There are cultural differences in empathy levels too. An online survey of over 100,000 individuals in 63 countries found that there were differences in measurements of empathic concern and perspective-taking.

Barack Obama made empathy one of his campaign themes in 2008, claiming there was, "an empathy deficit" and that, "we live in a culture that discourages empathy". Susan Lanzoni notes that many of empathy's most ardent promotors are those who have most keenly felt its absence, citing Barack Obama, Martin Luther King and other black politicians, public figures, intellectuals and social activists. Kenneth B Clark, a social psychologist and civil rights activist who campaigned for empathy over decades, said that empathy was, "neither sentimentality nor pity, both of which emanated from a superior position. Empathy instead constituted the basis for mutual understanding that crossed racial lines, rooted in the underlying similarity of the human condition." He believed that white people, particularly liberals, needed to abandon the notion of purity or that they were "free of prejudice or bias" and should "reconcile his affirmation of racial justice with his visceral racism". Clark imagined a "pure empathy that was raceless, in which people listened and responded with their hearts, acknowledging the frailties and weakness that all

humans share, and transcending the barriers of their minds. He believed that universally increasing empathic capacity would improve politics and help people, through what he called "empathic reason: the anti-racist and anti-sexist capacity to feel and to recognise the principle of equality for all."

The Center for Empathy in International Affairs was created to increase empathy in politics and international diplomacy. Compassion in Politics is a UK-based organisation that aims to put compassion, empathy and cooperation at the heart of a new kind of values based politics, and is signing up increasing numbers of MPs and Peers. The International Charter for Compassion calls upon all women and men to restore compassion to the centre of our worlds, 'to cultivate an 'informed empathy' with the suffering of all human beings – even those regarded as enemies."

"

Moral imagination is the capacity to empathise with others, ie, not just to feel for oneself, but to feel with and for other. This is something that education ought to cultivate and that citizens ought to bring to politics.

THOMAS MCCOLLOUGH, PHILOSOPHER

"

Some claim that we are now in a time of 'empathy crisis'. Young people are becoming less empathic than ever; American College students showed a 48% decrease in empathic concern and a 34% drop in their ability to see other people's perspectives in one study (Konrath, n.d.). Another study found that empathy-related behaviours, as demonstrated by students, school staff, parents, and peers, seem to be decreasing, while narcissistic behaviors appear to be increasing (Twenge, Campbell, and Freeman, 2012; Twenge, 2013), this 'epidemic of narcissism' is noted by psychologists who claim one in ten Americans exhibits narcissistic personality traits that limit their interest in the lives of others, and that Europeans are experiencing similar reductions. These drops in empathy are attributed by researchers to more people living alone, less time spent on social and community activities that nurture empathy and human connection, fragmented communities and the rise of individualism. (Krznaric, 2014).

With the continued increase in digital technology, and as Artificial and Automated Intelligence (AI) develops into all aspects of our lives, some of the elements of our being that make us human will likely become the things that are assets and make us stronger in the future. Undoubtedly, children, young people and adults need to learn about empathy and develop these skills to become great leaders. According to the World Economic Foundation, the workplace of the future requires emotional intelligence and skills such as empathy, independent thinking, values and team work, so that children and young people can compete with Artificial Intelligence.

Empathy is the number one leadership skill in business, as defined in the Harvard Business Review and The World Economic Forum. In 2016, the Harvard Business Review stated that "empathy is more important to a successful business than it has ever been".
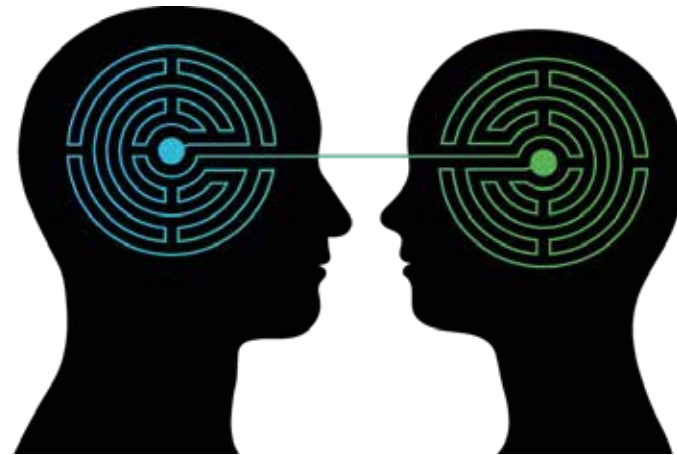
An organisation called The Empathy Index works in the corporate sector to transform the business world through empathy. Their 'Empathy Index' measures empathy in the world's biggest companies at a company, team and individual level. The top ten companies in their Empathy Index demonstrated that empathy development is positively correlated with growth, productivity and earnings, those companies had higher profit levels and happier, more loyal staff. Those in the top three in the most recent index in 2016 included Facebook, Google and Linkedin.

THE ORIGINS OF EMPATHY

Is empathy innate? It's true that we're born to connect, and to relate, and that empathy helps us to understand our fellow humans. As John Bowlby demonstrated in his work on infant/carer bonding, humans practice empathy from our first connections; the baby communicates a need, and the primary caregiver responds. Babies and toddlers spontaneously respond and mimic the sadness or happiness of their significant adult, capacity for empathy grows as a child develops a sense of self that is separate from others. Recently, social media sites have been flooded with videos of babies who start laughing, crying, or dancing and other babies joining in. It appears that the babies reacting are actually feeling what the other babies feel, going beyond mere facial expressions to something deeper, as if they are feeling what the others are feeling rather than simply mimicking.

The more a child learns about their own emotions, the more they are able to recognise and respond to the emotions of others. As an example, an 18-month-old toddler will respond to the distress of another child by bringing them a comforter, or an adult to help. To achieve pro-social behavior and develop the stages of empathy; awareness of self, understanding of emotions, ability to attribute to others and take the perspective of another person is essential.

Neuroscientists have been trying to map the sub-straight of empathy in the brain, the 'empathy circuits'. We know that sometimes when another person feels pain, we can feel that too, therefore brains do have shared and 'mirror neurons' that support us to understand and connect with the experiences of others. In recent years neuroscientists have advanced the concept of mirror neurons in the brain, that directly map action perception and execution. The Mirror Neuron System (MNS) is involved in imitation learning of complex skills, and the capacity to display, read and mimic emotional signals through facial expressions and body language. When we observe someone in pain or when we are with someone happy, we experience that to a certain extent.

Mirror neurons may help individuals share emotional experiences, connect with feelings and become more empathic toward others. The significance of mirror neurons remains in contention, however, as recent studies also show that empathy is highly flexible, and that responses can be malleable dependant upon the context, the interpersonal relationship between the 'empathiser' and the other, and the perspective of the other through observation. Neuroscientists do not yet know why these differences occur nor their neural circuits, or whether individual differences in empathy can be explained by personality traits.

❝

Future investigations are needed to provide more detailed insights into these factors and their neural underpinnings. Questions such as whether individual differences in empathy can be explained by stable personality traits, whether we can train ourselves to be more empathic, and how empathy relates to prosocial behavior are of utmost relevance for both science and society."
SINGER, T. & LAMM, C. (2009).

❞

Left Imitating   Right Being Imitated

Mary Gordon, founder of the early years Roots of Empathy programme, states that the 'roots of empathy' are laid down before the age of six, and that empathy is 'caught, not taught'. Through their project they facilitate experiential learning, empathy and pro-social skills through bringing a young baby into a room with pre-school children, through experiencing the world as if they were the baby.

"

We can only expect children to be empathic if they've had real and repeated experiences of empathy in their daily lives.
GORDON, 2014

"

Neurological research does seem to support this concept by demonstrating that seeing a sad face actually causes involuntary changes in a person's pupil size and other neurological changes (Singer and Lamm, 2000). However, to be an effective human force for good, this 'primitive empathy' must be followed by a more complex behaviour that is both affective and cognitive, simultaneously. It has been established that empathy promotes pro-social behaviour in young people and that empathy is critical to promoting a willingness to intervene as a defender as well as avoiding being mean to those who are less fortunate (Espelage, Green and Polanin, 2012).

EMPATHY, ATTACHMENT TRAUMA AND ADVERSE CHILDHOOD EXPERIENCES

The right brain is dominant for processing of social-emotional information, coping with stress, self regulation, creativity, morality and empathy. Early developing right brain circuits are influenced by attachment experiences, if early developmental trauma occurs it can compromise functions such as attachments, and empathy, that can then leave an 'emotional imprint'. This imprint can leave permanent physiological reactivity of the right brain to future social emotional stimulators and stressors. Much of the research around the impact of adverse childhood experiences, and associated difficulties with managing emotions and stress, correlates with this. Despite this, the right brain continues to develop throughout our lives, which presents further opportunities for social and emotional development in a child or adolescent's life that, given its 'plasticity', can then be 'shaped' or 'moulded' by later relationships (Schore, 2012), that are emotionally safe, consistent and trusted. (There's more information on Adverse Childhood Experiences in the appendix, as discussed earlier in the report.)

ON BRAIN PLASTICITY

Brain plasticity (meaning mouldable) is an important route to understanding the way empathy works. The ongoing development and 'plasticity' of the right side of our brain, all the way through our lives, means that each one of us is absolutely unique in the way our brain cell connections have formed and mould in reaction to our environment and experiences. London taxi drivers famously have been shown to have an enlarged hippocampus area of the brain, because they exercise that area regularly through their use of 'the knowledge' – a detailed knowledge of the streets of London. When people have been asked to learn new tasks, scientists have shown the areas of the brain that change in structure as a result, human brains adapt to their environments.

As with muscles in the body that increase in performance when exercised, so is the brain. The more it is 'exercised', or rather stimulated and worked, the more it will expand its connections.

Early developmental trauma can be healed through a 're-training and re-creating' of the neural pathways and circuits through our experiences of later relationships and caregivers. Crucially, early adversity does not have to result in negative health and social outcomes, we can 're-wire' our brains.

WAYS TO EXERCISE EMPATHY

Empathy requires attention and connection to the person, and an active interest in what the person is experiencing. Empathy does not require a similar experience to connect, not the sharing of a similar emotion.... If we 'over-identify' with someone's feelings there can be confusion about what is 'ours' and what is 'theirs' which could lead to disconnection.

In 'The Art of Listening', William Morris, whom I met at the Carl Rogers Conference at the Centre for the Person in San Diego, uses the term 'accurate empathy' to assert that although empathy is innate, to an extent, it does not necessarily mean that the empathy we are feeling with another is accurate. The only way we know if the empathy we feel is accurate is through an established connection, and finding a way to convey a clear understanding and sense of what they are feeling, experiencing and meaning, in short, they need to feel that you 'get them'.

Can empathy be problematic?

Research tells us that we are biologically wired to trust and empathise more with people who are attractive, who look or act similar to us, which dates back to our tribal days when trusting competitors could have fatal consequences (Chang, L.W., Krosch, A.R. and Cikara, M, 2016). So, can we empathise with people who live in unfamiliar places to us, who look different to us – places and people we know little about?

Paul Bloom, in his book Against Empathy, argues that empathy is largely unhelpful. He suggests that the emotional experiences involved in feeling empathy can hamper what he describes as rational compassionate action, and that it is kindness that should be acknowledged as a virtuous trait. Krznaric meanwhile suggests that in order to activate kindness we need to 'switch on' our empathic brain by recognising that, as well as empathy being an innate part of who we are as human beings and our evolutionary past, we can increase our empathy throughout our lives.

However, promoting empathy and trust among disparate groups through finding similarities can increase the likelihood of them wanting to see each other again.

Paul Parkin suggests that it is not possible to stand in someone else's shoes, see the world through their eyes and to feel what they are feeling. He believes this can lead to assumptions about what other people have experienced, and that these assumptions can then lead to disconnection and misunderstandings. He describes empathy as, 'the righteous struggle to try' and stand in someone else's shoes, to 'try' and understand what they are feeling and the way they see things, but believes that the only way we can actually achieve this is through communicative relationships. Therefore, what empathy actually looks like is curiosity, inquisitiveness, compassion, validation and non-judgemental communication. Empathy is made up of three things; giving empathy, receiving empathy but its power lies in the 'co-creation of empathy', it is transformational when it is not one-sided, and is part of a reciprocal empathic relationship.

Empathy language might include: "I have no idea what that's like, please help me understand what that's like," or "I know what that's like, I've been there, you're not alone, I'm here for you". Therefore 'cultures of empathic communication' can support connection where everyone is aware of each other's needs and emotions, and different levels of empathy.

THE 6 HABITS OF HIGHLY EMPATHIC PEOPLE from Roman Krznaric

1 Switch on your empathic brain – exercise empathy, consciously 'switching empathy on' and recognising it as the core of our human nature.

2 Make the imaginative leap – make a conscious effort to step into other people's shoes, including those whose views oppose our own – acknowledge their humanity, individuality and perspectives.

3 Seek experiential adventures – be curious, actively seeking to explore other lives and cultures that are not like our own through direct immersion, empathic journeying, and social cooperation.

4 Practise the craft of conversation – fostering curiosity about strangers and radical listening... taking off our emotional masks.

5 Travel in your armchair – we can transport ourselves into other people's minds through art, literature, film and online social networks.

6 Inspire a revolution – help generate empathy on a mass scale to create social change, and extend our empathy skills to embrace the natural world.

ON COMPASSION

Below are some definitions of compassion so that we can differentiate from empathy.

- Compassion: sympathetic pity and concern for the sufferings or misfortunes of others, eg, "the victims should be treated with compassion".
- Compassion leads us to 'in suffering' or concern/pity for the suffering of another. It means to 'suffer together', and requires an inclination to relieve the suffering of another, hence the term compassionate empathy or compassionate action. It is not the same as empathy, though is closely related, as you would need sympathy or empathy to feel compassion.
- Compassion activates a different part of the brain: areas associated with motivation and reward. Though emotional empathy can cause pain and burnout, compassion drives you to want to help. While it's possible to feel all three types of empathy at once, emotional empathy is often the gateway to feeling compassion. Therefore, feeling another person's pain and suffering can often be the prerequisite to feeling compassion.

66

The principles of compassion call us to treat all others as we wish to be treated ourselves, to alleviate suffering for others.

99

COMPASSION FATIGUE AND VICARIOUS TRAUMA

In the context of thinking about empathy in public services, such as health, justice and social care services, it is important explore 'compassion fatigue' and 'vicarious trauma'.

Compassion fatigue is also known as secondary traumatic stress and vicarious trauma and, as the name suggests, is an indication that over exposure to repeated trauma causes a gradual lessening of compassion over time, with emotional and psychological effects resulting from indirect exposure to the details of the traumatic experiences of others, and feelings of being committed to, or responsible for helping them.

An easy example of compassion fatigue in the public domain might be of the charity adverts that we see on television or on advising boards. Though they display distressing images, they do not always result in compassionate action from the viewer. Another obvious example is that of a busy health practitioner who cares for multiple patients in various stages of pain over a prolonged period. Less obvious is the recurrent emotional stress that can occur in helping professions where 'emotional labour' is required. Also termed as 'emotional burnout', it can result in numbness, disconnection, depression, difficulties with communication, sleeping, stress and anxiety.

It has been defined by Dr. Charles Figley as "...a state experienced by those helping people or animals in distress... an extreme state of tension and preoccupation with the suffering of those being helped to the degree that it can create a secondary traumatic stress for the helper."

> 66
>
> Compassion can be defined in many ways, but its essence is a basic kindness, with a deep awareness of the suffering of oneself and of other living things, coupled with the wish and effort to relieve it.
> PAUL GILBERT
>
> 99

He argues that compassion fatigue symptoms are normal displays of chronic stress resulting from the care giving work we choose to do. Leading traumatologist Eric Gentry suggests that people who are attracted to being a care giver by occupation are already compassion fatigued. They often identify strongly with people who are suffering and who have experienced trauma, so that will be their motive.

He uses the term 'other-directed care giving' to describe those who were taught from an early age to care for the needs of others before caring for their own needs, and therefore on-going, consistent and authentic care giving practices are absent from their own lives.

Simon Baron-Cohen in his book Zero Degrees of Empathy describes a bell curve of empathy, and believes that we all lie somewhere on an empathy spectrum. There can be fluctuations in our empathy levels day-to-day but we broadly fit into a category on a scale from 0 to 6, with 0 being an individual with no empathy at all, and 6 being individuals with remarkable empathy, and continuously fixed on the feelings and experiences of others. He advocates for the terms 'low/lack of empathy' or 'empathy erosion' rather than 'evil' to describe those acts that happen when humans hurt each other, arguing that the term 'evil' is not helpful in our understanding of why some people come to commit crimes and atrocities.

BURNOUT	COMPASSION FATIGUE	VICARIOUS TRAUMATISATION
SIGNS	**SIGNS**	**SIGNS**
Fatigue	Sadness and Grief	Anxiety
Anger	Avoidance or dread of working with some patients	Sadness
Frustration	Reduced ability to feel empathy towards patients or families	Confusion
Negative reactions towards others	Somatic complaints	Apathy
Cynicism	Addiction	Intrusive imagery
Negativity	Nightmares	Loss of control, trust and independence
Withdrawal	Frequest use of sick days	Somatic complaints
	Increased Psychological arousal	Relational disturbances
	Changes in beliefs, expectations assumptions	
	Detachment	
	Decreased intimacy	
SYMPTOMS	**SYMPTOMS (MIRROR PTSD)**	**SYMPTOMS (MIRROR PTSD)**
Physical	Physical	Physical
Psychological	Headaches	Psychological distress
Cognitive	Digestive Problems	Cognitive shifts
Relational Disturbances	Muscle Tension	Relational Disturbances
	Fatigue	
	Psychological distress	
	Cognitive shifts	
	Relational Disturbances	
	Poor Concentration, focus and judgement	
TRIGGERS	**TRIGGERS**	**TRIGGERS**
Personal characteristics	Personal characteristics	Personal characteristics
Work-related attitudes	Previous exposure to trauma	Previous exposure to truma
Work organisational characteristics	Empathy and emotional energy	Type of therapy
	Prolonged exposure to trauma material of clients	Organisational context
	Response to stressor	Resources
	Work environment	Re-enactment
	Work-related attitudes	

These levels are used to differentiate aspects of empathy but in fact for most of us, what occurs is a seamless movement between levels on an empathy continuum. Those most naturally empathic people, around level 6, he describes as having an empathy circuit that's hyper aroused, and potentially with a focus solely on others, which can mean that a person neglects their own needs, so it seems that some people can over empathise to a point where it's harmful.

Sometimes people comment on others' lack of empathy in helping professions that rely on human care, connection and engagement: for example, a doctor, a social worker or a teacher. However, rarely do we comment on a person who 'over empathises'; the person that takes on and feels the pain of others around them, at home, and at work. Sometimes called 'empathy fatigue' in the helping professions, it's arguably the reason why some people can be very 'boundaried' in their engagement, and with people in the helping professions concerned with the threat of 'burnout' and 'secondary trauma' it can seem easier, more professional and certainly safer to stay 'distanced and boundaried' in relationships with young people. If we become consumed with other people's feelings and trauma, there is risk that we might suffer as a result. Over empathising can result in vicarious and secondary trauma resulting in burnout.

Researchers have found, for example, that the more empathic the parent, the more likely that person was to be experiencing chronic low-grade inflammation. The researchers speculate, "Parents who readily engage with the struggles and perspectives of others may leave themselves vulnerable to additional burdens, expending physiological resources ...to better help others."

Philosopher Roman Krznaric believes that empathy has the power both to transform our lives and to bring about fundamental social change. He talks of 'empathy over-arousal' but states that "empathy over-arousal is a serious problem, but we should remember that it affects only a minority of people".

Bruce Perry, in his book *Born for Love*, speaks of over-empathy and how this can 'backfire because empathy and disgust are fired up in the same brain region, giving an example of an over-empathizing person reacting with disgust on their face to a person with facial disfigurement. The empathy comes from imagining the pain the other person has been through, but the response is disgust or horror.

Another study found that over-empathic nurses were more likely to avoid dying patients in their training before they had learned to deal with the distress caused by empathising too much.

Which perspective we take when responding to someone else's suffering can sometimes affect our own health and wellbeing. In an upcoming study in the Journal of Experimental Social Psychology, researchers assigned more than 200 college students to act as a helper to what they were told was a fellow student going through personal crisis. Each participant was asked to read a personal essay detailing the supposed student's financial struggles and stress upon becoming the primary caregiver for a younger sibling after the death of their mother. While reading the text, a third of the volunteers were asked to think about how that person must be feeling (compassionate empathy) and a third were asked to imagine how they would feel if they were that person (emotional empathy). A control group was asked to stay detached and remain objective. Researchers then measured the participants for various physiological markers, including hormone stress levels, heart rates and blood pressure. They found that those who put themselves in the other person's shoes had significantly higher 'fight-or-flight' responses, as though they, too, were going through a stressful experience.

Researcher Anneke Buffone notes, "the chronic activation of the stress hormone cortisol could lead to a variety of serious health issues like cardiovascular problems, a finding that is particularly meaningful for health professionals who are confronted with others' pain and suffering daily."

By contrast, the brain also releases the hormone oxytocin when we interact with others in a caring way. Oxytocin is known to have anti-stress and anti-depressant effects, so it turns out that empathy can also be good for our wellbeing... (The Washington Post , n.d.). "Neuroscientific research on empathy shows that if you're empathising with a person who is in pain, anxious or depressed, your brain will show activation of very similar circuits as the brain of the person with whom you're empathizing," notes Richard Davidson, a professor of psychology and psychiatry at the University of Wisconsin at Madison.

REGULATING EMPATHY, AND PROMOTING SELF-CARE AND SELF-COMPASSION

In our daily lives, we are generally not routinely measuring our own empathy, nor that of our family, friends or colleagues. Psychologists say that we can learn to regulate our empathy, as we do other emotions, and even transform excessive emotional empathy into less stressful compassion.

Gallagher-Mackay and Steinhauer (2017) state there are five 'non-cognitive' competencies that are now widely accepted as essential to emotional development and wellbeing, and that in life and work, people need to, "be able to identify and manage their feelings and behaviours, understand the perspectives of others, form and maintain a range of relationships, and make decisions that are considerate of consequences and of others' needs."

EMPATHY AS A CHOICE

An important skill to learn, then, is to be aware and actively conscious that empathy is not always automatic, there are different levels of empathy, and it can also be a choice.

So how does empathy work? Does a story that moves you emotionally and arouses your compassion stay with you and encourage you to change things as result? The image of three-year-old Syrian boy Alan Kurdi, lying lifeless and face down on a sandy beach in Turkey, changed public perception of the realities for Syrian refugees. There was an emotional outpouring, and the media narrative soon changed from 'immigrants' to 'refugees'. This single image increased empathy far more than the statistics that had previously been given to the public about what was going on for refugees fleeing warzones. In the immediate aftermath, people took action after their emotional response, contributions to refugee charities increased and communities openly welcomed refugees and migrants. Six weeks after the photo was published, contributions to the charities were lower, but still higher than they had been beforehand, and many had committed to ongoing giving. Is it the case that as humans, we need to connect emotionally to a single story that we can relate to in some way, to feel empathy and then take compassionate action that will support a cause or a larger group of similar individuals?
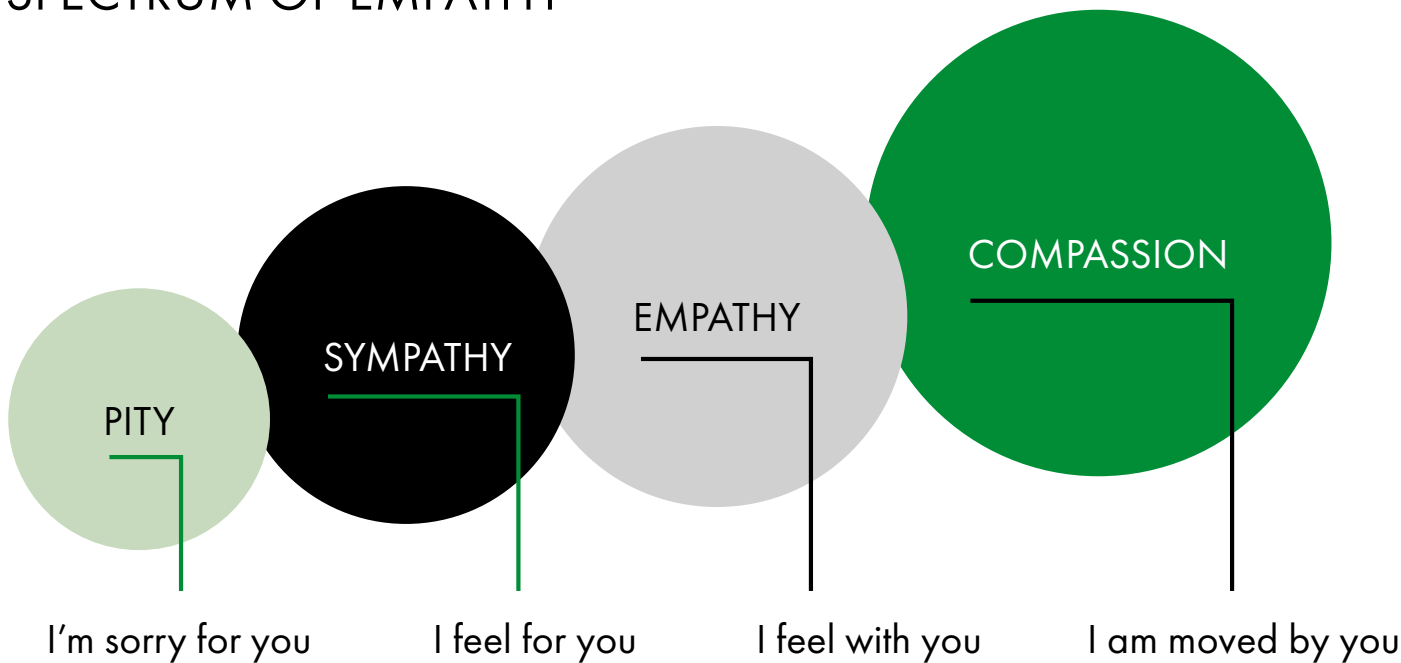
Some studies argue that, though people feel empathy for individuals going through difficult experiences, empathy decreases as the numbers of victims increase, (almost as if our empathy has a limit to processing en-masse suffering). The Frameworks Institute, working with Re-frame Justice tested public attitudes to crime and justice in the media (in the UK), and found that, though individual stories could be powerful, they could also harm the individual and the cause, so that people were more concerned/impacted by the single story than the wider context and root causes. They recommend siting individual stories in the context of wider issues to influence public attitude and effect policy change.

What is most likely is that empathy is malleable, it is multi-dimensional, inter-personal and context specific. Psychology Professor Daryl Cameron conducted a series of experiments to prove that empathy could be boosted by changing the way people think about it. To transform empathy to a less stressful activity, he demonstrated that we can choose to re-frame it as emotionally rewarding rather than exhausting, and that made experiment participants more likely to be empathic toward someone (in this case a person experiencing drug addiction) about whom they had previously been negative.

In another study, participants had greater empathy for mass suffering when they were convinced that it would not cost them financially. So, in some senses, he believes that people need to be convinced that the 'hard work' and 'effort' of empathy is worth it as we weigh up the costs and benefits to ourselves, which may explain why there are 'empathy gaps' or seemingly people can 'switch empathy on and off'. In further studies, the team demonstrated that people tended to avoid 'over-empathising' with both sad and joyful images from an empathy deck, preferring to use descriptive words rather than experiencing and feeling the associated emotion, which they attributed to the 'work' of emotional empathy, though those that were told they had a natural affinity for empathy were happier to exercise it.

In helping and supporting others, we need to be able to feel with another person, and have the skills and awareness to know how not to stay there. Regular supervision with a trusted reflective practitioner, peer support, self-care practice and a supportive and trauma-responsive workplace culture are key to regulating empathy. It's important that across support and helping agencies, we're taking the same approaches to relational work, ensuring emotionally regulated workforces that will counter secondary and vicarious trauma. Self-care and supervision are not selfish acts, and we must learn to emotionally regulate and put ourselves first before we support others. Self-care is the fuel that provides effective, empathic support. Analogies people often use in this work are, 'you must fill your own cup up before giving of yourself to others' and 'you should put your own oxygen mask on first before helping others'.

SPECTRUM OF EMPATHY

PITY — I'm sorry for you

SYMPATHY — I feel for you

EMPATHY — I feel with you

COMPASSION — I am moved by you

ON COMPASSIONATE MEDITATION

One way to keep empathy in check is through compassionate meditation, says professor Richard Davidson. "Start by envisioning someone you know who may be in pain or may have gone through a stressful event, and then envision them being relieved of that suffering, it may be helpful to repeat a phrase silently in your mind, such as, 'may you be happy and be free of suffering.' Encouraging the focus on the person's wellbeing and happiness, instead of their distress, actually shifts our brain's pathways from experiencing painful empathy to the more rewarding areas of compassion". According to Davidson, it's this process that helps us to detach from their suffering.

KINDNESS

The concept of kindness arises from a sense of people being connected by force of our common humanity. It encompasses notions of compassion, social justice, neighbourliness and respect for others. It asserts that: "others are worthy of attention and affirmation for no utilitarian reasons but for their own sake" (Broadwood, 2012). Kindness is driven by emotions that are motivating by pro-social and altruistic behaviour, which is often driven by 'situational empathy', when we adopt the perspective of another person in need, and can also be driven by moral outrage among groups. Therefore, it could be argued that, alongside other situational aspects, empathy is a driver for kindness.

In the paper Kindness, Emotions and Human Relationships, Julia Unwin makes a clear argument for public policy that has a "blind spot around the inclusion of kindness, relationships and human connection". In the report she details some of the emotional reactions to kindness within a public policy context; those of pity, of anxiety around being 'in need' of kindness. She states that Paul Bloom, in his book Against Empathy (2013), argues that emotional messiness has no place in public policy, that is it a matter for personal relationships... individual relationships with the state should be contractual and measurable, and while this has weight in relation to rights and responsibilities, it takes place in the context of human relationships and therefore that 'messiness' should not be ignored.

Unwin defines three levels of kindness, taken from the work of Simon Anderson and Julie Brownlie (Anderson, Brownlie, and Milne, 2015) (Brownlie and Anderson, 2018).

➤ Random acts of kindness have the sanction of the state and cause no disruption.

➤ Relational acts of kindness are found in many one-to-one relationships: the carer who 'goes the extra mile', the nurse who is particularly gentle and thoughtful.

➤ Radical kindness demands institutional change. It requires a difference in the ways in which things are run and managed. It challenges long established norms and has the potential to be highly disruptive. But it can also hold the key to improving relationships fundamentally, and so improve the services, activities and engagement that is central to all of our lives.

ON LOVE

As my journey continues, I am coming to realise that empathy is the key driver that results in compassion, kindness and loving actions, and by that I mean that empathy leads to love in action.

Nigel Cutts writes of love in his (2012) book Love at Work, which describes a difference between 'being at work' and 'doing at work' through open-hearted leadership, connecting with self, active listening, and through an ethos of being 'in service' to others.

Helena Clayton, in Love in Leadership (2019), argues for love in organisations. Not empathy, not kindness, not compassion... just love. In Scotland, the 2019/20 published Care Review that engaged with thousands of care-experienced young people has love central to its core calls, and Who Cares? Scotland, a movement of care-experienced people, held a Love Rally in Glasgow in 2019.

Some Local Authority social care services are moving to 'relational working', and others, such as Camden Children's Services, are being bold and intentional in their discourse on love in children's services between practitioners and families, holding difficult and uplifting conversations on how love shows up in these relationships using the title 'relational activism' to describe the movement for more compassionate public services.

"

The word love has hardly been synonymous with public services in recent times. The years of new public management, where cold, transactional processes and numbers trumped warm relationships and people, gave public services a soulless reputation. The sector's image largely became one of automatons churning out services or issuing contracts, with 'computer says no' playing on repeat. But local public services up and down the UK are quietly rebelling against that label and are writing new narratives with love as a central protagonist.

DOVE AND FISHER (2020)

"

LEARNING FROM MY EMPATHY EXPLORATION IN THE USA AND CANADA

The following three sections present findings from my visits to the USA and Canada under the headings of Empathy in Education, Empathy in Social Care and Justice, and Empathy in Health and Therapeutic Approaches. These themes have been separated for the purpose of this report but it's worth noting the interlinked nature of these disciplines. Education, justice, social care and health all overlap. We cannot consider social care and justice without considering health or education.Each of the subsections contains a narrative, and some of my key reflections and learning from each visit.

THEME 1: EMPATHY IN EDUCATION

Though exploring empathy specifically, it was impossible to do this without encountering the trauma-informed schools movement. I found in the USA and Canada, the teaching of empathy was explicit – to teachers, whole school teams, and to students – in stark contrast to the UK, and heavily influenced by Non-Violent Communication (NVC) also known as Compassionate Communication.

I've included a section below on the nurture group movement in the UK, which I have been involved with for the last 20 years, and I believe offers a relational foundation for empathic practice and psychologically informed environments (PIE), and links to the whole school approach taken by Fuel Ed (USA).

THE RELATIONSHIP FOUNDATION – THE TRAUMA INFORMED SCHOOLS MOVEMENT

While in New York, I spent the day with The Relationship Foundation (TRF) and their founder Michael Jascz. TRF focuses on youth and community development by enhancing critical thinking, respect, and empathic listening skills. Their founder, along with a team of educators and psychologists, developed a curriculum entitled Healthy Relationships 101 and have been teaching relationship skills or 'relationship practice' in high schools since 2007. This programme provides students with communication skills that empower them to express confidence, leadership, and empathy in all of their relationships. We spent the day at Grady High School, at Brighton Beach, with teachers and support staff and the session was delivered as part of their Professional Development (PD). This school was one of 19 'ALC' schools (ALCs are schools for young people who have been excluded from their previous school), across Brooklyn and the Bronx, where the TRF team had been delivering workshops for staff and students in Social Emotional Learning. Demand for their work was increasing rapidly as part of the Trauma-Informed Schooling movement, and their workshops had a real focus on education around Adverse Childhood Experiences (ACEs), the impact of trauma on child development and behaviour, and teaching strategies heavily based on Non

Violent Communication (see section on NVC) and empathy development. During the session, Michael introduced the ALC teaching support staff to research about Adverse Childhood Experiences, explored the impact of child trauma, and included a session on 'Empathy Blockers' (see below).

The Relationship Foundation's fundamental approach helps to develop critical thinking, empathic listening and effective and respectful communication. Sessions with students at the ALC prior to my visit were specifically focussed on empathy development. The team used techniques such as discussions around the impact of social media on emotions to then explore and develop empathy in a broader context. Michael Jascz stated he felt that word 'relationship' has been distorted in society, to now mean 'significant other', and that has meant that work on our relationships with others in our lives hasn't been given the same focus or importance and they are not 'practised' skills.

In his book, Relationships 101, Jascz states, "It should be noted that it isn't necessary to incorporate empathy into every conversation. Throughout the day we may have numerous interactions with others, some may be when a person has a need for empathy. You may have conversations where you exchange ideas, share your outlook, and debate your point of view. As you better understand empathy and become more comfortable with these listening skills, you'll begin to instinctively know which situations call for empathic listening. With practice and experience, you'll begin to recognise in which situations empathy is most appropriate."

How You Can Use the NVC Process

Clearly expressing how **I am** without blaming or criticizing

Empathically receiving how **you are** without hearing blame or criticism

OBSERVATIONS

1. What I observe (see, hear, remember, imagine, free from my evaluations) that does or does not contribute to my well-being:

"When I (see, hear) . . . "

1. What you observe (see, hear, remember, imagine, free from your evaluations) that does or does not contribute to your well-being:

"When you see/hear . . . "
(Sometimes unspoken when offering empathy)

FEELINGS

2. How I feel (emotion or sensation rather than thought) in relation to what I observe:

"I feel . . . "

2. How you feel (emotion or sensation rather than thought) in relation to what you observe:

"You feel . . ."

NEEDS

3. What I need or value (rather than a preference, or a specific action) that causes my feelings:

" . . . because I need/value . . . "

3. What you need or value (rather than a preference, or a specific action) that causes your feelings:

" . . . because you need/value . . . "

Clearly requesting that which would enrich **my** life without demanding

Empathically receiving that which would enrich **your** life without hearing any demand

REQUESTS

4. The concrete actions I would like taken:

"Would you be willing to . . . ?"

4. The concrete actions you would like taken:

"Would you like . . . ?"
(Sometimes unspoken when offering empathy)

© Marshall B. Rosenberg. For more information about Marshall B. Rosenberg or the Center for Nonviolent Communication please visit www.CNVC.org.

NON-VIOLENT COMMUNICATION (NVC)

Also known as Compassionate Communication or Collaborative Communication, NVC is a therapeutic approach developed by Clinical Psychologist Marshall Rosenberg, PhD, beginning in the 1960s (see the book: Nonviolent Communication: A Language of Life).

The key concept behind NVC is the perception that all human beings have a capacity for compassion and empathy. And because some people don't have effective communication skills, they resort to violence or harmful behaviours to meet their needs. NVC suggests that our habitual way of thinking and speaking is culture-specific or learned, which can lead to social, psychological and physical harm. The theory states that human behaviour is driven by attempts to meet human needs. These needs are the same for all of us and are never in conflict as such; the conflict issues arise when our strategies for meeting these needs clash. NVC works by underlining indicative thoughts and feelings to identify shared needs, and by helping develop strategies to make requests to meet each other's needs.

Assumptions underlying the NVC process:

- Humans share the same needs.
- There are sufficient resources for meeting everyone's basic needs.
- Actions are attempts to meet needs.
- Feelings point to needs being met or unmet.
- Humans have the capacity for compassion.
- Human beings enjoy giving.
- Humans meet needs through interdependent relationships.
- Humans change.
- A choice is internal, and a way to peace is through self-connection.

NVC works on three levels: within the self, between individuals and within groups or social systems. Rosenberg developed a communication skill set to identify and articulate one's needs and feelings without blame and judgment and to listen empathically in order to reduce conflict in relationships and enhance communication. Though many of us may not view our interactions and communications as 'violent' and the word may seem overly harsh, it's meant to address our attention to the damage that can be caused by the pre-judgements about people and situations that we demonstrate through our communication, that can be viewed as 'micro-aggressions' against a person. It can also include criticism, sarcasm, put-downs, insults and not demonstrating the understanding of someone's point of view, which can quickly turn an interaction hostile. NVC is an approach that focuses on learning how to observe, rather than judge. It's a way to articulate our needs and feelings and to make requests rather than demands. It's not conflict resolution, which helps bring those divided by dispute into dialogue, it's a preventative ongoing communication approach.

THE FOUR-PART NONVIOLENT COMMUNICATION PROCESS

- **Observations vs Evaluation** – when we communicate with others do we offer a factual and neutral statement, or is our communication 'loaded' with a judgement or an 'evaluation' of the situation? The first step in achieving effective communication is to become aware and an 'observer' of a situation, rather than an 'evaluator'.

- **Needs** – there are negative associations with being seen as a 'needy' person, yet we all have 'deeper' (underlying) needs that we're striving to meet through our human interactions. We don't always communicate these needs well to others, if at all. A central premise of NVC is the vocabulary and expression of the 'needs' behind our feelings to others, in a way that asserts our 'deeper' needs without harming another. Sometimes people may attempt to communicate a 'need' where it's actually a strategy and an attempt to control an outcome. For example 'I need you to be on time' is a demand rather than a need, and is a strategy to control. In NVC, everything anyone does, has done or will do is an attempt to meet a need, and with this in mind during communication, and in making requests, we can foster a great deal of empathy for each other, and begin to communicate with care and compassion.

- **Feelings** – every feeling arises from a need; and our needs, be they met or unmet, affect how we feel. There is a full list of NVC feelings in the Appendix, and through NVC we can develop a wider vocabulary of feelings to express, beyond simply 'good' or 'bad', and we can begin to plot what we are feeling, and associate this with a deeper need. Note that any sentence that starts with "I feel that you ..." or 'I feel like you...' is suggesting someone else is responsible for your feelings, and this can lead to conflict. (Jaszc, 2017).

- **Requests** – the ability to make requests that meet our needs and are without judgement or critique is the central aim of NVC. Once we know how we feel, we must make a request of the other person without harming. It's important to know that we won't always get our requests met, but we will be communicating without blame, shame, judgement or aggression.

TEACHING EMPATHY INSTITUTE (TEI)

North of New York, in the Hudson Valley, I met the inimitable David Levine of the Teaching Empathy Institute. David has brought his 30 years of experience as an educator, writer of books on empathy and emotional intelligence, musician and non-profit leader to develop the learning community that is The Teaching Empathy Institute. David and I connected over our belief in the transformational power of empathy, working with children and young people in high poverty areas, and founding organisations based around empathy development. David raised the work of systems scientist Peter Senge, who has outlined principles of 'learning organisations' and 'communities of practice'. When we met, David was at the point of initiating his programme 'The School of Belonging', which creates a school culture that fosters empathic relationships, emotional safety and real-world learning.

A learning organisation is described by Peter Senge (in his 1990 book The Fifth Discipline) as one, "...where people continually expand their capacity to create the results they truly desire; where new and expansive patterns of thinking are nurtured, where collective aspiration is set free, and where people are continually learning to see the whole, together."

At the Teaching Empathy Institute (TEI) they were taking a whole school district approach to communities of practice. By embedding their programme in a geographical area that would include all the primary schools, and also reach into the high schools, they ensured that children and teachers were all being supported, spanning the school life cycle, and eventually generations of children throughout the geographical area.

Their approach was to start with the educators, and they gave examples of how their team would spend time in each school embedding their approach through modelling empathic behaviour in the staffroom to the teachers. They would demonstrate empathy in action to the staff team, so they knew how that felt: it had been modelled to them and they could then replicate it. They believed that teaching staff at some schools have 'learned' strategies to disengage from the behaviour of the children they teach, rather than connecting, and their job initially was to build on strengths and build the resilience of the educators, to create strong 'communities of support'. I was struck at how this echoed our approach with young people at Peer Power – people need to have empathy shown to them as a starting point, to have empathy for others.

To further support teachers in a way that was helpful and didn't become a chore, David has developed a series of short bitesize podcasts (available to all) called *Little Talks* that focus on the social and emotional needs of students, moving them toward healthy social decision-making and pro-social skills development. One *Little Talk* titled, 'Naming the world: making the invisible visible' explains the work of Brazilian educator Paulo Freire and highlights the need for educators to 'name the world' for children so that they model this and increase their emotional literacy.

In another *Little Talk* David defines a resilient child as someone with hope and optimism for the future, with the ability to be flexible and able to manoeuvre through life's challenges in a way that means they can learn and grow for themselves, and help others too. To be resilient adults, as children we need two protective factors that are external and can be developed:

1 Adults in a child's life can offer supportive, trusted relationships in an emotionally safe learning environment.

2 A child is supported to develop pro-social skills, so they can make healthy connections with their peers, and can communicate what they are thinking and feeling to their peers.

To build resilience in children and young people through our relationships, we must be aware and consciously demonstrate positive 'micro-interactions' to create 'resilient experiences' within the relationship. An example is the '2:10' strategy. For at least two minutes a day for ten days give the 'socially isolated' child unconditional positive connection and regard, and you will see a positive shift in the relationship, depositing into the 'emotional bank account.' (detailed above).

It is important to teach 'the language of empathy' to children. David described empathy as, "the ultimate pro-social skill", and that we must teach the language of empathy to children and to their educators and supporters, in addition to high level listening skills to ensure there are the conditions for empathy present in the environment.

The Teaching Empathy Institute is fundamentally based on a Rogerian approach also known as Humanistic Psychology or a 'person-centred approach', and therefore their approach is embedded in empathy, congruence and unconditional positive regard. David also referenced the psychodynamic child psychologist Fritz Redl's work on 'life space' workers (those who worked with young people going through adverse experiences in the spaces where they live, for example residential care homes, or juvenile detention centres), as well as Steven Covey's metaphor of improving and maintaining our relationships with others through 'emotional bank accounting'. In this theory, our accounts start as neutral, but as we invest in our relationships, we keep making deposits and investments, yet sometimes we need to make a withdrawal. We need to keep our relationships with a 'positive balance', because if there are too many withdrawals, and we go into a negative balance, distrust and discord occurs. From a communicating empathy perspective, this could look like 'empathy blockers' coming into play (see section below for examples of empathy blockers and empathic responses).

5 KEY EMOTIONAL COMPETENCIES

- Listening – we rarely teach how to listen at a high level. It can be called 'friendship skills' listening: developing eye contact, gestures, asking questions, reflecting back – all children and young people can learn this.

- Empathy – again not often thought of as a feeling rather than a skill that can be learned, but by using Social Emotional Learning (SEL) you can create 'empathic practice'. Empathy is absorbing what's coming from another person, observing and listening and responding in the way you think they want you to respond – this can be taught in a classroom.

- Conflict management

- Non-judgement

- Goal setting

ELEMENTS OF EMPATHY WHEEL

1 **OBSERVE** Become aware of emotional states in others by paying attention to "communication clues"

2 **TUNE-IN** Actively listen to others in an effort to understand their experience

RELATE Try to find parallels in your own life experience that will help you identify with someone's perspective

EMPATHY

REACH OUT Respond appropriately to a person through acts of compassion

CONNECT Share in someone's feelings by "walking in their shoes"

5 SELF-AWARENESS

4 PEER-AWARENESS

3

SELF EMPATHY

Both Jascz and Levine talked about the concept of 'self empathy', something we focus on in our work at Peer Power, the idea that you must ideally develop empathy for self, an understanding, appreciation and kindness about yourself and your own story or journey before you can understand and support others. Levine talked about "self empathy as our inner nature" and our "outer nature as empathy for others". Jascz talks of self empathy in relation to listening to our inner voice: practising, noticing and observing our inner critic. By noticing the thought process, and labelling the associated feeling, we can then reach an understanding of, and compassion about, our deeper needs that we want to meet. "Self-empathy is, in its most basic form, an act of self-awareness without blaming, shaming, or judging ourselves...

giving ourselves self-empathy is an act of self-care." (Jascz, 2017.) In this scenario, there are no critical 'should haves' or 'would haves' of self-judgement, simply an appreciation of our human nature trying to meet needs.

"

Compassion is the intent it takes to create empathy.

DAVID LEVINE

"

FUEL ED

In Houston, Texas, I was very kindly offered a place on the first day of Fuel Ed's 'Leadership Institute'. Fuel Ed was set up in 2009 by Megan Marcus. Through her study of psychology, counselling and brain development, she developed the belief that the best educators were those that had great relationships and connection with students, and that there was a gap in training for teachers around their own Social and Emotional Learning (SEL).

Fuel Ed believes that the great promise of education is to promote human development. With socially-emotionally intelligent educators building secure relationships at the centre of every classroom and every school, FuelEd envisions a happier, healthier, more whole world.

I met with some of the Fuel Ed team, prior to joining the first day of their Leadership Institute, to talk about their work teaching empathy, and the importance of relationships and connection for professionals and caregivers. Through our discussion we agreed that as organisations it can be tricky to talk about love in services, or 'boundaried love' because love in western society is hypersexualized and there doesn't seem to be any set of accepted principles around 'love in services' as an approach used across agencies.

We agreed that practitioners and professionals needed to be emotionally intelligent and self-reflective about their own journeys so that power dynamics were not misused. Fuel Ed's approach is to 'care for the carers' as a whole school approach; that is to teach them the SEL curriculum so they are better able to care, and so there is a 'ripple effect' through their education of children and young people. They intend to scale their approach through having Fuel Ed trained teachers/ educators then training other teachers. These roles will be known as 'Growth Captains' across Texas, and then across other states in America. They see 'empowered catalyzers' that are Fuel Ed alumni in the community, trained in the Fuel Ed mission and values as the way to build a movement through communities of practice that provide peer support. They are exploring models of scaling like the '12-Step Programme' used by Alcoholics Anonymous, Narcotics Anonymous and similar programmes, as they all incorporate predictability, ritual, and an open door – they are the same everywhere and have complete acceptance with safe spaces and a mentor or sponsor element.

One question we considered was what was the unit measure of change? Is it the practice by some teachers, a year group, a whole school, a community of primary and feeder secondary schools?

Fuel Ed have qualitative evidence for measuring the impact of their work and they use the Carkhuff Empathy Scale (below) that measures empathic responses, and they measure the care an educator gives through the 'perceived teacher caring index', these are three questions from Stanford University that test whether children perceive their teacher as caring.

FIVE LEVELS OF EMPATHY

(Truax and Carkhuff 1967 Communication Scale)

- Level 1   low level (little or no awareness of feeling).
- Level 2   moderately low level (some awareness).
- Level 3   reciprocal level of empathic responding (accurate reflection of client's message reflected at the level in which it was given – paraphrasing with the appropriate feeling word).
- Level 4   moderately high level of empathic responding (reflecting not only the accurate feeling but the underlying feeling).
- Level 5   high level of empathic responding (accurate reflection of feeling, plus underlying feelings in greater breadth and depth (also for some interpretation such a deep disappointment or long range goals).

The Leadership Institute is Fuel Ed's three-day training 'retreat' offered to a broad geographical area of schools and during which the whole school (admin, teaching and support staff) work together on the training to ensure whole school impact as part of a year-long programme that also includes counselling support for all school staff.

On day one of the training I attended, I sat at a table with a range of educators and school administrators from different schools. All seemed apprehensive as they were reminded that this was not just training, but an 'experience'. For Fuel Ed, learning happens through relationships and relationships drive learning. School staff are 'tribes' or communities, with staff teams that need emotional intelligence in leadership, in the education of children, and in their tolerance for other adults. Emotionally intelligent leaders help schools perform better all round. As part of the programme, they work on and learn (for themselves and for others), science, skills and self-awareness with the guiding principles listed below.

GUIDING PRINCIPLES

Relationships – we can forget to connect as humans especially in stressful environments.

Emotional safety.

Thinking and feeling (right side of brain). Strong emotions and physical experiences.

Story – sharing stories to deepen our connection with others, support emotional regulation, and build emotional intelligence.

The training focused on the importance of early secure attachment and how this can impact our relationships, behaviour and communication as adults. For a definition of secure attachment, they referred to Dr Dan Siegel's '4 Ss of parenting':

- Safe
- Soothed
- Secure
- Seen

It also covered the 'serve and response' communication between caregiver and baby as an example of emotional regulation and soothing. When we are babies we 'borrow our parent's prefrontal cortex brains'. We are building neural architecture in early childhood through:

- a secure and consistent base
- dis-regulation to regulation
- crying to soothed
- hungry to fed.

In the second part of the training we learn that almost one third of people are insecurely attached and, of those who have experienced early trauma, two thirds are insecurely attached. The latest psychological and scientific research shows that we can 're-wire' our brains – as humans we are shaped by our relationships, and relationships are 'reparative'.

"

Positive, nurturing relationships facilitate children's development of empathy and social connection, while abusive, neglectful, and/or negative interactions, such as bullying, can alter the brain in ways that are maladaptive in the long-term...compassion, warmth and love have the power to change our brains.

LOUIS COZOLINO

"

During the afternoon, we spent time learning about the different types of empathy, and how to communicate empathy. On leaving, I reflected on the similarities to the Teaching Empathy Institute around a wider school community approach, through feeder primary schools to secondaries, and wondered if that could extend to higher and further education? I wondered again, as I have many times, about the teaching of empathy directly to other agency practitioners – social workers, police, magistrates, youth justice workers.

It was evident to me how close this approach is to nurture group theory, I had started a nurture group early on in my career in the Primary PRU (mentioned in my introduction), but it had been some years since I re-visited the theory and principles, a summary is below.

NURTURE GROUP THEORY AND PRINCIPLES

I first became aware of nurture group theory in my third year of University studying psychology and counselling in community settings, and while working in the PRU in Bradford. I wanted to explore whether the nurture principles being used successfully with children demonstrating social, emotional, behavioral and communication difficulties in mainstream schools, would work in a non-mainstream setting. I set up the nurture group at the Primary PRU, and researched its effectiveness using, among other measure, the Boxall profile assessment for my dissertation. The nurture group was highlighted by Ofsted as outstanding in a future inspection report, and continues to this day. Successful nurture groups increase attachment to school, improve attendance and attainment, reduce exclusions, and increase well-being, self-esteem and confidence.

Nurture groups are an in-school, teacher-led psycho-social intervention for small groups of students with SEBD (social, emotional, behavioural difficulties). They can stand in for missing or distorted early nurturing and learning experiences for both children and young adults by immersing students in an accepting and warm environment that helps to develop positive relationships with peers and teachers.

They were originally developed in 1969 in London by educational psychologist Marjorie Boxall, who saw that some children were not ready to meet the social and intellectual demands of school because they may have missed out on earlier opportunities to form positive, trusted attachments and learning through play. They are now present in over 2,000 schools.

The fundamental theoretical model that underpins the approach is John Bowlby's 1965 (1965) attachment theory, which argues that children acquire age-appropriate behavior through interactions with others. If early experiences have missing or distorted nurturing, it can lead to stunted social, emotional or cognitive development. Yet critically, nurture is not a 'one chance only' event in a critical period; missing or distorted early experiences can be overcome with the help of nurturing adults.

The six principles of nurture are:

- Learning is understood developmentally
- The classroom offers a safe space
- The importance of nurture for the development of wellbeing
- Language is a vital means of communication
- All behaviour is communication
- The importance of transition in the lives of children and young people

Central to the approach is the importance of the student forming attachments to loving, caring adults at the school – unconditional positive regard being the most powerful mechanism of change (see also section on Carl Rogers in the Theme 3 section of the report). The approach is evidence based, and many of its components share an evidence base with other effective psychosocial interventions including:

Relationships – forming trusted, positive relationships with adults and peers and being responsive to individual needs (a child-centred approach).

Consensual goal setting – setting achievable targets from the Boxall Profile together, shared decision making, participation, voice of the child and involvement.

Modelling – role modelling of appropriate, positive behaviour and social skills between two adults participating in constructive interaction.

Cognitive restructuring – perspective taking, recognising triggers of anger, distinguishing between helpful and unhelpful thoughts, emotional regulation, empathy and mindfulness.

Affective education – understanding, identifying and labelling emotions; recognising physical and environmental cues of emotions; providing opportunities for students to verbalise their emotional experiences, emotional literacy, storytelling, emotional intelligence, empathy.

Relaxation techniques – controlled breathing techniques, mindfulness.

[Source – the nurture group network]

In 2019, in response to rising concern around school exclusions, the nurture group network launched their manifesto for inclusive education. It calls for the government to:

1 Enable universal access to Boxall Profile assessment
2 Ensure there is a whole-school approach to nurture in every school.
3 Invest in evidence-based provisions to improve mental health and wellbeing in schools and intervene early to tackle difficult behaviour and reduce exclusions.

Most recently, the London Violence Reduction Unit (VRU) has committed to a partnership with Nurture UK and Tender UK, developing healthy school inclusion programmes that will be rolled out in 13 London boroughs, to support a public health approach to violence reduction, following the approach of Glasgow's VRU.

ROOTS OF EMPATHY

A trip researching empathy development in children had to include a visit to the Canadian base of the international organisation Roots of Empathy. The first Ashoka Fellow, Mary Gordon, set up Roots of Empathy in 1996, an evidence-based classroom programme that has shown significant effect in reducing levels of aggression, raising social/emotional competence and increasing empathy, now delivered in 13 countries across the world. Their mission is to build caring, peaceful and civil societies through the development of empathy in children and adults.

They define empathy as, "the ability to identify with another's feelings" and hold that it is ..."central to competent parenting and useful social relationships at all stages of life'. To that end, they run programmes for children in primary through to secondary school, and a 'seeds of empathy' programme for early years learning, valuing a 'preventative' rather than 'reactive' intervention.

"

Education is the most effective peace-building institution in the land. Our schools serve as our Ministry of Peace.

MARY GORDON, FOUNDER/PRESIDENT, ROOTS OF EMPATHY

"

At the heart of the school programme is a visit the classroom every three weeks over the school year from a local neighbourhood baby and parent. A trained Roots of Empathy Instructor coaches pupils to observe the baby's development and to label the baby's feelings. In this experiential learning, the baby is the 'teacher' and the interaction is a lever, which the instructor uses to help children identify and reflect on their own feelings and the feelings of others. This "emotional literacy" taught in the programme lays the foundation for safer and more caring classrooms, where children are the 'changers'. They are more competent in understanding their own feelings and the feelings of others (empathy) and are therefore less likely to physically, psychologically and emotionally hurt each other.

In the Roots of Empathy programme, children learn how to challenge cruelty and injustice. Messages of social inclusion and activities that are consensus-building contribute to a culture of caring that changes the tone of the classroom.

I witnessed an empathic classroom at the Mabin School, Toronto (below) following their Roots of Empathy programme. Each year they also hold the annual Roots of Empathy Symposium in Canada which brings together leading scientists and academics on the neuroscience of children's development, mental health and wellbeing.

THE MABIN SCHOOL – TORONTO

The Mabin School in Toronto is the country's first Ashoka ChangeMaker school. Set up as an independently funded school by Gerry Mabin in the 1970s, following study at The Institute for Child Studies in Toronto, it has the philosophy that children learn and thrive best in an environment where their natural curiosity is nurtured and they are encouraged to develop this. Their logo, with a Unicorn and Sun, represents discovery and enlightenment, as a result of meaningful engagement as learning.

Mabin states that what sets it apart from other schools is that they instill in their pupils the qualities of "leadership, teamwork, problem-solving and, most of all, empathy". Mabin uses 'Inquiry, Integration and Reflection' across their academic and social learning programmes. A list of 'Habits of Mind' is used as their lens for all learning, as 'dispositions that empower creative and critical thinking.' 16 types of intelligent behavior are described in the Habits of Mind, developed by Arthur L. Costa and Bena Kallick. The Mabin school focuses on ten of these:

➤ Persistence

➤ Managing impulsivity

➤ Listening with understanding and empathy

➤ Taking responsible risks

➤ Taking ownership

➤ Paying attention to detail

➤ Collaborating

➤ Questioning and creating solutions

➤ Applying past knowledge to new situations

➤ Thinking about thinking (metacognition)

The overall vision of Habits of Mind is, "to create a more thoughtful, cooperative, compassionate generation of people who skillfully work to resolve social, environmental, economic and political problems."

www.habitsofmindinstitute.org/about-us

The children at Mabin are introduced to differing levels of the ten Habits of Mind dispositions as they progress through the school, beginning in Kindergarten at aged three. It's apparent when you visit that the whole school speaks this same language of goal setting, reflective practice, and all of the Habits of Mind dispositions. The Principal Nancy Steinhauer models this in her interactions with pupils and teachers, as do the teachers with pupils, and pupils to their peers.

A little girl of around five years old explained to me what she understood empathy to be, and went on to very proudly show me her workbook and pictures, describing times when she had been empathic toward her classmates, and how they are feeling. She was articulate, careful and considerate with her words and her actions. The teachers and Principal modelled caring interactions with the pupils, highlighting, praising and 'naming' their caring and empathic behaviour constantly.

I was also led to the work of Dr Jean Clinton, a child psychiatrist, on childhood trauma and resilience – how love and relationships build the brain. Clinton, like Bruce Perry, states that it is relational connections that change the wiring of a child's brain. (Clinton, n.d.)
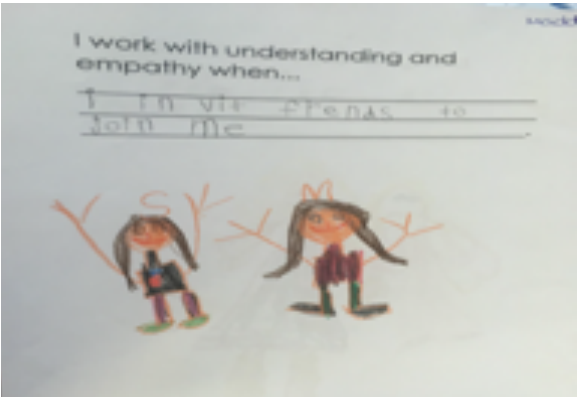
I work with understanding and empathy when…
I invite friends to join me

THEME 2: EMPATHY IN SOCIAL CARE AND JUSTICE

In health and social care, debates around the need for increased empathy and relational connection between practitioner and service user often leads to debate around burnout. While over empathising can lead to burnout, practitioners can manage this through reflective supervision, and taking care of themselves first (there is more on vicarious trauma in the section on regulating empathy).

Conscious relational approaches are developing across some (but not all) social care and youth justice services, supported by desistance theory and the Adverse Childhood Experiences/'trauma informed' movement. Some services are using psychologically informed and socio-therapeutic approaches. To their engagement with people in their communities. Examples are the rollout of the 'Secure Stairs' Framework across some of the youth justice secure estate, and the increase of 'trauma-informed' training abound. However, all of these approaches require 'a way of being', and are most certainly a journey culturally across all sector. This not a journey with a shortcut. Single-day training sessions for some members of the community can only take you so far.

In addition, there is a distinct increase in the value put on coproduction, understanding the journeys of those who use services, and engaging their knowledge and expertise in the design, delivery and evaluation of services they have experienced. Again, this is a journey, and a cultural 'way of being'. Organisations must give a commitment to go on the long journey from services 'doing to', to 'doing with', be willing to acknowledge privilege and power, and able to share resources and power across the organisation.

This section seeks to highlight those teaching or living empathy explicitly through their work in health and justice.

CREDIBLE MESSENGERS – NEW YORK CITY (NYC) PROBATION

During the New York leg of my travels, I visited NYC Probation, sharing knowledge around coproduction and engaging young people in service design. I was introduced to their 'Credible Messengers' approach to restorative justice. The work is funded centrally by NYC Probation through the Credible Messenger Justice Center, which devolves funding to community organisations to deliver the project while offering support, training and evaluation from the Center, including growing the movement beyond NYC.

The project 'at-risk and justice-involved youth', with individuals who have previously been involved in the justice system and have had comparable life experiences, for example ex-gang members. They are paid and supported to support and guide local 16–24-year-olds holistically, with all aspects of their life, in a formal mentoring arrangement.

> ❝
> You establish your credibility by sharing your experience – not just telling them what to do. It's about relatability and credibility, someone they can connect with and get guidance from. These kids have to qualify you, and when they do, they open up."
>
> CREDIBLE MESSENGER
> ❞

The work is identified as 'restorative' and 'transformational' in terms of the potential for the Credible Messengers to 'give back' to their community. In a 2018 paper, Mayra Lopez-Humpreys and Barbra Teater describe this: "carrying the trauma of abuse, neglect, incarceration and marginalisation, peer mentors are often 'wounded healers' who can empathise with the experiences of justice-involved youth, but are also in need of opportunities to engage in restorative justice practices that address the relational, the social and the individual harm caused by crime." The restorative approach is merged with social science communication techniques to modify behaviour, resulting in an 'inside-out, community-first model based on transforming relationships.

Following successful evaluation, the model has evidenced a reduction in recidivism rates for young people on probation. Some of the mentees go on to be Credible Messengers themselves, and the programme is now spreading as a movement across the states. 'Immersion experiences' led by the Center offer time for other jurisdictions to experience the model, and develop their own strategy for implementation.

> ❝
> More peer mentoring, that have had experience of the system... helping you to build a support network.
>
> YOUNG ADULT, PEER POWER
> ❞

While sharing some similarities with adult peer engagement, organisations that engage teenagers and young adults in England such as St Giles Trust, seem to me to have some distinct elements about their programmes. Most notably, the Credible Messengers or mentors in the community are offered a separate learning programme, which for some can mean access to higher education, and promoting their own internal healing process through secondary desistance changes in their human and social capital, wellbeing and hope for the future.

There is a real focus on the re-structuring of identity, healing and reparation needs of the mentor and their community, through the helping role, in a way that's transformational for mentee, mentor and the community. In these aspects there are real similarities to Peer Power's approach, which supports an individual healing and wellbeing programme that focuses on peer-to-peer engagement, system change and employment, rather than a dynamic of adult mentor and youth mentee.

GRAHAM WINDHAM

Founded in 1806, the Graham Windham community is made up of more than 500 staff and 1,500 volunteers and supporters, who come to together to help 5,000 young New Yorkers and their families thrive. They offer a range of services including youth support, fostering and adoption. Through my travels, I was introduced to them, and our discussion very much centred around their approach to caring for staff, stating that 'great customer service' is taking care of your co-workers first, then you can serve your customer'. Many of their foster carers and social workers work in stressful, challenging circumstances with young people and families in crisis. They are mindful of the impact of secondary trauma on staff and are currently exploring what does 'caring empathy' look like in practice. To explore this, they have sent out a survey to all staff to ask whether they thought the organisation was doing enough to support its staff team. As a result of the findings, the organisation has put in place mindfulness meditation and network meetings or 'circle time' peer-support meetings that are specifically empathy-led.

As an example of this, the facilitator will read out a problematic issue and then ask if anyone on the circle can offer any empathy on the issue, and any learning from their experience. Others in the circle can then offer their advice to help with solutions, and then the person with the initial issue is asked to make some SMART goals from the session. They also believe that being more empathic with each other helps them be practised and ready to be empathic with children and families in the community.

We also talked about values-based recruitment and particularly of Shake Shack founder Danny Meyer, who took hospitality and service as together, differentiating 'empathy' and 'caring empathy', believing that the golden rule of hospitality is empathy, and that extends to whom you recruit.

The five emotional skills he looks for in hiring people are:

- Kindness and optimism
- Intellectual curiosity: do you approach each moment as an opportunity to learn something new?
- Work ethic: in addition to being trainable on how to do a job the right way, does it matter to you that you do that job as well as it can possibly be done?
- Empathy and self-awareness: do you know your own personal 'weather report' and how it's impacting other people and you today? Do you care how your actions make other people feel?
- Integrity: do you have the judgment to do the right thing even when no one else is looking?

STOP NOW AND PLAN 'SNAP'

SNAP is an evidence-based, cognitive behavioural, family-focused model, that provides a framework for teaching children and their parents emotional regulation, self-control and problem-solving skills. The programme is focussed on children with serious levels of disruptive behaviours as assessed by standardised measures. Both child and parent/caregiver participate in SNAP services that include group, family and individual counselling.

SNAP helps children and their parents deal effectively with problematic impulses and provides a tactical and strategic option for reducing such impulses. SNAP enables children to make better choices in the moment, to calm themselves and generate solutions to challenges they face.

In Canada, the age of criminal responsibility is 12. SNAP's gender-specific under-12 model is for children aged six to 11, and has over 30 years of service delivery and impact evaluation demonstrating its efficacy.

Designed by the Child Development Institute, the model embodies a cognitive-behavioural therapeutic strategy, designed to improve emotion regulation, self-control, and problem-solving skills. The SNAP technique increases self-control and decreases 'delinquency'. The strategy involves learning to identify physiological responses (body cues) and emotional triggers, calm your body and challenge cognitive distortions, replacing them with coping statements in order to move forward and explore socially appropriate solutions/plans.

Practice and consistent use of the SNAP strategy has resulted in increased emotional regulation, changing brain processes, and building confidence in making prosocial choices. The SNAP YJ (youth justice) model can be delivered across a youth justice system, so that young people can engage in custody, at youth justice services and in the community. The content was co-designed with young people and practitioners and contains modules including self-control, emotional regulation, problem solving, communication skills, vocational and life skills training. At the point of research, the SNAP YJ model was being evaluated over five custody and 15 community sites with further sites and a mdel designed for females planned.

Young people who've been through the programme have reported positive change in their attitudes, thinking patterns, social skills, self-control and aggressive behaviours. These findings are corroborated by staff, who reported seeing and hearing young people using their new acquired SNAP YJ skills and problem-solving techniques. Much of the evidence base around SNAP's efficacy relates to a) cost savings around the potential for children's disruptive behavior at age 7–11 years (without this early intervention the result could be more costly criminal justice sanctions and intervention for those over 12 years old), and b) behavioral and brain imaging scans demonstrating changes after SNAP intervention, with a decrease in activity in the ventral brain regions and an increase in activity in the dorsal brain regions, signifying emotional self-regulation and deliberate cognitive control.

PARTICIPATORY DEFENCE

I have included the participatory defence movement in this exploration of empathy and youth justice and social care because of the striking way in which families of those accused of crime come together with local communities to work together to defend them.

The work has had incredible results so far, with people being acquitted because of this community defence approach. With specific regard to empathy in the courtroom, community organizer Raj Jayadev tells of how people 'bring down the walls of the courtroom' when they join from different parts of the community to influence the court by speaking their testimony of the accused. They do this by putting together a 'social biography packet' (and later short videos); including letters, certificates and their experiences of the successes and challenges in the life of the person accused. The process shows the court the person 'as they knew them', telling a fuller story of their loved one, so that they're more than just a case a file, and so that the judge could glimpse the accused in the context of their community. This is empathy in action, in the courtroom.

You can follow the work of Participatory Defence through Raj Jayadev in the US and via Churchill Fellow (2018) Mwansa Phiri on developing this approach in the UK.

THE OREGON PRISON PROJECT

The Oregon Prison Project is an entirely volunteer led project and teaches empathy directly to inmates. The programme is heavily NVC influenced (see earlier section on NVC), utilises volunteers and peer supporters, and reports outcomes including decreased aggression, and increases in pro-social behaviour, tolerance and empathy for self and others. The quote below echoes some of the types of feedback we hear from young people at Peer Power following their learning, experience and practice of empathy.

> "
> All my life I have never been able to forgive myself for letting my father kill my younger brother when I was eight years old. And because I didn't have any better example I became my father. When I joined NVC I was jaded and cynical, as time went on I learned that I could be a different person. So now when I feel tempted to use my old ways I stop and give myself empathy and my family has stated on many occasions that they can see a difference in me. I am grateful that they recognize the changes I have made.
>
> WALTER SCOFIELD, INMATE, OREGON PRISON PROJECT
> "

EMPATHY TRAINING POLICE

Some Police forces are using a technique known as LEED, 'listening and explaining with equity and dignity', which comes from an approach called 'procedural justice'. Developed by Tom Tyler, of Yale University, and others, and based on psychological research, the methods are organized around four central principles:

- Treating people with dignity and respect.
- Giving citizens 'voice' during encounters.
- Being neutral in decision making.
- Conveying trustworthy motives.

A study in 2013 found that when police used procedural justice techniques versus standard protocol during a roadside encounter involving a breath-analyser, the drivers felt more satisfied with the interaction, were more cooperative, and rated police legitimacy higher. Training around slowing down in interactions with the public, and developing empathic communication. Crisis Intervention Training (CIT) aims at fostering empathy between officers and the most volatile and/or mentally ill members of the community. It teaches police to listen more and talk less during encounters, while talking calmly and respectfully.

Stanford University psychology professor Jamil Zaki argues that, "too often, empathy-building is sabotaged by a 'warrior' mentality, in which police are given instructions to consider every person armed and dangerous, leaving them less able to take the perspective of the people they encounter and make wiser decisions". He says: "If you wanted to decrease recruits' empathy, you could scarcely do better than to enshrine a warrior mentality."

In Seattle, officers are empathy trained using Virtual Reality to help them see the perspective of a potential agressor or attacker. The idea is to put officers in the shoes of someone experiencing an emotional crisis during a police encounter, and then let them practice how they might respond, which may or may not include using a taser. Films have been developed for understanding the worlds of people with autism, schizophrenia, and experiencing homelessness. There is, however, conflicting evidence as to how useful AI is as an 'empathy machine': some studies suggest it can leave some people with less empathy, having a sense that they've walked in their shoes, while others clearly stated it had markedly increased their empathy for people in these situations.

TURALT

During my travels, and through meeting with Haifa Stati from the organisation Empathy for Peace, I was directed to the work of Turalt. I have included their work here as I believe it has interesting implications for our digital communications and the ways in which agencies keep records about children, teenagers and young adults.

Turalt is named in honour of Alan Turing, who developed the Turing test in 1950 as a test of a machine's ability to exhibit intelligent behavior equivalent to, or indistinguishable from, that of a human.

At Turalt, they believe that empathy is at the heart of communication, and that technology can help us be more effective in increasing our empathy and emotional intelligence in the digital world. Their mission is to use our 'technology of empathy' to help humans be more human online, and their passion is to make the world a more empathic place.

They use Artificial Intelligence (AI) together with cognitive and psycholinguistic models, to support and develop empathy skills in business communication. AI is a field that tries to make machines do things that humans would require intelligence to do, and in the process we learn more about what it is to be human. AI can 'hold a mirror' up to humanity, and this second part is often left out of AI learning.

Turalt developed chatbots as a tool to teach empathy to explore whether a robot can have human qualities such as empathy. The first ever AI chatbot was called Eliza and was developed by Joseph Weiznbaum in 1966. It was used as a Rogerian, client-centred counselling tool and interacted with a user sitting at an electric typewriter. Later Eliza the chatbot became problematic to Weiznbaum as the robots use increased and people became convinced that she was communicating with them independently. Weiznbaum went on to campaign about the dangers of AI for the rest of his life – as humans naturally anthropomorphise objects.

The question has always been whether a robot can really have essentially human qualities such as empathy. Turalt's chatbots are intended to develop human empathy – some are used for empathy training in workplaces to combat bullying, miscommunication, and to tackle stress. They have also developed the world's first e-mail psychometric that develops your skills in empathy and communication online and through email. In practice, this looks like an assessment of your online or emailing personality through analysis of emails and personal characteristics, and makes recommendations to increase empathic communication. There is also a plug-in for Outlook and Gmail that gives real time empathy feedback. For example, if you are having to convey a difficult message via email, the empathy feedback plug-in will offer suggestions as to how you can re-write the email to be more empathic for the receiver. The idea isn't to make the writer 'lazy' by doing the work for them, but rather to generates empathic response suggestions, as a tool for reflection.

There are many potential applications for this 'technology for good' in terms of increasing empathy in health, social care, education and justice agencies. The most obvious is awareness and development around the way in which we communicate online with colleagues and partner agencies, and additionally the potential for records of children and young people in these agencies to be written more empathically. It's not beyond the realms of possibility to imagine in the future an adult requesting previous care records that had been written using an empathy bot.

Communications with the young people and families who use services could be reimagined with this technology, and what is created online could arguably reap benefits in face-to-face relationships.

FINDINGS FROM THE UK

There have been some notable developments in the UK towards greater adoption of empathy and love as a driving force in social care. I felt that it was important to draw attention to these as well as my findings from Canada and USA.

DESIGN AGAINST CRIME

Lorraine Ganman founded Design against Crime at Central Saint Martins (CSM) in London in 1999. The project supports people with experience of the justice system to design (in partnership with those at the centre) crime reduction objects, including crime-resistant laptops, cash machines, rucksacks, hospitals and schools. 'Karrysafe' bags have been designed to prevent theft, and 'grippa' clips for use in bars for customers and staff to make it harder to remove bags and coats.

Now a research centre, Design Against Crime has produced multiple products. Their research has been published internationally and they attend conferences, covering subjects including the use of empathy and participatory-centred design.

RELATIONAL ACTIVISM

In the London borough of Camden, staff in children's social care and people with lived experience are leading a quiet revolution. Groups of social workers have been coming together to talk about relationships, acts of kindness and infusing 'relational activism' into their practice. These relational activists have used the catchphrase, "to love is to act", or as one person put it, 'it's giving a shit'.

THE CARE EXPERIENCED CONFERENCE CHARTER – UK

In 2019, an event was organised and led by care experienced people across the UK. From this event came their 'Care Experienced Charter'. The number one message being "we need more love in the care system, including displays of positive physical affection".

In response, a prominent public figure in London said, "it is difficult to provide a public policy response to 'love in the system,'" and swiftly moved on. And I am left wondering, why can't we give a public policy response around Love?

THE CARE REVIEW – SCOTLAND

The word 'love' featured 104 times in The Care Review's promise to Scotland's children. It was developed through engaging with young people with experience of care and their families, providers of care and particularly, children and young people in care now, to inform its recommendations to improve both the quality of life and outcomes of young people in care. The comprehensive and independent review into Scotland's care services covered legislation, practices, culture and ethos.

THEME 3: EMPATHY IN HEALTH AND THERAPEUTIC APPROACHES

It's widely known that empathy correlates with effective counselling, and is used in a number of therapeutic approaches such as cognitive behavioural therapy (CBT) and dynamic therapy.

As part of my travels I spent two days at a Carl Rogers conference organised by the Center for Studies of the Person in San Diego. I had trained in person-centred counselling at university, and this was a long-held dream to be able to go to the place where Rogers, the psychologist who founded the approach, had spent the last 20 years of his practice, and to meet people who worked alongside him.

The person-centred approach incorporates empathy, congruence and unconditional positive regard. These were conditions he deemed necessary for the therapeutic process and that he described as 'a way of being' rather than a technique to be turned 'on or off'.

Empathy is one of the central dimensions of the therapeutic relationship, and though the definition does not perhaps go far enough has been identified in this context as: "the continuing process whereby the counsellor lays aside [their] own way of experiencing and perceiving reality, preferring to sense and respond to the experiences and perceptions of the client. This sensing may be intense and enduring, with the counsellor actually experiencing the client's thoughts and feelings as powerfully as if they had originated in themselves."

Rogers stated that the important elements of empathy are:
- the therapist understands the client's feelings
- the therapist's responses reflects the client's mood and the content of what has been said
- the therapist's tone of voice conveys the ability to share the client's feelings.

It's only when you can really be open, clear and sensitive to the emotions and feelings of others, that authentic relational communication begins. He described empathy is a way of being, which is all about entering into the other person's private world and how they perceive it... curiosity and demonstrating understanding are key. It is essential that the person receiving the counselling (the client) must feel understood through the empathic response, and that in some way, the counsellor has struggled (yet been successful) to gain a sense of their world.

Empathy is not always static from counsellor to client and can be impacted by several things, usually referred to as 'blocks to empathy'. Common 'empathy blockers' can be a therapist's own prejudices, confidence, personal worries, and troubles, or their pre-judgement and personal theories about the therapeutic relationship. Over-identifying can lead to a 'false empathy' where a counsellor identifies with an experience of the client and assumes the empathic response, which may or may not be correct.

66

To be with another in this way means that for the time being, you lay aside the views and values you hold for yourself...to enter another's world without prejudice. In some sense, it means that you lay aside yourself and this can only be done by a person who is secure enough in himself that he knows he will not get lost in what may turn out to be the strange or bizarre world of the other, and can comfortably return to his own world when he wishes. Perhaps this description makes clear that being empathic is a complex, demanding, strong yet subtle and gentle way of being.

CARL ROGERS (1967) ON BECOMING A PERSON

99

MOTIVATIONAL INTERVIEWING

During my time at the Rogers conference, I met Clinical Psychologist William Miller, co-founder of the Motivational Interviewing (MI) approach. MI uses an empathic and person-centred approach to engage clients, clarify their strengths and aspirations, evoke their own motivations for change and promote autonomy in decision making. It is based on the following assumptions:

- how we speak to people is likely to be just as important as what we say
- being listened to and understood empathically is an important part of the process of change
- the person who has the problem is the person who has the answer to solving it
- people only change their behaviour when they feel ready – not when they are told to do so
- the solutions people find for themselves are the most enduring and effective.

There are four general principles of motivational interviewing:

Resist the urge to change the individual's course of action through didactic means

Understand it's the individual's reasons for change, not those of the practitioner, that will elicit a change in behaviour

Listening is important; the solutions lie within the individual, not the practitioner

Empower the individual to understand that they have the ability to change their behaviour.

(Rollnick et al 2008)

Motivational Interviewing as an engagement and behavior change approach is used across probation, youth justice, social care and health providers. Clinical trials have shown that patients exposed to MI (versus treatment as usual) are more likely to enter, stay in and complete treatment, participate in follow-up visits, decrease alcohol and drug use and stop smoking.

COMPASSION-FOCUSSED THERAPY (CFT)

Professor Paul Gilbert is a renowned clinical psychologist in the UK. He founded compassion-focussed therapy and authored the book 'Compassionate Mind'. His research shows that people with mental illness often have high levels of shame and self-criticism. Teaching patient/clients self-compassion and self-kindness has shown promising results to date.

HEARTS IN HEALTHCARE

Through my research I found the organisation 'Hearts in Healthcare' based in New Zealand. They believe in compassionate and 're-humanised' healthcare to improve connection and health outcomes for patients.

Co-Founder Robin Youngson believes that people confuse terms like empathy, sympathy, compassion and pity. We tend not to sympathise with people we judge don't deserve our sympathy, such as someone who is violent, or a drunk driver; therefore sympathy involves judgment. Pity also involves judgment because the person offering pity feels superior to the one who is pitied, and he is clear that empathy alone is not enough, and if used alone can cause burnout.

As with other critics of empathy, Youngson describes scenarios where empathy can be used negatively, such as people conning others, or torturers inflicting pain on others. He believes that only compassion has the element of non-judgment, and we can be compassionate to someone we don't like or approve of, it has a strong moral core and is a force for good .

Health professionals can sometimes witness great suffering in their patients. One of the hallmarks of compassion is the ability to tolerate distress within ourselves and not turn away from the suffering patient. However, there are increasing rates of burnout in helping professions. Burnout can be characterised by emotional exhaustion, depersonalisation (becoming robotic and doing the job with emotional detachment), cynicism and lack of personal achievements.

Burnout causes a 40% increase in heart attack and stroke, it is a bigger risk than smoking, high cholesterol or lack of exercise. Those with the highest 20% of burnout scores have a 79% increased risk of coronary heart disease. In addition, if caring professionals have burnout, they suffer from emotional exhaustion and can no longer tolerate the personal distress of seeing others suffering, so can shut down and switch off from connection. Studies show that approximately 30-50% of health workers have symptoms of burnout and the

rate is very similar across different professions and different countries. Young health professionals show higher levels of burnout and suicide rates.

The antidote to burnout, according to Hearts in Healthcare, is to practice self-compassion, including practicing kindness, gratitude and appreciation, building positivity and resilience, mindfulness, sharing vulnerability and being non-judgemental.

> 66
>
> Compassion is not just a feeling, it's a motivation.
> YOUNGSON
>
> 99

EMPATHETICS

Empathetics is an organisation that helps healthcare organisations to develop a culture of empathy through specific and targeted evidence-based empathy training. Co-Founder and Chief Scientific Officer at Empathetics, Dr Helen Reiss, is also Associate Professor of Psychiatry at Harvard Medical School and has produced peer-reviewed research on empathy and the neuroscience of emotions. We know now that empathy can be taught and grown like a muscle with practice.

Helen Riess' training and research included randomised controlled trials that explored:

- Neurobiology and physiology of emotions and empathy training.
- Physiology of emotions during difficult patient encounters.
- Skills in decoding subtle facial expressions.
- Empathic verbal and behavioural responses.
- Self-regulation skills with breathing exercises and mindfulness.

The study showed that explicit training can enhance empathy in medical staff and that it improves the patient's perception of the doctor's empathy and caring as measured by the Consultation and Relational Empathy (CARE) questionnaire. Therefore, empathic communication between clinicians and patients will lead to a more engaged healthcare experience, and with improved communication, patients who experience empathic care have better medical outcomes. (Hojat, 2011; Rakel, 2009; Kaptchuck, 2008).

Reiss and colleagues state that building empathy across health organisations will:

- increase patient satisfaction
- improve clinical health outcomes
- reduce clinician burnout
- improve team and external communication and collaboration
- reduce malpractice claims.

Reiss (2015) describes clinical empathy as involving a continuum beginning with a cognitive appraisal of anothers' pain and emotions leading to a response from the provider. Understanding empathy capacity in clinicians requires an ability to assess three types of component:

- perceptive components
- processing components
- responsive components.

Each component can be affected by the clinician's individual personality and characteristics, including sensitivity to others, and by the environment. In addition, factors in the environment can contribute to emotional overload and lead to emotional distress rather than empathic concern. Reiss notes that Larson and Yao (2005) describe empathy as 'emotional labour' that requires energy, resource, and conducive environments for optimal results. So, high responsibility environments, high workloads where many patients are seen, and lack of resource or self-care for clinicians can all contribute to stress, burnout and low empathy.

Targeted training in empathy can lead to improved clinician empathy by both enhancing perception through awareness of the self and others, and optimising empathic responses through self-regulation and perspective-taking, which lead to empathic accuracy and improved patient satisfaction.

KLICK HEALTH

Toronto-based company Klick Health developed the 'Sympulse Tel-Empathy device' to stimulate the involuntary twitches that Parkinson's Disease patients feel in the hand and lower arm, and was used to support clinician empathy for patient, with the idea that if the clinician can feel what the patient is actually feeling, and have the associated nervous system response, they will have stronger empathy for what the patient is feeling, and to give more compassionate care.

AGE LAB

Agnes (Age Gain Now Empathy System), is an ageing empathy suit from AgeLab at the Massachusetts Institute of Technology. It simulates the ageing process to give younger people a better idea of the physical challenges that older people face, and to improve the quality of life for an ageing global population. As I learn about this I wonder about the future possibility for empathy suits that might represent physical responses to stress or trauma as a child and teenager, and how that might be used in training professionals. If a professional could feel or experience the physical sensations associated with emotional dysregulation, hyper-arousal, flashbacks and communication difficulties, could that help them to engage with increased empathy for young people who have lived experience of this? And in a different future, could this be used in legal litigation for children, teenagers and young adults in the justice system to demonstrate early trauma, adversity and changes in brain development?

NHS IMPROVEMENT

NHS England and NHS Improvement have partnered with the King's Fund and the Centre for Creative Leadership to provide practical support and resources to help health providers improve their culture. The aim is to create cultures of compassionate and inclusive leadership. Cultures in organisations are defined by the values lived by every day, and these may not always be the same as the stated values of the organisation. Lived values can be seen in 'the way we do things around here'.

In the 'concepts and evidence' document supporting the programme, they found that in healthcare, for staff to treat patients with respect, care and compassion, all staff, especially leaders, must treat their colleagues with care, respect and compassion. "The higher the levels of satisfaction and commitment that staff report, the higher the levels of satisfaction that patients report".

Compassion in an organisational context can be understood as having four components: attending, understanding, empathising and helping. In the context of an interaction between a healthcare professional and a patient, compassion involves:

1 paying attention to the other and noticing his or her suffering – attending and being present
2 understanding what is causing the other's distress, by making an appraisal of the cause – understanding
3 having an empathic response, a felt relation with the other's distress – empathising
4 taking intelligent (thoughtful and appropriate) action to help relieve the other's suffering – helping.

Importantly, compassionate leadership has these same four components. Studies have shown that one of the factors contributing to higher levels of staff engagement is the level of support from the organisation and supervisors. Employees who perceived that they have higher levels of organisational support, are more engaged in their job and organisation. Employees whose supervisor was supportive and fair were less likely to experience burnout and more likely to engage with organisational change (Maslach and Leiter).

EMPATHY FOR PEACE

Empathy for Peace is a Canadian not-for-profit. They believe that the practice of empathy (described as the drive to identify with another's thoughts and feelings, and to respond to these with an appropriate emotion) is the key to building peaceful, just and fair communities. Their aim is to advance empathy research and its applications to evidence-based conflict transformation, peace-building and reconciliation processes.

Empathy in business is a growing field, with the sector realising that deeper understanding of their customers can increase profit. Empathy for Peace was started because of the growing interest of the use of empathy in peacebuilding and anti-bullying programmes particularly, but there was little access for people to the research and evidence base. The organisation seeks to connect practitioners and researchers.

CONCLUSION

Given the move in recent years towards trauma-responsive services, and the increased focus on role of lived experience in services/system design and delivery, I'm hopeful that we're moving in the right direction. However, it's clear there is still lots more work to do – we (the children, teenagers and young adults who are our partners, along with our core team, trustees and advisers) at Peer Power will continue to use empathy and love to gently but persistently disrupt and change the status quo in services. The Executive Summary at the start of the report includes my recommendations.

In conclusion of this journey, I realise that:

- Yes, you can teach empathy and increase empathy in people and systems. Empathy can be taught (known as active or conscious empathy), and exercised like a muscle so that it increases, and it can be turned 'on and off' and tuned 'in and out' as needed. We need to 'de-code' the behaviours and actions of empathy, and become more practised and skilled at managing our levels of empathy.

- Empathy is more than walking in another's shoes, more than seeing through their eyes, and is more than feeling with someone; it is a doing word – it is to act in response to the empathic feeling in order to create relationship and connection.

- Empathy is the driver to love, kindness and compassionate action. You cannot have engagement and coproduction without trust and relationship, and you cannot have trust and relationship without empathy. The relationship is the Intervention.

- Systemic empathy requires first an understanding of a system's components and behaviours. Systemic empathy is intrinsically linked to trauma-responsive practice and healing communities. A whole-system approach to empathy is required.

- Trauma-responsive organisations should also be informed by people who have experienced trauma. Ethical and mindful storytelling is a route to enhancing empathy in services, and it's important in building relationships, trust and equality between those who use services and those who deliver services.

- Though brain development can be impacted negatively through life events, experiences and interactions, the brain is malleable and changeable (termed neuro-plasticity) and can be reprogrammed and healed through positive life events, experiences and positive interactions.

BIBLIOGRAPHY

Akala (2018). Natives: Race and Class in the Ruins of Empire

Alleva R, Shannon, P & Smith, S (2016). Courage to Care: Teaching empathy toi Rural New Hampshire Seventh Graders

Augimeri, L.K., Walsh, M., Levene, K., & Slater, N. (2015). Scaling Deeper: SNAP® Model and Implementation Frameworks. In Raymond Corrado, Alan Leschied, Patrick Lussier, & John Watley (Eds), Serious and Violent Young Offenders and Youth Criminal Justice: A Canadian perspective. Simon Fraser University Press. [This article focuses on our implementation process – scaling SNAP]

Augimeri, L.K., Walsh, M., Levene, K., Sewell, K., & Rajca, E. (2014). Stop Now And Plan (SNAP) Model. Encyclopedia of Criminology and Criminal Justice, 5053-5063. New York, NY: Springer Science – Business Media. [This is another shorter summary document for SNAP]

Baron-Cohen, S (2011). Zero Degrees of Empathy: A new Theory of Human Cruelty and Kindness

Bateman, T. The State of Youth Justice, 2017, National Association of Youth Justice

Bazalgette, P (2017). The Empathy Instinct: How to Create a More Civil Society

Bloom, P (2017), Against Empathy ;The case for rational compassion

Bloom, P. The science of bias, empathy and dehumanization

Bloom, P. Why empathy is not the best way to care

Boxall, M (2002). Nurture Groups in Schools: Principles and Practice

Broadwood, J (2012), Arts and Kindness, People United

Brown, B (2012) Daring greatly, how the courage to be vulnerable transforms the way we live, love and parent

Brown, B (2018). Dare to Lead

Case, S. and K. Haines (2015). 'Children first, offenders second: Reframing the prevention debate.'

Centre for Efficient Collaboration efficientcollaboration.org/about/

Child Friendly Youth Justice, National Association for Youth Justice, May 2018

Cottam, H (2019). Radical Help

Covey, S (1989). The Seven Habits of Highly Effective People

Cutts, N (2010). Love at Work

Dove and Fisher (2020) Finding love in a local place, the case for compassionate public services, blog accessed here www.nlgn.org.uk/public/2020/finding-love-in-a-local-place/

Figley, C (1995). Compassion Fatigue: Coping with Secondary Traumatic Stress Disorder in Those who Treat the Traumatized

Frameworks Institute (2016) New Narratives: Changing the Frame on Crime and Justice

Gallagher-Mackay K & Steinhauer, N (2017). Pushing the Limits: How schools can prepare our children for the challenges of tomorrow

Goleman, D (1995). Emotional Intelligence

Gordon, (2005). Roots of Empathy

Helen Riess (2015) The Impact of Clinical Empathy on Patients and Clinicians: Understanding Empathy's Side Effects, AJOB Neuroscience, 6:3, 51-53, DOI: 10.1080/21507740.2015.1052591

http://dx.doi.org/10.1080/21507740.2015.1052591

HMIP (2017). The work of Youth Offending Teams to protect the public

HMIP Desistance and Young People, 2016 accessed: www.justiceinspectorates.gov.uk/hmiprobation/wpcontent/uploads/sites/5/2016/05/Desistance_and_young_people.pdf

www.independent.co.uk/life-style/health-and-families/features/why-a-lack-of-empathy-is-the-root-of-all-evil-6279239.html

www.justiceinspectorates.gov.uk.hmiprobation/wp-content/uploads/sites/5/2017/The-Work-Of-Youth-Offending-Teams-to-Protect-the-Public_reportfinal.pdf

Jascz, M (2017), Relationships 101

Johnson, R co-author of "Psychologically Informed Services for Homeless People – Good practice guide" 2012 Dept of Communities and Local Gov anddeveloperofhttp://pielink.net/

Kestler, I (2017). Empathy: Instantly connect with all personality types

Kreitzer and Levine (1995). The Peer Partners Handbook

Kruger, D, The Spectator, 2008, I wrote 'hug a hoodie' and I'm proud of it www.spectator.co.uk/2008/06/i-wrote-hug-a-hoodieand-im-proud-of-it/#

Krznaric R, 2014, Ebury, Empathy, why it matters, and how to get it

Lammy, D (2017) The Lammy Review: An independent review into the treatment of, and outcomes for, Black, Asian and Minority Individuals in the United Kingdom

Lanzone, S (2020) The politics of empathy and race

Levine, D (2003). Building Classroom Communities

Levine, D (2005). Teaching Empathy

Maslow (1943). A hierarchy of Needs

Mate, G (1999). Scattered Minds: The origins and healing of Attention Deficit Hyperactivity Disorder

Mearns, D & Thorne B (1988). Person-Centred Counselling in Action

Miller, WR (2018). Listening Well: The art of empathic listening

NHS Improvement Programme 'Culture and Leadership' accessed improvement.nhs.uk/documents/1546/01-NHS101-Evidence_030417.pdf

Riess H, Kelley JM, Bailey RW, Dunn EJ, Phillips M. Empathy training for resident physicians: a randomized controlled trial of a neuroscienceinformed

curriculum. J Gen Intern Med. 2012;27(10):1280-6.

Rogers, C (1951). Client Centred Therapy

Rogers, C (1957). Active Listening

Rogers, C (1961). On becoming a Person

Rogers, C (1969). Freedom to Learn

Rogers, C (1980). A Way of Being

Roots of Empathy Research Symposium (2012-2017)

Rosenburg, M (2004). The Heart of Social Change: How to make a difference in your world.

Seligman & Peterson (2004). Character Strengths and Virtues

Seligman, M (2011). Flourish: A new understanding of happiness and wellbeing

Singer, T,. and Lamm, C. (2009). The social neuroscience of empathy. Annals of the New York Academy of Sciences, 1156 (1) 81-96

Singer, T., & Lamm, C. (2009). The social neuroscience of empathy. Annals of the New York Academy of Sciences, 1156 (1) 81-96

Source: thenayj.org.uk/wp-content/uploads/2017/09/State-of-Youth-Justice-report-for-web-Sep17.pdf

Source: thenayj.org.uk/wp-content/uploads/2018/05/NAYJ-Child-friendly-youth-justice-May-18.pdf

Szalavitz, M & Perry, BD (2006). The Boy who was Raised as a Dog

Szalavitz, M & Perry, BD (2010). Born for Love: Why Empathy is Essential and Endangered

Taylor, C. (2016). Review of the Youth Justice System in England and Wales. Ministry of Justice.

Unwin, J (2017), Kindness, Emotions and Human Relationships, the blind spot in public policy

Van der Kolk, B, 2014, The body Keeps the Score, Penguin

Warren, S. (2016). Continuing to Care: The California Connection Churchill Fellowship Report

Witchalls, C, The Independent, 2011, Why a lack of empathy is the root of all evil

Wolynn (2016). It didn't start with you: How inherited family trauma shapes who we are...

Zaki, J (2019) The War for Kindness: Building empathy in a fractured world

99

TED TALKS

Cunningham, A (2016). Drowning in Empathy: The cost of vicarious trauma

Parkin, P (2015). Reimagining empathy: the transformative nature of empathy

Reiss, H. (2013) The Power of Empathy

Stowe, M. Empathy: the heart of difficult conversations

MEASURING EMPATHY

Empathy Quotient: psychology-tools.com/empathy-quotient

Joliffe & Farrington (2006). The Basic Empathy Scale

Quizz: greatergood.berkeley.edu/quizzes/take_quiz/empathy

INDIVIDUALS AND ORGANISATIONS I MET OR SPOKE WITH TO INFORM THE DEVELOPMENT OF THIS REPORT

Center for Studies of the Person

Design Against Crime

Dr William C Mobley, MD

Edwin Rutsch - Founder of 'Building a Culture or Empathy'

Empathy for Peace

Fuel Ed

Graham Windam

Kibble

Mabin School

New York Centre for Nonviolent Communication

NYC Probation

Oregon Prison Project

Outsider Art Fair

Professor Jeff Butts - CUNY

Roman Kryznaric, author of Empathy: Why it Matters and How to Get it and Co-Founder of The Empathy Museum

Roots of Empathy

Rose Avenue School

Stop Now and Plan SNAP

Teaching Empathy Institute

The Relationship Foundation

Turalt

Vera Institute of Justice

APPENDIX

ADVERSE CHILDHOOD EXPERIENCES (ACES)

The English ACE population study (in Blackburn with Darwen) found the following:
53% Had experienced 0 ACEs
23% Had experienced 1 ACE
15% Had experienced 2-3 ACEs
9% Had experienced 4+ ACEs

The original ACEs study, which was conducted in the USA, found that around two thirds (64%) of the 17,000 individuals included in the study reported at least one ACE, with over a quarter (26%) suffering physical abuse and a fifth experiencing some form of sexual abuse. Around one in eight individuals (13%) had experienced four or more ACEs.

WHAT IMPACT CAN ACES HAVE?

When exposed to stressful situations, the 'fight, flight or freeze' response floods our brain with corticotrophin-releasing hormones (CRH), which usually forms part of a normal and protective response that subsides once the stressful situation passes. However, when repeatedly exposed to ACEs, CRH is continually produced by the brain, which results in the child remaining permanently in this heightened state of alert and unable to return to their natural relaxed and recovered state.

Children and young people who are exposed to ACEs therefore have increased – and sustained – levels of stress. In this heightened neurological state, a young person is unable to think rationally and it's physiologically impossible for them to learn.

ACEs can therefore have a negative impact on development in childhood and this can in turn give rise to harmful behaviours, social issues and health problems in adulthood. There is now a great deal of research demonstrating that ACEs can negatively affect lifelong mental and physical health by disrupting brain and organ development and by damaging the body's system for defending against diseases. The more ACEs a child has, the greater the chance of health and/or social problems in later life.

ACEs research shows that there is a strong doseresponse relationship between ACEs and poor physical and mental health, chronic disease (such as type II diabetes, chronic obstructive pulmonary disease; heart disease; cancer), increased levels of violence, crime and lower academic success both in childhood and adulthood.

ACES AND YOUTH JUSTICE

The primary reason for exclusion from school is disruptive behavior. If we begin to view this through an ACE-informed lens, we can assume that a proportion of this disruptive behavior could be a symptom of chronic stress and exposure to multiple ACEs as a child.

The most recent figures available for England in 2015/16 (the most recent data available), show there were 6,685 permanent exclusions, an increase of 15.4% compared to the previous year (The Wave Trust, 2018). The number has risen every year since 2012/13. The most common reason for permanent exclusion in 2015/16, was persistent disruptive behaviour, with 34.6% of children (2,310) being excluded because of this. Research conducted by The Telegraph newspaper shows that in areas where school exclusions are high, rates of crime recorded among young people are also higher, for example, the Office for National Statistics figures show Birmingham has the highest rate of young people involved in crime and also the second highest rate of exclusions per year according to the most recent data, and Lancashire has the highest rate of exclusions and the second highest rate of youth crime. (The Telegraph, 2018). We also know that young people in the justice system also experience a range of social, emotional and communication difficulties.

CAN ACES BE PREVENTED?

Stable, nurturing adult-child relationships and environments help children develop strong cognitive and emotional skills and the resilience required to flourish as adults. By encouraging such relationships ACEs can be prevented, even in difficult circumstances, and it is crucial to support and nurture children and young people as they develop and grow. For adults who experienced ACEs in their childhood, it is also very possible to minimise the impact of ACEs on their health, relationships and lives in general.

ACKNOWLEDGEMENTS

PSYCHOLOGICALLY INFORMED ENVIRONMENTS PIE

A Psychologically Informed Environment (PIE) "… is one that takes into account the psychological makeup – the thinking, emotions, personalities and past experience – of its participants in the way that it operates."

Though not explicit through this definition, in a service provider/delivery context it ought to be explained that by 'participants' it means the whole group: the practitioners as well as the people who engage with services.

A PIE HAS 5 KEY ELEMENTS:

Relationships.
Staff support and training.
The physical environment and social spaces.
A psychological framework.
Evidence generating practice.

It's not about trying to create a pseudo-psychology service but to help staff understand their own emotional needs, those of their clients, and the interplay of the two. See also Trauma Informed Care and the three Rs: rules, roles and responsiveness.

DEMOGRAPHICS – CHILDREN AND TEENAGERS EXPERIENCING THE YOUTH JUSTICE SYSTEM

It's widely accepted that around 60% of young people in the justice system have speech, language and communication needs (SLCN), and one third of young people in custody have a mental health disorder – three times higher than the general population. Bereaved children and young people are overrepresented in the criminal justice system. Studies suggest that around 4% of the current general population of 11–16-year-olds have been bereaved of a parent (Harrison and Harrington, 2001) compared to 10% of prisoners who were convicted of a grave crime when they were children (Boswell, 1996). A 2003 survey found that 92% of young people in the justice system have experienced loss or rejection, through experiences such as bereavement, family breakdown or the onset of illness in a parent.

Young people with experience of the justice system are more likely to be male and working class, and those from Black, Asian and minority ethnic communities are disproportionately over-represented. Children from a Black, Asian, and minority ethnic communities now make up more than half of the youth custody population, and are four times as likely to be arrested than white children, and are twice as likely to be sentenced to custody (YJB 2019). Those who have experience of the care system, and the adverse family experiences proceeding this, are also disproportionately represented in the youth justice system. 37% of children in secure training centres and 39% of boys in young offender institutions report having care experience.

School exclusion – alongside the apparent correlation between school exclusion and crime rates above, it's noteworthy that Black pupils are marginally more likely to be permanently excluded from school than other pupils. They make up 6% of the mainstream school population, yet 7% of Black children are in pupil referral units (YJB 2019).

DEMOGRAPHICS – CHILDREN AND TEENAGERS EXPERIENCING THE CARE SYSTEM

Statistics can be found here:

nhs-digital.citizenspace.com/consultations/survey-of-the-mental-health-of-childrenlooked-aft/

www.gov.uk/government/statistics/children-looked-after-in-england-includingadoption-2018-to-2019 – National stats do have SDQ info for children in care too

researchbriefings.parliament.uk/ResearchBriefing/Summary/CBP-8429 – this briefing paper from last year also brings together some stats

DEMOGRAPHICS - CHILDREN AND TEENAGERS EXPERIENCING MENTAL

Health Services
www.mentalhealth.org.uk/statistics/mental-health-statistics-children-and-young-people