

Responding to Critical Incidents Protocol

For Schools and Educational Settings

Meeting the emotional needs following
a sad or traumatic event

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Executive Summary

This guidance aims to support schools and other educational settings in the event of a traumatic, tragic, or critical incident.

Key points

Traumatic events may occur at any time, and often cannot be predicted. Schools and settings should be prepared with (1) identified key personnel and (2) a contingency plan.

Reactions to a critical incident may manifest in different ways depending on the age and experiences of children and young people (CYP) and adults. Staff should be aware of the different ways CYP might respond.

Always keep to the facts, acknowledge uncertainty and do not speculate or make promises when informing CYP about an incident. Use language appropriate to the age and experience of the CYP.

Rules and boundaries are essential for providing emotional containment. Maintain familiar routines and boundaries whilst allowing children and young people to talk about their feelings.

Schools and settings can use the prompt sheet in this guidance to help establish the facts, enable appropriate communication and consider what support might be helpful in the event of a traumatic event.

Schools and settings can use the template letter for parents and information for parents contained in this guidance.

An early and well-managed response can prevent or reduce longer-term difficulties in the school or educational setting.

Schools and settings can contact the Enfield Educational Psychology and Schools Emotional Well-being Service (EPS & SEWS) for advice and support. This is provided for all early years, schools and colleges and is funded by the London Borough of Enfield at no cost to schools.

EPS & SEWS can be contacted on 020 8379 2000 or

EPS-SEWS@enfield.gov.uk

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Enfield Safeguarding Children Board

Responding to Critical Incidents Protocol

1. Protocol Scope and Aims

This protocol is designed for Enfield schools and other educational settings (such as pre-schools, alternative provisions or colleges) who work with CYP to support them in the event of a traumatic or critical incident.

2. Background

Due to their serious and often unpredictable nature, critical incidents can have a shattering effect on a school, educational setting or local community. This protocol aims to provide guidance to Head Teachers, senior leaders and managers to support CYP, their families and the staff who work in these settings.

3. Definition

The definition of what constitutes a tragic event or trauma depends on the particular needs, experiences and perceptions of staff, pupils and parents at the time. This may include such events as the sudden death of a child or member of staff, a local disaster or a violent crime. It may involve a single event or a series of incidents which¹:

- are sudden and unexpected
- contain real or imagined threats to a person
- overwhelm usual coping mechanisms
- cause severe disruption
- are traumatic to anyone

4. Preparation for a critical incident

Although it is not usually possible to predict when a traumatic event might occur, schools and other educational setting should be prepared to cope with a crisis. Therefore, schools and similar settings should have a Critical Incident Management Team (or identified key personnel) and a contingency plan in place so that staff can act quickly and appropriately following a critical incident. All school staff should be aware of who is in the Critical Incident Management Team, particularly in the event that an incident should take place outside school hours. Clear roles and routines (e.g. a before and after school whole staff briefing) should be established. Standard letters and a clear process to inform parents of a traumatic event should be developed as part of this planning.

Sometimes faith school have their own pastoral support within their community and this network should be considered when establishing a contingency plan.

Schools and educational settings may also wish to consult with external agencies such as the Educational Psychology and Schools Emotional Well-being Service in order to prepare for a critical incident (for contact details see page 2).

¹ *The South Somerset Schools Protocol (2016-2017)*

5. Reactions to a critical incident

In the event of a critical incident, CYP and adults/staff may experience intense feelings of loss, grief and distress. These feelings are normal and can impact on both physical and mental processes. If they continue or become concerning, additional support may be required. The following symptoms may be experienced²:

Physical Processes
Feeling cold 'Wobbly' or trembling Heart pounding/palpitations Throat constriction, dry mouth Feeling sick or being sick Headaches Shallow breathing Needing to go to the toilet

Emotional Processes
Confusion or helplessness Anxiety – feeling on edge and hypervigilant Emotional detachment Sadness Irritability and anger Feeling guilty – 'It was my fault', 'I could have done more', 'Why did I survive?' Worry about 'doing the right thing' Flashbacks and intrusive memories

Mental Processes
Poor concentration Poor memory Difficulty making decisions Sleep disturbance, inability to relax Making 'silly' mistakes Instability Acting out of character Reduced sense of humour

There are various models of the grieving process. Key features may involve shock/denial, anger/guilt/blaming and depression. Children typically go through the same process of grief as adults but they often dip in and out of the process. Therefore, children may hear very bad news but then want to go out to play. The following table shows how children's responses to bereavement may vary depending on their chronological (or developmental) age³:

² *The West Lothian Critical Incident Framework for Schools (2014) and Hertfordshire Coping with Crisis guidance (2011)*

³ *Taken from The West Lothian Critical Incident Framework for Schools (2014)*

Age	Thoughts	Feelings	Behaviour
Pre-school (up to 5 years)	Thought processes are at a concrete and egocentric (focused on self) level. Children at this stage do not recognise death as a state of permanence. However carefully prepared, they may still ask 'are we going to Granny's for tea?'	Incomprehension Fear Bewilderment Frustration Worry	Regression to earlier behaviour Possible loss of learnt skills Separation anxiety Sleep disturbances Loss of enjoyment of play activities Aggressive play Possible slow start at school
5-8 years	Still egocentric but more aware that death is irreversible whilst lacking experience and knowledge. They will be beginning to explore the concept of death as universal and inevitable.	Fear Disorganisation Grieving Loyalty conflicts (e.g. following divorce) Worrying about the people left behind ('When are you going to die?' and 'Who will take care of me when my parents die?')	Children go through the same grief process as adults but dip in and out of it Lack of concentration Some reactions out of character Underachievement
9-12 years	Beginning to develop a better understanding of the concept of death. May also feel more responsible about what has happened, linked to a fantasy of being omnipotent.	Identity problems Anger Worthlessness Embarrassment and shame Fear of being different May feel responsible for welfare of a sibling and people left behind.	Reduced attention to school work Psychosomatic illnesses Anti-social behaviour Depression
Adolescents	Concern and uncertainty about the purpose and value of life ('what is it for?'). Concerns about the unfairness or tragedy of victims. The type of death has an important impact on how well death is resolved. Deaths which involve human intention (e.g. murder, suicide or terrorism) are less easily resolved than those as a result of natural causes (e.g. accident, illness or old age).	Depression Anger Resentment Embarrassment May feel responsible for well-being of siblings or resentment at having to take on more responsibility. Troubling memories	Regressed maturity Angry outbursts Withdrawal More likely than younger children to show feelings of hostility and resentment. Movement towards independence may be accelerated or stopped. Depressive symptoms such as sleep disturbance and suicidal thoughts.

6. Responding to a critical incident and support available

Research suggests that an early and well-managed response can reduce or even prevent longer term difficulties.

In the event of a major incident or disaster, the emergency services (e.g. police, fire, ambulance) may take the lead role.

The school or educational setting may wish to contact the Educational Psychology and Schools Emotional Well-being Services (EPS & SEWS) for advice and support.

- The Service will respond as soon as possible and usually within one day.
- The Service provides a graduated response to critical incidents. The level of involvement from the service will vary depending on the severity of the incident and the needs of the school or educational setting.
- Support from the EPS & SEWS may be in form of advice, information, resources, an immediate visit to the setting or a later visit.
- If a visit to the school or educational setting is required, it will be usual that two members from the Service will attend. Typically, one of these will be the setting's link Educational Psychologist.
- If any direct work with CYP is to be undertaken by the Service, this will be alongside a member of school staff.
- The setting may request follow-up support at a later date from the Service in the form of a phone conversation or visit.

External consultation can help you to consider:

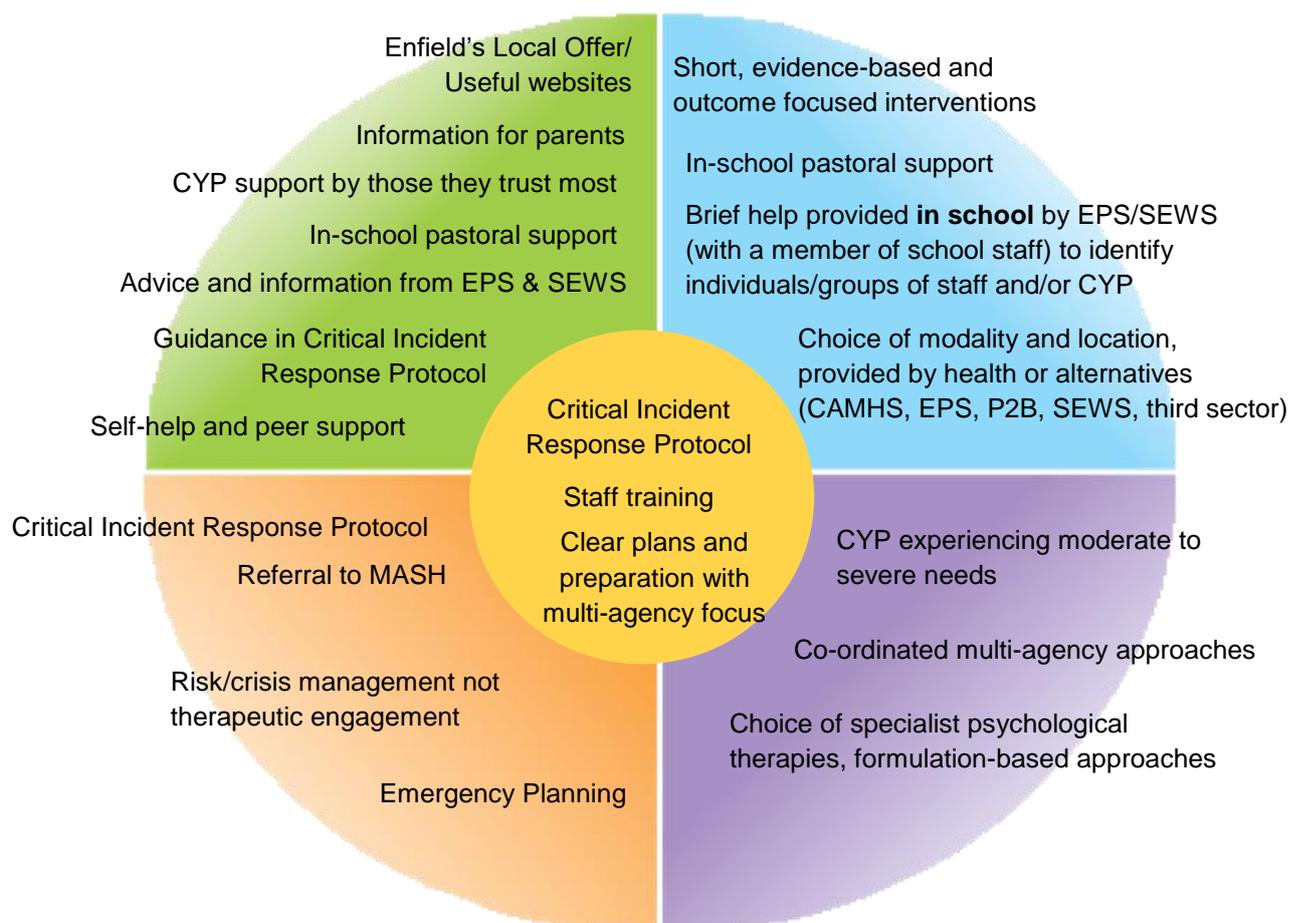
- How and when to share initial information with staff, pupils and parents.
- Maintaining the school routine as much as possible.
- Planning a whole-school response, such as an assembly.
- Responding to a bereaved family, including attendance at funerals.
- Clarifying who is most affected by the incident amongst staff, pupils, parents.
- How external agencies might offer support to staff and to pupils alongside school staff, as appropriate.
- How to offer choices to CYP and adults as to talking about the incident (i.e. with whom, when, where and how much). This is particularly important as there is evidence from the British Psychological Association and National Institute for Health and Care Excellence guidance that highlights the potential harmful effects of systematic incident debriefing.
- At a later date, clarifying which CYP may be helped by individual or group work or by referral to CAMHS or another agency.
- Longer term needs, for example addressing memorials, anniversaries.
- Reflecting on and learning from the experience.

The THRIVE Framework <http://implementingthrive.org/about-us/the-thrive-framework>

The THRIVE Framework was developed by a collaboration of authors from the Anna Freud National Centre for Children and Families and the Tavistock and Portman NHS Foundation Trust. The THRIVE Framework is an integrated, person-centred and needs-led approach to delivering mental health services for children, young people and families. Need is conceptualised in five categories: Thriving, Getting Advice, Getting Help, Getting More Help and Getting Risk Support. There is an emphasis on prevention and the promotion of mental health and wellbeing. Clients are empowered to be actively involved in decisions about their care through shared decision making. This framework has been applied to identify the needs of settings, staff, CYP and their families in the event of a critical incident. See below:



Responding to CYP mental health following a critical incident:



Critical Incidents Prompt Sheet⁴.

(This is not a checklist but can be used as a prompt when gathering information)

1. Establish the Facts:

<p>Circumstances:</p> <p>What happened?</p> <p>Who is involved?</p> <p>Who was present?</p> <p>When did it happen?</p> <p>Who else knows about it or is involved (e.g. the media or other services)?</p> <p>Is the situation still confidential (usually when police are still investigating or if there are safeguarding concerns)?</p> <p>Identify a single point of contact</p> <p>Ensure Designated Teacher is briefed</p> <p>Consider Governor involvement</p>	
<p>Relationship:</p> <p>Who will be most affected (how do you know who is most affected)?</p> <p>How does information need to be shared?</p> <p>Who should share information?</p> <p>Are any siblings in need of support?</p>	
<p>Individual children:</p> <p>Chronological/developmental age?</p> <p>Understanding of death, special needs?</p> <p>Personal experience of loss and death?</p> <p>Cultural or faith considerations?</p>	

⁴ Adapted from Dr Ann Rowland, Director of Bereavement Support and Education, Child Bereavement UK (2016)

2. Communication:

<p>Sharing the news:</p> <p>Communicating with the family.</p> <p>Communicating with ALL staff.</p> <p>Communicating with pupils.</p> <p>Communicating with the parents/carers of pupils.</p>	
<p>Communicating with pupils:</p> <p>What?</p> <p><i>Share what the family want shared.</i></p> <p>Who?</p> <p><i>Share by someone known to pupils.</i></p> <p>Where?</p> <p><i>Consider the benefits and challenges of peers, class or whole year / school groups.</i></p> <p>How?</p> <p><i>Plan and rehearse what you are going to say.</i></p>	
<p>How to communicate with children and/or young people (CYP):</p> <p>Give CYP some warning.</p> <p>Use age appropriate language.</p> <p>Use simple, honest, and truthful language.</p> <p>Explain what is known and not known – dispel myths.</p> <p>Give simple information on how they might feel and react.</p> <p>Outline what will happen now.</p> <p>Outline the support available and where it will be available.</p> <p>Allow questions. You do not have to have all the answers.</p>	

3. Further Actions and Support

<p>Immediate support:</p> <p>Flexible normality – maintain timetable but allow space.</p> <p>Safe and confidential space for support.</p> <p>Safe space and appropriate activities.</p> <p>Staff who are available to support pupils.</p> <p>Special assembly or collective gathering (in the event of a death).</p> <p>Support for school staff.</p> <p>Develop information to be given to parents/carers.</p> <p>Consider responses to media and responsible information sharing on social media.</p>	
<p>Short-term support:</p> <p>Continue to give updates on what's known.</p> <p>Consideration of who will attend the funeral or collective event.</p> <p>Consideration of belonging.</p> <p>Observation of pupils who might be more vulnerable, or were present.</p> <p>General monitoring of children and their behaviour (children may be affected unexpectedly or display different ways of coping).</p> <p>Signposting to other services if required.</p> <p>Support of other services if required.</p> <p>Support for school staff.</p>	
<p>Longer-term support:</p> <p>Consideration of what might do 'in memory' (dependent upon the event).</p>	

<p>Observation of pupils who might be more vulnerable, or were present.</p> <p>General monitoring of children and their behaviour (children may be affected unexpectedly or display different ways of coping).</p> <p>Consideration of important dates and events.</p> <p>Support to school staff.</p>	
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7. Telling children the ‘bad news’

Schools and educational settings will need to plan how to do this. Teachers and support staff will need to feel confident that they are telling the children the right (factual) information in the most appropriate manner. The following guidance may be helpful⁵:

- Explain that you have some very bad/difficult news to tell the class.
- Highlight that people react differently in these circumstances because everyone is an individual. Some people might be very upset and some people will feel less upset; and there is not ‘right’ or ‘wrong’ way to be.
- Explain that you will tell the CYP the facts as you understand them but that your understanding might change as new information becomes available.
- Stick to the facts, acknowledge uncertainty and do not speculate or make promises (e.g. ‘this won’t happen to you’ or ‘this will never happen again’).
- As appropriate, distinguish and emphasise the difference between accidents (no one to blame), illness/suicide (the uniqueness of a person’s situation) and murder (the rarity of the event).
- Be aware of the implications of language used. Saying someone ‘fell asleep’, ‘was lost’ or ‘went to heaven’ is likely to raise further questions (e.g. ‘where in heaven?’ and ‘will they come back?’) or anxieties about going to sleep or getting ‘lost’.
- The word ‘died’ is perfectly acceptable. For many children their understanding of death is worth exploring (e.g. what their previous experience has been, particularly what happened after the person died). Very young children do not understand the abstract concept of death as a permanent state. Despite careful explanation they may still ask if the person will come back.
- In a class discussion, invite children to express their thoughts, to comment, ask questions and raise concerns. Validate these as appropriate but do not try to answer them all. Write down questions so they do not get lost and can be referred back to. Be aware of different cultural, social and religious beliefs (e.g. ‘some people think...but others believe...’).

⁵ *The West Lothian Critical Incidents Framework (2014)*

- Do not be afraid of saying 'I do not know' as this is honest and open. Do not be pressured into making decisions regarding belongings, seating arrangements, memorials or tributes. Allow yourself thinking space to consider CYP's suggestions or ideas ('that is something we will need to think about in the next few days/weeks'). They will need to be discussed with other people (school and/or family) and can be revisited later.
- End the session by saying how pleased/proud you are of how the children have responded. Explain that you all have a lot to think and talk about over the next little while. Outline the plan for the rest of the day as you understand it. Highlight any changes but keep the routine as normal as possible.

8. Ways for adults to cope with their emotions

Although everyone involved in a critical incident will be affected, each person's experiences will be unique and personal. For some staff (and CYP) a critical incident may bring back memories of previous losses or traumatic experiences; and make people even more vulnerable or less resilient during a tragic event. It is important for the adults to consider the following⁶:

- Make sure you are with people. Set up a support system with your peers..
- Do not try to do everything yourself – delegate where appropriate.
- Talk about the incident with others but recognise that you may want to be on your own.
- Try to eat something regularly even if you do not feel like it.
- Talk to your family, friends and colleagues about the trauma.
- If there is confidential information which you cannot share with family, friends or colleagues, consider contacting the EPS & SEWS so that you are free to speak about the incident or discuss with the Designated Safeguarding Lead.
- Remind yourself that your reactions are a normal result of experiencing traumatic events and will pass in time.
- Try to re-establish your normal routine as soon as possible, but do not demand too much of yourself.
- Give yourself permission to relax and enjoy yourself; and do not work yourself into the ground.
- Allow yourself a relaxing activity/exercise. Use relaxation/deep breathing techniques, if they help.
- Do some physical exercise to help 'burn off' the tension and anxiety.
- Work on your general stress levels by making sure that you have enough sleep, a good diet and regular exercise.
- Visit your GP for advice, if needed.
- Recognise that fatigue may set in when the adrenaline drops. Do not try to fight it – take a break.
- Be aware of the impact on your family and friends.

The EPS & SEWS can provide further advice, input and signposting if required.

⁶ *The Hertfordshire Coping with Crisis Guidance*

9. Ways for adults to support CYP

Familiar and trusted adults who are in daily contact with CYP can have a significant positive impact following a critical incident. They can provide opportunities for CYP to work through their feelings and reactions through the existing curriculum. It is important for adults to provide reassurance, maintain routines, keep boundaries in place, allow opportunities for CYP to talk and answer questions honestly. They can support younger children through activities, such as play, music, stories, art, memory-boxes and circle-time. For older children, activities such as group discussions and story writing may be beneficial. Some suggestions are summarised below⁷:

- Allowing CYP to express grief will shorten the grieving period.
- Provide a quiet place which the child can come to when they want to be alone (to cry, be angry, calm down).
- Do not be too quick to reassure – listen and allow the expression of grief.
- Be aware of cultural differences and different belief systems.
- Acknowledge feelings – being angry can be an important phase in grief.
- Let the child know you are aware of what has happened.
- Offer to talk to others (e.g. friends and classmates) to guide them about what to say/not to say.
- Arrange for CYP to talk to others who have had similar experiences if they wish.
- Provide opportunities for the CYP to tell you their story, reviewing life experiences, happy and difficult times.
- Provide support to address experiences arising after the loss (e.g. anniversaries and birthdays).
- Acknowledge loyalty conflicts, like in situations of divorce.
- Reassure the CYP that their feelings are normal and understandable.
- Make allowance for good/bad days as progression through the grieving process is not smooth.
- Be aware of questions framed as statements (e.g. 'You don't love me' = 'Do you love me?').
- Help CYP to express negative feelings in a way which does not hurt people.
- Try to avoid being drawn into a negative cycle of interaction with the CYP. When CYP feel hurt they may convey this by causing others to feel hurt too.
- It is important that rules and boundaries are maintained and desirable behaviour is recognised. Undesirable behaviour should be understood but not made acceptable. Rules and boundaries are essential for providing emotional containment.
- CYP may ask apparently trivial questions and/or repeatedly ask the same questions. This can be understood as a symptom of stress or a need to feel connected to a trusted adult.

⁷ *The West Lothian Critical Incidents Framework (2014)*

10. Useful websites and

www.childbereavement.org.uk

www.winstonswish.org.uk

www.winstonswish.org.uk/wp-content/uploads/2016/01/Schools_Information_Pack_2012.pdf

[www.goodlifedeathgrief.org.uk/content/resources/Whole_School_Approach_to_LossAndBereavement\).pdf](http://www.goodlifedeathgrief.org.uk/content/resources/Whole_School_Approach_to_LossAndBereavement).pdf)

www.samaritans.org.uk

<https://www.samaritans.org/your-community/samaritans-education/step-step> (The Step by Step service is specifically aimed at supporting schools in the aftermath of a suicide)

http://www.huffingtonpost.co.uk/david-trickey/traumatic-events-how-child_b_14330466.html

<https://www.pshe-association.org.uk/curriculum-and-resources/resources/generic-framework-discussing-terrorist-attack> (suitable for secondary schools)

<https://www.pshe-association.org.uk/curriculum-and-resources/resources/discussing-terrorist-attack-children-primary> (suitable for primary schools)

<https://www.myhealth.london.nhs.uk/sites/default/files/Pathway-for-bereaved-children-and-young-people.pdf>

<https://papyrus-uk.org/>

Additional Guidance from the British Psychological Society

[BPS advice and guidance for parents, caregivers and teachers](#)

[BPS Guidance on Supporting adults affected by trauma](#)

[BPS Guidance on Early Intervention following a disaster](#)

[Early Intervention following a disaster](#)

[BPS Guidance for Counsellors and Therapists](#)

11. Contact details

Educational Psychology and Schools Emotional Well-Being Service: Phone **020 8379 2000**

EPS-SEWS@enfield.gov.uk

Appendices

A. Sample letter to parents⁸

Dear Parent/Carer

It is with great sadness that I have to inform you about the (sad/sudden/unexpected) death of Xxx, one of our pupils/teachers in Primary/Secondary X. The children/young people were told this morning by their class teacher/in assembly.

Xxx's family have given us permission to say that they died as a result of (an accident/illness/unexplained event) / the full details are not known at this stage. Your child may or may not want to talk about it, but it is likely that s/he will need your special care, attention and reassurance at this upsetting time.

Our thoughts are with Xxx's family at this difficult time and the whole school community sends them our sympathy and support. We will be considering a memorial in consultation with the relatives in due course but in the meantime, we are trying to keep school routines as normal as possible over the coming days, whilst allowing the children/young people opportunities to talk about Xxx if they want.

If you have any questions or comments, please do not hesitate to contact me. If you feel that your child needs extra support, please let us know.

Yours sincerely

Head Teacher

⁸ Taken from the West Lothian Critical Incidents Framework (2014)

B. Information for parents⁹

It is normal for children to deal with bad news in different ways. It is very difficult to predict how any individual child will respond. Some children may be immediately sad or angry while for others, they will have no obvious response until something occurs that makes the loss 'real' or personally meaningful.

When children are stressed or worried, it is normal for them to show some of these signs. They may be:

- More clingy, anxious or emotional
- More difficult to put to bed, have difficulty sleeping or have nightmares
- Needing to go to the toilet more than usual
- Showing loss of recently acquired skills (e.g. wetting the bed, being more accident prone/clumsy or forgetful)
- Finding routine skills more challenging
- Wanting to talk about what happened or not wanting to talk
- Re-enacting a feature of the event through repetitive play or asking the same questions
- More likely to make 'silly' mistakes, have difficulty concentrating or struggle to remember things
- More irritable or short-tempered
- Experiencing physical symptoms (e.g. feeling sick /headaches)
- Showing a reduced sense of humour or being more 'moody' than usual

These are ways in which you can help your child:

- Provide more reassuring physical contact than usual
- Stick to the routines as far as possible
- Be understanding and accept your child's reactions as simply a normal phase
- Be available by providing time and support for your child to acknowledge his/her feelings
- Sensitively maintain the usual boundaries and expectations of behaviour
- Try to be consistent, clear and patient in what you say
- Acknowledge that the event was distressing but balance with reassurance that the world is usually reliable, predictable and dependable
- Make allowances for your child (and yourself)
- Listen to what your child is saying. Do not deny or contradict the child's perceptions but appropriately challenge rumours or speculation.

⁹ *The West Lothian Critical Incidents Framework (2014)*

C. Myths and Facts

“We should protect children from difficult and upsetting information.”

In fact, CYP can be more resilient than we suppose. The key is to provide simple and factually accurate information, being honest about what is known and not known. It is much more problematic to leave CYP to their own imaginations and the speculations of others. Secrets and lies are damaging to relationships and communities.

“Traumatic incidents should be dealt with by specialist mental health professionals.”

School staff who know the children, parents and other staff are usually the best people to give the news and provide support. Familiarity and relationships are key at difficult times. We know this is a big ask of staff, and there are external agencies involved to support staff.

“The sooner we provide specialist counselling, the quicker everyone will recover.”

In fact, research tells us that a graduated response is more effective. It's important not to pathologise or rush the very normal feelings and processes which we experience after traumatic events. Some CYP and adults may need additional support in the medium to long term, but initially, it's most important to provide community, space and normality.

“Young people who talk about wanting to end their lives don't kill themselves.”

We know from research that almost everyone who dies by suicide has given some warning. We must take every mention of suicide seriously.