COVID-19 Trauma Informed Guidance for Schools

May 2020

Acknowledgements

Contents

1) Key concepts and information

What is 'trauma'?

'**Trauma** results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being' (SAMHSA, 2014, p.7).

COVID-19 and trauma

The worldwide COVID-19 pandemic is an example of a trauma that is happening to everyone. But some groups in society are disproportionately affected, such as those who are poorer, people with disabilities, individuals losing their jobs and incomes, people who are homeless, those experiencing domestic violence and abuse, people with substance 'abuse' issues or those suffering from mental distress.

Compassion fatigue, secondary trauma and vicarious trauma

Compassion fatigue refers to emotional and/or physical exhaustion, which leads to a diminished ability to empathise or feel compassion for others. **Secondary trauma** is when another person's experience of trauma starts to affect you. **Vicarious trauma** can occur when a professional's perception of the world becomes distorted as a result of their area of work.

What do we mean by a 'trauma informed school'?

We define a **'trauma informed school' as one that is able to support children and young people who suffer with trauma** and whose experience of trauma acts as a barrier to learning.

A trauma informed school works in collaboration with children, families and organisations to develop positive relationships and provide interventions for children affected by trauma in order to heal their bodies, minds and brains.

It involves staff in every part of the organisation, taking into consideration the experiences of trauma (among children and staff) and applying trauma knowledge to the way we practice.

What do we mean by a 'trauma informed' response?

A trauma informed response focuses not on what is 'wrong' with a person, but rather what they have experienced and what they need in order to recover from trauma. A trauma informed response involves fully integrating knowledge about trauma into policies, procedures and practices.

Examples of traumatic experiences

- Illness and medical procedures (particularly life-threatening health situations)
- The death or loss of a loved one
- Emotional, physical or sexual abuse
- Abandonment, betrayal of trust or neglect
- Witnessing domestic violence or abuse
- Serious accidents (e.g. road traffic collisions)
- Bullying
- Witnessing or experiencing community violence
- Parental incarceration
- Life-threatening natural disasters
- Threats or acts of terrorism
- Parental substance abuse
- Parental mental health issues

Individual experiences of trauma

An individual's subjective experience helps to determine whether an event is traumatic.

Reactions to trauma vary greatly, from a mild reaction with only minimal disruptions to a person's daily life to reactions that are more severe and debilitating.

Reactions to trauma are influenced by the subjective experience of the child or young person, which can be impacted by a child's age, personality, prior history, intelligence, resilience, developmental stage, and economic, social and cultural factors.

What is extremely traumatic for one pupil might be less so for another.

2) Signs of trauma in children and young people

Individual reactions to trauma

Children and young people who have experienced traumatic events may show signs of academic or behavioural problems, however for other pupils their suffering may not be apparent at all.

Be alert to children who act out and quiet children who don't appear to have any issues. The quiet and withdrawn students can often go unnoticed, which means their needs are not addressed. They may have symptoms that are equally serious as the children who outwardly display academic and behavioural difficulties.

Trauma can impact school performance and can impair learning

- Inconsistent / changes in academic performance
- Higher rate of school absences
- More suspensions or exclusions
- Difficulties with concentration, memory and cognition
- Reduced ability to focus, organise and process information
- Lower reading ability and/or language skills
- Difficulties with effective problem solving, organisational skills and/or planning ability

Trauma can manifest in behaviour difficulties

- Increased activity levels
- Lack of attention / concentration
- Social withdrawal
- Angry outbursts / aggression
- Irritability with others and/or events
- Increase in unpredictable, impulsive and/or risk-taking behaviours
- Over- or under-reacting to sudden movements or sounds (e.g. physical contact, bells, sirens and slamming doors)
- Difficulties interpreting and responding appropriately to social cues
- Difficulties interacting and responding to authority and/or criticism
- Increased risk of or actual substance abuse (e.g. alcohol and drugs)

Noah's story (5-year-old)

Recently, Noah has started crying inconsolably when his mum drops him off at school in the mornings. His teacher thought his crying would stop when he came into the classroom and saw his friends, but he has continued to cry on and off throughout the school day. Noah says he is worried that his mum and dad might become "poorly and die", like his Grandma did.

Gracie's story (8-year-old)

Gracie has been complaining of tummy ache most days at school. Her teacher is concerned about Gracie's complaint and has also noticed that, while Gracie is usually chatty and attentive, since returning to school she has been unusually quiet. Gracie says she wishes that her dad wasn't so sad and that things could go back to how they used to be. When approached, Gracie's mum explains that her partner has been suffering with depression since he lost his job.

Traumatised children may suffer from physical and emotional distress

- Increased physical health complaints (e.g. headaches, stomach aches and overreaction to injuries)
- Loss or increase in appetite
- Poor emotional control / increased distress (e.g. irritable, angry, anxious, moody and whiny)
- Overwhelming feelings such as: intrusive thoughts, feelings of revenge, fear and worry about their own safety and the safety of others (e.g. clinginess to parents in younger children) and fear of the recurrence of traumatic events (e.g. illness and violence)
- Intense reactions to reminders of trauma (e.g. thinking other people are judging them or intruding their personal space, contributing to responses such as, "*what do you think you're doing?*" or "*what are you looking at?*"; becoming frustrated or angry when corrected or told what to do by an authority figure; fighting when criticised, teased or feeling threatened by others)
- Finding change difficult / resisting change
- Regression in developmental stages or lack of developmental progress in comparison to peers
- New fears (e.g. dark, monsters and animals)
- Issues with trust and perceptions of others
- Repetitive thoughts, comments and questions about death or dying (e.g. heightened fear of becoming unwell, suicidal ideation, repeated writing and drawing about illness or death, frequent internet searching about illness and death)
- Hyperarousal (e.g. sleep disturbances and easily startled - i.e. if someone sneezes or an object falls)
- Emotional numbing (i.e. appearing to have reduced feelings)
- Re-experiencing trauma (e.g. nightmares and flashbacks; appearing tired in school, vacant, 'frozen', scared or nervous)

Luke's story (13-year-old)

Before the school closed due to COVID-19, Luke experienced difficulties staying focused in class; he often talked over teachers and became increasingly confrontational when spoken to by staff.

Since returning to school, his ability to stay on task appears to have worsened. Yesterday, he ended up in a fight with another pupil. When contacted by his teacher, his mother describes how she has been struggling to keep Luke in the house even during lockdown. She is concerned he is socialising with people who are much older than him and thinks Luke might have started taking drugs.

Ellie's story (15-year-old)

Ellie has always been a bubbly and outgoing pupil but has recently appeared down and withdrawn. One day, two of her friends approach her form tutor and explain that Ellie has told them that her parents have been constantly arguing. She's noticed that her dad's been drinking a lot and last weekend she overheard her parents talking about having to put their house on the market.

3) How can we help children and young people?

Create a safe and supportive environment

Prioritise emotional and physical safety. A return to 'normal' can help a child feel safe and understand that life will go on. Reinstate usual school routines as far as possible. A child who experiences trauma can feel that life is unpredictable, chaotic and out of his or her control. Give children choices or control when appropriate. A safe school environment is one that is consistent, organised and has clearly stated, reasonable expectations. Provide extra reassurance and explanation if there are any changes.

Individual recovery from trauma

Some children and young people, with support, will recover within a few weeks or months from the fear or trauma caused by COVID-19 or other traumatic events. However, other children need help over a longer period of time in order to heal, and may require continuing support from school staff, parents, extended family, social care and mental health experts. Anniversaries of an event, special occasions (e.g. birthdays or Christmas) and media coverage of reminders of trauma, can cause reoccurring symptoms, feelings and behaviours.

Build trust and help children and young people to regulate their emotions

Let the child or young person know that you are available to talk if he or she wants to. When talking to a child show them that they can trust you; listen carefully, don't judge but accept their feelings and remind them that it is normal to experience emotional difficulties following trauma. Children need to feel able to share their worries and feelings and they need to know it's okay to take time to recover. Designate an adult who can provide additional support if needed. Provide a safe place and set aside time to talk about what has happened. However, do not force a child or young person to talk about a traumatic event or circumstances if he or she does not want to as this can cause further distress. Have age-appropriate posters and resources available to provide information and promote discussions about feelings and emotions. Believe in every child, acknowledge success and remind children and young people of their strengths.

Raise awareness of school staff

Promote understanding about the connection between emotions and behaviours. Anyone has the potential to misinterpret changes (e.g. as 'bad behaviour'), however changes to a child's usual conduct or performance can be a sign of trauma. Whilst it is important to protect and respect a child's privacy, it can be helpful to share information with school staff who have contact with a child to make sure that they are aware that the child has experienced trauma and may be experiencing difficulties (e.g. concentrating, controlling emotions and/or performing academically) as a result.

Modify teaching strategies

Balance routines and normal expectations with a flexible approach. You might avoid or postpone tests, events or projects that require intense concentration and energy for a while. Be sensitive to students who are experiencing difficulties and anticipate difficult times further down the line (e.g. birthdays or anniversaries). Support students by rescheduling or adapting class work and homework. Use teaching methods that help concentration, retention and recall. Warn and remind pupils when there's going to be a loud noise if possible (e.g. school bell or fire alarm test).

Inform others, make referrals and coordinate services

Whilst balancing the privacy of individuals and families, inform relevant school staff and multi-agency professionals about any concerns regarding pupils. If you feel that a student might benefit from the help of a mental health expert, consult relevant professionals to make referrals for specialist support services.

Support families

Build a relationship of trust and support with a child's family or caregivers. Be friendly, understanding, considerate, reliable, consistent, caring and transparent in your actions and communications. It might be helpful for individual schools or school networks to designate a liaison role to coordinate the relationship between children, families, teachers and other school staff, as well as wider public and third sector services.

4) Signs of trauma and self-care for staff

In order to help others, we need to look after ourselves. Many of the staff working in our schools will have had direct or indirect experiences of COVID-19, either themselves or through family or friends. Personal trauma can make it difficult to focus on a child's needs. Even if staff feel they have not been adversely affected by COVID-19, working with traumatised children is challenging and can take its toll.

Tips for school staff

1) **See the signs**
   Staff with compassion fatigue may show some or all of the following signs:
   • Lack of patience
   • Cynicism
   • Irritability with students
   • Difficulties planning lessons and activities
   • Difficulties concentrating
   • Difficulties controlling emotions
   • Feeling numb or detached / having decreased compassion or empathy
   • A lack of energy or motivation
   • Social withdrawal and/or disconnection from loved ones
   • Inability to 'switch off' from students' traumas
   • Sleep disturbances and/or nightmares
   • Despair and/or feelings of hopelessness

2) **Don't blame yourself**
   When you work with children and young people who have experienced trauma, listening to people's experiences and providing support can be draining. When supporting traumatised students, you might begin to take on their traumas (secondary trauma), leaving you feeling physically, mentally and emotionally worn out and overwhelmed. On the other hand, you might start to feel withdrawn, resulting in feelings of indifference towards people's suffering.

   It's important to remember that we are all human beings, and it is normal to be affected by our own and other people's traumas. Yet, all too often, people judge themselves or others when they have strong or diminished reactions to trauma. Secondary trauma, vicarious trauma and compassion fatigue (see Section 1 - 'Key concepts and information', p.1) are not signs of weakness, rather they can be part and parcel of working in a caring role.

3) **Don't feel like you have to deal with trauma alone**
   You should work together with colleagues in school, share information when necessary and appropriate with multi-agency professionals and seek out guidance, advice, support and supervision to mitigate the impact of trauma on children and young people.

4) **Seek help**
   Seeking help is not only about reducing the impact of trauma on students, but it is also about dealing with your own traumas. Besides compassion fatigue, and secondary and vicarious trauma, we might have our own personal experiences of trauma. If you are experiencing signs of compassion fatigue, secondary trauma, vicarious trauma or have unresolved traumatic experiences of your own, seek support from a professional who is knowledgeable about trauma (e.g. a counsellor or psychologist).

5) **Promote self-care**
   Protect yourself from trauma by ensuring that work is not the only activity that defines your life. Spending time with friends and family who are not experiencing trauma can help us to maintain perspective. Take care of your health, eat well, exercise, engage in fun activities, laugh, reflect, take a break during your working day and find time to relax, 'switch off' and rest when you're not working. Focus on achievements, recognise strengths and find opportunities to identify hope.

5) How can we strengthen communities?

We need to be kind to ourselves and the communities we serve, whilst recognising that the pandemic will escalate needs within families. Many families who were previously self-sufficient will now require support and many families who were previously 'on the edge' will be pushed through thresholds towards crises.

We must acknowledge now – more than ever – the learning of Maslow's 'hierarchy of needs' and not place unrealistic expectations on children, families and ourselves. The higher levels of Maslow's needs (e.g. self-esteem and self-actualisation) will be unattainable until more basic needs around food, housing and finances are securely met.

Responding to a continuum of need

Crisis

Unmet needs / **Needs met**

Example scenarios and services

- **Acute** — Child protection, looked after children, mental health crisis team, 'sectioned' under mental health legislation, imprisonment, school exclusions
- **High level** — Child in need, absenteeism, community mental health services, probation
- **Low level** — Early help, speech & language, child & family wellbeing services
- **Needs met** — Schools, GPs, health visitors, school nurses, dentists, midwives

Specialist / Targeted / Universal

Maslow's hierarchy of needs

- **Self-actualisation** — Achieving one's full potential, morality, creativity, problem solving, acceptance of facts
- **Self-esteem** — Respect, confidence, recognition, strength & freedom
- **Love & belonging** — Friendship, intimacy, family & sense of connection
- **Safety needs** — Personal security, employment, resources, health & property
- **Physiological needs** — Air, water, food, shelter, sleep, clothing & reproduction

Ways to strengthen communities

1. **Recognise the community impact**
   It is important to be aware of individual children and families, who experience direct illness, loss or harm through COVID-19.

   Some children and families will experience other forms of trauma related to the consequences of COVID-19 (e.g. domestic abuse and mental distress). Such traumas will affect those directly involved, but will also impact upon communities in weeks, months and years that follow (e.g. financial hardship, food insecurities, unemployment, housing issues and familial relationship difficulties).

2. **Signpost and refer children and families for specialist support**
   We know that the impact of COVID-19 will vary. Schools will not be able to meet all of the needs that present and will therefore need to have access to an up-to-date list of local, regional and national support services.

   It is important to signpost and refer individuals for tailored support that addresses their particular needs. Some areas have created a spreadsheet of support agencies for each of the above issues, with contact and referral information included (see Section 6 - 'Useful resources and links' section, p.8-9).

3. **It takes a village**
   The most protective factor for a child and their family is the relationships with those around them, not just their immediate and extended family, but people within the community in which they live. Schools are a vital part of local communities and can distribute information and advice, as well as food and vital services. Schools can support children and families to build their social resilience by connecting them with positive social networks and quality relationships.

   Using any means of building a sense of community, such as social media, school communications and events will be fundamental to promote and develop safe, healthy, compassionate, kind and caring communities, in order for children and families to recover from trauma.

4. **Support adults to support children**
   Children look to adults (e.g. their parents, teachers, neighbours, extended family and community workers) to know whether their world is safe. They are very sensitive to the needs, behaviours and mood of adults around them and are often reluctant to share their own feelings, especially when they are concerned that it will further upset their parents or the people they rely on.

   In the aftermath of trauma, school systems of family/pastoral support and staff supervision/support will help to stabilise the emotional and mental health of key adults in children's lives.

5. **Communicate clearly, concisely and accurately**
   Stay informed and pass information on regularly. Worrying about what might be about to happen, or long- and short-term consequences of COVID-19, will be lessened if communities feel that they are not being kept in the dark and that they can trust the information they are receiving.

6. **Accept we do not have all the answers**
   We have to be humble and know that as school staff, and as multi-agency professionals, we do not have all the answers. Draw on local assets and support networks by working in partnership with residents. Engage, listen and give local communities a real say over what is valuable to enable recovery from the aftermath of COVID-19

6) Useful resources and links

Source	Title	Topic(s)	Age	Description	Weblink
Australian Child and Adolescent Trauma, Loss and Grief Network and the Australian National University	Helping Students Recover After Trauma	Classroom activities after trauma	All ages	Information sheet and ideas of activities for teachers to help students recover following trauma	https://earlytraumagrief.anu.edu.au/files/ACATLGN_TraumaResources_Classroom_D1.pdf
	Resources for Teachers: Schools Recovery Toolkit	Trauma and recovery	Staff	Resources for teachers, including: self-care, creating a supportive school environment, creating a trauma-sensitive classroom and keeping track of the impact on students	https://earlytraumagrief.anu.edu.au/files/ACATLGN_Roberts_Schools_bushfire_toolkit.pdf
Blackburn with Darwen Borough Council	BwD Help Hub for residents	Support for residents during COVID-19	All ages	Details of support services for the Blackburn with Darwen Borough area, Lancashire	https://www.blackburn.gov.uk/coronavirus/bwd-help-hub-residents
Blackpool Council	Corona Kindness	Support for residents during COVID-19	All ages	Details of support services for the Blackpool Council area, Lancashire	https://www.blackpool.gov.uk/Campaigns/Coronavirus/Corona-Kindness.aspx
British Psychological Association	Talking to children about Coronavirus	Children, Coronavirus and feelings	All ages	5 key tips for talking to children of any age about Coronavirus	https://www.bps.org.uk/sites/www.bps.org.uk/files/Policy/Policy%20-%20Files/Talking%20to%20children%20about%20coronavirus.pdf
Dr Bruce Perry	COVID-19 Stress, Distress and Trauma Series	Understanding the psychology of the pandemic	Staff	A series of short videos on stress and regulation	https://relentlessschoolnurse.com/2020/04/12/the-relentless-school-nurse-covid-19-stress-distress-trauma-series-with-dr-bruce-perry/
Dr Veronika Tait	The Pandemic Toolkit Parents Need	Pandemic parenting tips	Parents	Tips for parents during the crisis	https://www.psychologytoday.com/us/blog/pulling-through/202004/the-pandemic-toolkit-parents-need?eml

Glasgow City Council and NHS Greater Glasgow and Clyde	A Whole School Approach to Supporting Loss and Bereavement	Loss and bereavement	Staff	A resource developed to support staff wishing to increase their understanding of bereavement, loss and change. This document is a reference toolkit which contains information, further reading and signposting to resources (e.g. books, DVDs and videos)	https://www.seemescotland.org/media/8151/whole_school_approach_to_lossandbereavement.pdf
Lancashire County Council	Coronavirus	Support for residents during COVID-19	All ages, professionals and parents	Updates on services in Lancashire and information about Coronavirus, including locality specific 'community hub' services	https://www.lancashire.gov.uk/health-and-social-care/your-health-and-wellbeing/coronavirus/
The Dougy Centre	The Dougy Centre School and Community Toolkit	Coping with grief and emotions	Primary	A whole host of resources (videos and activities) on grief and emotions	https://www.tdcschooltoolkit.org/kids
			Secondary		https://www.tdcschooltoolkit.org/teens
The National Child Traumatic Stress Network and National Centre for PTSD	Ready to Remember: Jeremy's Journey of Hope and Healing	Grief and loss	Primary	A picture story book and accompanying guide which can be used in many ways with children experiencing grief and loss	https://www.nctsn.org/sites/default/files/resources//ready_to_remember_jeremys_journey_of_hope_and_healing.pdf
	Child Trauma Toolkit for Educators	Trauma, grief and self-care	All ages, including staff	A toolkit for educators and information for parents, including: trauma facts, psychological and behavioural impacts, grief and self-care	https://wmich.edu/sites/default/files/attachments/u57/2013/child-trauma-toolkit.pdf
The Wish Centre	Coping Cards	Coping with difficult circumstances	Primary	There are a whole range of resources like these two examples on the Nest Lancashire website about emotions, relationships and resilience	https://nestlancashire.org/wp-content/uploads/2019/04/16-Coping-Cards-Primary.pdf
			Secondary		https://nestlancashire.org/wp-content/uploads/2019/04/20-healthy-or-unhealthy-ways-of-coping.pdf
Young Minds	Starting a conversation with your child	Talking to children	Parents	Fun activity ideas, conversation starters and advice to make talking to children easier	https://youngminds.org.uk/starting-a-conversation-with-your-child/