Putting Care into Education

A guide for educators of care-experienced children and young people in Northern Ireland
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Introduction

This resource booklet has been compiled by a working group of professionals focused on the needs of care-experienced children and young people in Northern Ireland’s schools. It is based on the Let’s Learn Together booklet produced by the Northern Ireland Health and Social Care Board (HSCB)/Adoption UK and written by Sheila Lavery. Although this original booklet was targeted at primary schools, the attitude and strategies can be adapted for children and young people of all ages and this is reflected in the resource booklet.

The purpose of the resource booklet is to give all school staff an insight into how early relational trauma affects child development, why school can be challenging for care-experienced children, and how we can help to improve the education of all children by paying attention to the needs of the most vulnerable. Although this booklet focuses on care-experienced children, the information also applies to any child living with loss and the effects of trauma. Certain common areas of difficulty are highlighted and various tips and ideas suggested.

As children look to adults to give them a sense of safety and self-worth, it is worth remembering that our attitude towards them and our relationship with them can make a huge difference to how well they manage the school experience. This “attitude” is critical regardless of whether or not children or young people qualify for additional support in school, so it is emphasised throughout the booklet.

Finally, because some educators do not have a working knowledge of attachment and developmental trauma, there are some separate educator information sheets in the back cover, which can be copied and distributed to staff. The completed confidential pupil information sheet
should be kept in a locked cabinet in the school office. Hopefully, this information should help the school develop a better understanding of care-experienced children’s needs.

This booklet is by no means an exhaustive resource, but the aim is to give you the beginnings of a toolkit to help support care-experienced children and young people in your school.

Good luck and keep up the great work, from the care-experienced children and young people in education working group:

Anne-Marie Bagnall, Assistant Advisory Officer (LAC) Education Authority and LAC Champion (Early Intervention Transformation Programme - EITP)

Sheila Lavery, Adoptive Parent, Adoption UK trainer, Author of Let’s Learn Together, and Co-ordinator of the TESSA Project

Dr Una Lernihan, Commissioning Lead, Health and Social Care Board

Dr Kerry Sweeney, Consultant Clinical Psychologist, Lead for Looked After and Adopted Children’s Therapeutic Services, SET

Mary Roulston, Principal, Millenium Integrated Primary School, Saintfield

Dr Helen Wolsley, Highly Specialist Clinical Psychologist, Additional Support for Children in Education Team (ASCET), South Eastern HSC Trust

The publication of this booklet has also been supported by the Early Intervention Transformation Programme (EITP) which aims to improve outcomes for children and young people across Northern Ireland through embedding early intervention approaches.
Please note
The term “care-experienced” is used throughout this booklet to refer to children who are looked after and currently in foster (kinship and non-kinship) or residential care, or placed with parents on a care order at home. Or, who have previously been in care, but are now returned to their birth family, have taken up residence with a family member outside of care, or have been adopted. Care-experienced children are likely to have some level of developmental trauma and attachment difficulties so these terms are also used throughout the text. All the case histories and quotes from parents are genuine, but names and details have been changed to protect confidentiality. All photos are posed by models. The terms, he, she and they are used interchangeably throughout the booklet and are not intended to discriminate.
Attachment, trauma and brain development

“Hours in infancy have more power to shape us than months in middle age”

(Dr Bruce Perry)

ATTACHMENT

Healthy attachments are essential to a child developing well at home, school and in wider society. The word attachment can be described as a deep and supportive bond between a child and his caregiver that binds them in space, endures over time and creates a sense of safety and stability.

Although nobody is born attached, we are born with the drive to form attachments, primarily with our birth mother or primary caregiver. Attachments are formed in infancy through the meeting of physical and emotional needs. All babies have needs. If a baby’s caregiver recognises and meets those needs consistently in the first year of life, then the baby begins to relax and trust that their needs will be met. This trust creates a secure attachment, which gives a child a safe base from which to explore the world around him and return to when he needs comfort and safety.

The power of the primary attachment

Most care-experienced children will not have had this chance to build attachment security and that makes life hard for them. This is because the first attachment between birth mother and baby
is critical to survival, so it is the one that sets the template for all other relationships in life. Many care-experienced children, will have experienced disruptions to this cycle caused by maternal deprivation, neglect, illness, multiple carers, abuse and/or frequent moves through the care system. As a result, they are likely to have an insecure attachment style that shows up as an anxious, avoidant, angry/ambivalent or disorganised way of relating to others and the world.

They are also likely to have found alternative ways of trying to get their needs met. We tend to call these behaviours “attachment difficulties”. For example, they may try to get their needs met by being loud, demanding, clingy, aggressive, controlling, or safety seeking, or sometimes by simply “switching” off and waiting until it is safe to make their needs known.

This is not their fault; it is their “internal working model” of how they learned to survive in an unsafe world. When traumatised children come into secure placements, they cannot easily change the way they think, feel and behave. Only through a process of intensive rewiring can we help them feel safe enough to relax and learn new ways of relating in the world.

### 10 ways to build attachment security

- Help children feel safe by being calm, consistent, predictable and repetitive.
- Be available, responsive and caring - nurture as you would toddler.
- Look for and validate the feelings behind behaviours before disciplining.
- Share lots of fun, playful, low-key activities.
- Teach the child based on their emotional age.
- Model and teach good emotional control.
- Listen with empathy to children, acknowledge their difficulties and validate their worries.
- Have realistic expectations. Think of what a child has lived through and how you would feel and behave if it had happened to you.
- Be kind and patient with yourself- you have needs too!
- Take good care of yourself and make good use of available support.
Behaviour is the language children developed before they had words to name their needs and feelings. Behaviour continues to be a traumatised child’s first language in times of stress.

<table>
<thead>
<tr>
<th>Attachment difficulties make it hard for children to...</th>
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<tr>
<td>■ Explore the world from a safe base – be confident, well motivated.</td>
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<tr>
<td>■ Achieve developmental milestones.</td>
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<tr>
<td>■ Reach their intellectual potential.</td>
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<tr>
<td>■ Behave in a socially acceptable way.</td>
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<tr>
<td>■ Think logically.</td>
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<tr>
<td>■ Develop a conscience, have empathy.</td>
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<tr>
<td>■ Become self-reliant.</td>
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<tr>
<td>■ Cope with stress, frustration, fear, worry.</td>
</tr>
<tr>
<td>■ Develop good relationships with peers and educators.</td>
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<tr>
<td>■ Feel like a worthwhile person.</td>
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</tbody>
</table>

With thanks to Vera Fahlberg
Although attachment difficulties are perceived as problems with close relationships, the damage is much more pervasive. Attachment difficulties leave a child feeling...

How might a child like this feel and behave in school when they are away from their attachment figure for several hours a day, competing for adult attention with up to 30 other children, having their work and behaviour criticised and trying to manage dozens of relationships?

How attachment presents in the classroom

As already outlined, we know that children use their early attachment experience to build a template or internal working model of how relationships work and this guides the child in how they see themselves and what they should expect from others. This model has important
implications for how the child relates to their schoolwork, peers and school staff. In addition, a child’s attachment style will say something about their emotional availability for learning. In the table below, the main categories of attachment style are outlined, along with the different ways that they may be expressed in the classroom. It is important to note that these categories are simply a guide to understanding why children may behave in the way that they do and not a way of ‘labelling’ them. We must remain open to the wide range of reasons that a child presents in the way that they do.

<table>
<thead>
<tr>
<th>Attachment style</th>
<th>How it might present in the classroom</th>
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<tbody>
<tr>
<td><strong>Secure</strong></td>
<td>Child feels safe to play and explore new ideas</td>
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<tr>
<td>(Child learns that they are likeable and that others are dependable)</td>
<td>Child can develop positive relationships with others</td>
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<td></td>
<td>Child is emotionally available for learning to their full potential</td>
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<td><strong>Insecure</strong> - Avoidant</td>
<td>Child appears undemanding, self-sufficient and reluctant to ask for help if needed.</td>
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<tr>
<td>(Child expects others to be rejecting)</td>
<td>Sensitivity to close proximity with the educator.</td>
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<td></td>
<td>Limited creativity.</td>
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<tr>
<td></td>
<td>Likely to be underachieving.</td>
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<tr>
<td></td>
<td>Limited use of language.</td>
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<td></td>
<td>Hostile feelings about the educator could sometimes be directed to the task.</td>
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<tr>
<td></td>
<td>Needs to appear autonomous and independent as a way of managing anxious feelings.</td>
</tr>
<tr>
<td>Attachment style</td>
<td>How it might present in the classroom</td>
</tr>
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<td>------------------</td>
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</tbody>
</table>
| **Insecure** - Ambivalent (Child expects others to be inconsistent and unavailable) | Can appear highly anxious and uncertain in class.  
Appears to need to hold the educator’s attention.  
Depends on the educator for learning.  
Hostile to the educator when frustrated.  
Appears to have difficulty in attempting tasks unsupported.  
Appears unable to focus on the task for fear of losing the educator’s attention.  
Likely to be underachieving. |
| **Disorganised** (Child experiences others as frightening in times of stress and try to control them with their behaviour) | Child experiences intense anxiety which may be expressed as controlling behaviour.  
Difficulty trusting the authority of the educator.  
May be unable to ‘accept’ being taught.  
May be unable to accept that the educator knows more than they do.  
Tasks are seen as a challenge to their fears and competencies.  
Difficulty accepting ‘not knowing’.  
May appear to know everything already.  
May appear unimaginative and uncreative. |
THE ATTACHMENT DYNAMIC
How you might feel supporting children with Attachment Difficulties

We all have attachment styles and even secure people have some insecurities which can be triggered by children with attachment difficulties. Traumatised children can struggle with social, emotional and academic development, which can impact on how they access learning, but can also affect how they relate to teaching staff. You might notice yourself feeling or behaving in different ways with these children.

Some of the feelings you might have experienced are....
If you start to feel different about these children, you might find yourself acting in a way that surprises you....

Avoid situations or activities that have caused conflict
Avoid interacting with child
Think about the child outside of work

Giving up or not caring as much
Become negative or critical
Feel as if you are ‘fighting’ on behalf of child

Stop implementing boundaries or become overly rigid
Be physically unwell and take more time off than usual
Struggle to relax
Withdraw socially – both at work and home

Feel as if always asking for support
Misinterpret intention of behaviours
Become less tolerant of minor behaviours

(Thanks to Dr Leigh Crawford, Specialist Clinical Psychologist, SET Connects for this information).

If you notice yourself starting to feel like this it is important to seek support from people you trust.
DEVELOPMENTAL TRAUMA

“There is considerable evidence for changes in brain function in association with child abuse and neglect... Hyper arousal, aggressive responses, dissociative reactions, difficulties with aspects of executive functions and educational underachievement thus begin to be better understood.”

Dr D Glaser, Consultant Paediatric Psychiatrist,
Great Ormond Street Hospital

Amygdala

The amygdala is a part of the limbic system involved in processing emotional responses. Trauma expert B. van der Kolk calls it the smoke alarm of the brain. Traumatised children have extremely sensitive smoke alarms, so the slightest whiff of stress can put them into a state of alarm.

Neuroscience has established that the way we are cared for in the womb and in early childhood affects how our brain develops. Consistently good enough loving relationships and low stress levels in early childhood build a brain that equips us to learn, share, empathise, regulate our feelings, feel good about ourselves and others, and withstand everyday stresses. On the other hand, traumatic early experiences affect both our ability to form trusting relationships and to develop healthy, well functioning brains.

Traumatic experiences can be defined as anything the child experiences as life threatening. This does not have to be abuse; neglect alone will cause the damage. Imagine yourself as a tiny
infant, completely dependent on your mother to keep you alive and you get an idea of how being separated from her could feel life-threatening.

The human brain is not fully developed at birth, it continues to grow after birth, reaching 80-90 per cent of its adult size in the first three years of life. After this critical period it continues to grow until the age of 20 - 30 years of age but at a slower rate! There also appears to be an increased period of plasticity in adolescence, during which time significant remodelling occurs, especially in the connections between the frontal lobes and the limbic system. These areas of the brain are involved in emotions and executive functioning. Interestingly, there may be a mismatch between emotional and cognitive regulation in the brains of young people because the cortex hasn’t developed enough to allow for regulation of the emotional responses. Consequently, adolescents may have powerful feelings that they find difficult to regulate, make sense of, or inhibit!

This ability to regulate is particularly difficult for young people who’ve experienced trauma. If a child who has experienced trauma in early life has been living in a settled environment for some time, they are more likely to better avail of this surge in brain development, which can enhance their emotional and social development and benefit their relationships. However, this can be significantly compromised for young people still living in chaos, who were left too long in poor care-giving environments or who had multiple changes of carer. It is also worth remembering that even well settled children and young people can revert to old hard-wired patterns of behaviour under stress and school can be very stressful for care-experienced children.

**How the brain develops**

The human develops from bottom up and from inside out, starting with the brain stem.
The brain stem (primitive brain) controls basic functions like breathing, blood pressure, plus fear, rage and regulation. For a child developing in a high-stress environment, the regulatory abilities of the brain stem are already impaired at birth.

The limbic system is the emotional centre of the brain, built on the brain stem. It becomes wired by experiences in the first year of life. Children born into hostile environments have a limbic system wired for fear, insecurity, and control.

The neo-cortex or ‘thinking’ brain continues to develop into adulthood. It processes information from both the brain stem and the limbic system. When fear and stress flood the brain stem and/or limbic systems, the resulting developmental trauma impacts on the neo-cortex, causing problems with attachments and executive functioning skills.
Think about how a child functions in school. Many care-experienced children have good enough thinking and reasoning skills when they are calm, but when they feel anxious or stressed they “lose the plot”. Working to ensure they feel safe and calm helps all of the brain work better.

**Bottom-up Rewiring**

Although traumatised children’s experiences have impacted on their brain development, they can still make good progress at school and at home when parents, educators and carers change their attitude and expectations. Quite simply, adults need to take the lead in rewiring the brain from the bottom up by relating to traumatised children of all ages with the attitude we would use with a baby, accepting that there are some things they cannot do despite their chronological age. This developmental approach is intensive and lengthy. It can take many years to repair the damage caused by a few months of neglect in infancy.

“The brain system’s responsible for healthy emotional relationships will not develop in an optimal way without the right kinds of experiences at the right times of life”

Dr Bruce Perry
DEVELOPMENTAL GAPS

Trauma in early childhood is sometimes called developmental trauma as it affects how a child develops on every level. Care-experienced children often feel, think and act much younger than their chronological age. It can help to think of them getting ‘stuck’ at critical developmental stages, which has left gaps in their development.

These gaps can create challenges for them at school, where they are expected to behave with the same maturity as their securely attached peers. This can be frustrating for a child who may have the concentration and stimulation levels of a much younger child and may need learning tools, play activities, nurture, supervision, targets and boundaries appropriate to their developmental, rather than their chronological age.

The key thing to remember is that it is never too late to build attachment security and rewire old hardwired habits and behaviours. A secure attachment is critical to emotional stability, relationship building, and learning. So, the time adults invest in building an attachment (with bottom-up rewiring) is like watering a plant. It is essential for growth and development and is likely to pay greater dividends in the long run than academic hot housing. In fact it is so important to put attachment first that some carers keep their children home from school for several weeks after placement, while others arrange for struggling children to attend school on a reduced timetable.

John’s story

“The parenting style we used successfully with our birth child was just not working with our adoptive son. His behaviour was “stuck”. We went on training and gained valuable insight into therapeutic parenting. We changed the way we parent to suit our son’s development and the improvement in his behaviour is massive.”
Think toddler

A good rule of thumb when teaching a child with attachment difficulties is to “think toddler”. In other words, actions that you would accept as normal in a much younger child may be linked to attachment, trauma and loss in school age children.

Common developmental gaps include:

- Having the emotional control and concentration levels of a toddler (see Executive functions page 19);
- Sense of permanency of an infant (see page 37);
- Unable to wait for reward or attention (see page 51);
- Not able to regulate stress and stimulation (Toxic stress and anxiety, page 39);
- Unable to play nicely or socialise well (see Relationships with friends, page 81);
- Sensory issues and difficulties with motor skills (see page 43);
- Being excessively clingy or overly independent;
- Having the overwhelming shame of a toddler (see pages 46).

You may notice others gaps. “Babyish” behaviours can become more pronounced in periods of stress when we all naturally revert to earlier patterns of behaviour and more primitive survival responses, but less obvious gaps can persist unnoticed throughout childhood and adolescence.
EXECUTIVE FUNCTIONS

“Our children are doing the best they can. The neurobiological impact of trauma means that rather than “won’t do”, they simply “can’t do” much of what is asked of them at home and at school.”

Christine Gordon, Parent Consultant

Executive functions are a set of mental processes that help us to learn. We use them to solve problems, remember, manage time and space, plan, organise, start and change activities, set goals and stay on task long enough to achieve them. They also help us to control impulses and regulate feelings. While many children navigate school with a basic set of ‘school skills’ that enable them to follow rules, learn right from wrong, understand what comes next, see other people’s points of view, predict outcomes and know that a hidden object (be it a pencil or Mum) is still there even when they cannot see it, care-experienced children may be lucky to develop these skills by the time they leave.

Essentially, executive functions are like a manager that controls and organises the brain. It is good to keep this analogy in mind when thinking about how bright children often struggle at school.

Executive functions develop from infancy through to adulthood, enjoying a burst of activity in adolescence. How well these skills develop depends on a child’s environment. Traumatised children are likely to have experienced angry and abusive parents who exposed them to an over-stimulating environment and/or neglectful parents who created an under-stimulated one.

Neither of these environments provide the stability and predictability needed to develop emotional regulation and good executive functioning. Consequently, our children struggle to process new
experiences and may remain ‘stuck’ in repeating patterns of behaviour that served a purpose in their traumatic past but are no longer useful to them.

When completing even simple exercises executive functions help us to:

1. Think about what we want to achieve
2. Make a plan
3. Carry out the plan
4. Evaluate the job.

A child may have plenty of ability and try his best, but if he cannot make a plan, carry it out and evaluate the results, he will rarely achieve his goals. Also, executive failures at any stage of this sequence can lead to aggressive outbursts. Teaching the “goal, obstacle, plan, do review” approach can keep children on track.

“Supporting a care-experienced adopted child’s EF skills in class supports all children. Educators need to realise that all children are still developing their EF skills, so all children will benefit from supportive strategies.”

Marion Allen, Education Consultant, Family Futures

When Canadian psychiatrist, Dr Adele Diamond, studied self-regulation and problem solving in four-year olds, she found that even at this early stage self-regulation skills were a more reliable predictor of academic success than IQ. (Diamond 2007).
How to help children develop their EF skills:

- Set one task at a time and demonstrate, “here’s one I did earlier”;
- Plan routines and use visual and verbal prompts;
- Chunk information to improve learning and recall;
- Play memory games;
- Break down tasks into simple steps (see checklist opposite);
- Goal, plan, obstacle, do, review;
- Provide the right materials;
- Give a stress ball to help concentration; and
- Plan and structure times of change.

“Goal, Obstacle, Plan, Do, Review”

Modelling and teaching this approach to planning a task helps children develop their EF skills:

**Goal**
(what do you want to achieve? What will it look like when finished?)

**Obstacle**
(what is getting in the way of you achieving your goal?)

**Plan**
(how will you do that? Need help?)

**Do**
(work on the task)

**Review**
(how did it go? what worked? what didn’t? How might you improve it?)

Alex’s room tidying checklist

- Put dirty clothes in wash basket
- Put all rubbish in waste paper bin
- Put books on the book shelf
- Put shoes in bottom of wardrobe
Visual planners help a child to structure their day or part of their day at home or at school. You can adapt these according to a child’s age and ability, perhaps using one for the morning, one in school and one for homework. Ask the educator to place a plan for each day on the child’s desk. You can use wipe clean laminate cards for this or download free printable resources from [www.visualaidsforlearning.com](http://www.visualaidsforlearning.com).

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<th>My morning routine</th>
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[www.projectlearnet.org](http://www.projectlearnet.org), a site dedicated to working with children with acquired brain injury, is a great resource for learning about and teaching EF skills.
The 8 domains of executive function

The good news is that executive function skills can be taught to traumatised children in the same way that we teach them to children with SEN diagnoses. The table below give examples of how the difficulties show up in class and how educators can help.

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<tr>
<th>Domain</th>
<th>Example of dysfunction</th>
<th>Strategies</th>
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<tbody>
<tr>
<td>Inhibit</td>
<td>- Ability to think before acting. Difficulty stopping behaviour when asked</td>
<td>- Acts impulsively, seems unable to consider consequences, easily distracted, hyperactive, tends to interrupt and disrupt activities. Persists with unwanted behaviour. Repeats the same mistakes</td>
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<tr>
<td></td>
<td></td>
<td>- Provide a visual set of rules and review regularly</td>
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<td>- Increase structure and supervision</td>
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<td></td>
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<td>- Have frequent check-ins</td>
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<td>- Focus on prevention</td>
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<td>- Teach ‘stop and think’ techniques</td>
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<td></td>
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<td>- Be consistent in your interventions</td>
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<td>- Acknowledge small achievements frequently</td>
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<tr>
<td>Shift</td>
<td>- Changing from one problem or situation to another. Ability to tolerate change</td>
<td>- Gets stuck, tends to repeat mistakes, struggles to cope with unplanned change, difficulty settling after break, inflexible thinking, difficulty shifting from one task, activity or place to another</td>
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<tr>
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<td>- Give two-minute warnings when tasks are to change and allow changeover time</td>
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<td>- Small group work can help the child take cues from peers</td>
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<td>- Provide visual planners, timers, etc</td>
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<td>- Plan for and alert the child to change in advance</td>
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<td>- Provide ‘this or that’ choices</td>
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<td>- Present/focus on one task at a time.</td>
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<tr>
<td>Domain</td>
<td>Example of dysfunction</td>
<td>Strategies</td>
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| **Emotional control** - An  | Explosive, gets upset easily over small events, gives backchat, lashes out, mood swings, | Try to avoid situations that provoke outbursts.  
| age appropriate response    | frequently upset                                                                       | Adults should model emotional responses, eg, don’t shout if you don’t want a child to shout.  
| to a situation or stressor |                                                                                        | Be curious about the feelings behind an outburst and ask how she might handle them better.  
|                             |                                                                                        | If demanding work provokes outbursts, practise at a level he can master to build success.  
|                             |                                                                                        | Give clear rules and expectations of behaviour.  
|                             |                                                                                        | Encourage child to talk about upcoming changes or events.  
|                             |                                                                                        | When regulated, help the child to analyse what provoked an outburst and practise alternatives.  
|                             |                                                                                        | Encourage child to take a break or seek a key adult when feelings threaten to overwhelm.  
<p>|                             |                                                                                        | Then give calm time, <strong>not as a punishment</strong> but as a break. Reward the child for making a good choice.  |</p>
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<th>Domain</th>
<th>Example of dysfunction</th>
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<tr>
<td><strong>Initiate</strong> - Ability to start a task or activity without prompting</td>
<td>Trouble starting homework, or waits until last minute, poor at problem-solving, responding or generating ideas independently</td>
<td>Use visual prompts or step-by-step instructions to initiate an activity or routine until it becomes automatic.</td>
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<td>Guide the child through the first problem on a sheet</td>
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<td>Try working in pairs</td>
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<td>Use a timer to set limits</td>
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<td>Shorten tasks so the child achieves</td>
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<td>Frequent breaks, physical activity or change of pace can improve motivation.</td>
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<td>Support the child to do the task.</td>
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<td>Don’t do it for her or let her off the hook.</td>
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<td>Provide ‘to do’ lists</td>
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<td>Help child become aware of his difficulty, eg, ‘I can see it’s hard for you to get started on ...’</td>
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<td>Break up desk work with active learning</td>
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<td>Appeal to child’s own interests.</td>
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<tr>
<td>Domain</td>
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<tr>
<td>Working memory - Holding information in</td>
<td>Trouble remembering tables and completing mental arithmetic or multi-stage tasks, difficulty remembering instructions, staying focused or completing tasks.</td>
<td>Teach child to chunk tasks or information. Acknowledge that the child may take longer than average to process information. Change tasks frequently or give short breaks when focus wanes e.g bring work up to educator to check. Reward child for completing tedious work with a stimulating activity. Reduce distractions. Recognise that child may have difficulty retrieving information on the spot (e.g. spelling blitz). Observe at what time of the day the child is most attentive and schedule demanding tasks for then. Present information in more than one format, e.g. say it, show it, demonstrate it, model it. Keep new information brief and repeat if necessary. Have child practise what he has learnt at intervals during the day rather than waiting for homework.</td>
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<td>mind to complete a task</td>
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<th>Domain</th>
<th>Example of dysfunction</th>
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<td><strong>Plan and organise</strong> - Setting goals, working out how to do a task, anticipating problems</td>
<td>Starts assignments at the last minute, does not complete work on time, inability to set and achieve goals, difficulty organizing concepts or grasping key ideas, poor time management</td>
<td>Involve the child in setting a goal. Ask her how well she thinks she will do. Identify obstacles. Break plan down into simple steps. Teach child to break long assignments into staged tasks. Review regularly. Work on one task or step at a time. Fold long worksheets to appear achievable. Build organising time into child’s day. Cross-age tutoring can help to model organisational skills. Help the child to use one planning system for all subjects - be it date, subject, or colour coding and stick to it. Let him choose a system. Note essential information at the front of a planning book. Have the child look for the structure of a task and tell it to you.</td>
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<td>Domain</td>
<td>Example of dysfunction</td>
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| **Organise space and materials** - Carrying out a task in a systematic way; maintaining order | Easily overwhelmed by large tasks; has wrong books, messy work space, locker, school bag, forgets PE kit etc. Prepares badly for tasks and tends to be messy. | Maintain an organised class structure and routine.  
Have a set of books at school and a duplicate set at home.  
Child could keep a daily checklist of what he needs.  
Adults can model organisational skills by talking aloud about what they are doing as they do it.  
Support to child in achieving (named) goal.  
Parents can help a child to organise her school bag for the day ahead. |
| **Monitoring** - Checking and evaluating one’s self and work | Makes careless mistakes, often unaware of impact of behaviour on others, doesn’t finish on time, fails to monitor own performance and check or edit work during or after completing a task | Reward accuracy rather than speed.  
Try talking through a task. Use and model the use of phrases such as, ‘What works?’ ‘What doesn’t work?’  
Give constructive feedback to help the child identify strengths and weaknesses. |

**Behaviour Rating Inventory of Executive Function™ (BRIEF™)** developed by Gerard A. Gioia, Ph.D., Peter K. Isquith, Ph.D., Steven C. Guy, Ph.D., and Lauren Kenworthy, Ph.D. is a psychological assessment questionnaire to measure school-age children’s regulatory and problem-solving skills in eight EF domains. The questionnaire is completed by parents/carers and educators.
FOETAL ALCOHOL SPECTRUM DISORDER

Foetal Alcohol Spectrum Disorder (FASD) is an umbrella term used to describe a range of physical and neurological birth defects caused by a woman drinking while pregnant.

FASD is the most common preventable cause of learning difficulties known to doctors. You may already know quite a lot about the disorder, but many children, who do not display the physical characteristics are often undiagnosed until they show difficulties at school, or, are never diagnosed at all.

An invisible disability

Alcohol causes neurological damage such as:

- Poor school performance
- Memory problems
- Difficulty storing and retrieving information
- Inconsistent performance (‘on’ and ‘off’ days)
- Impulsivity, distractibility, disorganisation
- Ability to repeat instructions, but inability to put them into action
- Difficulty with abstract concepts, such as maths, money and time
- Slower thinking skills
- Slower hearing pace (may only understand every third word of normal conversation)
- Developmental gaps (may act younger than chronological age)
- Inability to predict outcomes or understand consequences
- Inability to interpret and respond appropriately to social situations.
People with FASD do not grow out of it. So a diagnosis is critical in increasing understanding of their difficulties, getting support in school and helping them to develop essential life skills.

Children with FASD can appear bright, articulate and confident, but there are parts of their brain that just don’t work well and they can quickly become frustrated, angry and behave badly. As these behaviours result from deficits in brain functioning and are beyond the child’s control, parents and educators may find that “normal” discipline does not change the child’s behaviour and may actually make it worse as the child can feel frustrated and confused.

World Health Organisation figures suggest that:

- 1 in 500 people have FAS;
- 1 in 100 have FASD;
- Many more remain undiagnosed.

Sarah’s story

My son has FASD and is in mainstream school. He struggles with friendships and can be overwhelmed by stimulating environments, even bright wall displays distress him. He can’t bear people touching him so he goes to the front or the back of the class line. In class he sits beside the teacher, which gives him the close supervision he needs. He was made a P1 mentor, and he gets out of class 20 minutes early at lunchtime to set up play equipment for P1 and P2. The responsibility is good for him and it means he’s not lonely at breaks. He needs routine and doesn’t cope well with change. School works best when teachers communicate with me and each other as any change to rules, routine or strategies throws him completely.

A 1998 report, Maternal alcohol consumption and the behaviour of the fetus by Professor Peter Hepper, QUB, discovered that 60-70 per cent of women in Northern Ireland drink alcohol during pregnancy. Many people think an occasional drink does no harm, but there is no safe limit of alcohol in pregnancy.
THE ATTITUDE

A change of attitude changes everything

Children need to feel safe and settled to learn. This sense of safety comes not only from physical boundaries, supervision and structure but even more from unconditionally supportive relationships. The elements of this relationship are summed up by attachment psychologist, Dan Hughes’ parenting attitude. This attitude, which works for parents is the agent for change for all adults working with children who have experienced developmental trauma. It can be summed up by the acronym PLACE and it involves being playful, liking, accepting, curious and empathic. It is the attitude that a “good enough” mother has with a baby and it can be used with older children to engage, build trust and regulate arousal levels. This attitude alone can rewire how children see and understand themselves, other people and the world. It builds positive relationships - and it is the relationship, not positive reinforcement - that produces lasting change for care-experienced children. But it is not a quick fix. It is important to maintain the attitude as much as possible, especially when a child’s behaviour is challenging. Use it as your main strategy and to underpin all other strategies you employ.

The PLACE attitude

Playful: Playfulness and positive experiences allow a child to develop feelings of self-worth. Being playful could mean ruffling a child’s hair when walking past, playing games, singing, or giving a light-hearted and spontaneous compliment. A relaxed and playful environment has a greater influence on a child’s behaviour than rewards, sanctions or anger-based discipline. Playfulness engages and rewires children at the brainstem and limbic levels and recognises their limited ability to follow instructions.
Simply delighting in a child is also playful. It conveys acceptance of the child regardless of their achievements or misdemeanours. Soft eye contact and facial expressions, good touch, and welcoming body posture communicate positivity, as does maintaining a “smiling” school environment.

**Liking:** Show a child that you like them at all times, even when they misbehave. Care-experienced children find it difficult to accept that people like them or that they are worthy of care, so we must teach them otherwise. Try not to get angry when a child misbehaves. Don’t reject them even if they reject you, and reconnect quickly after absences or disciplining. Find something valuable about a child and find ways to like that part of them when their behaviour is at its most challenging. One way to increase your empathy for a challenging child is to picture them as the tiny frightened baby they used to be and remind yourself that it is this part of them that is frightened and fighting.

**Accepting:** Showing acceptance of a child and the reasons behind their difficulties, even if you don’t accept their behaviour, can help the child stay regulated and enable them to change their responses. Understanding that the child is doing the best they can and remembering that behaviours are a way of communicating needs and fears can help you develop an accepting attitude. You can use accepting expressions like, “I really like having you in my class and still it’s not okay for you to shout at me. Let’s see if we can find a better way for you to show me what you need.”

**Curious:** Being curious rather than angry about why children behave in certain ways can encourage change. You can show curiosity by wondering out loud about the unacceptable behaviour. Curiosity can help a child to stop, think and make sense of their feelings and behaviours, and usually works better than asking direct questions. A child who has ‘switched off’ their feelings may not know why they are upset. They may say something trivial, or withhold the
information through lack of trust. An educated guess such as, ‘I wonder if you are worried about the school trip on Friday,’ or ‘I have a feeling it upsets you when Mrs Jones is not in class,’ can open discussion, in which you can listen empathically.

**Empathy** is the most important quality adults can have with care-experienced children. To understand the child’s needs we have to put ourselves in their shoes and show them that we ‘get it.’ For example, ‘I know that these spellings are hard for you to remember’, ‘I get it that it’s hard for you to come to school every day.’ Empathy allows the child to feel their feelings and encourages the release of grief, fear and rage behind emotional and behavioural problems. Try to empathise with a child before disciplining and throughout the employment of disciplinary measures (e.g. consequences). It is vital that you remain genuinely empathic, not flippant, mocking or sarcastic. Sarcasm seriously undermines trust and makes a child feel not valued.

Empathy increases when you move from thinking, “What is this child doing to me?” to “What is this child trying to say to me?” A LAC child’s behaviour is a means of communicating their distress. While it might be directed at you, it is not about you.

**Care-experienced children need adults to:**
- help them feel safe
- communicate PLACE, verbally and nonverbally.
- help them regulate big feelings like fear, shame, anger and sadness.
- help them feel like a good person even when they behave badly
- show that your relationship is strong even when things are tough
- help them make sense of life
- help them understand your point of view and motives towards them.
- stay with them and remain strong when they are upset.
Key points summary

- **Children’s behaviour is hard-wired.** Because good primary attachments are often critical to an infant’s survival, children who were deprived of the chance to develop them may continue to display attachment-seeking behaviour long after the need to do so has passed. These alternative attachment behaviours and adaptations to trauma may not respond to conventional behavioural management strategies because they are triggered by unconscious needs and impulses, not wilful defiance. Adults who address challenging behaviour by repeating the cycle of punishment, rejection and shame may cause these behaviours to become entrenched. To bring about real change we must meet all behaviours with two important questions in mind:

1. What is this behaviour telling me about what this child needs?

2. How can I address the behaviour while keeping our relationship strong?

- **Things can change.** Sometimes talk of hardwiring makes us think that change is impossible, but there is a great deal of evidence to show that the brain can be rewired when the adults in a child’s life act as an external brain by modelling regulation, problem-solving, empathy, impulse control and good executive functioning. The brain is plastic and flexible, it can do what we teach it to do and it responds to novelty and repetition. When we greet habitual behaviours with novel responses, the brain develops new connections and when we repeat those responses the connections strengthen. So, a child who expects to be disliked and excluded for a particular behaviour will be forced to develop new wiring when the people around him remain kind and inclusive while addressing his behaviour.
Change takes time. Children build up defensive and adaptive behaviours at a time when their survival depends on them, so they are not likely to surrender those behaviours easily. It takes time to build trust and trust is needed for children to change. It is important to realise that we need to take baby steps. Don’t expect too much too soon; work on the most important issues first; think about practising new ways of being and doing as opposed to success and failure; respect children’s strengths and individuality and celebrate small successes.

Relationship is the key. It is important to remember at all times that meaningful relationships, not the reinforcement of rules, are what heal the child. These children need to know that they matter and that you like them. Sometimes parents, carers and educators question why some care-experienced children who had good physical care from infancy still have attachment difficulties. Current psychological research indicates that we need positive intersubjective relationships in infancy and childhood to develop well – in other words we need somebody to attune to us and relate to us as if we were the most wonderful person in the world. Children experience themselves as they have been experienced by their carers. If they have been unloved they may consider themselves unlovable and spend most of their energy convincing other people that this is the case. To help neglected and abused children succeed in school we need to give them a new experience of themselves by looking beneath the behavioural symptoms and finding things about them that are likeable. Aim to stay regulated and attuned to the child and take every opportunity to show them that you like them and that you do what you do for them because they are worth it.
Areas of Difficulty

PERMANENCY AND CONSTANCY

“For as long as you remember me, I am never entirely lost.”

Frederick Buechner

Constancy

Constancy is a developmental stage linked to permanency. Constancy gives children stability and resilience and helps them see themselves and others as people of many parts. So, for example, if they misbehave they know that they have done something wrong, but they are not a bad person. Likewise, they can see a parent or teacher’s anger as a response to a particular event, not because you hate them.

Our children have poor constancy but we can help improve it in a couple of ways:

1. Correct misdemeanours by being firm but pleasant. Tell the child the rule. E.g, “you know it’s not okay to take things without asking...” and remind them of the consequence. Do this without anger so that the limbic part of the child’s brain gets the message that he is safe even though you are not happy with what he has done. Remember, think toddler!

2. Use what Holly van Gulden, co-author of Real Parents, Real Children, calls the language of parts, so the child learns that we are all capable of using different parts - angry part, sad part, chocolate-loving part - and yet be one person. Talk about the child, yourself and others using parts language, e.g, “my sleepy part didn’t hear the alarm”, “Your hungry part wanted the chocolate cake”. Name more positive parts than negative ones, use the language when you are in a good or bad mood, and have silly parts as well as serious ones.
In this context, the term permanency is used to describe a child’s ability to know that objects and people continue to exist even when they cannot see, hear, smell or touch them. (The term permanence for looked after children can also refer to a child’s placement with carers who become their family for life.) Permanency creates a sense of safety and helping a traumatised child to feel safe is the most important thing we can do for them.

Throughout infancy children need many repetitions of things and people going away and returning repeatedly in order to grasp the concept of permanency. In healthy homes this happens all the time. For example, a baby drops a rattle and someone gives it back to him; mum goes out of the room and soon returns, parents play peek-a-boo and hide and seek; and families have loving, multisensory goodbyes and big hellos.

Thousands of repetitions of these actions, with an attachment figure enable a child to complete the critical developmental stage of permanency, which creates a feeling of safety. So, by the time securely attached children start school, they can tolerate being separated from family for a few hours without feeling like they will never see them again. Care-experienced children who didn’t have enough of this type of healthy interaction may feel frightened and abandoned when separated from their primary carer, need almost constant attention from others, and be unable to soothe and regulate themselves.

Because they feel like they have been forgotten, children with a poor sense of permanency can become fearful and panicky and behave in a way that appears attention-seeking, disruptive, manipulative, or irritating.
3 great ways to build permanency

**Play peekaboo and hide and seek.** Holly van Gulden, recommends parents play hide and seek with their children every day. Educators can also do this with young children or staff can structure and supervise hide and seek at playtime. Even 10 minutes a day makes a difference.

**Use sensory reminders.** A spray of mum’s perfume or dad’s aftershave on a child’s sleeve, a family photo in a plastic wallet, loving notes in a lunchbox or pencil case, or a phone call from home at break time can all give a child a sensory connection with his safe base. Likewise, educators can give a child a special object to look after until the next lesson or the class goldfish to care for over the school break.

**Model being held in mind.** Children who have experienced neglect need to feel that caring adults think about them even when they are not around. If you suspect that a child has a poor sense of permanency it can help to keep a photo of them on or near you and tell them, “I keep your photo with me, so I can see you in the picture and not forget you.” This shows the child that they are important to you and models how they can hold you in mind, too. This can work well with children who constantly demand attention in class.
TOXIC STRESS AND ANXIETY

“I cannot emphasise enough how a child with a trauma history only has to get the slightest whiff of stress to put them into a state of alarm. I have seen this even in children adopted as babies – these children are simply born stressed! In a busy school environment it is essential that we keep these children regulated and feeling safe.”

Mary Roulston, head teacher

A little stress is motivating but care-experienced children are likely to have endured unrelieved bouts of stress that had a toxic effect on their development. This is due mainly to a chemical called cortisol. In quick bursts of stress the body produces a motivating chemical called adrenalin, but when stress is prolonged or chronic, cortisol takes over. Some of the things we know about cortisol are:

- It stays in the body much longer than adrenalin and knocks out calming and happy hormones such as serotonin and oxytocin.
- It affects memory.
- Too much cortisol in infancy can over-activate the stress response, so that even minor problems cause children to behave as if they are under serious threat.
- High levels of cortisol in the early years can cause sensory integration problems (see sensory issues, page 43).
- Traumatised children develop anticipatory stress - they expect bad things to happen and so their cortisol levels are regularly out of kilter.

- Highly stressed children often have difficulty controlling their impulses.

**Caring adult as regulator**

Babies cannot regulate themselves, they need a caring adult to co-regulate their distress and model how to stay calm and alert. The caregiver does this by being available, calm, soothing and responsive, so that the child’s body rhythms match those of the carer. Children who did not have this quality of care in infancy often develop strange or immature ways of self soothing such as biting, head banging, rocking, scratching, chewing, and cutting. They may keep turning around, call out, hide, fidget, ask questions, chat constantly, and there may be other behaviours, which increase under stress. Some children manage to hold it together at school and offload their stress when they get home.

Although cortisol levels can stabilise when children settle into loving families, the stress of school and the absence of parents can mean children who are calm at home remain anxious and fearful at school.

Stress can make children fidgety in class. Telling them to stop fidgeting rarely works, as stopping is not within their conscious control, but a stress ball, tangle toy or even a lump of blue tack provides a physical release that can help children relax and focus. Try to see fidget toys as aids to concentration not as a distraction.
Ways to reduce stress

- Surprises are stressful, even when they are fun. New situations, people and places activate the stress response, so plan carefully for change and challenge.

- Reduce anxiety about what’s coming next by talking about it and providing a visual timetable for every stage of the school day (including school trips). In addition to planners on the wall, some children can benefit from individual planners taped to their desk. Older children could have timetables in various locations in their bag, inside their locker, front of school diary etc, and a spare kept by form teacher, classroom assistant or other key adult.

- Predictable, consistent, repetitive, familiar, nurturing experiences reduce stress levels at school,

- Give this or that choices and accept that either choice is ok.

- Use PLACE and encourage other school staff to do likewise. Wonder out loud about what might be bothering a child, consider what the behaviour shows about the child’s need and respond with empathy.

- Consider providing a “safe spaces” or “calm spots” filled with sensory activities to which a child can go with a trusted adult when they begin to feel anxious, or dysregulated. Some schools timetable this into the child’s planner, so it is more structured (this must not be regarded as punishment).

- Where possible, identify stressors and try to keep them to a minimum.

- Consequence bad behaviour quickly and without anger, threat, loss or separation.
The analogy of the stress bucket is useful. If you think of having a bucket, into which you dump your stress throughout the day, most of us will finish the day with a half full bucket. Care-experienced children can wake up with an already full stress bucket so that even tiny drops of stress throughout the day can cause an overspill.

Teach children sensory activities that can calm them down quickly

- Sit under a heavy blanket.
- Press their hands down on their head.
- Hug their knees to their chest.
- Rock slowly.
- Smell lavender or camomile oil.
- Snuggle into a small space.
- Suck a sweet.
- Suck yoghurt/thick milkshake through straw.
- Get a big hug.
Routine calming activities

- Walk home from school (with backpack on).
- Do physical tasks or jobs throughout the day.
- Have a chill out time before homework.
- Swim, cycle.

Children often find enclosed spaces calming. A pop-up tent, cushions in a book corner or cupboard, or a blanket draped over a table can act as a calm or safe space.

SENSORY ISSUES

“Sensory integration sorts, orders and eventually puts all of the individual sensory inputs together into a whole brain function.”

Dr A. Jean Ayers, pioneer in sensory integration dysfunction

Everyone has occasional sensory integration or processing challenges from time to time when the brain is overloaded by sensory information, or deprived of it. But some people go through daily life unable to process and integrate effectively the sensory information they receive through the seven senses of sight, sound, taste, touch, smell, body awareness and movement/balance. Care-experienced children may fall into this category as developmental trauma affects all areas of a child’s
functioning. Some children may get diagnosed with sensory processing difficulties, others may just get labelled as badly behaved. Symptoms vary depending on which senses are affected, but many children indulge in sensory or thrill-seeking behaviour and over react to, or avoid, certain tastes, smells and touch. They may also have problems with executive functions such as problem solving and may have difficulty maintaining friendships.

Sensory difficulties can arise from within the child, for example, having to sit for a long time on a hard chair can cause a child to fidget or get out of their seat. Challenges can also arise from the external environment, for example being in a busy classroom can make it hard to concentrate and a child may focus on something outside the window in an effort to deal with the sensory overload in the room. The result is that the child cannot feel calm, pay attention or perform the task required.

**Bad Boy no more!**  James has successfully finished P1, but in nursery he would knock down children and plough through anything they had built with no sense of remorse; he’d jump off things, go too fast and indulge in risk-taking behaviour. He couldn’t sit at peace at story time and would try to trip up other children. He was generally known as “the bad boy”.

At a sensory assessment the OT said he needed dedicated help in school. We fought for a statement and a fulltime classroom assistant, who is wonderful with him. She does joint, back and chest compressions to calm him down and jumping and crab walks before going into class. He has a special cushion to allow him to move while sitting on a chair or on the mat, and blue tack to fiddle with in class. His concentration has improved and there was only one accident in P1, for which he was sorry afterwards. His friend said, “James used to be a bad boy in nursery but he’s a good boy now.”
Getting help

Children with suspected sensory processing difficulties, can be referred by their GP to a paediatric occupational therapist who has a background in sensory processing.


Making Sense of Sensory Behaviour A Practical Approach at Home for Parents and Carers, is an excellent downloadable booklet full of tips, produced by Occupational Therapists in the Children with Disabilities team at Falkirk council. www.falkirk.gov.uk/cwd

To find out more about occupational therapy and to find a private OT contact the British Association of OT and College of Occupational Therapists www.cot.co.uk

Be mindful of trauma

Occupational therapists may recommend a sensory diet of activities for a child with sensory issues and/or behavioural problems. As with all interventions it is critical to know the child and her trauma history as certain sensory experiences can trigger past trauma.
SHAME AND SELF ESTEEM

Traumatised children tend to have a deep and powerful sense of shame. This is not the same as guilt. Guilt occurs when you feel you have made a mistake; shame occurs when you feel you are a mistake. Care-experienced children tend to believe they are bad and their ‘bad’ behaviours are often their unsuccessful attempts to regulate frightening or shame-based memories, feelings, experiences and beliefs about themselves. Demanding that children stop shame-based behaviours may make it harder to teach them, because it can actually increase their shame.

This presents some huge challenges for educators and other caring adults:

1. how to build a child’s self esteem when they feel so bad about who they are
2. how to discipline a child without increasing their sense of shame
3. how to create success when they expect failure.

How shame becomes toxic

Shame is an attachment and socialising emotion. It kicks in when a child becomes mobile and his caregiver tries to keep him safe as he explores his surroundings. An excited infant shows Mum or Dad his new discovery (perhaps a bread knife or a crayon-covered wall), expecting to see joy but instead sees a horrified face, and he gets upset as he feels that Mum or Dad don’t love him. This is shame. It is a painful state, which makes a child want to hide and causes changes in stress and nervous system responses.
How long a child stays in shame determines how toxic it becomes. A caring parent, who quickly comforts the child, will repair the attachment relationship and regulate the shame response. These short bursts of shame within a caring relationship teach the child acceptable behaviour without making him feel like a bad person.

However, if the parent ridicules, humiliates or rejects the child, the child is left with unrelieved painful feelings that develop into a sense of feeling bad, not about what he has done, but about who he is. On top of this an abused child may feel that he was abused because he was bad and deserved it. This feeling of being “not good enough” creates anger and controlling, impulsive behaviour, which can be triggered by a disapproving look or tone of voice. In older children it may be internalised so that the child thinks he is disgusting and gets upset when he makes any kind of mistake at all. You may see this in a child when they get things wrong or in their anger, control or reluctance to try something new, just in case they get it wrong. It also shows up in lying or blaming others to cover their mistakes. Sometimes a child will show how bad he feels, at other times he hides his shame by acting like “Superkid”.

Creating self esteem out of shame

“There is no greater agony than bearing an untold story inside you.”

Maya Angelou

When we like and value children we want them to like and value themselves. So, when they say things like, “I’m stupid”, “I always make mistakes”, “Nobody likes me”, “I hate this stupid class”, or simply, “I’m bad”, we tend to deny it by saying, “Of course you’re not bad, you just made a
mistake”, or “Don’t say that about your classmates”, etc. But trying to convince a child that he is really good when he feels he is not, will only make him mistrust your judgement and force him to try harder to prove you wrong. It may make him feel even more alone and reluctant to tell you anything because you “just don’t get him”. Not getting him undermines his trust in you and discourages him from expressing his feelings.

We can help children to overcome their shame by meeting it with empathy about how they feel and curiosity about why they feel that way (See The Attitude, page 25). This allows us to share in the child’s inner life and this relationship of trust that helps them to change.

Shame makes people close up and withdraw, so when a child is open and trusting enough to tell you, “I’m no good”, grab the opportunity to empathise with how hard it must be to feel like that. E.g, “I’m sorry you feel that you are no good. It must be awful hard to carry that feeling around with you.” You can go on to say that you see him as a good person who struggles with a lot of hard stuff and you’d like to help him with that. But first acknowledge his view of himself, as this is what underpins his behaviour and colours his world.

Joy is the opposite of shame.

Building lots of genuine good fun into school life, especially when times are tough can reduce shame. Do something fun together every day so children get the message that you like being with them because they are great children, not because it’s your job. Never take away the fun times as punishment.
Dan Hughes recommends maintaining atmosphere or positive ethos at school. The idea is to create an atmosphere where life feels half full rather than half empty, where you focus on the positives e.g. “Wow, that was a big powerful shout! You really know how to show me you’re angry,” and where your interactions are playful and accepting of the child, warts and all.

Praise, reward and success

Accepting and affirming a child for who he is, matters more than rewarding him for what he does. Relationship, not reinforcement, changes a child.

Praise and reward are the foundation of how most adults manage children’s behaviour. For securely attached children with good impulse control and a healthy sense of self, it may work reasonably well, for care-experienced children it rarely does.

Many care-experienced children need to feel like they are good enough, even when they make mistakes; rewarding them only when they get things right may mean they get very few of the feel-good moments that build a sense of success and self-worth – and they need loads!

In order to build self-esteem, care-experienced children need unconditional love and acceptance, rewarding them when they do what they are told may teach them that they are only valued when they do what other people want.
5 ways to praise better

Children who believe they are bad, can feel uncomfortable when you tell them they are good. You may find when you praise your child for getting spellings right, they start getting them wrong, they tear up a piece of work you checked, or say that it was just a fluke they got it right. This is because the praise doesn’t fit with their view of themselves. There are several ways to praise more successfully:

**Keep it brief.** Say it with a smile or affirming touch so the child feels the praise, then move on quickly so it isn’t too much. Eg, “That’s lovely writing, Jack. Now let’s see how well you can do your picture.”

**Praise the task not the person.** So, it’s “nice tidy sink”, “great bit of writing”, “lovely clean face”, rather than, ”good boy” or “good girl”.

**Praise effort not achievement.** Remember our children often can’t do, rather than won’t do, so we need to acknowledge that the task was, “a big ask. I’m proud of you for trying it. We’ll just keep practising.”

**Ham it up.** Some children need lots of playful pizzazz in order to feel praise. For them doing a victory dance or chanting, “We are great” loud and soft, fast and slow, while holding hands can work.

**Affirm the child at all times** even when they don’t finish the task or do what they’re told. Empathise with something like, “its a shame you couldn’t do … let’s have a hug and we’ll try again later.”

Also, if you think about the stress response, a child may desperately want a sticker on his chart, but his stress bucket is full and the part of his brain that manages impulses and concentration does not work well. Wanting rewards and failing to get them even when you try really hard, compounds shame and may make you want to stop trying to achieve altogether.
Practice creates success

Children with attachment issues expect to fail at whatever task they are set, so teachers need to create opportunities for them to succeed. Success is not about coming top of the class but about managing everyday activities appropriate to the child’s developmental level. If Sue cannot sit beside someone for 10 minutes without pinching or poking them, say, “We’re going to practise sitting nicely for five minutes” (or whatever she can manage). Stay with her and praise her for doing such a great job. When she succeeds, try for longer. Often traumatised children can’t learn from their mistakes, so we need to reduce their chance of failing by giving them achievable goals and chances to succeed. It’s good to use the word ‘practising’ with children who struggle. Practising is about learning to do things well – we all need to practise – it’s not about success or failure.

Reward and learning to wait

Children who get what they need consistently as a baby learn to trust that they will continue to get what they need and so they can wait for food, attention, the end of the day, or some other reward without getting stressed or feeling forgotten. This skill is called delayed gratification. It is a skill we all need in order to succeed – think of studying for an exam, saving for a car, training for a career. Because of their histories care-experienced children have a problem waiting for rewards and stopping their impulses. This is a deficit in brain functioning that behavioural management systems like star charts need to take into account.

Think about what a baby needs and remember that we need to fill the gaps that were missed when rebuilding the brain from the bottom up.
Traumatised children need lots of short frequent check-ins from educators before they can learn to wait for attention.

They need instant rewards to build the connections in the brain that allow them to wait, and short-term goals to help achieve long-term goals. If a child in school cannot behave well until lunch-time it is pointless asking him to aim for a sticker at the end of the day, or week! Much better to reward him at break time with specific praise, a smaller star or a hug token to take home to their parent or carer.

Keep challenges small and praise specific. Confidence, pleasure and self esteem come from success.

Everyone needs to succeed at something, find things each child enjoys and use those to build self esteem - learning to swim, riding a bike or other extra-curricular achievements can all develop skills needed to achieve at school.

The famous “marshmallow test” by Walter Mischel showed that four-year-olds who could resist eating sweets in order to get a bigger treat later, developed into adolescents who did better at school and managed frustration and stress well.

Other children who had been able to wait only one minute before eating the sweets were taught simple mental tricks - such as pretending that the sweets were only a picture in a frame - to help them to wait 15 minutes. But the real challenge is to create good habits, which means encouraging children to wait in small ways every day and to reward them with PLACE while
waiting. Simple habits such as earning small frequent rewards, or waiting for lunch teach the brain to outsmart temptation.

**Reward and control**

Some children, when they feel unsafe or mistrust adult’s intentions, will attempt to take control of their environment by whatever means they can. For these children rewards, bribery, threats and punishments won’t work. No punishment is greater than what they have already lived through and no reward outweighs the instinct to keep themselves safe at any cost.

Controlling behaviour is hard to deal with, but it is a strength – controlling children are more able to stand up to peer pressure than compliant children. Tell a child how much you admire their strength and determination. Use PLACE to help them feel safe and then give a clear this or that choice (without anger). Some choice gives back a sense of control – too much choice is stressful. Congratulate the child on making a choice, whether or not you believe it was a good one.
SHAME AND DISCIPLINE

“Where did we ever get the crazy idea that in order to make children do better, first we have to make them feel worse? Think of the last time you felt humiliated or treated unfairly. Did you feel like cooperating or doing better?”

Dr Jane Nelsen, Educational Psychologist

Traumatised children often experience discipline as being too harsh or abusive. The easiest way to change this perception is to:

- not get angry with them
- help them understand why they are being disciplined.

The ‘why’ must always affirm your relationship and increase the child’s self worth rather than his shame. Hence something like, “Because you are important to me and I want to help you pass your test” is better than “If you fail this test, you’ll have to stay behind at lunchtime!”

Educators and other caring adults need to embrace the power of empathy when disciplining traumatised children. Think about how the child feels. What could be going on for them that would make it difficult for them to do what you ask? Convey to the child that you get it that some part of what you are asking them to do is really hard for them and you are happy to help.

When thinking about discipline, make a clear difference between behaviour, which is okay to criticise, and the child’s thoughts, feelings and intentions, which are not up for judgment.

No sarcasm!

Sometimes when we try to hide our anger it comes out as sarcasm, which makes children anxious and stops them trusting us. Think of a simple phrase like, “Sure, you just chat away there and the chemistry will do itself!” If you are a child who struggles to know what is right, does that mean you continue chatting, or stop chatting?

Teachers who are clear and honest in their communication, make a huge difference to a child’s sense of safety and success.
Empathy, not anger, is the key to effective discipline

Helping a child to regulate the feelings behind their behaviour, and to understand where those feelings come from, is more effective than just trying to stamp out the behaviour. At the same time you can address the behaviour with better supervision or consequences, both of which are best done with PLACE rather than anger, rejection, or other shame-inducing approaches such as sarcasm or humiliation. Staying accepting, and empathic when children misbehave helps a child feel safe, repairs the relationship and minimises shame.

After all, the purpose of discipline is not to punish (traumatised children have suffered enough) but to socialise children, which we do by building cause and effect thinking and replacing shame about self with guilt about actions.

Connect to correct – strength of relationship, not behavioural reinforcement is what encourages children do what adults tell them. When disciplining ask, “Will what I am about to do strengthen or weaken my connection with this child?”

Some positive ways to discipline

Give win/win this or that choices. Don’t ask, ‘will you do….?, do you want to…? what time would you like to…? just think of two options that you are happy with and offer them as a choice, so whatever the child chooses you get a positive outcome. For example, you want the child to do homework that wasn’t done at home, she wants to go out to play. A win/win choice would be, “you can go out to play now for 10 minutes and come back to do homework, or do homework now and go out to play for the rest of lunchbreak”. Amazingly, children usually take one option. If they complain, just empathise and repeat the choice. Whatever they choose let them know it’s okay.
Employ natural and logical consequences. Consequences differ from punishment in that they are proportionate, reasonable and enforceable measures used to rewire traumatised brains by building good cause and effect thinking skills. They can be natural, eg, go out in the rain without a coat and you get wet, or logical, eg. you make the mess, you clean it up. Logical consequences are either pay backs or withdrawal of privileges.

Consequences must only be given when the child and adult are both calm, perhaps after or during time in. Angry adults can trigger even worse behaviour and reduce the learning experience as the child shifts their focus from what they have done wrong to what the adult is doing wrong, which reinforces their view of adults as angry and abusive.

Because it’s hard to come up with an appropriate consequence on the spot, it can help to write down 10-20 in advance on index cards or a notebook.

60 second scolding. We all lose our temper some time – we’re only human! In fact a quick burst of anger is often preferable to a long sulk or sarcasm. The secret is to keep it brief, preferably less than a minute and then repair quickly with a much longer time spent in positive repair.

Increase structure and supervision

The best form of discipline for a care-experienced child is to reduce their risk of getting into trouble in the first place by providing the structure and supervision that you would give to a toddler. This is really hard, but necessary.

- Structure (routine, repetition, rituals, limited choice) – Parents and educators structure a child’s activities and routines and reduce her stress by making choices for her or limiting
her choices to this or that. Timetable her day and introduce frequent breaks to allow the brain to “catch up” and process new experiences - this is really important in school. Repeat the rules and routines many times, only relaxing them when she is completely comfortable. Tighten the structure again, if there is any change to the routine.

Be predictable by always accepting and validating a child’s thoughts, feelings and behaviours, but surprising with the consequences you provide. Never withdraw your attention as a punishment and always re-attune quickly after any discipline, like you would do with a toddler.

- **Supervision.** An educator who keeps a close eye on things can create opportunities for the child to succeed and reduce the risk of failure, thereby minimising the child’s shame and emotional outbursts. Supervision involves staying with the child as if they were a toddler, structuring and child-proofing their environment, engaging with them frequently in a playful way and helping them to regulate their feelings. It’s important for the child to get the message that supervision is a gift not a punishment. A child who qualifies for a learning support assistant is lucky because close supervision alone can make a huge difference to success in school.
A big part of supervision is time in

Time in with a misbehaving child works so much better than time out, though carers may sometimes need to give themselves some space to gather their own thoughts and feelings. Time in with a child rather than time out reinforces the quality of the relationship and shows a child that you like them, even when you dislike their behaviour. (Time out does the opposite). Your presence and your PLACE attitude is an effective discipline and a regulating influence on the child. Tell the child that you believe they need to stay with you while they are upset and you will take care of them. When the child is calm, they can help you with a job, either to clear up their own mess, or do some other safe task. Tell them you will help them with any part that is difficult. Be directive and firm but also attuned to the child and empathic about their difficulties. Keep practising. It may feel odd to begin with, but it gets easier with practice.

Exceptions to time in and time out

- Time in will only work if you are calm so take a few deep breaths to regulate yourself or take a time out for yourself.
Some children self-select time out as a way of calming themselves, which is fine as it is not imposed upon them. Simply reconnect when they are calm.

Schools may insist on giving time outs. It is important for staff to know that a traumatised child needs to be given a time out in a safe space, where they can see or hear the educator. Alternatively, they can be sent to an educator with whom they feel safe (preferably the same adult every time). They should never be left alone in a corridor or shamed in front of the class as the behaviour educators are trying to eliminate is likely get much worse.

**Bottom line:** Avoid discipline that involves separation, rejection, anger or fear. Your relationship, not reinforcement, heals the child. Repair it quickly after disciplining.

“Shame corrodes the very part of us that believes we are capable of change.”

Brene Brown, PhD professor of social work
TRAUMA TRIGGERS AND THE ALARM RESPONSE

“We don’t see things as they are, we see them as we are.”

Anaïs Nin

Traumatised children have a ‘sensitised’ alarm response, which over-reacts to all kinds of verbal, non-verbal and sensory triggers that other children ignore - the sound of a door banging, the look on an educator’s face, a tone of voice, certain smells, and internal sensations such as hunger, rejection or shame. This means that seemingly minor threats can cause dramatic changes in behaviour.

Different children respond differently under threat; all tend to regress, some become hyped up while others switch off or shut down but most do a bit of both. School staff may often misinterpret a frightened child’s response as wilful and controlling and may respond to what looks like defiance by becoming angry and more demanding. The frightened child reads the adult’s body language as threatening and moves from alarm to fear to terror. The smoke alarm in the child’s brain reacts as if ‘the bad stuff’ is happening all over again right now and sends a rush of adrenaline, priming them to freeze, flee or fight. If there is no physical release for the adrenaline the child may remain irritable and restless for a long time. When they realise they over-reacted and there was no real danger they can go into shame.
When stress responses flood the brain stem and mid brain a child cannot easily engage the thinking part of the brain. So some may sit in a classroom in state of anxiety and learn nothing. In a state of alarm, they cannot easily respond to instructions, assurances or threats.

Triggers could be anything in the child’s sensory environment – it is impossible to know all or even any of them, but there are things you can do when a child looks like they are becoming dysregulated.

Three things to prevent meltdowns

1. **Get to know the signs and help the child feel safe.** You can help a child recognise signs like, “I notice you chew your sleeves/pull on your jumper/bite your hand, etc, when you are getting really stressed”. Agree with the child that this is the time to use a calming strategy such as belly breathing, go to their safe place, have a brain break, or do a job with the classroom assistant as physical activity can release the adrenaline. These early warning signs occur when all areas of the brain are working and the child can still be engaged. This is the time to prevent a meltdown, if you can.

2. **Teach impulse control.** Traumatised children often think they are stupid, bad, or not right in the head. They need to know that alarm reactions are normal responses to trauma and they can work on them. Encourage the child to recognise the feelings in their body rather than focusing on emotions, which are harder to define. Adrenaline causes physical sensations like feeling hot, tight chest or fizzy tummy. Simply focusing on sensations starts to change them. Then take a couple of deep breaths or count to 10, which creates a gap between impulse and action. Teach them to fill the gap with thoughts about how much mum or dad love them and want them to do well. Now they can choose what to do.
3. **Learn more about how traumatized children think, feel and behave.** Understanding reduces adults’ confusion, frustration and anger, which means more helpful interactions with the child. Think about number one on this list, the educator information sheets and consider the classroom tips below.

**Classroom tips**

**Have a key adult stay with the child when they are in a state of alarm.** The child is unlikely to be able to respond to reasonable demands, but the presence of a key adult is regulating. The adult can reassure the child, “you are safe here with me”. If a child is under a table, recognise that he must feel safe there and acknowledge, “I can see that this feels like a safe place to be right now. I’ll just stay with you to make sure you are okay.” This is much more effective than attempting to threaten, bribe or coax a child out. Afterwards, help them reflect on what felt safe about that space and encourage them to build that safe place in their mind next time they get scared.

**Orientate to the environment.** A big issue with trauma is staying in the present. Taking notice of little things in the environment helps the child return to the here and now. The supervising adult could ask the child to notice things about her appearance and the room around them. When the child feels safe enough the adult could take them around the class to check that everything is in its proper place.

**Safe space.** It is important to have a safe space in the classroom to which the child can go when they need a time out for any reason.
**Circle of safety.** A frightened child may feel safer if they can draw a boundary around themselves with chalk when they are in the playground or somewhere else where they cannot get to their safe space. The idea is that nobody crosses the boundary until the child is ready to move.

**Attune to the child’s energy, vitality and rhythm.** We know that children feel heard and understood when we match the intensity of their feelings, which is why we do it with babies instinctively. The idea is not to match the child’s anger or fear. Instead match the intensity with which they express those feelings while substituting wonder, acceptance and empathy for their anger, and using movements, volume and energy similar to the child’s. Most adults make the mistake of either getting angry or speaking very softly when trying to calm a distressed child, which leaves the child feeling that you just don’t get it!

**Teach belly breathing.** Deep, slow regulating breaths focus the attention in the present and slow down the rapid breathing linked to fight and flight.

Get the child to put her hand or small soft toy on her belly and breathe right down into her belly so her belly expands and the toy or her hand lifts up. Breathe in for a count of three, hold for one and then breathe out slowly for a count of four. Repeat until she feels calmer. Practise this with the child so that she knows how to do it anytime she feels anxious.
Starting School

HOW WE DEVELOP SAFE LEARNING SPACES

“Primary schooling can only build on what has gone before. Children will have experienced three to four years of development and learning before entering primary school. It is a crucial time in children’s development, and their pre-school experience provides many of the building blocks for the rest of their lives.”

The Early Childhood Forum

Northern Ireland has the youngest statutory school starting age in Europe; while most European children start school at age six, our children start at four. Starting school is a challenge for most four year olds, for care-experienced children it can be overwhelming.

To make the transition as easy as possible consider promoting the following:

1. **Encourage the child and carer/parents to visit the school several times** before the child starts. Help them locate areas like the cloakroom, toilets and dinner hall together; meet the class teacher, pop in for story time, etc. Let the child explore their classroom and see that it is fun and safe. Schools should set up these arrangements with carers before the previous school year ends.
2. **Encourage all school staff to understand the child’s strengths and difficulties.** Use the sheets at the back of this booklet. Develop a good relationship with the parent/carer - the more attuned the educator is, the better the experience for the child.

3. **Try to arrange for a key adult.** For more details see Inside I’m Hurting by Louise Bomber.

4. **Encourage the parent/carer to rehearse and role play situations that are likely to crop up.** Play provides a safe way to practise new skills and situations. Adults can help the child practise simple things like changing into PE kit and what happens at lunchtime as well as how to ask the educator for help, or what to do if you have an accident. Likewise, it helps to role play responses to difficult situations like getting frustrated with games and how things could have been done differently.

5. **Familiarise the child with what’s coming next and when things start and finish.** Provide the parent/carer in advance information about the daily routine in school and produce a visual timetable of how each school day is broken up, including home time. Try to stick to the timetable or provide advance notice of change.

6. **Encourage the parent/carer to plan and organise** clothes, equipment, lunch etc with their child each evening. Suggest they think out loud as they do it, for example, “let’s check that your reading book is in your bag”, or “bring me your drinks bottle so we can wash it for the morning”. These daily rituals develop executive function skills and help children feel safe.

7. **Encourage parents/carers to provide transitional objects and sensory reminders** of home to help their child feel safe when apart from them (see Permanency and constancy, page 36).
8. **Provide safe spaces.** See The classroom and school environment (page 71)

9. **Arrange an exit strategy before a crisis**

Schools need to be aware that children with a trauma history are likely to struggle with separation and stress. They need a pre-arranged exit strategy to prevent melt downs, shamed-based behaviours or even school refusal. These can be simple breaks from school that allow attachments with family to grow – perhaps staggered attendance, a regular afternoon out with dad/foster carer mid week, or some other arrangement that suits the child’s attachment needs. Some children would benefit from starting school a year later. The Department of Education states that a parent or carer has a duty of care to send their child to school when they are of age unless the child has a statement of special educational need that states otherwise. However Mark Langhammer, NI Director of the Association of Teachers and Lecturers says, *“We would like the parents of some children, including looked after and adopted children, to be able to defer their child starting school by a year, if it is in the child’s best interest. There is no academic advantage to starting school at four. In fact, it can educationally and psychologically disadvantage children who are not ready for school.”*

**Liz and David’s story**

We refused to let our son start school until he got a classroom assistant. His behaviour was impulsive so he was offered behavioural management but denied an assessment. We appealed. Initially, he got three hours support a day so he went to school for three hours a day. After a diagnosis of SEN, he got a fulltime classroom assistant. He is now managing well!
THE ETHOS OF AN ATTACHMENT-FRIENDLY SCHOOL

`All children need relationships to thrive; traumatised children need relationships to heal`  
(Louise Bomber & Daniel Hughes 2013)

We know that care-experienced children tend to struggle with the academic, social and emotional demands of school and that they do much better in some schools than in others. This is because children with early experiences of trauma require a particular focus to help them to do well. By simply reviewing and sometimes changing everyday practices within our schools we can create environments better able to meet the needs of this vulnerable group and hopefully improve the school experience for all children.

Key principles of the attachment-friendly school:

- An outstanding pastoral care system that permeates all aspects of school life, making all children and their families feel welcome, valued and heard. The school will happily collaborate with relevant agencies to achieve the best possible outcomes for all pupils while remaining flexible enough to recognise and commit to meeting the needs of individuals.

- Takes time to build supportive relationships around the child. Consider appointing a key adult.

- Understands the importance of quality relationships within the school, between staff and staff, staff and pupils, and strong partnerships between staff and parent/carers.
- Creates a safe and nurturing environment where children are allowed to make mistakes, and where mistakes are seen as opportunities for staff to help pupils learn in a positive way. Staff will be encouraged to view difficult behaviours as a care-experienced child’s immature attempts to resolve underlying anxiety, sadness, shame or distress.

- Is committed to enhancing educational outcomes for all children.

- Listens to the voice of all the children and ensures that interactions with all pupils are dignified and positive in terms of the language, voice tone and accompanying body language.

- Promotes the attitude that difference is welcomed. Gives the child the message through words and actions that they are a valued member of the school community.

- Is aware that children will always remember how you made them feel, not necessarily what you taught them.

- Aims to avoid suspensions and expulsions, which are felt by Looked After Children (LAC) as rejection.

- Recognises that key staff need on-going support and training to be available to our LAC/Young People.

- Use the school development planning process to improve provision and outcomes for LAC.
Recognises that many adopted children have similar needs to LAC/Young People.

The Principal will ensure that the school has clear and effective protocols for gathering, sharing and protecting confidential information within school and with other agencies.

Ensure that staff are aware of the looked after children in the school and keep all information on them confidential, sharing on a strictly need to know basis.

Key staff attend LAC Reviews, and adhere to the relevant Personal Education Plan (PEP) guidance.

Key staff will use this booklet to set specific, measurable, achievable, realistic and time bound (SMART) targets and goals for our LAC/young people in PEPs.

(Please see further reading on having an attitude of PLACE – Playfulness, Liking, Acceptance, Curiosity and Empathy - Dan Hughes’ Model of PLACE provides all school staff with an attitude that can strengthen relationships and move our children and young people to a place of learned security.)
What prevents a school from being attachment friendly?

- Rigidity
- Insistence on eye contact
- Shouting and sarcasm
- Reward/sanction type systems that increase shame
- Using the word ‘don’t...’
- Using threats
- Relational withdrawal
- Setting a pupil up to do something for which they are not yet ready
- Too many staff involved
- Overindulging the pupil e.g. too much praise
- An authoritarian approach
- Access to many discrete provisions within the school context without the co-ordination of a key adult who has a close relationship with the pupil
- Interrogation
- Lack of permanence
- Unfamiliar staff
- Supporting in isolation without the team support of colleagues
Not acknowledging the importance of working closely with parents/carers
Not recognising how a child’s feelings impact on their ability to learn

(Yellow Kite – Louise Bomber)

THE CLASSROOM AND SCHOOL ENVIRONMENT

We know children need to feel calm and safe to learn, yet school environments may be so stimulating that traumatised children may shift constantly between alert and alarm. When a traumatised child enters a room or a different area, they need time to check it out before settling to learn. The educator or key adult can walk and talk the child through the corridors, checking locks on doors, the school entry system and the various nooks and crannies in the classroom so that the child can relax and make the most of the learning opportunities on offer.

Within the class, seating position is important. It depends on the child, but most feel safest near the teacher, with their back to the wall and in a position where they can see the door and scan the room easily. Try to keep the child with a friend who is a positive influence. Never threaten to move her friend away as it can trigger loss and insecurity.

Because care-experienced children often find school challenging, it can help to promote it as a secure base for the child, particularly in light of the lack of a secure base in the child’s early years.
Ways to promote safety in the classroom

- The use of large visual timetables and schedules can help the child to recognise daily routines and predict transitions. Personal copies of these schedules can also be provided to the child.

- **Checklists** which outline specific routines may help children with poor organisational skills. A checklist on a wall display or attached to the child’s desk can provide an overview of what the child needs to accomplish. For example, a checklist regarding the end of a task can allow the child to tick off certain steps; closing books, putting away pens and pencils, taking out homework planners, etc. Adults may need to model and supervise organisational skills.

- Provide memory cards to help children who find it difficult to cope when activities are disrupted. Children with attachment difficulties may forget to return to these activities later. A card that reminds a child to complete an activity can help the child to cope with unexpected transitions or remember to finish a task after break or lunch.

- Build in **reflective time** at the end of activities where appropriate, in order to allow the child to adequately process thoughts, feelings and learning, before moving on to new tasks. Such reflective time may also be useful at the end of the school day, as a means of identifying strengths, delivering specific praise and briefly discussing the next day’s schedule.

- Maintaining a book or box of success can provide evidence of the child’s previous achievements. Examples of completed work, certificates, stickers, photographs and other tangible items can boost self-esteem and self-efficacy, particularly when the child is
challenged by new tasks. It is important to keep this book or box safe, as children with attachment difficulties may try to damage or destroy such work as a result of shame.

- Provide a calm box, containing concrete activities and multi-sensory objects (for example, objects that can be pulled and twisted) to give a child respite after the demands of a learning task and help in managing stress and anxiety. Activities such as sorting blocks, colouring and deep breathing exercises may be necessary before the child is able to internalise the calming process.

Unstructured times

Lack of structure can feel very unsafe so it pays to provide supervision in dinner queues, the dining hall and the playground. The child’s visual planner can be extended to cover playtime, ‘golden time’ and more creative lessons where the usual restrictions are dropped. Children can only enjoy freedom and fun when it feels safe, otherwise reduced boundaries can invite chaos.

Safe place/calm corner

Children may climb under a desk, hide, run off or simply ‘switch off’ when frightened or over stimulated. If they are to learn anything they will need time out to get regulated. Providing a comfortable, sensory-comforting safe space in the classroom (and elsewhere in school) can allow them to do this. It could be a cushion-filled corner behind the book case or a pop-up tent with beanbag and soothing music on headphones. Ideally, the child would go to the space with a trusted
adult. He needs to know that it is a place of safety because you care and not a punishment for being bad. Some children self-select to retreat when things get too much, educators may suggest some calm time, or there may be slots in his planner for regular refreshers. As always, positive structure and supervision are essential.

Give children regular brain breaks.

Bruce Perry recommends introducing quiet periods during the day to allow the brain to “catch up”, process new experiences, improve memory and attention. Movement breaks also help concentration. Activities like jumping jacks take only a few minutes between subjects and leave children ready to focus again. Resources such as [20 Three Minute Brain Breaks at www.mindsinbloom.com](http://www.mindsinbloom.com) are worth a look.
RELATIONSHIPS WITH TEACHERS

I am the decisive element in the classroom. It is my personal approach that creates the climate....in all situations it is my response that decides whether a crisis will be escalated or de-escalated, and a child humanised or dehumanised.

Haim Ginott

The focus of a traumatised child’s attention in the classroom is always the adults. Where is the teacher/classroom assistant? What is she doing? Is she angry? Has she forgotten me? How can I remind her I’m here?

Adults determine how safe the classroom feels. Children feel safe when adults are predictable and nice to be around. If the timetable is consistent but the educator is not, the child does not feel safe. It is important for the child to know for example, that, “our teacher **never** shouts when angry, **always** helps children who are upset”, etc. Traumatised children tend to think in absolutes. You might think you shout occasionally, but it can feel to them like you are always shouting. Educators who are mindful of children’s needs create a climate of safety.
Key things for teachers

- **Hold the child in mind.** Children with attachment difficulties are often branded ‘attention seeking’, because they can’t bear to be left alone and need to know they are held in mind at all times. Check in with the child at regular intervals. Use sensory reminders of your presence like wearing a jingly bracelet or a specific perfume. The section on permanency (page 36) has other ideas on how transitional objects can help with this. You can also timetable daily or weekly hide and seek sessions for the class. Hide and seek teaches a child that people leave and come back, that people exist even when he can’t see them, and that he exists even when you can’t see him. Remember when they hide, children want to be found. It shows you’ve remembered them!

- **Acknowledge the ‘big ask’.** In an effort to encourage children we often minimise their struggles with comments like, “you can do this, it’s easy”. Actually, if it was easy they would do it. Children feel validated when we acknowledge that, “I know you find this hard...” Louise Bomber uses the phrase, “It’s a big ask...” which softens any request. Similarly, try using “Let’s” as in “Let’s see if we can work this out together.” so the child knows you are alongside.

- **Remember, behaviour is communication** and management strategies regarding eye contact (difficult for traumatised children), touch, authoritative tone, behaviour charts etc, need reconsidered for traumatised children. Please read and practise the PLACE attitude (page 31).

- **Have compassion, not pity.** Care-experienced children don’t need us to compensate for their past, just to recognise its impact. All children need consequences for their actions. Be firm but kind, sad rather than angry and curious about what prompted the misdemeanour.
Let the child know you like and value him as a person. If he has been out of school, welcome him back. Send notes home if he is absent, notice nice things about him, even if they are small or hard to find! Try to think of small tasks that would make him feel valued.

Never underestimate how stressed and anxious a child might be feeling. Even super kid can be just a scared kid in a costume. Attend to the child through non-verbal gestures such as smiles, body language. Provide emotional containment to show that their feelings can be understood, tolerated and managed (PLACE attitude).

Support attachment relationships. Although it is important to have a nurturing relationship with the child, please respect that for children in permanent placements the parent/carer and child relationship must come first. Children with attachment difficulties are often overly and indiscriminately friendly with adults, while rejecting their parents. This can be very hurtful for parents. Send hug tokens home for parents rather than giving hugs in school. Remind the child how pleased Mum or Dad will be with his work or behaviour (while it is going well). Avoid warning that parents would be angry or disappointed with work or behaviour.

Time-in. The usual sanction of Time-out may be an excruciating experience for children with attachment difficulties, as their connection to the adult is disrupted by being unable to see or hear them. Time-in involves the use of a quiet area of the classroom, which removes the child from an activity while staying close to the adult.

Hi Jack,

Sorry to hear you are sick. We all miss you in class and hope you get better quickly. We know your family are taking really good care of you and that makes us happy.
Communicating empathy and hope. It is important to communicate key messages which are encouraging and emphasise strengths. For example, “I know you can do it” and “I can see you’re getting better at this”.

The key adult

“In order to develop normally... somebody has to be crazy about that kid. Someone has to be there and be doing something together with the child.”

Urie Bronfenbrenner

Teacher and therapist Louise Bomber recommends the appointment of a caring and sensitive key adult as a substitute attachment figure for the child in school. The key adult is additional to the class teacher and while the class teacher may change every year, the key adult should be available to the child for at least two to three years. The key adult is often a classroom assistant, who has the time to work with the child, the ability to stay regulated when the child is disregulated, who can practise the PLACE attitude, advocate for the child and build his self-esteem.

Bomber (2007) outlines four essential aims of the relationship between the Key Adult and child in school:

1. The child can better manage his or her feelings, through the attuned and sensitive response from the Key Adult.
2. The child develops trust in the Key Adult, as a result of the Key Adult being physically and emotionally available on a consistent basis.
3. The child’s self-esteem is increased, as the Key Adult is accepting of the child’s behaviour and feelings.
4. The child feels more effective at school, due to increased engagement in relationships with both adults and peers.
If you choose to adopt a Key Adult approach, it is important that the school SENCO or senior management team consider the compatibility of the proposed Key Adult with the child (Earl, 2009).

Bomber (2007) recommends that members of staff selected to be Key Adults should ideally display a number of qualities; these include empathy for the child’s background, resilience in the face of difficult behaviour, a sense of humour, resourcefulness and an ability to maintain a calm and confident approach. They should also be well supported as it can be tough at times.

### Qualities of the key adult

- Emotionally and physically available, attuned and responsive to the child’s needs.
- Committed to building a trusting relationship.
- Able to demonstrate empathy for the child’s story.
- Resilient and confident enough to tolerate rejection, difficult behaviour and to stay with the child when things get tough.
- Sense of humour.
- Resourceful.
- Able to keep the child in mind, have scheduled time to meet and greet with the pupil in the morning and throughout the school day.
- Able to model for the pupil forgiveness and repair in their relationship.
- Have a consistently patient and caring approach to keep the child feeling safe and settled to learn in school.
Remember.....

- Whole class nurturing supports children with a wide range of needs. Check out sites like [www.nurturegroups.org](http://www.nurturegroups.org) and [www.rootsofempathy.org](http://www.rootsofempathy.org) for emotional literacy ideas, while being mindful of how topics might affect adopted children.

- Traumatised children often learn best through sight, touch and movement. A multi-sensory approach that caters for different learning styles gives all children a chance to work in the way they learn best.

- Techniques used to support children with ASD, can also work for traumatised children when used with knowledge of attachment and trauma.
RELATIONSHIPS WITH FRIENDS

“When people have a wealth of relationships in high quantities and of good quality, they are physically and emotionally healthier, more cognitively enriched, and they reach their potential to be humane in ways that are impossible without relationships.”

Bruce Perry

Delaney (2010) outlines how children with attachment difficulties may not have successfully navigated the developmental milestones associated with play. This may have implications for the child’s ability to take turns, accept rules and integrate with peers in activities.

Children with attachment difficulties often struggle to make or keep friends. They may not share or play nicely, have poor social skills, problems with intimacy, may bully or be bullied. Often it is a combination of factors, complicated by the fact that care-experienced children are often serial honeymooners – they are fine with relationships until there are challenges – then they end them, fearing rejection or hurt. In order to develop lasting supportive relationships they need to learn how to repair.

Model quick repair

Children learn to repair relationships from their parents, carers, educators and peers. When there is a break in your relationship with the child, either through absence, discipline, misunderstanding or conflict, take the initiative with repair. Perhaps invite the child to do a task, let her know that you are no longer annoyed with her, make her aware of your intentions and model saying sorry. For example, “Hey Sarah, looks like you are still cross with me. I’m sorry you missed out on rounders.”
It’s just my job to keep everyone safe. You’ll get a chance to practise again tomorrow. Come and help me with the pencils!” When friends fall out, explore what may have led to the conflict but also intervene to help them make amends quickly.

Nurture friendships

Be aware that care-experienced children tend to do better in one to one relationships and often find it difficult to manage groups. Educators can initially plan tasks to allow the child to work alongside peers indirectly to prepare for direct collaboration. Educators can involve budding friends in joint projects, or set up social skills groups (see ideas below). Giving care-experienced children a clear role in a group setting can help with the need for taking control or not participating due to uncertainty. Getting involved in clubs also encourages co-operative play in a supervised setting. Peer mentors may be beneficial in fostering positive relationships with others.

Structure free time and practise dependence

Remember “think toddler”. Leaving a child with attachment difficulties unsupervised at break times is like leaving a toddler alone in a playground. Traumatised children need a key adult or classroom assistant to supervise and structure their playtime and keep them regulated. Traumatised children who could not depend on adults early in life need to practise dependency and trust before moving
towards independence in tiny steps. Look out for children sitting alone and organise an activity or game to encourage co-operative play.

Ideas for unstructured times

- **Introduce lunchtime friendship clubs.** Perhaps two days a week get a small group of children and an educator to facilitate the activity. The group could involve the vulnerable child and one other child or three or four children. The vulnerable child chooses from a list of volunteers with whom they feel comfortable. If the child is controlling about activities they can choose from a limited number of activities, perhaps chess, construction, a visit, gardening, art project, or board game; whatever interests the child. The group should cater for the developmental age of the child, so would not necessarily be with their peer group.

- **Nurture groups** are good for early years as they allow children to practise a lot of these skills together.

- **Zoned playgrounds help with regulation.** There may be a quiet area, a construction area, ride-on vehicles, and a free-play area so the child has a choice of where they want to be. If the playground is too hectic set up activities in the assembly hall or mobile classroom.

- **Develop a circle of friends.** Choose a child or small group of children who have good empathy and social skills and can take a child under their wing. The friends can sometimes engage in free play and sometimes in a structured activity. Send a note to parents explaining that you operate social skills groups and that their child’s involvement in this will enhance their social and citizenship skills.
Organisations like Playboard NI (www.playboard.org) can help you reflect on what is happening in the playground and suggest ideas to facilitate structured play.

Teach games to develop key relationships with adults & peers

When children learn games, they have the tools for engagement and can invite other children to play with them. Attachment focused games such as Theraplay© involve structure, engagement, nurture and very slight challenge. Playing a group Theraplay© game in the mornings or after a break can help all children reconnect, feel safe and settle to learn. A book called Fun to Grow on: Engaging Play Activities for Kids with Educators, Parents and Grandparents by Virginia K. Morin, is a wonderful resource for Theraplay© type activities. You could also try some of the following:

**Mirroring**

- Sensitively copy the child’s non-verbal communication; both body movements and facial expressions.
- Comment out loud on what the child is doing.
- This can later become a game, where the Key Adult and the child take turns in copying each other’s movements.

This helps to facilitate “attunement” - showing the child that he or she is being attended to.
Hide and Seek

- This can involve hiding toys in a sand tray or other area, and taking turns to find them.

- Peek-a-Boo games can also be fun for younger children.

This can teach the child about permanency – learning that something still exists even if it is not visible.

Creating “Parts Pictures”

- Find a large roll of paper and draw around the child. Work together to colour in the child’s skin tone, hair and clothes.

- Paint the child’s flags of origin at the top of the paper, to celebrate identity and diversity.

- Use post-it notes on the body picture to describe the various parts of the child – “kind part”, “happy part”, “hard-working part”, “angry part”, “worried part”, “chocolate biscuit part”, etc.

- This activity is intended to demonstrate that people are integrated beings, as opposed to being “all good” or “all bad”. This may be useful in challenging feelings of shame, as children with attachment difficulties can have a disintegrated view of themselves.
Gradually introduce parts – maybe two or three at a time. Challenging negative beliefs will take time, so work at the child’s pace. This can take several months (or even years!). The child can soon begin to use arrows to indicate which parts they’d like to increase or decrease. Always begin with positives and strengths.

For older children, a large jigsaw design may be more appropriate, with each piece representing the parts of the pupil.

Try Not to Win

Find a game that pupils enjoy playing, and reverse all the rules.

For example, if you usually have to get rid of all your cards, this time you have to try and keep as many as possible. If you normally have to be the fastest player, you now have to be the slowest player.

Over time, this can blur the lines between winning and losing and gradually allow children to simply enjoy playing.

I’ll Answer For You

Pupil A sits on a chair, while Pupils B and C sit behind Pupil A.

Pupil D asks questions, such as Pupil A’s likes and dislikes.

B and C have to answer the questions for A, imagining how A would respond. A can only nod or shake his/her head to indicate how accurate the answers are. Pupils take turns in different positions, allowing them to practice empathy and understand different views.
Talking in Ears

- This is similar to “I’ll Answer For You”, in that a number of pupils are required.
- B and C talk in A’s ears, while A is trying to listen to questions from D.
- Ask for feedback on what it was like to be the listener and what strategies the listener used to try and block out the distractions. Let the pupils switch roles.

This allows peers to learn how difficult it is for some pupils to block out distraction.

For further suggestions, please refer to Bomber (2007) and Delaney (2010).

TIMES OF CHANGE

Times of change threaten many care-experienced children’s sense of safety and self esteem. Because changes in the past have involved loss and fear, even small changes in routine, or fun things like a school trip, can trigger the anticipation that bad things will happen. Some changes affect some children more than others. You may notice increased or decreased arousal, regressive behaviour or loss of skills at transition times, particularly when an educator is absent and at the start and end of the school year. We must be mindful about the amount of change throughout the day in post-primary schools and how stressful this can be for care-experienced children.
Meet and Greet. Some parents/carers find it helps to hand over and collect their child from a trusted adult every day. It can build attachment security to exchange a transitional object as well. The child could carry a sensory reminder of a parent/carer like a photo, and the key adult could exchange an object such as a friendship bracelet at home time to help the child feel ‘held in mind’ even when out of sight. It can also be helpful to check in with the parent/carer about anything that may be important for you to know about e.g. how contact with the child’s birth family the day before may have affected them.

Give prior warning. Change is unavoidable, but how we manage it for the child makes a big difference to how they deal with it. Where possible, tell them in advance and adapt the planner to match. Remember, it is a big deal if the teacher or classroom assistant changes. You may not know about the absence until the start of the school day. Ask the adult involved in the handover to explain before the child goes into class to find a stranger in her educator’s place. The adult should use empathy to show the child that they ‘get it’ that this is tough.

Moving from one activity to the next.

Coping with change. Acknowledge that you know the child is disappointed with a sudden change – “I can see that you’re cross because you aren’t able to play outside” and describe both what will happen instead (“We will have to stay indoors during break time”) and the reasons for the change (“The rain has made the playground very slippery and cold”). Exploring the positives of the change (“Now we get a chance to play that new board game”) may help to manage frustration.

Flash points
Start and end of term
Teacher, teaching assistant, key adult or friend is absent
Moving child or friend to a different seat.
Start and end of day
Settling after break
School trips
Any change to the timetable or routine
Moving up to secondary level
Contact with birth family
Crisis at home
Preparing for endings. Visual countdowns may be used for the end of the day, the weekend or the beginning of a school holiday. Transitional objects can act as a reminder of the Key Adult during a separation. For children who move on to new schools, a familiar adult can accompany them on visits to the new environment.

School topics

Our school curriculum is based on the premise that family life is good and so it is littered with topics about babyhood, family trees, personal timelines, local culture, and traditional family units. Educators can minimise possible distress by being mindful about what topics are coming up and when. You can then tackle issues in two ways:

(1) Consider adapting topics to respect the experiences of every child in the class.

(2) Advise the parent/carer in advance to prepare the child and agree what they will share. This is better than removing the child from class when topics arise, as this only encourages avoidance of painful subjects and can draw attention to the child.

Tricky topics in primary school include:

Babyhood Projects involving baby photographs can distress children who may not have photos or happy

Literature
My daughter adores animals. When she was in P3, she had a great teacher who tried to encourage her to read by giving her books about animals. I remember her bringing home a story about a donkey, which she would not open and couldn’t say why. I was baffled until I discovered that the story was about a donkey that’d lost his mum. Mystery solved!
memories. Educators could vary the task by asking all the class for a favourite childhood photo, or the child could bring in a photo of any baby.

**Family trees**  Perhaps a family orchard, or a tree with roots and branches could work. Issues about origins also affect step families, and many more children who do not fit the traditional family mould.

**Race and ethnicity**  It takes sensitivity to celebrate culture and identity with children who are racially different from their adoptive parents/carers. Educators and parents/carers can work together to identify ways to help a child value their origins while feeling part of their family.

**Mother’s/Father’s day**  Although some children delight in making loving tributes to parents, others are upset by these and celebrations such as Christmas and birthdays. Even if a child says nothing be alert to the non-verbal cues. Sometimes permission to make a “caring person” card is all it takes.

**Animal sponsorship**  The idea of ‘adopting’ abused or abandoned animals can give offensive and confusing messages to care experienced children. ‘Sponsorship’ is a more acceptable (and accurate) term.

**PE**  Children who have been sexually abused may be reluctant to remove their clothes in company. Although this information is extremely sensitive, educators need to inform whoever needs to know, to prevent distress.

**Personal history**  Life story events such as “going into foster care” and “being adopted” loom large in a child’s mind and they may panic about revealing their story. One boy
wouldn’t do his homework because he said, “I have to write what happened when I was five and I got adopted when I was five.” His mum reassured him that he also moved house and he could put that in.

Homework

“Life would be much easier without spellings. I don’t know if it’s the pressure to learn them or the shame of getting them wrong, but they’re a nightmare”

Karen, adoptive mum of two

Opinions vary about the benefits of homework in primary school. Many feel the school day is long and stressful enough and care-experienced children need a brain break before another one begins. Relationships are at the heart of cared experienced children’s problems so families need to spend time building connections, not arguing over homework. It is important that you can agree with parents/carers about how much homework is enough and what to do when the child cannot attempt any at all.

Some of the following strategies might help. Remember every child is different and what works for one won’t work for all.

“The child who learns to read while sitting in Mommy or Daddy’s lap will become a lifelong learner. In contrast, the child who is made to sit still and listen and read in a classroom where there is no tolerance for play, touch or movement during this highly cognitive activity will learn to read – but will often come to hate reading... Reading builds networks in the cortex: the area of the brain responsible for planning and impulse control. And reading fiction... is essentially practising empathy.”

Bruce Perry, Born for Love
Use homework club. Some children can just about manage school if school work ends when they go home. Being in the school environment, in uniform, with school staff may also keep the child in learning mode rather than having to re-engage at home. The downside is that it makes the school day longer.

Agree a time limit with the parent/carer and ask that they stick to it, even if work is not finished. Some experts think this should be 10 minutes per year group, e.g. 10 minutes in P1, 20 minutes in P2, etc. Encourage parents/carers to use a timer or a big clock as a visual and/or audible reminder of when homework ends. Not having a stop time before you start, can feel like homework lasts forever.

Encourage a snack and a fun game first. Some children need a nurture break followed by the joy of a fun game with their parent/carer before sitting down to an agreed short period of homework.

By gum
Chewing gum, just until it loses its flavour can help children concentrate. If you don’t like gum, dried apricots work as well.

Stay in school uniform until it is done. This creates a clear division between school stuff and home stuff.

Suggest giving a limited choice. It could be, “homework before playtime or 10 minutes play first and then reading”.
Memory games

Spellings and tables can cause problems for children because they are either right or wrong, so you can’t hide that you don’t know them and that can trigger shame. Also, short-term memory problems mean a child can learn work at home, but forget it when they go into school. Being told off by a teacher increases the child’s frustration, shame and unwillingness to learn. Playing spelling games, and chanting times tables to music, can help children remember better.

ATTENDANCE AND ABSENCES

The importance of pupil attendance. The importance of developing a positive mindset in young pupils in relation to attendance cannot be over-emphasised. The establishment of such thinking during the pupils’ most formative years is likely to have a bearing on the pupil’s attendance levels across their school career. Both carers and school have a pivotal role in developing a child’s understanding of the importance of attending school and early intervention is a vital tool in preventing poor school attendance as patterns of non-attendance which develop in early years become very difficult to reverse in post-primary school. Young people who regularly miss school are more likely to become isolated from friends, to underachieve in examinations and/or become involved in anti-social behaviour.

Each primary school principal should seek to engage with both the child and their carer as soon as possible to emphasise the value of school attendance. The manner in which this is most effectively progressed is for the school principal to determine, taking into account the individual circumstances of the pupil and the school. School and their principals are best placed to help these children and they should use the expertise available through their pastoral staff, counselling services and social workers.
Although, on average, LAC at primary school level have a higher attendance rate than those who are not LAC; most children have days when they don’t want to go to school, and although it is unusual for primary school children to refuse to attend school at all, there may be occasion when they struggle to attend. Problems often start in P4, when children have a longer day and harder work. At this age they also start to understand loss better and may need reassured about their future. It is not unusual for children to get sick at lunchtime so they can go home and reconnect with family. Others may feel ‘burned out’ mid week.

The information regarding stress, permanency, transitions and safe spaces also applies here. In addition, try the following:

**Attend to the first signs of anxiety.** Empathise, validate and be curious about solutions to the child’s worries. Educators could try “I can see doing a whole week at school is hard for you, what could we do to make it easier?” or, “Looks like you get sick a lot these days, I’m glad you get better quickly at home but I wonder if we could bring a little bit of home into school so you feel better here.”

**Alex’s reduced timetable did the trick**

In P4 Alex started getting very stressed at school. When challenged by the teacher, he’d lie under the desk in a foetal position and refuse to come out. The more he was coaxed, bribed or threatened the worse he got. He hated Mondays and by Thursday he would be so distraught the school would ring me to come and take him home. I dreaded the sound of the phone and refused to carry a mobile as I knew what the call would mean. Eventually, he went on a reduced timetable. He would go to school for a full day Monday to Wednesday and do a half day on Thursday and Friday. It made a huge difference, he’d skip out of school on Thursday, delighted to be getting home and pleased with himself for managing his behaviour. It was such a simple and successful idea I wish it had happened sooner. At secondary school Alex was eased back into a full timetable. He got good GCSEs and is going to FE college so clearly he didn’t miss out too much.
**Staggered attendance and reduced timetables.** Although reducing a pupil’s attendance should be the last resort, if children are shut down or acting out, they are not learning and forcing them to stay at school in that state could put them off completely. Prearranged breaks, shorter days or weeks can help a child keep attending or ease them back into school if they have been absent. This needs to be agreed and timetabled rather than the child electing to leave when he feels like it and reviewed on a regular basis. Advice should be sought from support services such as the Education Welfare Services, CAMHS or the ICSS to ensure the most appropriate way forward. A child who has been off school will need a great deal of support to return and should be eased back gently. Think toddler! Take tiny steps!

**What else can school do?**

Rather than point out what can happen if they don’t go to school, educators can show a child that they like them and miss them when they are not around. Ringing home to chat to the child if their attendance drops off, or sending a, “Thinking of You” card can help a child feel valued as a person and a member of the class, rather than a name on the register.

When absences are frequent there are services within the Education Authority that can support the child/young person, parent/carer and family, school personnel and all other professionals to assess need and plan interventions to resolve problems and promote better attendance and engagement in school and therefore enhance learning and achievement.
**SUSPENSIONS AND EXPULSIONS**

When working with care-experienced children, it is important to remember that they will experience suspensions and expulsions differently from their peers. Care-experienced children and young people can feel these sanctions as yet another rejection - proof that the school doesn’t care enough about them to take time to understand them properly or that they are somehow less important than the other pupils.

Such sanctions are likely to take them into a downward spiral of shame and self-negation. Traumatised children do not have the emotional stability to receive the sanction, to cope with the sanction, and to move on from it towards improved levels of behaviour. They are much more likely to go from one suspension/expulsion to the next with ever increasing frequency.

As the pupil may not want to attend school anyway (due to executive function difficulties, traumatised children rarely have the same levels of motivation and ambition that securely attached children have) they are unlikely to be an effective form of behaviour modification.

Therefore:

- Suspensions and expulsions should only be used as a last resort as they can have such a disproportionate negative impact on the sense of self-worth and long term emotional health and well-being of a LAC child.

- Consider possible alternatives, which keep the child in school even if it means removing them from class to the care of a key adult.
Case study from a primary school principal

Jed had 13 carers before he was adopted and had been in three different schools before the age of eight. Each school had struggled with his challenging physically and verbally abusive behaviour, so they had got into a cycle of sending him home early, often on a daily basis and finishing school a week early, so he was never part of end of term celebrations.

Jed started his fourth school, displaying the same behaviours and expecting to receive the same sanction. One of the significant turning points in reducing his behaviour happened when he was attacking me and an assistant.

I told him, ‘You are a (name of school) child. All our children stay in school until 3pm and it doesn’t matter what you do, you will be staying here until home time, just like everyone else!’

From that moment on, he slowly started to trust. He knew wouldn’t send him home. The outbursts reduced dramatically and he tried hard to do the right thing.

The sense of belonging, being not rejected, were crucial in helping the school to cope with a very challenging situation and in helping the child to feel valued enough to want to change!

Using social stories to manage challenges

Parents/carers and educators can use social stories to help children cope with difficult situations in school. These short stories describe:

- what people do in a given situation
- why they do it
- common responses in that situation
They refer to specific social situations that would be obvious to most of us but not to people with impaired social understanding. Social stories were developed by Carol Gray in the early 1990s, originally to teach social and life skills to children on the autistic spectrum. They are now also used with children who have attachment difficulties.

The stories use words and pictures to give clear, concise and accurate information about specific situations. They are helpful because they can teach routines, expectations, and behaviours in a non-lecturing way, they show visual examples to reinforce learning and the individualised stories connect children with the learning process.

**Social stories help children who**

- Struggle with social skills and situations like queuing for lunch, behaving in the playground, meeting and greeting, asking for help, etc
- Have problems with organisation and executive functions
- Need reinforcement of rules, routines and procedures
- Do not respond to cues, redirection or refocusing
- Fail to meet reasonable expectations.

Stories should always affirm the child and show them doing well. And, although the aim is not to change the child’s behaviour, an increased understanding of situations and expectations may help the child to respond more effectively than in previously challenging situations.
How to make a social story

You can either choose a ready-made social story from resources in books or online (e.g. www.asdvisualaids.com) or create your own to suit your child’s needs (see www.thegraycenter.org). Here’s how:

- Make a list of the steps in the routine you want your child to work on, for example, starting homework or getting ready for school.

- Write a simple sentence to explain each step, for example “open your bag and take out your book”.

- Beside each sentence, draw a picture or insert a photo of the child performing the action.

- Go through the completed story with your child every time before they perform the routine or activity.

- Encourage the child to review it himself before a routine or activity.

- Slowly wean the child off the story when they can do the task correctly and consistently.
Sample story: Lining up

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>1.</strong> My name is Jack and I go to Park Primary School.</td>
<td><strong>2.</strong> At school, we sometimes line up.</td>
<td><strong>3.</strong> We line up to go to the lunch, to go out to play, and to get on the bus.</td>
<td><strong>4.</strong> Sometimes my friends and I get excited when we line up, because we're going somewhere fun, or out to play.</td>
</tr>
<tr>
<td></td>
<td><img src="image1.png" alt="Image" /></td>
<td><img src="image2.png" alt="Image" /></td>
<td><img src="image3.png" alt="Image" /></td>
</tr>
<tr>
<td><strong>5.</strong> It is okay to be excited and still I need to stay in line.</td>
<td><strong>6.</strong> Messing about can cause accidents, and my friends or I could get hurt.</td>
<td><strong>7.</strong> When a teacher tells me to line up nicely it is so we can all stay safe.</td>
<td><strong>8.</strong> I will try to keep my place in the line.</td>
</tr>
<tr>
<td><img src="image4.png" alt="Image" /></td>
<td><img src="image5.png" alt="Image" /></td>
<td><img src="image6.png" alt="Image" /></td>
<td><img src="image7.png" alt="Image" /></td>
</tr>
</tbody>
</table>
Comic Strip Conversations

Like social stories comic strip conversations can help when tough issues and outbursts need to be discussed!

Comic strip conversations are conversation that incorporate simple drawings to illustrate events, focusing on what happened, what was done, what was said and thought. Successful comic strip conversations also re-visit what happened and how things might have been done differently.

What you do

- Wait until the child/young person is calm and can engage with the process
- Sit side by side, not facing each other
- The child/young person takes the lead in the conversation the adult guides
- Focus joint attention on the piece of paper or a dry wipe board
- Draw while you talk – it is usually more effective if the adult draws at the beginning but over time the goal is gradually to move towards equal participation
- Use speech bubbles and thought bubbles as you work through the events
- Key questions might include: Where did it happen? Who else was there? What were you doing? What happened? What did others do? What did you say? What did others say?
What did you think when you said that? What did others think when they said that/did that?

- Draw and discuss what happened at every step.

- To conclude a comic strip conversation, draw and discuss other ways to handle the situation.

- At all times through the process the child’s/young person’s answer is accepted as valid and other ideas can be introduced without discrediting the child’s/young person’s response e.g. ‘Maybe your teacher was thinking...’ ‘Maybe Peter felt...’ I wonder if....

- Emphasis is always on what people may be thinking and feeling and possible solutions

Experience indicates that comic strip conversations often provide insight into a child’s perspective on a situation. It is so important for the adult not to jump to conclusions when there has been an outburst or an issue.

Frequently, LAC children feel that they are the only ones who get into trouble or have major outbursts. It can be quite powerful for them to witness ‘by accident’ another child going through the process before comic strip stories are used with them.
HOM E SCHOOL PARTNERSHIP

“What helped me in primary school was having teachers who understood me, friends who liked me and a good family to support me – I just knew I wasn’t alone.”

Lucy

Care-experienced children need school staff to be mindful of their attachment and trauma histories so they feel safe, secure and settled to learn.

These children need available, responsive and empathic educator/key adults, more than they need additional resources. The presence of an attuned key adult provides a safe base for the child even when the educator is not around. This can keep them regulated, focused and on task, offers encouragement and lets the child know, “I am here because you are worth it.”

In fact, most children’s educational needs can be provided for between school and home. Many care-experienced children who have finished school will say it was the attitude of educators and the ethos of the school that shaped their experience. Undoubtedly, working together reaps rewards for everyone as information sharing is critical in helping children achieve. It helps the school to see that adoptive parents/carers did not cause this child’s problems - they are part of the solution; it helps parents/carers to understand the challenges facing educators, and that they too are part of the solution, and it helps the child to have a team of supportive adults on his side!
Parents/carers need to know that

- **Educators are human too!** Most educators try to do the best they can for every child within the confines of limited time, limited knowledge, limited resources and limited super powers!

- **Education is not all** – the cognitive brain is built on the emotional brain, family must come first

- **It’s important to get involved** – volunteer in the classroom, the playground and on school trips, join parent teacher groups or the board of governors. Every bit helps!

- **The child is doing the best they can.**

**Keeping in touch stops splitting**

Children who don’t trust adult’s motives may try to manage people around them by divide and rule. They fail to deliver messages, tell tales on teachers, tell school staff, “My mum says you shouldn’t do x” and tell parents/carers, “don’t go into school, you’ll make things worse.” All of which injects conflict and confusion and keeps school and home separate. Having regular contact and direct communication between home and school can pre-empt problems and greatly reduce the child’s ability to split.
SELF CARE AND STAFF CARE

You will need support and consultation from trusted others if you are to successfully comfort and teach... You will make mistakes. Face these, learn from them, and continue.

As you flick through this booklet it may look like teaching a care-experienced child is relentless and demanding. It is true that just a few months of neglect and/or abuse can mean years of intensive repair for children. The reality, though, is that caring and teaching adults don’t need to be perfect - just good enough for long enough to help traumatised children feel loved and valued and give them a sense of belonging.

As detailed earlier in this booklet, the attitude that best helps traumatised children to heal is one that can be summed up by the acronym PLACE. However, we can only practice PLACE when we feel calm and regulated ourselves. In order to stay regulated we need to ask for and accept support, and take care of our own needs as attentively as we care for the children we teach and support.

Blocked care syndrome
Parenting (or teaching) a traumatised child can mean giving a lot but getting very little back, so we often defend ourselves by shutting down emotionally. You may notice under stress how you go through the motions of doing your job, but without joy or relational engagement. It’s a chore! Care-experienced children need to experience our delight in them the way a baby experiences his adoring parents, through smiles, soft eye contact, playfulness, and the “I do this because you are worth it” messages in non-verbal face and body signals. It literally changes their brain.

If we get blocked we need to reduce our stress levels before we are able to reflect, regulate and empathise with others. We do this through looking after our own needs, taking time out, having hobbies and availing of the support of somebody who listens to us with playfulness, acceptance, curiosity, and empathy.
“An important element of work with traumatised children is educating the adults in the child’s world about the ways in which maltreated and traumatised children think, feel and behave... The resulting impact is much more effective than 45 minutes a week in the clinician’s office.”

Bruce Perry

So what do schools need to know?

- **They need to know that a child is looked after or adopted!** Care experience means a child has specific needs relating to separation, loss, trust, safety, stress, executive functions and family dynamics.

- **Home life must come first!** Education is not everything, supporting the attachment between a child and his parents/carers is vital.

- **Information and training on attachment, trauma and impact on child development.**

- **Parents/carers should provide information about their child specifically** (e.g. confidential pupil information sheet).

- **It is important for educators to be nurturing,** but they should not compromise the parent/child attachment relationship.

- **Home strategies** so staff can mirror them in school

- **The child is doing the best they can.**
“There is an Indian proverb which says that everyone is a house with four rooms – a physical, a mental, an emotional, a spiritual. Most of us tend to live in one room most of the time, but unless we go into every room every day, even if only to keep it aired, we are not a complete person.”

Rumer Godden

We all have needs, issues and histories that impact on how we interact with others. Our experiences of how we were parented and taught influence how we parent and teach, our experiences at school affect how we feel about other children’s schooling, and of course we all have our own attachment styles. Hopefully we will be quite securely attached, but anxious, avoidant, angry or enmeshed elements can be triggered by stress. And nothing or nobody pulls those triggers quite like a child with attachment difficulties.

So, while it is tempting to assume that it is the children’s issues that cause relationship difficulties, it is more helpful to think about the dynamic of the adult/child relationship and how both histories impact feelings and behaviours. Because we have more ability to control our responses than children do, it is our job to do so. Finding out about adult attachment styles can help you to understand your own relationship needs and responsibilities, while valuing ourselves teaches children the importance of self care.

Have a school support system

Working as a key adult with care-experienced children can leave you feeling: exhausted, angry, irritable, emotional, rejected, anxious, scared, disempowered, isolated, frustrated, deskilled or possibly depressed or physically ill. This is because traumatised children often unconsciously transfer difficult feelings onto people who are close to them. For this reason in addition to
practising self-care, attachment-friendly schools need to provide a staff care package which should include the following features:

**Staff care**

- Schools should treat staff needs and staff care as high priorities. Key staff will need quality and reflective time built into their day. They will need time to meet up with colleagues for support and time to be freed up for their work with LAC/young people.

- Schools will aim to train all staff in how developmental trauma impacts the emotional, cognitive, sensory, behavioural, and psychological abilities of children and young people.

- Schools should have a safety plan similar to the Sanctuary Model of care for when educators become dysregulated. This model allows staff to ask for support by using a signal that the children do not know, while another member of staff steps in to give them some time out. If the school ethos is right staff will be able to use this system without any sense of guilt about their competency.

- The safety plan also allows for spaces or activities where staff can get regulated before returning to work. When this works well it models good emotional regulation for children and young people.

- The school will focus on the quality of the relationships between staff at all levels. All interactions should be dignified and positive both in terms of the words used the tone and the accompanying body language.
Special Educational Needs (SEN)

WHAT IS SEN?

The Education (Northern Ireland) Order 1996 - Article 3 states that

1. For the purposes of the Education Orders, a child has “special educational needs” if he has a learning difficulty which calls for special educational provision to be made for him.

2. For the purposes of this Part, subject to paragraph (3), a child has a “learning difficulty” if -
   a. he has a significantly greater difficulty in learning than the majority of children of his age,
   b. he has a disability which either prevents or hinders him from making use of educational facilities of a kind generally provided for children of his age in ordinary schools, or
   c. he has not attained the lower limit of compulsory school age and is, or would be if special educational provision were not made for him, likely to fall within sub-paragraph (a) or (b) when he is of compulsory school age.

3. A child is not to be taken as having a learning difficulty solely because the language (or form of, the language) in which he is, or will be, taught is different from a language (or form of a language) which has at any time been spoken in his home.

The Special Education needs and Disability (NI) Order 2005 applies the definition of disability from the Disability Discrimination Act 1995 (Chapter 50) which states that a person has a disability if they have ‘a physical or mental impairment which has a substantial and long-term adverse effect on his ability to carry out normal day-to-day activities.’
SEN IDENTIFICATION

To assist in early identification, schools should make use of all available indicators of a child’s progress or performance, including normal classroom practice and observation, formative as well as summative assessment, and any information obtained from carers. The needs of children with SEN should not be considered in isolation. Schools should be mindful of the child’s history, which may be a contributor to their learning difficulties.

The 1998 Special Educational Needs Code of Practice (the Code) provides more detail on how schools should proceed if a child’s performance and progress is not as expected for their age or school stage. Effective schools practices for identifying the needs of children are key and the child is likely to be more responsive the earlier actions are put in place to address their needs. Even without a learning difficulty being attributed to SEN, schools can adapt their existing resources and strategies to suit the needs of specific children.

The Code is used by the Education Authority (EA) and schools to consider children’s needs and provides guidance on how to address a range of SEN, from in-school adaptations which may meet the child’s needs, to a SEN statement and specialised provision.

Many care-experienced children who have finished school will say it was the attitude of educators and the ethos of the school that shaped their experience.
“It is not uncommon for teachers working with traumatized children to observe that the children are really smart, but they do not learn easily... they are often diagnosed with learning difficulties.”

Dr Bruce Perry

EA STATUTORY ASSESSMENT

In most cases SEN provision will be provided within the child’s mainstream school, working in partnership with the carers and no statutory assessment or statement will be necessary. If a child’s SEN cannot be met from within the school or from within the school with some external provision, then the carer or the school can request the EA to undertake a statutory assessment.

Once the request is received by the EA they will consider all evidence and decide whether or not to draft a statement of Special Educational Needs. Statutory assessment does not always result in a Statement. However, where a statement is made, the school will be provided with information by the EA regarding the support and resources which are to be made available.

Co-operation between education and health

Effective action on behalf of children with SEN will often depend upon close cooperation between education and health. This joint co-operation will help to ensure a better quality of SEN provision for children who have SEN.

The three pieces of legislation that provide the legislative basis for co-operation between education and health are detailed below:
The Children’s (NI) Order 1995\(^1\) places a duty on HSS Trusts to provide services for children regarded as being “in need”. Where such children also have SEN the Order allows an integrated approach to be taken to meeting their educational, health and welfare needs. The co-operation of schools is required where children are “in need” or at risk of significant harm although this would not automatically mean that the child has SEN.

The Education (NI) Order 1996 (as amended by Section 4 - Special Educational Needs and Disability Act (NI) 2016\(^2\) places new duties on education and health with regard to co-operation in particular in the identification, assessment and provision for children who, may or may not, have SEN. Also in relation to information sharing and preparation of a ‘transition plan’.

The Children’s Services Co-Operation Act 2015\(^3\) places a duty on the Departments of Education and Health, the EA and Health and Social Care Trusts to cooperate with one another. In regard to children with SEN this cooperation takes the form of working together to address a child’s learning difficulty which calls for special educational provision to be made.

In order to fulfil these duties everyone from the EA, schools and health officials who are involved in addressing the SEN of a child should work in partnership with one another.

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1 Articles 46(2) and (5)
2 Articles 12A (1) and (2). Please note, it is anticipated that these new duties will be commenced during 2018.
3 Section 2(1)
There should also be effective arrangements put in place between schools and social workers and carers to enable children to achieve their full educational potential. These arrangements should include:

- the role of schools in helping carers understand and prioritise education as part of care planning;
- timely communication and effective co-operation particularly in relation to education placement, school admissions, achievement and exclusions; and
- encouragement of an inclusive and collaborative culture that takes account the child’s views according to their age and understanding.

Undoubtedly, working together reaps rewards for everyone as information sharing is critical in helping children achieve.

A current example of ongoing cooperation between health and education is the personal education plans (PEP) which are created for all LAC. The PEP was designed by the Departments of Education and Health, the Health and Social Care Board and Health Trusts and the EA with the support of a number of voluntary sector organisations.

The PEP is used to establish clear targets and actions to respond effectively to a child’s needs and provide a continuous record of their achievements. It is an opportunity to listen and record a child’s hopes and worries and clearly show their aspirations.

The use of PEPs play a role in increasing communication and co-operation between health and education and their use can contribute to improvements in the educational outcomes and life chances of children in care.
THE NEW SEN FRAMEWORK

The Department of Education is working on a new SEN Framework which will focus on inclusion, early identification, assessment and intervention for children with SEN. It has been designed to ensure that children and young people with SEN, and carers, have access to the support they need, when they need it; and that this is underpinned by clear, understandable information.

The framework will be comprised of four elements: the Special Educational Needs and Disability Act (Northern Ireland) 2016 which received Royal Assent in March 2016; the new Special Educational Needs Regulations which are currently going through draft affirmative resolution procedures in the Assembly; a new Special Educational Needs Code of Practice work on which is currently ongoing; and capacity building in the new framework.

The Department is planning to have all aspects of the new SEN Framework in place to allow full implementation of the new Framework during the 2018/19 academic year.

Further information on the new framework can found on the Department of Education’s website
www.education-ni.gov.uk/articles/review-special-educational-needs-and-inclusion

SOCIAL CARE – THE ROLE OF HEALTH AND SOCIAL CARE TRUSTS

Health and Social Care Trusts and their Boards (HSCB) become involved with families for many reasons from providing advice and guidance to supporting those experiencing short term difficulties to circumstances were families are unable to care for their child/ren.
In circumstances were a child is unable to live with their birth parent/s the Trust will provide the child with accommodation under the provisions of The Children (Northern Ireland) Order 1995. The child depending on its age and needs may live with foster carers, with a family relative or friend i.e. kinship foster carers or occasionally in a residential homes.

Many care experienced children, will have experienced significant trauma and/or abuse prior to becoming looked after. Pre care experiences, separation from family and friends, and understanding and making the adjustment to becoming a care experienced child may present major challenges for many children. While many children with support will do well, for many the outcomes, compared with the population as a whole, are often poorer in terms of physical and mental health, educational attainment, economic activity etc.

Understanding the needs of care experienced children and ensuring processes are in place to provide help and support is essential if children are to achieve their potential. The main process for identifying the needs of children and ensuring their needs are met is the Looked After Review of Arrangements process.

**Looked After Review of Arrangements Process**

The Looked After Review of Arrangements process has been established to ensure that children ‘Looked After’ by Trusts, have all aspects of their needs regularly reviewed and provisions made to meet these needs, including the need for the child to remain in care (e.g. might the child be able to return home) and the arrangements to secure the child’s longer term need for stability and permanency (this may include the decision that the child will remain in foster care on a longer term basis or that a Residence Order or Adoption would be the best way to meet the child’s need).
A child’s first Review should take place within 2 weeks of them becoming looked after, the next Review not more than 3 months after the initial Review and thereafter at intervals of not more than 6 months after the date of the previous review.

The LAC Review of Arrangements requires and should ensure that the appropriate professionals attend the Review (in addition to the child and parents as appropriate), that reports and Personal Education Plans (PEPs) are submitted, considered and recommendations made. It is this process which will ensure that the Care Plan agreed is robust and reflects the child’s needs.

Trusts have a legal duty under the Children (NI) Order 1995 to promote the upbringing of children by their families. Where rehabilitation is not possible a plan for permanency should be confirmed by the 3rd Review i.e. approximately 9 months after the child enters the care system.

*Permanency options for children include:

- return to family with support
- remaining in foster care for the longer term
- remain in residential care
- adoption
- **Residence Order.

The child’s plan for permanence and ongoing support will be determined by the child’s needs.

*Regional Permanence Policy
**RESIDENCE ORDER ALLOWANCE GUIDANCE
Further information and resources

The Family Support website is a valuable up-to-date resource available to staff. It is the main gateway for schools to access an extensive range of services and supports, including for care-experienced children.

www.familysupportni.gov.uk

Downloadable papers

www.childtrauma.org

www.scholastic.co.uk

Scholastic Early Childhood Today Emotional development: Creating an Emotionally Safe Classroom By Bruce D Perry MD, PhD.

Books and DVDs

First Steps in Parenting the child who hurts: Tiddlers and Toddlers by Caroline Archer (Jessica Kingsley)

Next steps in Parenting the child who hurts: Tykes and Teens by Caroline Archer

New Families, Old Scripts: A guide to the Language of Trauma and Attachment in Adoptive Families by Caroline Archer and Christine Gordon (Jessica Kingsley)
What about me by Louise Michelle Bomber

Inside I’m hurting by Louise Michelle Bomber

Learn the child by Kate Carins (BAAF)

The Boy Who Was Raised as a Dog by Bruce Perry and Maia Szalavitz

Attachment Focused Parenting: effective strategies to care for children by Dan Hughes

Brain-based Parenting: The neuroscience for caregiving for healthy attachment by Dan Hughes

Safe place DVD Parenting strategies for facilitating attachment and sensory regulations

The Out of Sync Child: Recognising and Coping with Sensory Processing Disorder by Carol Stock Kranowitz, Skylite Press

The Out of Sync Child Has Fun – Activities for Kids with Sensory Processing Disorder by Kranowitz, Penguin

Nurturing Attachments Training Resource Kim S. Golding (Jessica Kingsley)

Nurturing Attachments, Supporting Children Who Are Fostered or Adopted Kim S. Golding (Jessica Kingsley)

Creating Loving Attachments, parenting with PACE to Nurture Confidence and Security in the Troubled Child Kim S. Golding and Daniel A. Hughes (Jessica Kingsley)

Observing Children with Attachment Difficulties in Preschool settings Kim S. Golding (Jessica Kingsley)
Observing Children with Attachment Difficulties in School Kim S. Golding (Jessica Kingsley)

Welcoming a new Brother or Sister through Adoption Arleta James (Jessica Kingsley)

Why Can’t my Child Behave? Empathic parenting Strategies that Work for Adoptive and Foster families Amber Elliot (Jessica Kingsley)

A Short Introduction to Attachment and Attachment Disorder Colby Pearce (Jessica Kingsley)

Won’t do or Can’t do, DVD, leaflets and training from www.familyfutures.co.uk

Organisations providing support and information

AKAMAS care and Education, for publications and training to support vulnerable children in education. Go to www.akamas.co.uk

Inclusive solutions, for publications, training and support on working with exceptional needs. Go to www.inclusive-solutions.com

The Nurture Group Network. Go to www.nurturegroups.org

The Theraplay Institute is about building better relationships through play. Go to www.theraplay.org

Yellow Kite Attachment Support Service for Schools (Louise Bomber). Go to www.theyellowkite.co.uk
Adoption today

Adoption today is very different from what it was 30 years ago. Many of today’s adopted children will have come from a background of abuse and/or neglect and may have had many moves through the Care system, if adopted from another country will likely have spent time in an orphanage. The average age of adoption in Northern Ireland is now almost five and their experiences before adoption will have impacted to some degree on their development.

Developmental trauma
Abuse and neglect in infancy gives a child a deep sense of shame about who they are; they tend not to feel worthy of care, have little trust in adults and frequently feel unsafe in their environment.

Neuroscience shows that a baby’s brain grows to 80-90 per cent of its adult size in the first three years of life. Each individual brain develops to ensure our survival in the environment into which we are born, so children born into hostile environments have a brain wired for stress and fear. The damage caused by these early experiences is so pervasive and enduring it is now recognised as developmental trauma. Affected children have many of the symptoms of post-traumatic stress disorder plus learning difficulties and an inability to articulate how they feel because much of the hurt happened before they had developed language.

Key points about trauma:
• Adoption does not fix it. It can be triggered by stress and sensory reminders for years. When activated, children typically respond by becoming hyperaroused or dissociating.
• All adopted children will have some level of developmental trauma, which can be reactivated by experiences in school.
• The trauma is relational and so it can be helped by good relationships or triggered by difficult ones. Our children need adults to be trustworthy, and to engage with them in a friendly, fun, nurturing and structured way.

Foetal alcohol spectrum disorder (FASD)
This is a developmental trauma that occurs before birth. Some adopted children will have a diagnosis of FASD by the time they start school; many other children may be affected by it but have no diagnosis. FASD and attachment difficulties are growing problems in our schools. Organisations such as NOFAS and FAS Aware UK have great resources.

Attachment
Because adopted children did not get their needs met in infancy, they have an insecure attachment style (even if they are attached to their adoptive parents). This has many implications, but the bottom line is that the child needs to feel physically and emotionally safe in order to benefit from learning opportunities. Feeling unsafe, distressed or in need activates the attachment cycle, which in adopted children was not successfully completed in infancy. When the attachment cycle is activated, the exploration cycle becomes inactive and children don’t learn. The diagram overleaf is a simple illustration of why it is vital to help children feel safe, calm and cared for.
## Why children need to feel safe to learn

The more available you are, the safer a child feels and the more they are able to learn.

### Attachment cycle
When the drive for attachment is strong, exploration is weak.

### Curiosity cycle
Curiosity is crushed by fear, disapproval, absent caregiver.

### Exploration cycle
Curiosity is crushed by fear, disapproval, absent caregiver.

<table>
<thead>
<tr>
<th>What works for adopted children?</th>
<th>What doesn't work?</th>
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</thead>
<tbody>
<tr>
<td>Nurturing, highly structured environments ✓</td>
<td>Shouting ✗</td>
</tr>
<tr>
<td>Low stimulation ✓</td>
<td>Sarcasm ✗</td>
</tr>
<tr>
<td>The PLACE attitude ✓</td>
<td>Isolation ✗</td>
</tr>
<tr>
<td>Routine and repetition ✓</td>
<td>Shaming ✗</td>
</tr>
<tr>
<td>Good (friendly) relationships with adults</td>
<td>Pressurizing ✗</td>
</tr>
<tr>
<td>Rhythmic learning – being active before learning theory and taking short sensory breaks throughout the day ✓</td>
<td>Compensating ✗</td>
</tr>
<tr>
<td>Feel-good learning experiences, relevant to their developmental age ✓</td>
<td>Reward-based behavioural management ✗</td>
</tr>
<tr>
<td>Strategies and settings that work for children with ASD often work for traumatised children.</td>
<td>Ignoring the impact of the past ✗</td>
</tr>
</tbody>
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### Want to know more?

The parent who gave you this sheet has a booklet containing information and a list of resources that could help. You can also do an online search of the topics. Reliable sources are Dr Daniel Hughes, The Child Trauma Academy, Bessel van der Kolk, Dr Bruce Perry (who has written downloadable papers for Scholastic) and Louise Bomber at www.theyellowkite.co.uk.

**The following books are recommended:**

*Inside I'm Hurting: Practical Strategies for supporting children with attachment difficulties in schools. What about me? Inclusive strategies to support pupils with attachment difficulties make it through the school day, both by Louise Bomber (Worth Publishing)*

For information on any aspect of adoption please contact Adoption UK's head office on 01295 752240, or the NI office on 02890 775211. www.adoptionuk.org.uk
The PLACE attitude for teaching traumatised children

Attachment therapist Dan Hughes talks about the therapeutic attitude needed when working with a traumatised child. It is achieved through PLACE: Parents and teachers can achieve a great deal through being Playful, Liking, Accepting, Curious, and Empathic, even in the absence of other strategies or resources.

Playful - A relaxed and playful environment is a more effective way of influencing a child’s behaviour than rewards, sanctions or anger-based discipline. Playfulness engages and rewires children at pre-cognitive levels and recognises their limited ability to follow instructions. Simply delighting in the child also conveys acceptance, regardless of their achievements or misdemeanours. Positive non-verbal communication such as soft eye contact and facial expressions, good touch, and welcoming body posture communicate positivity, as does maintaining a happy school environment.

Liking - Show the child that you like them by staying calm even when they misbehave. Do not reject the child even if they reject you, and reconnect with them quickly after absences or disciplining. Find something valuable about the child and try to like that part of them when their behaviour is challenging. Remember, the behaviour gets worse when the child is frightened or stressed. As a baby or toddler they were frequently in this state.

Accepting - It’s easier for our children to stay regulated and start to change if you can show you accept them and the reasons for their difficulties, while not necessarily accepting the behaviour. Reminding yourself that traumatized children often “can’t do” rather than “won’t do”, that they are doing their best, and their behaviours are a way of communicating needs and fears can help you develop an accepting attitude. You can use accepting expressions like, “I really like having you in my class and still it is not okay for you to hit people. Let’s see if we can find a better way for you to show me what you need.”
Curious: Being curious rather than angry about why children act in certain ways can help them to change. You can convey curiosity by wondering out loud why the child is behaving in a certain way. Simply saying something like, 'I wonder why it is so hard for you to wait your turn/queue up for lunch' etc can help a child to stop, think and begin to make sense of their feelings and behaviours. This is usually more effective than asking directly what's bothering them. A child who has 'switched off' their feelings may not know why they are upset. They may say something trivial, or withhold the information through lack of trust. An educated guess such as, 'I wonder if you are worried about the school trip on Friday,' can also be an excellent way to open discussion, in which you can listen empathically.

Empathy is the most important quality you can have when working with our children. To understand the child's needs we have to put ourselves in their shoes and convey to them that we 'get it'. For example, 'I know that these spellings are hard for you to remember', 'Your knee is really red, I bet that hurts.' Empathy allows the child to feel their feelings and encourages the release of grief, fear and rage behind emotional and behavioural problems. Try to empathise with the child before disciplining and throughout the employment of disciplinary measures. It is vital that you remain genuinely empathic, not flippant or sarcastic.
Confidential pupil information sheet

Teachers’ notes

My name is:

Names of people who matter to me:

Trauma triggers

How I show my needs

A bit about my past
<table>
<thead>
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<th>Teachers’ notes</th>
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<tbody>
<tr>
<td><strong>My personal care</strong></td>
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<tr>
<td>Eating</td>
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<td>Toileting</td>
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<tr>
<td>Dressing</td>
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<tr>
<td>Touch</td>
</tr>
<tr>
<td>What helps me to learn</td>
</tr>
</tbody>
</table>
Teachers’ notes

Confidential pupil information sheet

Sheet 4

My name is: Jack Jones

Names of people who matter to me:
Mum
Dad
Birth mum
Foster carer,
siblings,
Birth siblings,

A bit about my past
I was left alone a lot
I was often hungry and cold
I was punished badly for minor things
I had to look after my siblings
I didn’t get to play
I lived in six different families

Trauma triggers
Shouting/raised voices
Being touched without warning
Being touched without warning
Being laughed at
Doors banging
Feeling hungry
Doors banging
Being left alone/ignored
Saying goodbye
Sarcasm
Enforced eye contact

How I show my needs
Chatting non stop
make people laugh/act the clown
I just pretend everything’s ok
Being overly affectionate
Following you around
Constantly demanding attention
Chewing my hand/jumper
Rocking
Being argumentative
### Teachers’ notes

#### My personal care

**Eating**
- I don’t eat in crowds or if I am scared/stressed
- I may need help cleaning up after lunch

**Toileting**
- I need reminding to go to the toilet
- I wear pullups

**Dressing**
- I need help with laces
- I have sensory problems with clothes
- I may feel uncomfortable undressing for PE

**Touch**
- I don’t like being touched without warning
- I need to touch everything in a new space

#### What helps me to learn

- Sitting beside a focused pupil
- Having frequent breaks
- Sitting beside a friend
- Having a photo of Mum/dad handy

#### My strengths

- I am kind
- I am friendly
- I am good at football
- I love music
- I’m good on the computer
- I love animals

#### Things that are hard for me

- Being away from mum/dad
- Homework might be an issue
- Trying new things
- Joining in
- Being told off in front of people

#### Ideas to calm me

- Recognise anxiety
- Behaviour and help me name it
- Listen to me and help me pick a calming activity to do for a few minutes
- Let me do a message or chore but not as a punishment
- Stay with me and use PLACE

#### Topics and times that might upset me

- Mother’s day
- Baby photos
- Circle time topics about loss
Five things to remember about me

1. Please try to think less about managing my behaviour and more about reducing my anxiety - reducing anxiety will lead to better behaviour. Behaviour is how I signal my needs and fears. I first experienced need when I had no language to describe it, so my behaviour is my first language. I will revert to it when I'm stressed or anxious.

2. I learn much better when I feel safe - emotionally and physically. I need you to like me and I need to like you, otherwise I just won't learn and school will be harder for both of us. Deep down I feel I am bad and that nobody would want to care for me, so I will challenge your interest in me. Please don't get angry when I don't trust you. Use the PLACE attitude and consequence my misdemeanours - without anger! This will help me build cause and effect thinking, reduce my shame and encourage a healthy sense of guilt.

3. I may act much younger than my years. Because difficult things happened when I was young, parts of my development just got stuck. So, I find it hard to get through the day without my Mum or Dad and I may need sensory reminders of them to make me feel safe. I need you to supervise me, give me boundaries, and relate to me as you would to a much younger child. With me the motto is always, "Think toddler".

4. I'm not good with change or surprises. I need a timetable for my day, so I know what is coming next. I need you to prepare me for any changes in teacher, classroom assistant or pupils; if we are going on a school trip, to a different class or if lunch or break arrangements are going to change. If I am sent out of class for any reason, please tell me where I am going and who I will be with. If I am sent to a different teacher as a discipline, please let it always be the same teacher, where possible. If I go somewhere new, let me check out the space before we settle down to learn. Please don't leave me isolated or alone at any time.

5. Please remember that you, me and my family are all doing our best. Don’t take my behaviour personally; it may feel personal but it is not about you and it is not deliberate. Model how you want me to behave. It helps if you can say “sorry” when you get it wrong and “thank you” even when my behaviour is bad. E.g. “Thank you (name) for showing me that this is hard for you. Now let's see if we can find a better way for you to show that you need help”. Finally, you may pick up on my feelings and begin to feel anxious, demoralised and deskillied yourself. Please get support if this happens. You make a real difference to children's lives, we need you to take good care of yourself. Thank you.
Anne Marie Bagnall, Assistant Advisory Officer (LAC) Education Authority and LAC Champion
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