



# Trauma Informed Policy

## Our Mission

At St. Anne's we aim to be a caring Christian school, within the community where everyone is respected and valued. To be a school where all individuals are encouraged to build on their strengths and aspire to be the best they can be.

## Our Vision

Our vision has the promise by Jesus of 'life in all its fullness at its heart. At St Anne's we believe:

- in our children and each other,
- we are uniquely created in the image of God,
- we were made to be awesome,
- that together we are family,
- we were created to live in community,
- in equipping the St Anne's family to be the best we can be,
- in our individual talents and abilities, and
- we can make a difference.

## Our Values

At St Anne's CE Primary School, the following core values underpin all that we do. They are reflected in the daily life of the school and our relationships with other:

*Respect, Thankfulness, Hope, Forgiveness, Love and Faithfulness.*

'...let your light shine before others, that they may see your good deeds and glorify your father in heaven.' *Matthew 5:16*

'I thank you because I am awesomely made...' *Psalms 139:14*

'...I come that they may have life and have it to the full.' *John 10:10*

The school's motto aims to encompass all of this:

***'Be Awesome! Shine Bright!'***

## **Intent**

### **Why do we adopt a trauma informed approach?**

Trauma is recognised as a profound issue which can impact a child and adult's life. The pervasive and harmful impact of traumatic experiences on individuals, families and communities, and the inadvertent but widespread re-traumatisation of children and adults has made it essential to adapt our school practice to be 'trauma informed'.

At St Anne's we believe that all children have the right to a happy, safe education where they feel valued and supported with any barriers to their learning have. Our staff team aims to have a trauma informed approach to their practice and an understanding of the underlying pedagogy.

Although many people who experience trauma will progress in life without any long-term negative impacts, others will experience more profound difficulties and traumatic stress reactions. Research indicates that with appropriate support, people can overcome traumatic events. However, many individuals and families have gone – and continue to go – without appropriate support or interventions. Left unaddressed, trauma can prevent achieving good health and wellbeing.

At St Anne's we hope to counteract the negative impact of trauma.

This policy has been developed to support the ongoing dedication of our trauma informed practice at St Anne's and to provide staff with the strategies to implement within their practice.

Our aim is for all staff working at St Anne's Primary School is to work towards being trauma-informed, meaning that they are skilled and confident in applying a trauma-lens to their daily practice with our pupils and their families. We want all of our staff to be supported by policies, procedures and practice that adopt a trauma-informed approach.

We aim to:

- Accommodate to the possibility of trauma in the lives of every pupil
- Understand the needs and vulnerabilities of those impacted by trauma from diverse communities
- Minimise re-traumatisation and promote healing
- Understand and recognise coping strategies and the different ways/presentations of coping
- Collaborate with those who access support to further develop our practice
- Recognise and promote dignity, respect and hope for all students, staff and community
- Commit to a whole school trauma-informed culture
- Work towards applying the six principles of trauma-informed approach

We will develop and invest in a learning culture for all staff and our communities within St Anne's to develop a trauma-informed setting that realises the widespread impact of trauma, recognises the signs and symptoms of trauma, responds in a manner that is in-keeping with our knowledge and seeks to resist re-traumatisation.

We will support the workforce to implement trauma aware approaches in practice through whole service learning and development. This will involve reviewing policies and procedures, and developing tools, across the setting that support the use of a trauma-lens and ensure the resources are readily accessible to practitioners.

We acknowledge that this is an ongoing approach and will undertake reviews of progress to critically

assess the impact of our practice.

We will develop, grow and maintain a strong network of connections to ensure that St Anne's uses emerging research, evaluation and practice to be at the cutting-edge of trauma-informed approaches.

## Trauma Informed Principles

**Safety:** Throughout the organisation, staff and the people they serve feel physically and psychologically safe; the physical setting is safe and interpersonal interactions promote a sense of safety. Understanding safety as defined by those served is a high priority.

**Trust and transparency:** Organisational procedures and decisions are conducted with transparency, with the goal of building and maintaining trust with pupils and family members, among staff, and others involved in the organisation (e.g. providing timely, accurate and honest information about what is happening, what will happen next and why).

**Peer support and self-help:** Support people to connect with peer support and identify mutual self-help – vehicles for establishing safety, hope, collaboration, feeling valued, healing and recovery.

**Collaboration:** Understand power differences between staff, pupils and family members and among organisational staff, working to 'flatten the hierarchy', share decision-making, work together in developing healing relationships and promote the approach that everyone has a role to play in a trauma-informed approach – one does not have to be a therapist to be therapeutic.

**Empowerment, voice and choice:** Promote recovery and choice. Recognise that every person's experience of trauma is unique and requires an individualised approach. Avoid re-traumatisation - be conscious to prevent making people feel powerlessness. Support pupils to make shared decisions and collaborate in setting goals and determining a plan to support them to heal and move forward. Staff are facilitators not controllers of recovery. Staff are also empowered to do their work, with adequate organisational support.

**Cultural, historical and gender issues:** Move past cultural stereotypes and biases (e.g. based on race, ethnicity, sexual orientation, age, religion, gender-identity etc.). Offer gender-responsive services and promote the healing value of cultural connections.

**\*Trauma-informed principles adapted from SAHMSA (2014)**

## Implementation

Whole staff training will be delivered annually to ensure staff are informed and empowered to be trauma informed. This may be delivered by external providers or in house by a staff member. St Anne's is supported by Lancashire's virtual school and safeguarding team in our trauma informed approach.

At St Anne's we acknowledge that:

- Children must have their basic needs met before they can learn i.e. safety, warmth, food shelter, water. We include belonging and love in these basic needs
- All forms of behaviour from pupils is communication and often points to an unmet need
- Some pupils have additional needs

- Children come from a wide range of backgrounds
- Children may have experienced one or more Adverse Childhood Experiences (ACEs)
- Children may respond differently to different adults to have their needs met
- Children need to be regulated to be able to learn
- Staff can have their own ACEs and trauma
- Trauma can have a huge impact on brain development and function
- Most responses are involuntary and are a reaction to threats- real or perceived threat - due to faulty connections within the brain

At St Anne's we aim for our daily practice, interactions with pupils and their families, to be trauma informed. There are various ways in which this can take place.

### **Whole School**

- Policies to acknowledge trauma and to reflect our school's Christian ethos
- Compassion and empathy is shown to wider members of our school family
- To fully understand children with trauma are not behaving in involuntary ways 'on purpose'
- All staff to be 'stress detectives' and notice the signs and symptoms of when a child maybe feeling dysregulated or stressed. Patterns may be noticed that point to the child experiencing trauma.
- All staff to acknowledge and understand that children may arrive at school 'full up' with their trauma, worries, fears, unmet needs. A small thing could be the trigger for unregulated behaviour
- Humans have a 'fight, flight, freeze' response to fear. Children will respond differently with these three states. For children with trauma, these responses are heightened
- Trauma can be helped by using a 'safe, seen, sooth' approach. If a child knows they are safe in school, seen/noticed by their adults, and soothed/cared for they are more likely to be regulated
- Think about a child's behaviour- is it their rational brain or emotional brain that is responding
- Allow a child time to respond
- Have a restorative approach to events not a blame/shame approach. Implement sanctions/consequences when a child is regulated
- No shouting-this can be a trauma trigger for children including SEND children

### **Classroom Practice**

Below are some ways in which teaching staff can create a trauma informed classroom environment.

- Seat children with trauma (who we know of) facing the classroom door. This aims to help sooth them-opening doors and unknown people entering may be a trauma trigger.
- Ensure children's basic needs are met. Have they eaten and drunk? Do they feel safe on entry to the classroom? Do they feel like they belong?
- Be aware of children's individual triggers and help reduce these where possible e.g. undressing, scissors, hair brushing
- Forewarn children of school events or lessons that may cause them upset e.g. incarcerated parents, different family arrangements, Christmas sights and smells
- Use breathing techniques to help regulate e.g. breath in for 5 seconds then out for 5 seconds. This could be done whilst holding a child's hand of this physical warmth would help.
- Use visual signals for children to tell adults they are feeling dysregulated or upset e.g. hearts on the desk, coloured feelings charts
- Give the whole class a two minute regulation time after playtimes. They can settle back into

- their seating place, drink, talk to peers before learning
- Use a display area to celebrate children's work-this type of praise may be absent from the child's home and lead to low self esteem
- Use non verbal cues to quieten a class e.g. pass the whisper on, hand signals. Shouting/loud voices may be a trauma trigger.
- Give a child an option linked to their learning so they feel in control e.g. you can complete this or that work on nouns. Children with trauma are most likely to be controlled by others negatively so allowing them some power/control soothes.
- Having mindfulness monitors in class to provide peer support

### **Responding to a dysregulated child including body and verbal language**

- Speak to children on their height level. Do not tower or lean over them-this could be a reminder of their trauma.
- Sit next to a child to sooth or talk-less perceived threat to them and eradicates power imbalance
- PACE response: playful, acceptance, curiosity, empathy
- Acknowledge a child's feelings and situation 'You have some big feelings right now' 'This must be really hard for you....' 'You are feeling sad right now and that's ok' 'You are feeling angry at the moment and I hope I can help'
- Staff to be mindful of the questions they ask children. Use open ended questions e.g. 'I wonder why that made you feel.....' 'I wonder what we can do differently' 'I wonder what happened when....'
- A child may not respond or be able to talk until they are regulated i.e. calm, brain function has returned to their normal

### **Reporting / Referring**

- Use the whole school's safeguarding process (CPOMS) to report concerns or behaviour.
- Complete a SEND cause for concern form if an underlying unmet need is possible
- Use a pastoral referral form if you feel a child needs additional pastoral support e.g. emotional literacy, big feelings, ACEs
- Liaise with SLT for further advice and support regarding a class or individual case

## Resources as appendices

1. My Happy Mind

<https://myhappymind.org/programmes/schools-programme/>

2. 'Why I am rude' poem

**From a child with trauma, unmet needs and who is feeling lost....**

### **Why I am 'rude' ...**

I am rude because I like the feeling of power and control it gives me, especially as I often feel very out of control on the inside.

I am rude because it gives me an outlet for all my pent up emotions that I struggle to identify.

I am rude because people in my past spoke to me or each other that way and I'm used to it.

I am rude because it gets me attention, even if it's negative attention.

I am rude because I know it winds you up and I like to be in control of you so I don't feel as scared.

I am rude because I'm tired, hungry, thirsty or just want a cuddle, but don't realise I'm feeling these things.

I am rude because I've got heightened levels of cortisol in my body which pushes me into fight, flight or freeze.

I am rude because you've done something nice with me or for me and I want to remind you that I'm a bad kid. That's because on the inside I'm filled with shame and have a negative internal working model. I don't believe I deserve good/nice things so I sabotage everything.

I am rude because I want to illicit the same response from you that I received in my previous/birth family. It feels comfortable when you behave in a way I expect even though it's not good for me and just proves I'm right and that all adults are the same.

I am rude because you got too close and I'm scared of attachment I am rude to push you away and reject you before you reject me!

I am rude because I'm perceiving a threat where there is none, this is called faulty neuroception.

I am rude because I can't think before I behave in a certain way or say the wrong thing. I have no internal inhibitors.

I am rude because my higher brain is underdeveloped and offline I am rude because that's the label I've been given by everyone so I might as well live up to it.

Finally, I am mostly rude because I'm scared!

NB : I don't actually know any of the above. You know it now so please help me to understand it too!  
My behaviour is automatic, I'm not consciously aware of WHY I behave this way.

I communicate my distress via my behaviour.

*Sarah Dillon*

3. Little Book of Trauma – separate document
4. Impact of trauma on brain development –separate document

5. SEND cause for initial cause for concern form



Initial Concern Form

Name:

Teacher:

Home Language:

D.O.B:

Date:

Attached documents	Student information Teacher/ SENDCo discussion notes Data tracking of progress Other notes – observations from TA's/ Teaching staff/SENDCo
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**Area of concern**

Communication and Interaction	
Cognition and Learning	
Social, Emotional and Mental Health	
Physical and/ or sensory need	

What has been done to date? including impact.	
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What needs to happen next and why?	
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Any other comments? Include any medical needs that could affect learning or any other factors e.g family issues, transfer between schools.	
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SENCO (signature): .....

Class teacher (signature):

Date:

6. Pastoral referral form



**Pastoral Support Referral**

**Child's name:**

**Class Teacher:**

**Date:**

**Area of concern**

Social	
Emotional	
Mental health/wellbeing	
Parent/Guardian concern	

What has been done to date? including impact.	
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What needs to happen next and why?	
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Any other comments?	
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**Pastoral lead (signature):**

**Staff/Class teacher (signature):**

**Date:**

