

Willow Grove School



Understanding Attachment and Trauma

Adopted by the Governing Body on:

Signed: _____ (Chairperson)

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The aim of this document is to promote understanding of Attachment and Trauma and to support extending our knowledge so that children and young people who have experienced adversity, can heal, grow emotionally and mentally, play, and learn. We understand that behaviour is a form of communication and what is deemed as unacceptable reaction is an outcome from social, emotional and mental health difficulties.

Attachment

Attachment is a theory developed by psychologists many years ago to explain how a child interacts with the adults looking after him or her. If a child has a healthy attachment, this means the child can be confident that the adults will respond to the child's needs, for example if he is hungry, tired or frightened, the adult caregiver will respond to meet the child's needs or reassure and comfort them

There are times when a carer's ability to look after a child and respond consistently may be interrupted ie, post-natal depression, bereavement, parental mental health difficulties, divorce, misuse of drugs, parental ill health and alcohol. This has been noted to have potentially very serious and damaging consequences for the adult that child will become. If caregivers are seriously inconsistent or unresponsive in their behaviour to the child, the child may become very anxious as they are not able to predict how the adults around him will act; the child may even give up trying to get his needs met or will adapt behaviours to get what they need.

Children need the self-belief and self-confidence to be able to explore their environments freely knowing that a consistent, emotionally available caregiver is on hand support, understand and guide them.

It is the role of the adults in school to guide the pupil in developing confidence to explore his environment and develop a good sense of self-esteem. This will help the child grow up to be a happy and functioning adult.

Trauma

A traumatic event is a frightening, dangerous, or violent event that poses a threat to a child's life or bodily integrity. Witnessing a traumatic event that threatens life or physical security of a loved one can also be traumatic. This is particularly important for young children as their sense of safety depends on the perceived safety of their attachment figures.

Traumatic experiences can initiate strong emotions and physical reactions that can persist long after the event. Children may feel terror, helplessness, or fear, as well as physiological reactions such as heart pounding, vomiting, or loss of bowel or bladder control. Children who experience an inability to protect themselves or who lacked protection from others to avoid the consequences of the traumatic experience may also feel overwhelmed by the intensity of physical and emotional responses.

Even though adults work hard to keep children safe, dangerous events still happen. This danger can come from outside of the family (such as a natural disaster, car accident, community violence) or from within the family, such as domestic violence, physical or sexual

abuse, or the unexpected death of a loved one (Appendix 1 - experiences, risk and protective factors).

Many body functions can be affected after experiencing trauma in life. The ability of the body to process and understand the sensory environment can be severely affected and will undoubtedly result in adverse behavioural reactions to what seem to be standard sensory stimuli.

Anxiety

Why do children become anxious?

There are a range of reasons why children and young people become anxious. In most cases, when children are extremely anxious there is a very real cause to this; perhaps they are having difficulties at school, (for example) being bullied.

Anxiety can also have no apparent cause, but be very real in its own right, and cannot be overcome by will-power. However, attempts to get children to master their anxiety by telling them “not to be so silly” will fail. Below are a number of reasons why children and young people might become anxious.

- A temperamental disposition. Anxiety can run in families. There is a genetic predisposition to some children being anxious.
- Physical illness or disability
- Family problems
- School worries
- Problems with friends and activities out of school.

At Willow Grove School we provide a nurturing environment where over time children will learn to feel safe to explore their feelings and surroundings. Staff and outside agencies work tirelessly to ensure pupils gain access to reliable relationships, an inclusive environment and an appropriate curriculum. The school will work very hard to utilise the wealth of expertise available to ensure the child’s individual needs are met.

Dysregulation

There will be times when a pupil will be triggered into a response and their reaction is deemed as unacceptable ie hitting out, fighting, becoming verbally abusive, running away, damaging property to name a few. However, these reactions are not viewed as intentional but a form of communication informing us that their needs at that time are not being met, for example, feeling unsafe, lack of trust - relationships, separation anxiety, fear - expectations in class. We work as teams alongside outside agencies such as CAHMs, Occupational Therapy, Speech and language and children’s counsellors who provide individual/group interventions for pupils and support staff to ensure consistent approaches in ensuring the needs of the pupils are met.

Refer to Relational Support for Personal Development Policies.

Touch

Physical contact is imperative to a child's emotional development and building a trusting relationship. Staff will appropriately express this through physical touch, such as hugging, a pat on the back, an arm around the shoulder, or holding an infant or toddler. Physical touch should be appropriate for the age of the child or youth. For example, while it is often appropriate to hold a toddler on your lap, it is inappropriate for a teenager to sit on the lap of an adult. Refer to Relational Support for Personal Development Policy. Pupils when dysregulated may need additional comfort or in some circumstances are escorted to a safe place, all staff are trained in the use of physical intervention. Refer to the Care and Control Policy.

Boundaries

Pupils who have social emotional, emotional and mental health difficulties do not respond well to rewards and sanctions, however we believe that there are natural consequences to some unacceptable reactions displayed when a child is dis-regulated. We approach this through accepting there is a cause for the unacceptable reaction displayed and address this by keeping boundaries.

SMSC

Every pupil, regardless of race, religion, ethnicity, sexuality, disability or SEN within this inclusive school has an entitlement to fulfil his optimum potential. To achieve this we believe the spiritual, moral, social and cultural aspect of education to be an important focus for all our pupils. SMSC plays a major part in their ability to achieve and learn and prepares them for the opportunities, responsibilities and experience of adult life. These aspects are embraced in every aspect of school life: making sure we provide the best services for both learning progress as well as the Spiritual, Moral, Social and Cultural development

It is vital that every member of the school community feels included and supported and that each person is valued, respected and treated well. We are a caring community, whose school values and beliefs are built on mutual trust and respect for all. We must be consistent in our application of keeping boundaries and promoting trusting relationships. Inconsistency is confusing to pupils and undermines the work of other staff and pupils confidence in our policies and procedures