

Attachment and Trauma Informed Practice

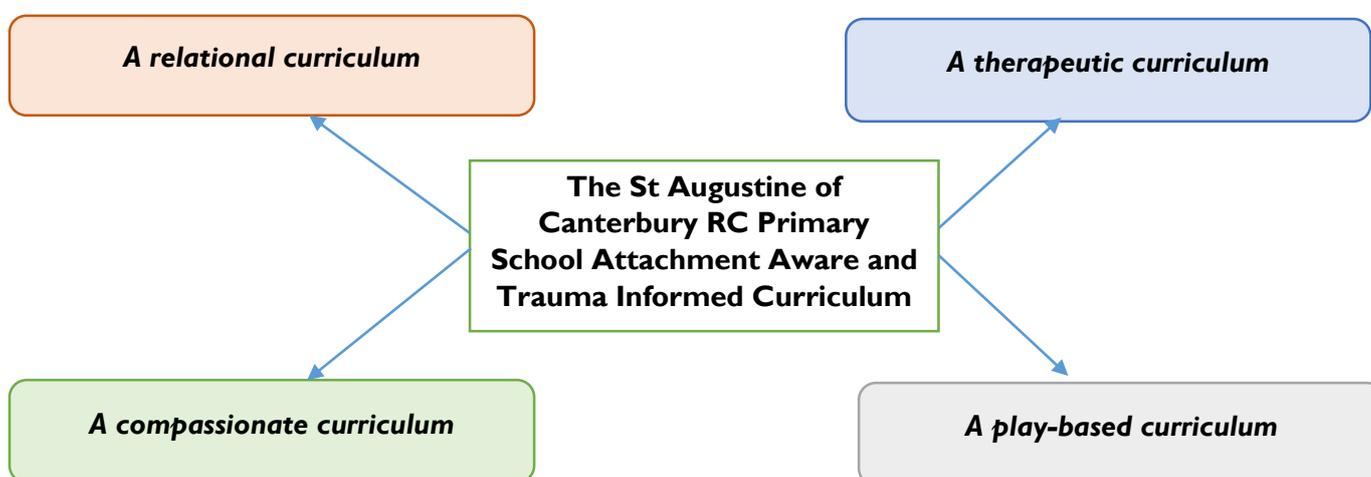
A whole school response to meeting the needs of the children as well as long term recovery from the COVID19 pandemic

October 2021

The staff and governors of St Augustine's are fully committed to meeting the emotional needs and wellbeing of all children. All adults who work in school have a working knowledge and understanding of attachment and the impact of early trauma. There has been a commitment to training for senior leaders since February 2017, with the school registered on the Attachment and Trauma Sensitive Schools Award since 2018, with an emphasis on regular training and development for all staff. This has informed the practice across school and remains a key priority in order to support the increasing needs of some of our school community.

Since schools closed in March 2020, as a school we became increasingly aware of the impact a prolonged closure as well as the restrictions multiple lockdowns had and is likely to continue to have, on our school community. School staff have been working hard to further develop their knowledge of the impact the current situation has had on the children, now and in the future.

We have worked closely with Jenny Nock who has delivered all our training on attachment and trauma, including FASD, anxiety-based disorders and PDA over recent years and Jenny has also accredited our school practice through visits and scrutiny of evidence to award us Bronze, Silver and more recently Gold. As a result of this work and our commitment to supporting pupils, we have devised a 'Recovery' curriculum to ensure we are meeting the needs of all children. The principles of our approach are underpinned by the theory and understanding of attachment and trauma informed practice which have been formally embedded in our practice since 2018. Our thanks and credit go to Jenny for all the training and support she has provided to enable us to do this. Most of the material contained within this document is from the training completed with Jenny.



Rationale:

There has been much talk, in the press, on social media, and even in communications between parents and school about a worry about the children 'falling behind' in their learning and needing to 'catch up' on missed learning as a result of school closures, periods of isolation and illness. As a school already committed to Attachment and Trauma Sensitive practice, this was not our greatest concern. We viewed the experiences of children throughout multiple lockdowns, class and school closures, periods of isolation and the national restrictions imposed over the last 18 months to be of greater concern. All our children, parents and even staff have experienced a trauma to some degree and it is important that this is acknowledged and given a greater priority if children are to be supported appropriately to be able to develop socially, emotionally and then academically.

The focus on the academic progress of children during a pandemic is not compatible with our commitment to ensuring children's emotional needs are met prior to supporting them to learn. We fully acknowledge that children will need support to recover from loss, trauma, anxiety and grief, in lots of different ways. Rather than being overwhelmed and daunted by the task ahead, at St Augustine's we saw this as a welcome opportunity to put each child's well-being and development at the centre of learning.

In our training and development, we identified five major areas of loss throughout the pandemic: routine, structure, friendship, opportunity and freedom. There will be many others but these are pervasive and will have enduring effects. These losses may, for some children (and even adults), result in increased anxiety, an experience of trauma and for some even bereavement or grief. Research shows that children who experienced quarantine or social isolation in previous pandemics were five times more likely to need mental health interventions than those who did not.

“The primary focus of schools at this time should be to embark on a long, sometimes challenging, journey with each individual child, through a process of re-engagement, reconnection, which guides and supports them back to being ready to learn, able to settle to learn and fully engaged with learning.”

“Developing fit for purpose policies for getting back to school” by
Jenny Nock (May 2020)

The key components of our approach are: being authentic, curious and connected through:

- ✓ noticing;
- ✓ experiencing;
- ✓ expressing; and
- ✓ processing

We need to be authentic, real, in touch with and acknowledging the difficulties and the challenges, and we need to allow our children, colleagues and families to be authentic, no matter how uncomfortable that might be for us.

We need to stay curious, making time for self-reflection, checking in on our bodies, emotions and thoughts, and being curious as above, about all those who make up our school communities.

We need to facilitate and maintain connection and re-connection, reaching out not only to give support, but to ask for and accept support from others.

Relationships:

Relationships are a key strength across our school and have been for a long time; it is often commented on about the strength and authenticity of the relationships between children and their peers and children and the adults in school. Throughout both periods of school closure, this was further nurtured with staff making every effort to remain in contact with all parents, whether their children continued to attend school or not. This has included teaching staff emailing regularly to check in with parents, the use of Google Classroom (Years 1 – 6) or Tapestry (EYFS) for communication, welfare calls by the administrative staff and senior leaders and the development of our use of Twitter to communicate with parents and families.

Despite all of this hard work, we recognise that many relationships, both at home and at school, can become strained as a result of the restrictions imposed on families. Many children, and even adults, were not able to see their family, friends, classmates or colleagues for a long period of time. For those who did see extended family members, there were further restrictions which children did not fully understand and may perceive as a 'rejection', e.g. lack of physical contact. We witnessed an increase in children experiencing attachment issues as a result of the change in caregivers they may have. Adults themselves have found the lockdown to be challenging, leaving them feeling anxious, isolated and uncertain and this in turn can impact on their relationships with those in their families and beyond.

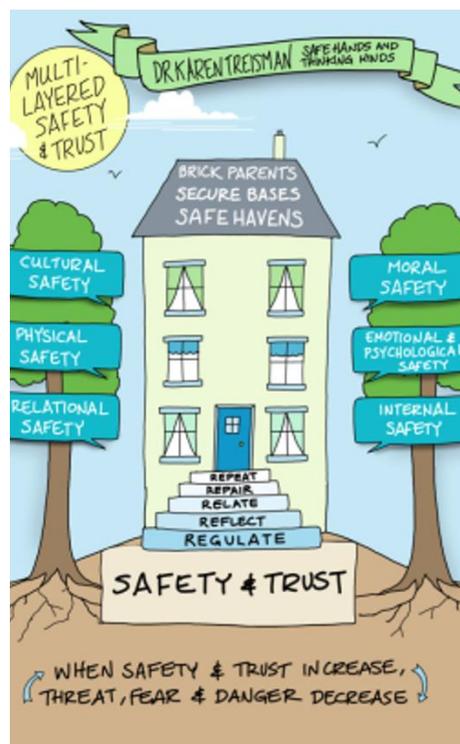
Lack of connection with these safe people will have led to feelings of disconnection, abandonment, and even feelings of doubt that previously trusted adults are unable to keep them safe. Thus, attachments may have become fragile and tenuous.

“Developing fit for purpose policies for getting back to school” by Jenny Nock (May 2020)

As a school, we recognise the important role we must play in supporting the children to be able to access learning, but also address any trauma they may have experienced throughout this pandemic. As previously mentioned, we know that this must be addressed individually to ensure we are taking into account the experiences of all but we also know that what was our strength before the pandemic, the meaningful relationships and authentic attachments, must remain at the centre of everything we strive to do. This will allow staff to effectively support children to manage their feelings, fears and consequently behaviour.

‘Relational trauma requires relational repair’

(Treisman, K. 2017)



Therapeutic

(We must) take seriously the notion that every interaction and experience has the potential to be healing or damaging, and actively choosing the former.

“Developing fit for purpose policies for getting back to school” by Jenny Nock (May 2020)

Using our knowledge of Attachment and Trauma within school, we understand that experiencing any kind of trauma as a young child, can have long term implications if not addressed. This may include but is not limited to:

- Extremes of behaviour –excited, angry, sad
- Anxious and/or hyper-vigilant
- Over reacting to things they would normally manage
- Appearing overwhelmed with expectations or routine
- Attention-seeking behaviour and needing recognition and constant reassurance
- Disassociated from people and school
- Regressive behaviour, e.g. demonstrating behaviour of younger children or developmental stage.

Staff are very skilled at identifying children who are demonstrating this behaviour as a form of communication. A challenge for the staff is to not try and fix every problem which arises, as children need to be able to experience feelings, negative and positive in order to understand how to manage them. This will often mean listening or even sitting in silence until a child feels safe enough to be able to communicate how they are feeling.

Adults who listen with empathy perform a vital therapeutic function, without being therapists.

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Enabling children to identify and connect with trusted adults in school is already part of existing practice and staff continue to be flexible about children accessing this support as appropriate.

Play-Based Curriculum

It has long been recognised that children can often use play in order to process and communicate how they are feeling. This has become more important than ever. Children have faced restrictions on their access to play both from the measures which may have been in place in school, including bubbles, staggered playtimes, resource restrictions, and those which have impacted on them outside of school, including access to play facilities, limited mixing with people outside their family, and even simple things such as birthday parties.

Children of all ages should be encouraged to play and few limitations or restrictions should be placed on this other than to ensure children remain safe and do not harm themselves or others. This should result in reduced stress and anxiety and enable children to be in a positive mind set for tackling future academic work.

A group of experts, who specialise in child mental health and development recently carried out a Rapid Review of literature exploring the harmful impact of isolation on children and the alleviating benefits of play, found that children who experienced quarantine or social isolation in previous pandemics were five times more likely to need mental health interventions than those who did not.

They found that high quality play opportunities post-pandemic, as early as safely possible were a protective factor and reduced negative outcomes for later mental health.

“Developing fit for purpose policies for getting back to school” by Jenny Nock (May 2020)

Staff have continued to provide guidance to families at home, including finding opportunities for active learning and play and when parents reported difficulties with engaging or completing online tasks, they have been encouraged to get outside and play wherever possible.

For those children accessing provision in school during periods of formal closure, staff engaged them with playful activities. We must be mindful however, that these opportunities have had some restrictions due to the nature of the pandemic (social distancing, reduced shared resources etc.) to ensure children are not exposed or an increased risk

of infection, and when it is safe to do so children need to have opportunities to play with their peers without these restrictions.



A compassionate curriculum

Our children are very social, even those who find social interaction challenging; they have been supported over time to find a way that suits them to socialise with others. However, beyond their control, their social interactions and opportunities to gather, have been limited and on some occasions completely removed. Adults, with their reasoning and understanding, have struggled to cope with the loss of social interaction so for children, this can be even more distressing.

Children at St Augustine's over the last 2 years have experienced many other losses, including:

- SATs that they may feel they've invested time and energy into
- First Holy Communion which the Y3 children have prepared for since the Autumn Term.
- School visits which were planned for the summer term
- Structure and routine of holidays and school days
- Y6 transition opportunities, including visits to their secondaries, visits from their teachers, performances, Fiver Challenge
- Summer term events including discos and fairs
- Transition activities across school to prepare for moves.
- Children's University graduations as well as the associated activities our children have enjoyed doing
- Loss of normal school events such as performances, assemblies, educational visits, seeds and gardeners.

With these losses, children may have experienced anxiety, trauma and grief and just as we are experienced in managing support for children who experience something unexpected and upsetting, we now need to be prepared for how vulnerable this may have made our children.

Adults, both in school and at home, struggled to manage their feelings around the pandemic and it isn't something people have had to deal with in living memory. They may have their own worries, fears and anxieties, including financial, housing, support networks, health, family, and combined with the over exposure to news, debate and opinion on the media, this can result in feeling angry, depressed and frustrated. We have seen an unusual and sometimes disproportionate reaction to incidents as people, both adults and children, struggle to manage their feelings.

The safety measure of handwashing and personal hygiene has led to some children and adults having a pre-occupation with this and they may have struggled to build relationships back up. Anxiety may increase with a short walk around the park, a trip to the shops or a socially distanced visit from close friends and families. These are all things which families may have had as their coping mechanisms and now they are viewed as threats or risks.

Therefore, compassion FOR ALL must remain at the forefront of our approach to supporting families and each other. As a Catholic school, this is what we do best! Catholic education has always been focussed on meeting the needs of the most disadvantaged and we know that all our families, friends and colleagues have been disadvantaged in one way or another by this pandemic.

Strategies to support:

We have a wide range of strategies embedded in practice which may include, but are not restricted to:

- Attachment and Trauma sensitive practice in class, including 'quiet' spaces, work-alone zones, visual timetables, emoji check-ins
- 'Positive Regard' relational approach to behaviour management, including the use of restorative consequences rather than punitive
- Executive Functioning strategies including resources, visual supports, verbal reframing
- Classroom organisation to support access including resources, seating, lighting and other sensory strategies
- Use of sensory snacks and flexibility within lesson approach to support children
- Access to trauma informed and attachment aware interventions including Relax Kids, Lego Therapy, Drawing and Talking (all delivered by staff in house with formal, accredited training)
- The use of Reach2Teach to assess children, identify their needs and address these compassionately and sensitively
- Support from staff trained as Emotional Literacy Support Assistants (ELSAs) as well as wider staff roles including SENDCo

APPENDIX I – PRIMARY AGED CHILDREN VULNERABILITIES (taken directly from the Jenny Nock training)

Children under the age of 7 identified as the most vulnerable groups:

Evidence from research studies from NZ, (Liberty, 2018) have shown that there has been considerable impact on the learning and development of those children who were under 5 years old at the time of the earthquakes, (e.g. speech delays, emotional immaturity, etc). We ignore such related evidence at our peril.

Traumatic situations invoke traumatic emotions. Any event outside the usual realm of human experience which is distressing can create helplessness, anxiety or panic. Traumatic stressors usually involve a perceived threat to one's physical safety or someone close to them. This is an intense psychological reaction to feeling threatened, which is completely normal. Traumatic stress overwhelms coping mechanisms leaving children feeling out of control and helpless. Continual exposure to the trauma creates a survival reaction of being depleted, exhausted, or worse, self-destructive.

Children experience traumatic stress differently based on age and maturity level. Young children cannot make meaning or sense of complex matters such as the pandemic and many will develop mental health problems as a result. Children want and need to be children and that involves close social contact; touching, hugging, holding hands etc. Asking them not to do this will cause psychological damage especially to the youngest who don't understand the need for distancing as adults do. All they will see is touching and contact is bad, obsessive hygiene and control over themselves is good.

They aren't mini adults, they are children and will struggle with understanding this concept to the degree that is required. Mental health problems WILL be the result.

Signs of stress ages 3-5 (identify that some older children may developmentally be at this stage):

- Regression - returning to security blankets and/or discarded toys, lapses in toilet training, thumb sucking or other previous behaviour
- Immature grasp of what has happened; bewildered; making up fantasy stories
- Blaming themselves and feeling guilty about how the crisis affected their family
- Bedtime anxiety; fitful/fretful sleep; frequent waking or chronic worrying
- Fear of being abandoned by parents or parents dying from coronavirus, clinginess increases as child feels unsafe
- Greater irritability, aggression, or temper tantrums
- Being relentlessly active

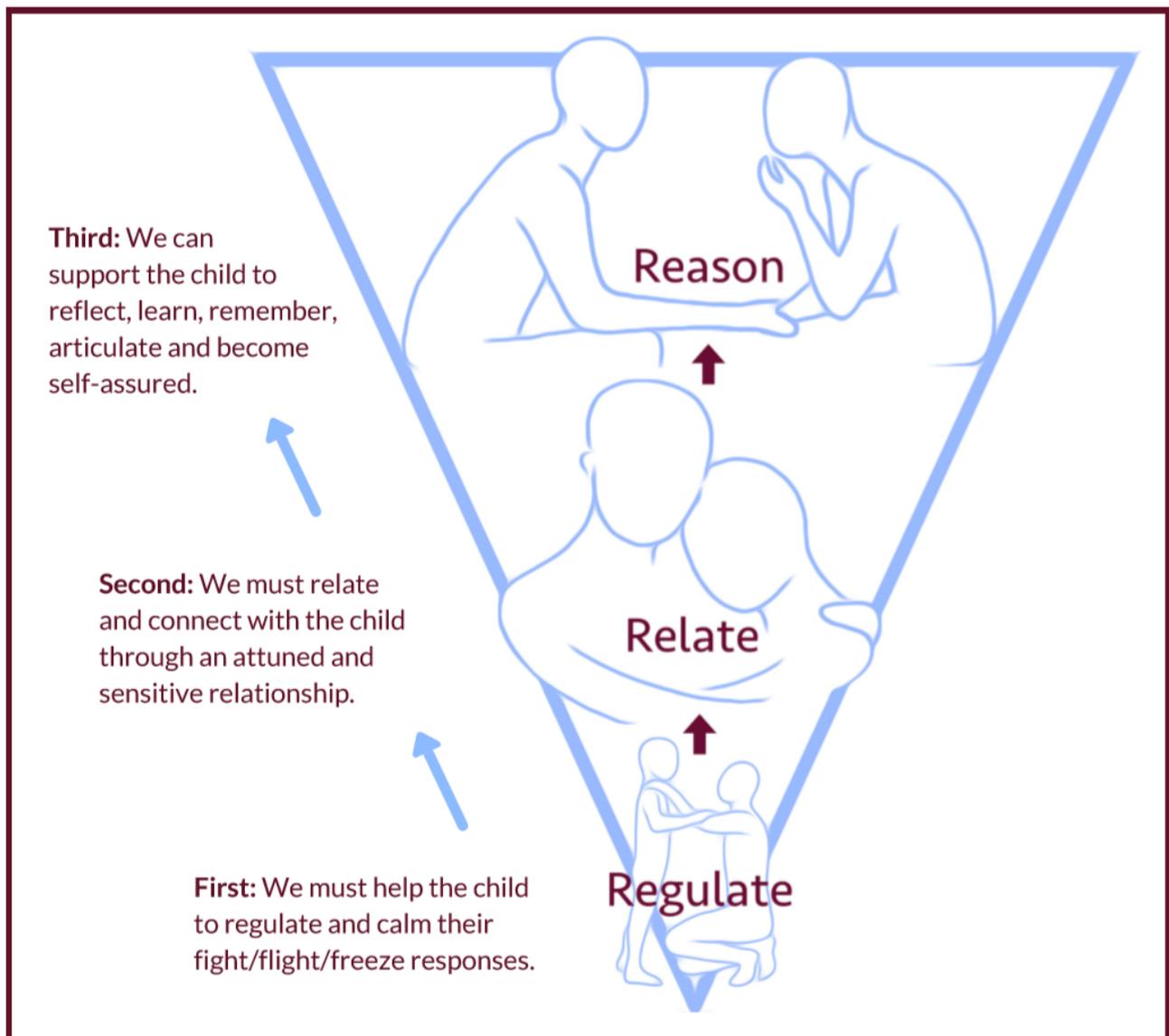
Signs of stress ages 5-7

All of the above and

- Pervasive sadness: especially when they perceive feelings of being abandoned, or fear of loss of both parents or siblings to the disease
- Crying and sobbing excessively.
- Irrational fear of the virus. (This is the stage where children start to understand about their own death and the death of others, so some children may focus on a cough as indicator that they have become infected).
- Afraid of the world ending, or watching their parents die, or their worst fears coming true, this "catastrophising" is based on fears, not facts.
- Denial - that the coronavirus never happened, and things will 'just go back to normal' like waking up out of a bad dream
- May become overactive or act irresponsibly to avoid thinking about stressful issues.
- Acting disrespectful, rude and aggressive.
- Feel ashamed of the crisis; or feel they are different from other children because of how your family may be taking coronavirus lock down more seriously than others, while their friends on social media seem to be going on with 'life as normal'

The Three R's: Reaching The Learning Brain

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



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