

# Supporting Children in Care.

**As always** it is important to remember that we are all unique and will all respond differently to the challenges that we are currently facing. This is no different for our children who are currently in care, or are care experienced. Many of our children and young people may have additional needs, either as a result of the traumatic experiences that led to them being in care, their experiences of navigating the care system or due to other medical/educational needs. These needs may be further compounded by the current lockdown restrictions, and therefore lead to our children and young people becoming quickly dysregulated and potentially demonstrating behaviours which suggest they are operating within survival modes. These behaviours in turn can present further challenges for our carers. Carers may also be struggling to regulate their own emotions during this time and therefore struggle in continuing to provide an environment in which children and young people are safe and secure and feel they can trust their carer. During this guide we will consider the potential impact of COVID-19 and ways in which we as educators can support children, young people and their families.

**Considering the potential impact for children and young people:** Many of us may be experiencing a heightened sense of anxiety, caused by the feeling of the 'unknown' of the current situation. In turn this can lead to us feeling a sense of insecurity. If we refer back to Dr Dan Siegel's Window of Tolerance model (document 1.a), the sense of insecurity can cause a natural protective response in our brains which sees us move out of the zone of optimal arousal and begin to demonstrate behaviours that suggest we are in fight, flight or freeze survival mode. For our children and young people that have had previous traumatic experiences, this natural response is likely to be triggered much quicker than those who have not had previous trauma. For evolutionary reasons our brain is wired to remember these previous experiences, and the response it made that was 'successful' in keeping us safe and alive. As a result our brains are more likely to quickly trigger this response again as a strategy to keep us safe. In every day life this will result in us seeing what some may consider as irrational and unreasonable behaviours. It is therefore understandable that the natural sense of insecurity created by the current pandemic is leading to some of our children and young people demonstrating what others may consider as challenging behaviours. We can all relate to the feeling of instability created by the current situation and we will all have our own personal factors which can further compound this feeling. When considering some of the personal factors for our children and young people in care, or for those who are care experienced, some may experience the following:

- **Loss and Grief** - Our children and young people in care will have already experienced a huge sense of loss and grief within the process of moving from their family home and potentially numerous moves from foster families and care homes. Continual changes to social workers that some children and young people experience can further add to this feeling of loss. With the current lockdown restrictions, this sense of loss and grief can be further added to by a lack of contact with their birth families, trusted adults and indeed their friends. For our care experienced young people who have recently moved into independent accommodation, the isolation created by the lockdown can be further adding to their feelings of loss of support from professionals and in some cases their foster families. It is also important to consider that for some they may lose family members to COVID-19 and be required to move into care during the lockdown. Others may lose family members they may not have had contact with for long periods of time. This in turn can lead to a complicated grieving process.
- **Anxiety** - Children and young people may experience anxiety if they have their contact with their birth families and friends reduced or in some cases cancelled. For example, where this contact is to be supervised and professionals are unable to do so within the current situation. They may also worry about the welfare of their families of origin. They may have had court hearings scheduled which have needed to be postponed, creating a further sense of instability and a lack of security. This, as we know, can lead to children and young people entering the zones of hyper or hypo arousal.

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## Considering the potential impact for children and young people continued:

- The behaviours demonstrated as a result of entering these zones, can in turn lead to added pressure on the placement. In some scenarios carers may consider if the arrangement is right for the child, young person, themselves, and other children within the home. Potentially this could see the placement break down and a further move to another home taking place, adding to the child or young person's experience of trauma and negative core beliefs about themselves. For some, the closure of educational settings has created further anxiety due to the lack of a familiar routine. Others are flourishing in not having to attend their educational setting which may have been a source of regular anxiety for them. The challenge will therefore come when lockdown is over and we have to consider how we effectively and safely re-engage children and young people in education.
- Compounded trauma - For some of our children and young people the stillness and quietness of lockdown can feel uneasy, triggering memories of their individual traumas. For example, the child who witnessed domestic abuse and came to know the period of quietness as an indicator that something was about to happen, or indeed the still period after a horrific incident. Whilst considering that mindfulness practice may not always be suitable for trauma survivors, given that when asked to focus on and give sustained attention to their internal experiences they can potentially become overwhelmed with flashbacks and heightened emotional arousal<sup>1</sup>, the time and space created by lockdown could potentially have similar effects. Our support workers inform us that many of the children they are working with have found this to be true, in some cases children have been further reflecting on their experiences and have struggled to regulate their emotions, whilst others have taken the opportunity to further reflect upon these experiences with professional support.

Dr Dan Hughes<sup>2</sup> provides us with a useful reminder that for children in care, and indeed for those who are care experienced, they naturally find it difficult to trust and regulate their emotions which can lead to them appearing to be more reactive. These feelings come out of a sense of fear, sadness and confusion which as we have begun to empathise with may be further compounded by the above circumstances.

**Holding carers in mind:** As professionals looking to support children and young people in care, it is crucial that we don't forget the key role our carers play and consider how we may be able to best support them. In ordinary circumstances meeting the care needs of the children and young people in care can be challenging. The current COVID-19 situation has added yet further challenges. Carers are likely to be anxious themselves and finding sufficient time to provide themselves with effective self care in the current circumstances can be difficult. It can thus lead to further challenges in regulating their own emotions and preventing these from becoming contagious<sup>3</sup>. As part of their assessment, carers are often asked to identify a support network, not only for the children but also for themselves. Often these networks are made up of organisations, family and friends, some of which are able to provide not only emotional support but also respite care. Many of these organisations, and indeed family and friends, won't be accessible due to the lockdown restrictions. Carers may also feel as though they can't pick up the phone to family or friends, through the worry of becoming a burden. This can lead to further isolation of our carers, removing the much needed emotional support and time to rest and recoup. Furthermore, for some caring for the children and young people placed in their care is a small part of their income. Many carers will have their own careers, some of which may be classed as key work and could therefore add to their anxieties around bringing the virus home. Others may have been furloughed which has led to them becoming overwhelmed with financial concerns on how they are going to provide for their families. Added to this may be the further complication some families face around community prejudice. Without a knowledge of the child or young person's backgrounds, communities can label children and make assumptions about their behaviours. For families caring for minority ethnic groups, the stigmatisation can be greater, especially when considering some may be concerned about the origin of the virus, which in turn leads to further isolation of the families.

## How can we help?

- **Self Reflection** - When we are able to reflect on our own thoughts and feelings in the moment, this can help us to self regulate and prevent us unintentionally passing on any of our own anxieties. Being able to regulate our own emotions will also improve our capacity to help absorb and react appropriately to the child or young person. Being able to respond this way will also provide some support to the carer in helping to regulate the child or young person's emotions. Whilst ideal for us to be able to do this consistently to help promote the sense of safety and trust, it is also important for us not to place pressure upon ourselves to give perfect responses. We are human after all and occasionally our brains will also slip into fight, flight or freeze responses. What is important here is our response to the child or young person after we have become dysregulated. Dr Dan Siegel<sup>3</sup> explains this as the rupture and repair process, which inevitably occurs in our relationships with children but is also important for the formation of healthy attachments. Not only is this useful for our own relationships with the children, but it may also be a useful reminder to give our carers, who in their own distress may have forgotten this important message.
- **Reaching Out** - Reminding ourselves of one of Dr Karen Triesman's<sup>4</sup> key messages, every interaction can be an intervention. Whilst social distancing and lockdown restrictions can make communicating difficult there are many ways in which we can still show our children and young people that we care. In some scenarios it may require a little creative thinking, however showing that we are holding the child or young person in mind can help continue to build a sense of trust. This sense of trust will support the continuous building of our relationships which may help in re-engaging the child or young person in education. Furthermore, showing we care can provide a much needed sense of comfort for the child or young person and thus help to regulate their emotions, reducing the risk of them entering into survival modes. We can signpost to participation opportunities specifically for children in care, or other support services. We can offer opportunities to talk through their feelings and anxieties.
- **Behaviour as communication** - Holding in mind that each behaviour demonstrated by an individual is effectively a communication can help us change the way in which we view the individual, keep us curious, and therefore influence the support we provide. Stress levels can increase when we feel trapped, powerless, unsafe or lacking in connection to others. These are all common emotions that will be experienced during a lockdown. The rise in these stress levels can lead to us becoming dysregulated and operating within survival modes and demonstrating what some may consider as unwanted behaviours. However if we view these behaviours as communicating that the individual has an unmet need, we can adapt our response to help support them and go some way to meeting the unmet need. Dr Karen Treisman<sup>5</sup> argues for the need for us to change not only the way in which we view behaviours but also how we label them. Changing our terminology from "attention seeking" to "attention needing" is a prime example of this. When considering how we should respond, we need to ensure that we have worked collaboratively in not only identifying the need but also how this might be met. This approach ensures that any signposting that takes place is wanted by the individual and that informed consent has been gained.
- **Regulate, Relate & Reason** - Holding in mind that connection before correction is vital in how we support and gain the trust of some of our most vulnerable children and young people, it is important that we seek to follow the process suggested by Bruce Perry<sup>6</sup>. The regulation of the child or young person's emotion must come first (whilst holding in mind that they may not have had prior experience of a trusted adult supporting them with this and therefore may not be able to regulate their emotions). Second, we should aim to relate to them demonstrating a greater sense of empathy and attuning our sensitive relationship. Once regulated, reasoning with them can then take place to support them in reflecting upon their emotions and how they can effectively express these.
- **Consistency** - Whichever approach we may choose to take with our children and young people it is crucial that we are consistent, that we do what we say we are going to do, when we said we would do it. Working in this way helps us to meet the key principles of trauma informed practice, in which we should constantly be looking to build a sense of safety and a relationship based upon trust and collaboration. This is crucial if we are to avoid the risk of perpetuating and compounding children's negative feelings about their self-worth.

## References:

1. Treleaven, D. (2018). *Trauma-Sensitive Mindfulness: Practices for Safe and Transformative Healing*. New York: W.W Norton & Company.
2. Dr Dan Hughes. (2020). *Parenting a Traumatised Child While Living through COVID 19*. Available at: <https://www.youtube.com/watch?feature=youtu.be&v=2nLF0wdoSJO&app=desktop>. (Accessed May 2020)
3. Dr Dan Siegel. (2011). *On Optimal Attachment*. Available at: <https://www.youtube.com/watch?v=XjXv6zseAQ>. (Accessed May 2020).
4. Dr Karen Treisman. (2020). *Every interaction can be an intervention*. Available at: <https://www.youtube.com/watch?v=8pBkXbCP3Q4&feature=youtu.be>. (Accessed May 2020)
5. Treisman, K., (2018), 'Becoming a more culturally, adversity, and trauma-informed infused, and responsive organisation', Moving Towards Being and Sustaining a Trauma-Responsive Barnardo's, presented at the NEC, Birmingham: 1st-3rd May 2019, London: Winston Churchill Memorial Trust
6. Dr Bruce Perry, through Beacon House. The Three R's: Reaching The Learning Brain. Available at: <https://beaconhouse.org.uk/wp-content/uploads/2019/09/The-Three-Rs.pdf>. (Accessed May 2020)

## Resources:

- Dr Karen Treisman. Covid - survival modes & resurfacing past traumas - falling down a memory timehole. <https://www.youtube.com/watch?v=msNO7ZmLXns>