

CORONAVIRUS - ADVICE FOR KEY ADULTS IN EDUCATION AND SOCIAL CARE WORKING WITH VULNERABLE CHILDREN



As a service, The Hartlepool Psychology Team have brought together our knowledge and collated information from reputable resources to support you during this uncertain time. This information is provided by Hartlepool Educational Psychology Team for adults supporting children and young people who are classed as vulnerable. The aim is to give helpful information to Key Adults in Education and Social Care in relation to the emotional and social needs of children and young people affected by developmental trauma (extremely frightening and stressful experiences which the child did not have the developmental capacity to process or understand) and/or ongoing adverse experiences. This guide is based on the work of Louise Bomber, a specialist in the field of developmental trauma.

Transitions

Change can be very difficult to manage and many children are not able to move at the fast pace required during transitions. Transitions require the skills of shift and organisation, both executive functioning skills which can be affected by experiences of trauma. Many children have significant difficulties in the area of executive functioning (working memory, planning and sequencing, inhibiting impulse and self-monitoring) and in particular the skills of shift and organisation needed for transition.

For some vulnerable children the term ‘transition’ can relate to:

- From one task to another.
- From one person to another.
- From one space to another.
- From one teaching style to another.
- From routine to a change of plan.
- From familiarity to the unknown.



Why might transitions be a particular source of stress for vulnerable children?

- They might become distracted due to having other priorities such as needing to check out their environment for safety (which may not always be apparent to the supporting adults).
- They may become disorientated and dysregulated by their own startle response triggered by a loud or unusual noise.
- They may get into conflict because they misinterpret an interaction with another young person or adult whilst moving from one 'safe' area to one where they don't know what to expect.

What to do:

- Children who have experienced developmental trauma (and/or continue to 'carry' high levels of anxiety) can have huge difficulty 'changing gear' so they will need additional processing time built in at times of transitions to support them in this area of vulnerability.
- Build in extra time to help them 'process' a transition in advance, for example supporting them to finish a task earlier than others so that they are ready to transition.
- Provide visual cues to support them in developing a sense of their 'place in time' so that they know about the process of change coming up. Visual timetables work well. Many children do not have a sense of their place in relation to time (for much of the time in their early lives, events felt completely beyond their control) and can become disorientated by transitions.

Visual Cues

The development needs of children affected by developmental trauma suggest that visual and tangible cues are much more relevant for them, as is the case for younger children. Many of these children have no concept of time, and are far more likely to tune into a visual cue than to hearing, from an adult, that 'something is five minutes away'. They need the opportunity to 'feel' what five minutes is.



- Provide checklists to teach the brain how organisation works so that transitions can be made successfully. Checklists break down complex tasks that involve many expectations into simpler 'chunks' that are clear and straightforward to follow. Supporting the child in this way means that they are less likely to feel overwhelmed. An example might be:

Find yourself a seat and sit down	<input checked="" type="checkbox"/>
Take a pencil from the pot	<input type="checkbox"/>
Write the date in your book	<input type="checkbox"/>

Stress - when the demands made on someone far outweigh the resources they have to meet those demands

Children with experience of trauma and adversity are more likely to have difficulties in managing their 'stress' than other children. This is mainly due to the pre-existing levels of internal stress they 'carry' with them. Children can present with unhealthy stress responses due to:

- A 'mistranslation' of motives and intentions.
- A 'faulty' panic/fear alarm system, leading to over-reactive responses.
- Being unable to judge and make sense of situations.
- Being unable to know how to handle themselves and situations in an appropriate manner.

Many children with trauma related needs have been through terrifying experiences which they did not have the developmental capacity to deal with or manage. There may be times when we will observe over-reactive responses to what we consider very low-level stressors. Whether we notice this stress or not (some children mask the stress they are experiencing) this high level of stress is a serious consequence of the trauma the child has lived through. Such children can present as tense, anxious and on full alert, ready to defend themselves and their innate sense of vulnerability.

It is important to identify and minimise the range of potential stressors they may experience in school and other settings so that anxiety levels are kept to a minimum and the possibility of exacerbating their pre-existing stress levels is reduced. The aim is to bring down anxiety levels so that they are able to settle to play, learn and interact.



What to do:

- Ask key children if anything is ‘bothering’ them (some children are desperate for us to **notice** and **ask** that question – research on childhood neglect has highlighted that children want to be asked by adults in school).
- Develop self-awareness – many children have not had anyone (parents/caregivers) to give them the words to help them describe their sensations, states and feelings in a way that has helped them to make sense of what is going on within their bodies. Where such a lack of emphatic attention has existed it is no wonder that appropriate self-soothing and self-control are rarely evident.

Social Interaction and Adult Expectations

Children who have experienced developmental trauma and those who continue to live with adverse childhood experiences are usually at a very different developmental stage to that of their peers. It is important that supporting adults understand this and can ‘meet them’ where they are developmentally. It is often the case that children living in care and other vulnerable children are emotionally and socially much less mature than their peer group and for some this can be hidden behind ‘pseudo-maturity’ as the children try to manage by themselves.

What to do:

- Most children have now lost their usual predictable routine in school which will be unsettling for them but for vulnerable children, where the routine of school provides feelings of safety and security, this may lead to heightened levels of anxiety and emotional dysregulation. Those children with Key Adults in school will also be missing this close, trusted adult support. It is important to understand that less familiar and possibly new support adults coming in to the lives of vulnerable children at this time, through care arrangements or new educational provision, may not be welcomed. Adults should not take this personally but to understand that they will need to work hard to re-establish trust through developing a consistent, sensitive and attuned approach with the child.
- Practice active listening and really get to know the child you are supporting.
- Be aware of how you are feeling day to day in terms of your own stress response and seek help for your own emotional needs when needed. It is important that vulnerable children are supported by calm, emotionally



regulated adults as it is this relationship which will 'contain' their worries related to change and uncertainty.

- Where possible be playful and be humorous in order to engage with vulnerable children in your care.

Self-Awareness

Self-awareness only grows within the context of a close relationship with another person. By modeling how to find and maintain a calm state repeatedly we can help the child to exercise self-regulation and more self-control over their senses, sensations and feelings by knowing when it is necessary to self soothe.

- **Reflective Dialoguing** - involves the tasks of making observations, commentating and 'wondering aloud'.

These strategies can support children to make connections. By doing this for the child we can provide a possible translation of the states, sensations and feelings arising from the dysregulation they experience when their bodies are unable to manage high levels of anxiety and sensory overload. These strategies can be a means of helping the child move into a state of regulation. Bomber advises that we need to bring out into the open (their feelings and sensations) that which is 'usually left unsaid'.

Whilst we may not always be completely accurate about what might be going on internally for a child, by investing time into 'learning the child' we will get increasingly better at this skill – as a 'good enough' parent or carer does. This is about trying to achieve a good enough sense of what makes the child who they are and what makes them do the things they do. There are three stages to reflective dialoguing: observation, followed by commentary and finally 'wondering'.

Observation - take time out to make observations in a non-intrusive way. Wait, watch and wonder about the child. Do this internally, in your own mind, in the first instance. This thinking time is vital; you will probably have to make special arrangements to protect space for this.

Commentaries - once you've spent some time making your own observations you can then begin making gentle statements out loud that describe what you can see, in a respectful manner. For example:



Key Adult - “You looked cross when *Jake* asked you a question” (or whatever the situation might be).

Key Adult - “You looked upset when you needed to wait to have a turn at*table tennis/speaking to.....*
Feedback that is made gently will start raising the child’s awareness.

Wondering Aloud - As you ‘learn the child’ you will begin to realise why they do what they do. We won’t always get it right. What is most important is that we have a go at making connections for them. This is what would have happened in a ‘good enough’ care environment in a child’s early years and is therefore not intrusive. It is okay if the child disagrees. Acknowledge what they say and respond with something like... “Oh, okay I was just having a go at trying to understand what happened then. I guess I got it wrong that time”.

If, however, you think you might have got too close to what might be really going on, it is important to ‘step back’ for a short while and try again at a much slower pace as you give your feedback. Acknowledge out loud in front of the child that you realise what’s happened and what you will do about that. For example, “You’re letting me know that you want a bit of space and I’ll respect that”. Continue at another time. Remain sensitive to their feelings. We want to respect them but also support them to move on so that they don’t become stuck and confused by their feelings.

Additional Strategies to Support Anxiety:

- **Children’s questions on the virus** – it will be helpful to have a prepared and consistent response from your organisation. Ensuring that you are available and that children feel comfortable asking questions and expressing their feelings about the virus and the current climate is important. Try to remain calm and reassuring; children will pick up on your verbal and non-verbal reactions. Be honest and accurate with the information you share; when children do not have access to the facts, their imaginations can come up with a far worse reality. Make sure that information is age (and stage) appropriate. For younger children this will mean brief and simple information and step-by-step instructions; older children may feel more in control with access to reputable sources of information, but may need support to separate facts from rumours. Remind children that the adults in school are there to make sure that they are safe and well, and help them to reframe any concerns into more appropriate perspectives. Provide practical information about the things that they can do to help e.g. washing hands. Although it is helpful for children to have the space to talk about Covid-19 and ask any questions they have, spending too much time on this can be unhelpful and can increase anxiety. Support children to relax by encouraging and offering activities to keep them busy, distracted and entertained. Try to maintain



routines where possible or establish new routines that can help take focus away from worries.

- **Safe Space** – The level of over-stimulation can be overlooked in busy situations such as classrooms or out of school provision and for some children, who can become dysregulated when feeling overwhelmed, a space to go to (outside of the classroom or other context) to simply ‘down load’ or to process everything that’s happening is important. For some, a space to go to so that they can be on their own to allow self-regulation is sufficient. For younger children, a tepee (containing various soothing fabrics, lighting, activities and toys of their choice) set up in a quiet area works particularly well or a large cardboard box in which they can ‘disappear completely’ .
- **Choices** – to help to address the need for ‘control’ that many children experience in order to help them feel more secure. Too many choices may result in feeling overwhelmed, two or three choices of, for example, the order in which activities are completed will suffice.
- **Distraction** - many children say that ‘counting’ helps when they are feeling ‘cross’ (emotionally dysregulated). Counting can be effective as a technique to calm the emotional response. It does this by ‘switching on’ the part of the brain responsible for logic and problem solving (the pre-frontal cortex) thereby shifting the response from the emotional part of the brain (the Amygdala).

It is important to give enough time for such a distraction technique to be effective, ‘counting to 10’ is not sufficient. The child should be encouraged to count in other ways such as backwards from 3s or in 3s to 50 depending on ability. Techniques other than counting that also shift the brain’s response include:

Naming as many girls/boys names as possible or girl’s/boy’s names beginning with a certain letter.

Naming as many super heroes/children’s TV shows/films/football clubs as possible.

- **Calm Box** – can be used to engage children in activities that encourage the practice of calm/self-regulation. The box will gradually become individualised as the child (and key adult) comes to identify which of the activities are most supportive (‘My Big Book of Calmers’ gives plenty of ideas).



- **Thinking Doodles** – the child can draw or scribble whilst listening and the key adult can do the same. Allowing a child to engage in a task like this whilst requiring to listen, provides a form of ‘fiddling’ that frees up another part of the brain to listen well.

Sensory Processing Difficulties - A typical child’s brain is naturally able to perform sensory integration: the process of taking in sensory information from the environment, interpreting it, organising it and producing a behavioral response appropriate for the situation. However, many children who have experienced abuse, neglect or other traumas come from environments in which their sensory input needs are not adequately met which can result in difficulties in integrating, modulating and coordinating sensory stimuli appropriately. This places the child at a higher risk for developmental challenges including appropriate emotional regulation.

What to do:

- **Games and Activities to Calm the Emotional Response** – Firm pressure games can calm the restless movement seeker, the hyper-vigilant child and the child who struggles to know where their body is in space. Naturally we need to be sensitively attuned to the individual’s background, needs and responses to make a judgement about the use of this approach. ‘Heavy Work’ refers to a range of activities that give a child deep pressure input to their muscles and joints. This kind of ‘heavy work’ stimulates the child’s proprioceptors (sensory receptors) and therefore helps the child develop better awareness of their body.

Bomber’s recommendations for the use of ‘pressure’ games:

- Use an open palm and firm or medium pressure on the child’s top mid-back, top shoulder or forearm. Pressing down slowly on both shoulders at the same time is particularly effective when we can see that the child is becoming increasingly dysregulated.
- If the child can tolerate eye contact, sit in front of them and ask them to hold out their arms. Hold their upper arms firmly and gently engage in a rowing action.
- Try hand, foot or head massage.



Games incorporating firm pressure (Bomber):

- **Jungle Fun** – the adult imprints ‘animal footprints’ on the child’s back using different movements of finger and hand and the pupil has to guess the animal.
- **Pizza Making** – the key adult draws a circle on the child’s back and uses different touches to represent pizza toppings of the child’s choice.
- **The Weather Report** – an impression of different weather conditions is created by touch on the child’s back who then has to guess what each one is, for example repetitive ‘warm’ circular movements for the sun, outlining fluffy clouds with brisk finger movements, light tapping for rain, a whole palm for gentle thunder claps.

'Heavy Work' Activities - refers to a range of activities that give a child deep pressure input to their muscles and joints. This kind of 'heavy work' stimulates the child's proprioceptors (sensory receptors) and helps to increase attention, decrease defensiveness and modulate arousal so that the child develops better awareness of their body. Heavy work activities include:

Whole body actions involving pushing, pulling, lifting, playing and moving

Oral actions such as chewing, sucking and blowing

Use of hands for squeezing, pinching or ‘fidgeting’

The resistive input obtained through heavy work activities is generally organizing and can help to increase attention, arousal level, body awareness and muscle tone.

What to do:

There are a variety of activities to try depending on the specific preferences and needs of the child (<http://mamaot.com/40-heavy-work-activities-kids>) for example:

- **Gym Ball** - Lying across a gym ball and rolling back and forth repeatedly
- **Carrying Heavy Loads** - for example carrying piles of books
- **Pushing and Pulling Activities** - such as ‘tug of war’



- **Weighted Blankets and 'Toys'** – a weighted blanket is an effective way to apply weight and deep pressure which have been found to be calming and comforting.

Additional strategies:

- **Tangles** - it is often not physiologically possible for children who have experienced developmental trauma to sit completely still if they have experienced high levels of stress or continue to be experiencing high levels of stress. 'Fiddling' usually happens when they are starting to become dysregulated, for example it could be that the activity is challenging and they start to experience stress. The child is attempting to relieve the uncomfortable feelings that stress can bring and 'fiddling' soothes stress.

Providing an appropriate tool to 'fiddle' with can prevent the child from engaging in behavior that might be reprimanded, for example picking at their skin or damaging equipment. Giving the child something to fiddle with can bring the need for a support tool into their awareness, meaning that the child may be empowered to practice self-control consciously.

- **Chewies** – if the child chews their pens, pencils or jumper sleeves a chewy tube or "chewly" could be used. These sensory tools provide a means of self-soothing and also protect the pupil from engaging in responses that might lead to a sense of shame as their own and others possessions become damaged by chewing. Some children can be soothed by 'biting down' on hard vegetables such as carrots which work in the same way.

References

**Bomber, L (2011) What about me? Inclusive Strategies to Support Pupils with Attachment Difficulties make it through the school day.*

*** Jaffe, A & Gardner, L (2006) My Book Full of Feelings: How to Control and React to the Size of Your Emotions.*

****Moseley, J (2008) My Big Book of Calmers.*

