**Trinity Tots Nursery**

**Trauma Policy**

**Trauma Affecting Children Attending the Nursery**

Trauma defines the impact of an event or a series of events during which a child feels helpless and pushed beyond their ability to cope. There are a range of different events that might be traumatic to a child, including accidents, injuries, serious illness, natural disasters, war, terrorist attacks, assault, and threats of violence, domestic violence, neglect or abuse. Parental or cultural trauma can also have a traumatising influence on children. This definition firmly places trauma into a developmental context;

*‘Trauma changes the way children understand their world, the people in it and where they belong.’* [Australian Childhood Foundation 2010] Making space for learning: Trauma informed practice in schools.

Trauma can disrupt the relationships a child has with their parents and nursery staff who care for them. It can transform children’s language skills, physical and social development and the ability to manage their emotions and behaviour.

Behavioural Response in Babies and Toddlers who have experienced trauma may include:

* Avoidance of eye contact
* Loss of physical skills such as rolling over, sitting, crawling and walking
* Fear of going to sleep, especially when alone
* Nightmares
* Loss of appetite
* Making very few sounds
* Increased crying and general distress
* Unusual aggression
* Constantly on the move with no quiet times
* Sensitivity to noises.

*N.B. These behaviours may be a response to trauma but do not mean that the child displaying these behaviours has definitely experienced trauma.*

Behavioural responses for Pre-School aged children who have experiences trauma may include:

* New or increased clingy behaviour such as constantly following a parent, carer or staff around
* Anxiety when separated from parents or carers
* New problems with skills like sleeping, eating, going to the toilet and paying attention
* Shutting down and withdrawing from everyday experiences
* Difficulties enjoying activities
* Being more jumpy or easily frightened
* Physical complaints with no known cause such as stomach pains and headaches
* Blaming themselves and thinking the trauma was their fault.

*N.B. These behaviours may be a response to trauma but do not mean that the child displaying these behaviours has definitely experienced trauma.*

Children who have experienced traumatic events often need help to adjust into the way they are feeling. When parents, carers and nursery staff take the time to listen, talk and play they may find children start to tell or show how they are feeling. Providing children with time and space lets them know you are available and care about them.

It is important for nursery staff to be patient when dealing with a child who has experienced a traumatic event. It takes time to understand how to respond to a child’s needs. It is imperative to remember a child’s behaviour may be a response to the traumatic event rather than just ‘naughty’ or ‘difficult’ behaviour. It is common for a child to provisionally go backwards in their behaviour or become ‘clingy’ and dependent. This is one of the ways children try to manage their experiences.

**Educators can assist children dealing with trauma by:**

* Observing the behaviours and feelings of a child and the ways you have responded and what was most helpful in case of future difficulties.
* Creating a ‘relaxation’ space with familiar and comforting toys and objects children can use when they are having a difficult time.
* Having quiet time such as reading a story about feelings together.
* Trying different types of play that focus on expressing feelings (e.g. drawing, playing with play dough, dress-ups).
* Helping children understand their feelings by using reflecting statements (e.g. ‘you look sad/angry right now, I wonder if you need some help?’).

There are a number of ways for parents, carers and nursery staff to reduce their own stress and maintain awareness so they continue to be effective when offering support to children who have experienced traumatic events.

**Strategies to assist Families, Carers and Nursery Staff may include:**

* Taking time to calm yourself when you have a strong emotional response. This may mean walking away from a situation for a few minutes or handing over to another staff member if possible.
* Planning ahead with a range of possibilities in case difficult situations occur.
* Remembering to find ways to look after yourself, even if it is hard to find time or you feel other things are more important. Taking time out helps adults be more available to children when they need support.
* Using supports available to you within your relationships (e.g., family, friends, colleagues).
* Identifying a supportive person to talk to about your experiences. This might be your family doctor or another health professional.

Working with traumatised children can be demanding – staff should be aware of their own responses and seek support from management when required.

**Trauma Affecting Practitioners and Nursery Staff**

Traumatic and critical incidents in the workplace can include events such as suicide, sudden death, robbery, actual and threatened sexual or physical violence, harassment, bullying, serious accidents, fire, bombings, shootings, murder, industrial or natural disasters, extreme isolation, involvement or exposure to warfare, as well as organisational changes such as restructuring and redundancy.

During such incidents, an individual is confronted with an extreme situation that presents a direct or perceived threat to their life, safety or wellbeing. The stress, fear, anxiety or shock which is experienced can potentially overwhelm an individual’s ability to cope, leading to physical, emotional or psychological harm and disruptive functioning. Trauma can be momentary or experienced over a prolonged or short period of time. It’s also important to consider that individuals directly or indirectly involved in a traumatic or critical incident can be impacted by these events.

**Reactions to a traumatic event**

Individuals will react differently to traumatic incidents, so a range of responses can be expected. Typical reactions during the first few days include shivering, confusion, disorientation, tearfulness, inability to speak, feeling helpless, fear and anger.

Over the first four weeks post-incident, reactions can include:

* Nightmares
* Flashbacks, reliving the experience
* Recurrent thoughts about the trauma
* Avoidance of places and things which represent reminders of the incident
* Withdrawal and isolation
* Difficulties with concentration, memory, thought process
* Problems sleeping, eating, tiredness
* Headaches, nausea, dizziness
* ▪ Depression, anxiety, mood swings, anger, denial, feeling of numbness, irritability, sense of insecurity, feelings of guilt, and a sense of disbelief

It is important to recognise and acknowledge that these symptoms are a natural response to an occurrence which is atypical. During this period, individuals require time to process the experience in order to work through, manage and make sense of what has happened, enabling them to recover and return to their previous state. Most people will see a decrease in these symptoms over the first two to four weeks.

**Post-traumatic stress disorder**

Increased symptoms for more than four weeks following the traumatic incident can lead to a number of specific symptoms that could indicate the presence of post-traumatic stress disorder (PTSD) requiring clinical intervention or professional support. Notably, the symptoms of PTSD can start immediately or after a delay of weeks or months, but usually within six months of the traumatic event.

The clinical definition of PTSD relates to the occurrence of the following criteria:

*A psychological condition that occurs after “the person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others (2) the person's response involved intense fear, helplessness, or horror”.* ESTSS from DSM IV\*.DSM V American Psychological Society

PTSD symptoms include:

* Intrusive reactions: recurrent involuntary thoughts & feelings, nightmares and flashbacks;
* Avoidance of trauma associated stimuli, such as people, places, discussions, objects & situations;
* Cognitive and emotional disruption: memory loss, negative thinking and feelings, detachment, decreased: mood, interest & interaction;
* Changes in arousal & reactivity: irritability / aggression, hypervigilance, difficulties in concentration & sleep, extreme agitation / startled response, destructive behaviour such as unhealthy drug / alcohol use;
* Significant deterioration in usual functioning e.g. disruption in daily social and occupational activities.

For individuals experiencing mild PTSD symptoms for less than four weeks, a period of ‘watchful waiting’ is recommended, with a follow-up after one month. This approach is used when symptoms are likely to resolve by themselves, with self-monitoring or assessment by a medical professional helping to determine whether there is a need for further clinical treatment or intervention.

**What the senior management team would look for after a traumatic event**

It is reasonable to expect that there may initially be a level of disruption to the nursery’s working practice in the wake of a traumatic event. Managers are generally the first port of call in dealing with crisis situations so it is important that managers are aware of and understand the possible impact of work place traumatic events.

In doing this, there are a number of signs that managers should acknowledge in order to provide appropriate support:

* ▪ Anger and irritability possibly leading to arguments or conflicts
* ▪ Reduced work performance, due to temporary memory and concentration difficulties
* ▪ Feeling tearful, insecure & nervous
* ▪ An initial change in work atmosphere and mood of employees
* ▪ Avoiding certain areas or tasks
* ▪ Requests for time off
* ▪ Demonstrating significant difficulties over a prolonged period of six weeks or more

**Helping employees to recover and return to business as usual**

The Senior Management Team is the primary point of contact in responding to employee trauma issues. The support which is made available to employees is essential for their treatment, recovery and on-going wellbeing and there are a number of effective ways for managers to engage and offer constructive support.

* Clearly acknowledge that an atypical event has taken place and that time and support is likely to be required. This will help the employee to deal with the situation and return to normal practice.
* Show empathy and understanding for those affected: listen without judgement and avoid making assumptions, ask open questions, including how are things going at the moment, what would be helpful for you right now and who would help you to feel safer or calmer?
* Maintain as normal a routine and structure as possible, making reasonable allowances for those impacted by the incident.
* Identify support options for the employees, for example, enabling them to take a break or continue with their work, or seeking medical attention.
* Provide information on the symptoms employees may expect following a traumatic event, including details on how to seek support.
* Differentiate between what needs immediate attention and what is important. Initiate a plan and clear steps to address urgent issues
* Managers to maintain professional boundaries and be aware of their own needs and limitations.

**Helping employees to cope with trauma in the workplace**

A traumatic event can be likened to experiencing a severe shock to your core sense of being, both physically and psychologically. Such an experience takes time to comprehend, adjust and recover from its impact. To enable this, there are some positive steps that individuals can take, including:

* Engage in activities which reinforce your resilience, such as focusing on what is positive, consider how you can learn from your experience, engage in exercise, hobbies and interests and maintain a healthy diet.
* Try to maintain your usual routine and keep up communication channels with family, friends and colleagues.
* Avoid making major decisions and give yourself a break. You may blame yourself, feel guilt, shame or fear and believe that you should be stronger and should pull yourself together. Whilst these are normal reactions they can be self-defeating so allow yourself to acknowledge whatever you are feeling or thinking and then be proactive in considering what you need to move forward.
* Talk with your manager and colleagues about ways to bring employees together and establish stronger connections, such as: team building, holding an event to mark what has happened, such as fundraising or arranging a form of dedication.

**Useful Resources**

• MIND [www.mind.org.uk](http://www.mind.org.uk)

MIND provides advice and support to anyone dealing with a mental health problem. They also

campaign to improve services, promote awareness and understanding

• Health & Safety Executive http://www.hse.gov.uk/violence/toolkit/postincident.htm

The HSE’s website includes information for employers and a comprehensive list of mental health support organisations.

• Helpguide.org www.helpguide.org/articles/ptsd-trauma/traumatic-stress.htm