

SUPPORTING CHILDREN IN CARE WITH RETURNING TO SCHOOL DURING THE COVID-19 PANDEMIC

Information for Designated Teachers



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Supporting Children in Care with Returning to School during the COVID-19 Pandemic (Information for Designated Teachers)

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Supporting Children in Care with Returning to School during the COVID-19 Pandemic

Information for Designated Teachers

Introduction

The following information is intended to provide support for Children in Care (CiC) as they transition back to school. It explores planning and provision for a return back to school and also considers how to help children who are having difficulty adjusting to factors related to COVID-19. There is information which could be used beyond COVID-19 as it draws on research literature and best practice in supporting children who have had adverse experiences. It is divided into two sections:

1. Supporting transitions back to school for Children in Care during COVID-19
2. Helping Children in Care who are having difficulty adjusting to factors related to COVID-19

The sections are underpinned by the six principles of Nurture as shown below:

- Children's learning is understood developmentally.
- The classroom offers a safe base.
- Nurture is important for the development of self-esteem.
- Language is understood as a vital means of communication.
- All behaviour is communication.
- Transitions are significant in the lives of children

Lucas, Insley and Buckland (2006)

In reference to the sixth principle, we know that returning to school during COVID-19 is an unprecedented transition for all of us and our children. We are keeping in mind that CiC may be more vulnerable at this uncertain time due to their previous experiences of instability. I know that you will be working towards resuming a nurturing and secure base for CiC, at school again, which will continue to meet their developmental needs and in addition, help their psychological and social adjustment at this time. This resource aims to support you in working towards stabilisation for CiC. It should be shared with key adults supporting them.

Lastly, I would like to take this opportunity to say thank you for your continued commitment to meeting the needs of our CiC.

Quick Reference Guide

At this unprecedented time, I know that school staff are receiving a lot of information to help them navigate their return and the return of children to school. This resource has been created to provide information as needed, and where relevant, to support Designated Teachers in their role in supporting CiC. This quick reference guide provides an overview of the main points in this resource.

1. CiC will respond to COVID-19 in different ways depending on their life experiences, their experiences during the pandemic and their current level of resilience.
2. For some CiC, their feelings of safety and security may have been destabilised.
3. Good knowledge of a CiC, understanding of their experience of COVID-19 and the usual collaborative approach should continue to underpin planning towards supporting CiC in returning to school.
4. The following factors can influence safety and security for CiC:
 - Predictability and consistency
 - Relationships
 - Engagement
 - Resilience
 - The well-being of key adults.

These factors continue to be key in supporting CiC at this time.

5. Some CiC may be unsettled and rely on using fight, flight or freeze strategies to cope.
6. Adults need to respond to children's behaviour by recognising what they are feeling and help them to label, communicate and manage their feelings (co-regulation).
7. If a child is feeling unsettled, focus on:
 - Routines
 - Talking to the child about what is happening
 - Listening to them
 - Providing extra time and attention
 - Reminding them that they are safe
 - Offering regular soothing activities
 - Providing them with a safe space
 - Giving them responsibilities which develop their sense of self

Supporting transitions back to school for Children in Care during COVID-19

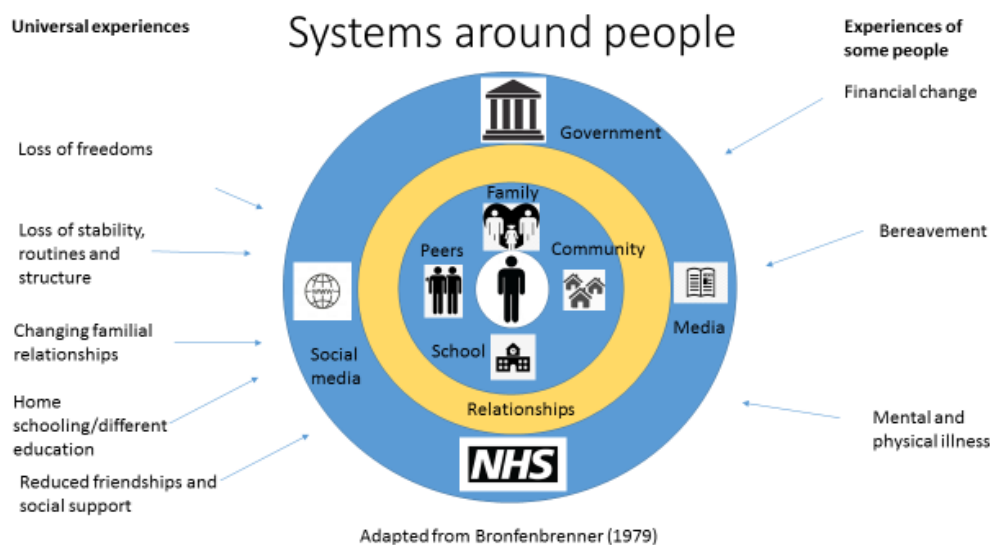
Stabilisation and returning to school for Children in Care

It is important to note that CiC are one of our most vulnerable groups in education. We should acknowledge their previous adverse childhood experiences (ACEs, traumatic experiences before the age of 18), losses and fluctuations in stability over time as influencing their life experiences. We may expect that they may have difficulty transitioning back to school during COVID-19. However, we should bear in mind that children can respond to adversity in a variety of different ways and that for some, adversity can strengthen their resilience and ability to cope. It is important to understand the individual circumstances of CiC when supporting them, and in this uncertain situation, this is particularly relevant. In terms of recovery following adverse childhood experiences, stabilisation is key (Cairns 2002) and so this should be held in mind when supporting CiC to manage a successful return back to school during COVID-19.

The influence of COVID-19 on Children in Care

Since the onset of COVID-19, everyone has been affected by the uncertainty, lack of control, adaptations to daily life and many restrictions on our usual behaviours. Responses of children to these changes will differ depending on their individual risk and resilience factors. For all children, they will have lost the usual stability of school, had restrictions to their regular activities, had changes to their routines (including their education) and experienced a loss of direct contact with their peers. Many CiC will have access to quality time with their carers/parents which will buffer against these stressors. Other CiC and their families may have experienced additional stressors including financial impact, bereavement, illness in themselves or their families and exposure to societal and individual family responses to the crisis. Although adults try to protect against these factors, as we know, children absorb what is going on around them.

The diagram below shows how children are part of systems which interact together. Our closest support networks are within our microsystem including our families, peers, community and school community. There are relationships between all of these systems which are there to protect and increase stability for our children. They can also present risk factors. The systems around children are also influenced by the media and government advice. Familiar places, people and routines make children feel secure. Experiences related to COVID-19 have the potential to undermine this stability.



Over time, CiC have already experienced multiple adverse childhood experiences (ACEs). Many may be experiencing developmental trauma which is the impact of ACEs (Beacon House 2020). This is a risk factor which may mean that they are less resilient to stressors in their environment. COVID-19 is a further stressor and a community trauma which has the possibility of further unsettling our CiC.

Provision for Children in Care

There is a lot to manage at this time of uncertainty and this is in addition to the usual staff workload. Designated Teachers have a wealth of skills and experience in supporting CiC but providing support for our most vulnerable children at this time may feel challenging. Many of our children will have existing provision which supports them in managing school and in developing their skills. This is based on good knowledge of the child's strengths and needs and should continue to be at the forefront of planning for the child's return to school during the pandemic. However, it may be necessary for additional support to supplement their existing provision depending on their individual circumstances and changes to the school day and environment. Many of the suggestions are likely to be in place already, but further reflection on these may be helpful at this time.

The following information provides further suggestions on how to support the return to school with a focus on safety and security in mind, as evidence suggests that these are integral to recovery for children who have had adverse experiences (Bomber 2011). For CiC, a return to the school environment underpinned by a structured approach and flexibility where needed (in response to their psychological and emotional well-being) will help to stabilise them at this unsettled time.

Some CiC may have been in school whilst lockdown has been in place. For these children, other children returning to school and changes to their lockdown educational routine may also mean that they have difficulty adapting to a further change.

Planning and preparing for return to school in the new normal

The following is based on existing best practice for CiC and general transition planning. It will be familiar to you.

1. Information Gather	As Designated Teachers, you will have been monitoring the education and welfare of CiC over the period of the pandemic. Continue to talk to key adults who are supporting the child (e.g. carers, social workers, Virtual School Team) to establish how the child is coping and how they are feeling about the return to school. Ask about particular circumstances which may have affected the child (e.g. bereavement, difficulty with changes). You can use this information and your knowledge of how the child generally copes with transitions and school to plan a successful transition back to school for them.
2. Review	Look at the child's existing provision and make a judgement about whether this can be resumed as it is or whether there need to be changes or additional support. This will depend on changes to the school environment, staffing changes and new routines due to government guidance, as well as taking into account the individual circumstances of the child. If additional funding is needed, then SMART targets and related provision can be added to the child's PEP and then Pupil Premium Plus can be used to fund this.
3. Collaboration	Ensure a collaborative approach with key adults and plan what the transition will look like from a school and home perspective. Carers will need to prepare the child for school making sure that information and expectations are clear for the child. This could relate to information about rules during the pandemic (e.g. hand washing and social distancing) as well as changes to school routines and their usual education plan. Think about how to gain the child's view in the plan.
4. Communication	Regular communication and reviews with key adults as the child moves through the transition back to school will be vital to ensuring the child's needs are met and that they re-engage with school life in a positive way. Remember that we can react in different ways and at different times when going through adversity. Some CiC may develop resilience during this period and others may exhibit external signs of stress. Some may internalise their fears and anxieties and may appear to be coping when they are not. See later section 2: Helping children in care who are having difficulty adjusting to factors associated with COVID-19 for more information.

Increasing safety and security for Children in Care when returning to school

Consideration of the following factors can increase safety and security for children and can help children to re-engage with school life.

Predictability and consistency

Predictability, structure, routines and consistency enable children to feel safer and increase security. Ensure that expectations regarding new school rules and changes to their routines are explained clearly and regularly communicated particularly at transition times during the day. Many of our CiC may be developmentally below their chronological age and so communications should be at a level which reflects this. Advice from the British Psychological Society suggests that clear information lowers stress (BPS 2020).

Some children may have become used to home rules and less formality in their education and so may have difficulty reverting back to a more formal routine. Also, keep in mind that many CiC did not experience routines and predictability in their early years and so can struggle more than other children in learning new daily routines. Visual timetables or social stories (Gray 1991) could support new routine and behaviour changes.

It will be important to emphasise COVID-19 safety behaviours and routines for children who have experienced threats to their safety or actual harm previously. The pandemic could trigger anxiety or fear in these children.

Some CiC, **may be transitioning to a new setting** in the next academic year which may further unsettle their feelings of safety and security. These children may experience related losses of relationships, their secure base and full opportunities to say goodbye. Their transition planning may have been interrupted and will need to be resumed as soon as it is appropriate. The following resource may help to support children with this:

<https://www.annafreud.org/schools-and-colleges/resources/managing-unexpected-endings-and-transitions/>



Relationships

As Bruce Perry notes,

'The more healthy relationships a child has, the more he will be able to recover from trauma and thrive. Relationships are the agents of change and the most powerful therapy is human love'.

For CiC, relationships can be associated with a lack of trust, reliability and emotional warmth. They will have missed key adults who have strong supportive relationships with them and may have difficulty re-establishing these. To enhance security for our children, it will be important to find ways to reconnect with familiar adults, key adults and peers. This will need to be balanced with social distancing rules, social 'bubbles' and other changes. Using a '**relational**' rather than a '**behavioural**' approach (Emotion Coaching UK) where adults promote connection and respect will enable CiC to feel that they are heard, valued and held in mind. Acts of kindness between peers and school adults may provide opportunities for reconnection and school belonging. On a daily basis staff should think about:

- Meeting and greeting children at the start of the day
- How they can show an interest in children
- Saying goodbye at the end of the day

Many CiC have **key adults** who are emotionally available for them during the school day. This can take many forms (e.g. regular check in opportunities, 1-1 support during school time). If you are thinking about providing a key adult for a child in care at this time, then useful information about the role of a key adult can be found in *Inside I'm Hurting: Practical Strategies for Supporting Children with Attachment Difficulties in School* by Louise Bomber (2007). Many of our schools have this resource.

In terms of key adults, the **PACE approach** (Hughes and Baylin 2012) is a nurturing approach which strengthens relationships between adults and children. P stands for Playfulness which is calmly engaging with children in a fun way. A represents acceptance of a child's wishes and feelings as they experience them. C is for curiosity which means adopting a non-judgemental attitude, looking beneath a child's behaviour and understanding what is going on for them. E stands for empathy which is a compassionate approach to their experience. Following these four aspects of the approach can ensure that adults are attuned and responsive to children. Further information about PACE can be found via the following weblink: <https://ddpnetwork.org/about-ddp/meant-pace/>.

Relationships (continued)

Special Time (Cockerill 2010) is another approach which can strengthen relationships between adults and children. This takes the form of a formal session which is structured around play, based on the child's interests. **Play** can release anti-anxiety chemicals (BPS 2020, see Appendix 1 for video). Special Time is child led. Adults can use this time to attune to the child, model social skills and strengthen connections. This may be useful in providing a bridge between home and school in the morning and/or at the end of the day. Further information about this approach can be found in Appendix 1.

Some CiC may have difficulty with a concept called **permanency**. This is when you internalise that people still exist when not in front of you. Children usually learn this within the context of a secure relationship by the age of 7 months. It involves understanding that an adult will come back and that the adult will hold you in mind (rather than 'out of sight, out of mind'). Following a break from key adults, children may feel insecure in their relationships and their sense of permanency may have decreased. Strategies such as **emotional refuelling in reverse** (Pearce 2011) where an adult checks in on a child at regular intervals before they need to seek them out, gradually lengthening independence as they become more confident can help. Also, **transitional objects**, **sensory reminders** of people and **reliability** in returning when you say you will can help to develop permanency.

Some children may experience **anxiety in separating** from their carer who has been their main secure base during the pandemic. They may struggle with leaving them and returning to school. In this case, there will need to be an individualised and structured plan around how to move forward. This could include:

- Gradually building up their integration back into school over time
- Separating from their carer in a way which does not distress the child
- Re-establishing trusted relationships with key adult/s
- Balancing activities which make them feel safe with educational priorities
- Collaboration between home, school, other key adults

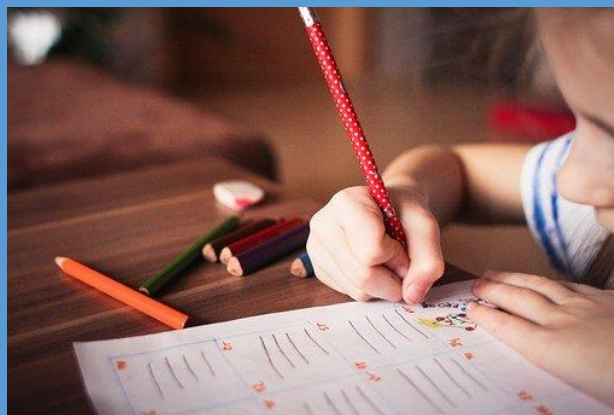


Engagement

Evidence shows that transition periods are associated with decreases in educational attainment (McGee, Ward, Gibbons and Herlow 2003). At this time, there may be pressure to focus on academic skills, however, some children in care may have difficulty focusing on their education or have difficulty coping with a whole school day again after time at home. Think about the nature of the activities you are delivering. **If children are not at their optimum level of arousal, then they may have difficulty accessing their higher brains** (see page 12). They may be in survival mode. Interspersing more **creative, sensory strength-based and enjoyable activities** will help to provide a sense of calm, safety and promote focus (Marron et al 2018).

Some CiC may feel as though they have **lost skills or confidence**. Think about manageable activities in which children can accomplish something quickly and provide positive feedback so that children rebuild their confidence and self-efficacy.

Some CiC experience difficulties with their **memory** which can be due to toxic stress or neurodevelopmental conditions. Toxic stress is when children suffer prolonged periods of high emotional arousal due to adversity. Consider **pre-learning** opportunities to remind them of knowledge and skills which they may have forgotten and **overlearning** activities to consolidate this learning again. This would help with engagement back to academic activities again.



Resilience

'The flexibility that allows certain children and young people who appear to be at risk to bounce back from adversity, to cope with and manage major difficulties and disadvantages in life, and even to thrive in the face of what appear to be overwhelming odds'

(Dent & Cameron, 2003)

The pandemic has affected our lives in multiple ways and many children have had to readjust socially and psychologically to this adverse experience, and now, a new normal. We often associate resilience with CiC and this is also a time which could continue to develop their coping skills. It may be helpful to focus in the here and now on **strengths and interests** that children have gained during the pandemic by recognising, celebrating and applying them at school and in their daily lives (PERMA model, Seligman 2011). This may help them to maintain a positive sense of self during this uncertain time.

Promoting a sense of **optimism and hope** around their future will be helpful to post-adversity growth and their mental health ongoing. CiC could be involved in **planning positive experiences** as the lockdown measures reduce and they are able to re-engage in the things that they enjoy doing again (Seligman 2011). Focusing on their aspirations and hopes for the future as they adapt to school life again could provide a sense of purpose or meaning going forward (Seligman 2011).

For those young people who have had their **exam period disrupted**, problem solving with them about how they move forward in a solution-focused way could support them at this time (e.g. What are your strengths? What are you good at? How can you use these in planning your future?).



Well-being of key adults

As we know, adults need to be mentally well to support CiC in their mental health. In terms of key adults, be mindful of **secondary trauma** or compassion fatigue. This is when someone indirectly experiences trauma and is affected by the trauma of the person they are helping. This can result in difficulty focusing, emotional reactions, numbness or fatigue. It can affect engagement with work. Often staff in schools supporting CiC experience this and this may happen during the recovery period from the COVID-19 pandemic.

We know that social support buffers against adversity and improves well-being. Supporting key adults with **personal well-being plans**, supervision, regular check-in opportunities and 'swaps' in from other adults may be helpful. This is good practice in supporting adults to support CiC and vulnerable children. Further information on supporting key adults can be found in *Inside I'm Hurting: Practical Strategies for Supporting Children with Attachment Difficulties in School* (Louise Bomber, 2007). The following resources from the Anna Freud Centre can also help to support staff well-being:

<https://www.annafreud.org/media/7653/3rdanna-freud-booklet-staff-wellbeing-web-pdf-21-june.pdf>

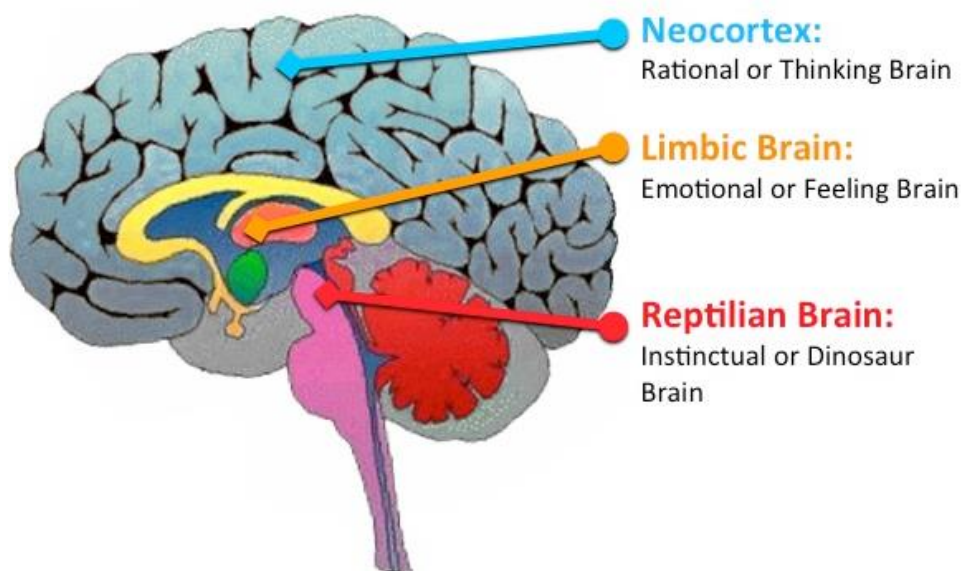
<https://www.annafreud.org/media/11242/looking-after-each-other-ourselves-final.pdf>



Helping Children in Care who are having difficulty adjusting to factors associated with COVID-19

How to identify when a Child in Care is experiencing difficulties at this time

In this situation, stress is a normal response to an abnormal situation and many children will experience this and manage this well. However, it may be that a CiC has difficulty managing their emotions as they missed out on adults co-regulating them and so teaching them how to self-regulate in their early years. Key adults will know a child very well and will notice whether their behaviour or mood has changed. Some children react to stressors by externalising their feelings and this may result in fight or flight behaviour. Other children react by internalising their feelings and this could result in withdrawn presentations or dissociation (e.g. staring ahead and looking like they are not in the here and now). If unsettled, children who have experienced developmental trauma may not be able to use the frontal part of their brain (thinking brain or Neocortex) to function and may revert to using their survival brains (Limbic and Reptilian brains) to cope resulting in fight, flight or freeze behaviours. Children will tend to use the most effective strategies that they have used to cope during previous difficult times. These are not conscious decisions but the brain and nervous system's way of protecting the child. Even though you may have been helping a child in care to develop self-regulatory skills, a stressful event can undermine their progress with this and they can return to previous coping behaviours.



You may notice some of the following signs that a child is unsettled: (there may be other signs)

Increased control and difficulty following adult direction

Hypervigilant, heightened startle response or jumpy

More frequent or prolonged fight or flight behaviours

Dissociation or freezing (e.g. zoning out, staring ahead)

Difficulty separating from you or clingy behaviour

Returning to behaviours from their early years

Using repetitive play

Verbalising worries or fears

Tearfulness

Withdrawing to safe spaces/bedroom

Lack of self-care

Reduced eating

Difficulty sleeping

Non-compliance

Risk taking behaviour or self-medicating in older children (e.g. using alcohol or drugs)

How children in Care may be feeling during COVID-19



Behaviour is a communication. What we may perceive as challenging behaviour, is a reflection of how a child is feeling. We need to look underneath the behaviour and understand how a child is feeling to be able to help them.

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Ways to help a Child in Care when they are having difficulty adjusting at this time

Those who have experienced developmental trauma heal within the contexts of relationships. By providing nurture for a child, you are enhancing their feelings of safety and security and are healing developmental trauma. At this time, you could also consider the following strategies:

1. **Increasing predictability and consistency in routines.** Children feel safer when they know what is happening and when adults have appropriate control.
2. **Talking to a child at their level** about what is happening, how it will affect them and how they feel about this, in a calm and soothing voice, will help them to understand what is happening and reduce anxiety or fear.
3. **Listening to the child and answering their questions** with honesty at their level. Have a non-judgemental approach. You may wish to consider creating a worry jar or journal for a child to communicate any worries.
4. **Provide extra time and attention** for the child. Provide special time (Cockerill 2002, see Relational Support section above) or increase the frequency or duration of this as this provides them with appropriate control and time to reconnect with a key adult.
5. **Frequently remind your child that they are safe.** If you notice that a child appears to zone out of the 'here and now' then remind them where they are and notice things in the immediate environment using their senses to ground them back into the moment. See weblink for grounding technique: <https://copingskillsforkids.com/blog/2016/4/27/coping-skill-spotlight-5-4-3-2-1-grounding-technique>.
6. **Provide enjoyable and relaxing activities** which are based on their strengths and interests. Evidence suggests that creative sensory-based activities calm children and enable them to connect to their higher brain (Marron et al 2018). Regular opportunities to engage in soothing activities throughout the day reduces arousal. You may wish to create a calm box with a child so that you can keep emotional and sensory strategies in one place for when they need them. You could try different things together and work out which ones work best for you both. See weblink for further details: <https://youngminds.org.uk/blog/how-to-make-a-self-soothe-box/>

The following link from Beacon House (2020) provides information on self-regulatory strategies which could go inside the calm box. <https://beaconhouse.org.uk/wpcontent/uploads/2019/09/Brainstem-Calmer-Activities.pdf>

7. **Help the child to identify what emotion they are feeling and what to do if they feel like this.** If the child has difficulty labelling and managing their emotions, then use co-regulation to name them and show them what they can do to make themselves feel better (e.g. I can see that you are feeling sad right now. It is normal to feel sad when..... shall we). This is an Emotion Coaching script (Gottman 1997) and will help to 'tame' their emotions by naming it (Siegel and Payne Bryson 2011). Further details about this approach can be found via this weblink: <https://www.emotioncoachinguk.com/for-professionals>.

Older children may have their own coping strategies but may need prompting to use them if their brain is off-line. A useful resource for explaining what has happened to them (Hand-brain model, Siegel 2012) can be found via this weblink: <https://www.youtube.com/watch?v=gm9CIJ74Oxw>.

8. **Provide the child with a safe space** that they can go to when they are emotionally dysregulated. Using the strategies in point 6 to self-soothe during this time will be helpful. Finding a safe space may be difficult with the COVID-secure changes to the school environment. Having a calm box (point 6) will work as an alternative. Often we can use time out. Children who have developmental trauma often need adults to be keeping them in mind and so consider **'time in'** (in a safe space) whereby an adult stays with the child when they are dysregulated, reducing the amount of talking used (as they cannot process this when they are using their survival brain) and thinking about proximity if there are safety issues. This can often reduce dysregulation and help the child to have an internal model that you can reliably meet their needs.
9. **Give the child responsibilities** and opportunities where they can be helpful to others. Again, acts of kindness are opportunities for children to do something or make something for others. These can improve self-worth and improve connections with others, increasing a sense of security.
10. Again, **don't forget yourself.** It can be exhausting supporting a child with developmental trauma in normal circumstances. Especially now, think about how you can relax, find time for yourself and seek social support as this will enable you to be there for a child when they need you. See weblinks in the Key adult and well-being section above and:

<https://www.mind.org.uk/workplace/mental-health-at-work/taking-care-of-yourself/five-ways-to-wellbeing/>.

If you have any queries about this information or you would like further help to support a child in care during the COVID-19 pandemic, please contact Dr Chloe Marks, Specialist Educational Psychologist, Children in Care, Peterborough Virtual School via email: chloe.marks@peterborough.gov.uk or phone: 07920160396; or contact Dr Hannah Jarrett, Community & Educational Psychologist, Cambridgeshire Virtual School for Care-Experienced Children via email: HannahJarrett@cambridgeshire.gov or phone: 07825 111688.

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Appendix 1

Special Time (Cockerill 2002)

Special time is a non-directive approach to play which can facilitate: security, initiation and communication, development (non-verbal and verbal), learning, relaxation and enjoyment, play skills and a child's self-concept. The priority is to build a positive relationship through giving quality attention to the child through the sharing and encouraging of their interests.

Children need to be able to exercise some degree of control. Play is an area where they can legitimately be given control and it can give the child the message that they are very important. Children respond positively to having some elements of choice.

Special time can help create security for emotional growth. The British Psychological Society (BPS, 2020) highlights that play releases anti-anxiety chemicals. This can be a protective factor for CiC <https://www.bps.org.uk/coronavirus-resources/public/psychology-play>.

Helen Cockerill originally developed special time for children with physical and communication disabilities. The core of special time underpins key developments in initiation, interaction and relationships in typically developing children, and therefore can help to make explicit some of the skills we may wish to develop when there are difficulties in these areas for CiC. As they have often missed out on key developmental milestones, Special Time can be a great way to plug gaps in their skills.

Play is focused on the child's interests and the child leads the play. The adult provides the structure of the session (e.g. length of session based on attention span), boundaries and a commentary on play and communication. For older children, play may take the form of activities they are interested in which could occur outside of a school environment.

Source - adapted from ELSA training, Hampshire Services, 2017

