LORDSWOOD SCHOOL

Trauma Informed Policy

Date: January 2026
Review Due: January 2027

Reviewed Annually

Trauma Informed Policy

This policy is written alongside the school's Safeguarding policy and Relationship policy. The policy is written with a view to ensuring the school takes a trauma informed approach and practice to working with and supporting children, young people and families.

Rationale

At Lordswood School, we take a trauma informed approach because it aligns with our school's vision and values. Children and young people can struggle to thrive and succeed in an educational setting if they have suffered trauma. We are committed to supporting our pupils to share their story and process their trauma in a safe, supportive setting with emotionally regulated adults.

What is a Trauma Informed Approach?

A trauma informed approach is one that supports children, teenagers and families who have suffered trauma. This is based on the growing understanding that an increasing number of young people have experienced trauma within our locality and the wider community.

A trauma informed approach has been described as a method that;
"Realises the widespread impact of trauma and understands potential paths for recovery; recognises the signs and symptoms of trauma in families, staff and others involved with the system; responds by fully integrating knowledge about trauma into policies, procedures and practices; and seeks to actively resist re-traumatisation."
(The American Substance Abuse and Mental Illness Administration, 2017)

Introduction

A high prevalence of Adverse Childhood Experiences (ACEs) can originate from a number of traumatic events such as:

- Fleeing a war-torn country
- Neglect and other forms of abuse
- Bereavement of a close family member
- Having grown up in a household witnessing and/or experiencing domestic abuse
- Having a parent or family member in prison
- Separation or divorce within a family that was particularly traumatic
- A child that has been removed from their family and placed in foster care

We recognise that within the community there are more and more families that have also experienced similar traumatic experiences and others such as: FGM, trafficking, extreme poverty, domestic violence, family members with complex mental health issues and alcohol and drug dependency. Trauma of types such as these act as a barrier to learning, a barrier to building healthy and stable relationships and a barrier to having good mental health and wellbeing. In line with the school's relationship approach, we are actively committed to embracing a kind community and this ethos supports the aims of this policy.

Overall Aims

The policy aims to:

- Create an environment where those who have experienced trauma can feel safe.
- Create an environment where those who have experienced trauma can build relationships.
- Develop staff awareness of trauma and ACEs.
- Develop child awareness, empathy and understanding of those who have experienced trauma and ACEs.
- Create an inclusive curriculum that raises awareness surrounding traumatic events.
- Ensure that families are also supported following trauma.
- Support and encourage resilience and repair.
- Develop emotionally literate staff.

Key Principles

- The safety and wellbeing of children and families always come first.
- Do not ignore any signs that a child may have experienced trauma and this may be impacting them.
- Take a kind, caring and trauma informed approach to all interactions with children.
- Ensure a trauma informed approach when working with the families of children.
- Always report any concerns, however small, in line with the safeguarding policy.
- Ensure that the curriculum and enrichment is trauma informed, supporting wellbeing and raising awareness amongst staff and children.
- Ensure each child feels they have a safe space and a person they can talk to and approach in school.
- Ensure there is a focus on resilience and repair in school.
- A trauma informed approach aims to understand what a child's behaviour is telling us.

Key Processes and Expectations

- All staff will undertake trauma informed training alongside safeguarding training and Part 1 of KSCIE.
- All staff will be familiar with this policy and the related policies.
- The safeguarding and relationship policies will be updated to include this policy.
- All staff will be kept informed (where appropriate with confidentiality measures) of children who have experienced trauma.
- Strategies to support these children will be disseminated to staff by the Pastoral Well-being team, safeguarding team, the SEND team and other key staff. This is evidenced in our pupil profiles, SEN Support Plans and risk assessment procedures.
- Staff will make use of appropriate meetings to ensure children who have experienced trauma receive appropriate intervention to support their need, for example, referral meetings and ELSA interventions.
- Staff will use CPOMs to log and record disclosures of trauma.
- Staff, in particular key well-being staff, will receive training on the effects of trauma on children and young people and the signs. This takes place in the

form of staff CPD sessions, external training and strategic staff briefings.

- Staff will follow a restorative approach as per the redeem and repair conversations.
- Staff will support the de-escalation process.
- Staff ensure that interactions with children are socially engaging and not socially defensive, to decrease likelihood of children relating defensively.
- There will be a whole school commitment to ensure no use of harsh voices, shouting, put downs, criticism and shaming (proven to be damaging psychologically and neurologically).

Key terminology and linked topics

Children may experience trauma (a sudden, unexpected, isolated incident or event), or complex trauma (traumatic events which are repeated). Staff will recognise that there are a wide range of experiences that are traumatic and be open to the fact that children and young people may have experienced trauma. The list below is exemplary of traumatic experiences but not exhaustive:

- FGM
- Trafficking
- Extreme poverty
- Complex mental health issues and alcohol and drug dependency
- Bullying
- Abuse (emotional, sexual, physical, neglect)
- Exposure to war, conflict
- Experience of displacement and immigration/asylum
- Violence (knife crime/physical assault)
- Peer on peer abuse
- County lines involvement
- Gang related violence

Signs may include

- Child loses interest in friends, family, and fun activities
- Child has nightmares or other sleep problems, is tired and lethargic.
- Becomes irritable, disruptive, or angry.
- Struggle with school and homework
- Complaints of physical problems
- Appears unmotivated or disengaged
- Develops unfounded fears, feels depressed, emotionally numb, or guilty over what happened
- Has flashbacks to the event, nightmares, or other sleep problems
- Avoid reminders of the event through substance or alcohol abuse
- Acts in a disruptive, disrespectful, or destructive ways
- Internalising - often presents as depression, anxiety and social withdrawal
- Externalising – often presents as aggression, risky activities, substance misuse, hyper activity

Trigger factors

Staff will be made aware of trigger factors that can set off a flashback of the traumatic event/experience and be considerate of this, attempting to avoid high risk environments. The policy recognises that is it impossible to avoid every trigger due to the vast number and nature of factors, however, staff can be aware and mindful. The list of trigger factors below is exemplary but not exhaustive:

Sight

- Often someone who resembles the abuser or who has similar traits or objects (clothing, hair, colour, distinctive walk or mannerisms).
- Any situation where someone else is being mistreated, peer to peer bullying for example, verbally or non-verbally communicated.
- Specific items of objects, weapons, alcohol, objects used to harm or associated with violence.

Sound

- Anything that sounds like anger, shouting, harsh tone of voice, loud bangs or crashes.
- Anything that sounds like pain, whimpering, crying, whispering, fear.
- Total silence for long periods, allows the person time to think, reflect, remember.
- Words of abuse, labels put downs, criticisms.
- Music associated with the trauma, aggressive music or a song with specific meaning.

Smell

- Certain foods and often alcohol or tobacco
- Smells reminiscent of the place abuse or trauma was experienced, certain plants.

Strategies to support trauma informed children

Often, children and young people who have received regular negative feedback on their behaviour can develop reputations amongst staff and other children/young people. These reputations often relate entirely to their behaviour, staff should work to challenge these narratives by using the strategies listed.

- Using externalising language around behaviour that challenges and separating the child from their behaviour, e.g. 'The expectations are that we..., so we need to...' (rather than saying 'you need to').
- Using internalising language around behaviour that meets school expectations or can be celebrated, and showing warmth towards the child or young person, e.g. 'You were very thoughtful when you... so you did brilliantly at showing me our 'be kind' expectation'.
- Avoiding language that contradicts a trauma informed approach, for example, avoiding language that represents staff control; 'punishment', 'control', 'rule', 'power'.
- Avoid language that makes a negative judgement on young people, 'manipulative', 'aggressive'.
- Avoid language that reinforces stereotypes, 'naughty boy' etc.
- Using restorative conversations to rebuild relationships, in line with the school's relationship approach. Ensure these take place in an appropriate space at a time

when the child is calm, avoid using language that enforces blame, ensure these conversations give children the opportunity to think about what they might do next time.

- Aim to make day to day routines predictable and clear, routine and predictability can make people feel safe.
- Using praise and reward to encourage and celebrate young people.
- Take the time to get to know children and build relationships, show an interest in them, their life and interests. Use humour or personal interest.
- Ensure lessons are high quality and adapted to engage all children.
- Ensure lessons build on success and passes positive feedback to parents or carers.

Responding to disclosures of trauma or signs, the de-escalation process

Staff must recognise that each child and scenario is different and manage signs of trauma in a kind and caring way in keeping with the school relationship policy.

In line with the safeguarding policy, staff must not promise confidentiality, must listen and not ask any leading questions. An internal referral may be made for children who have disclosed they have experienced trauma (Pastoral Support, ELSA).

Appropriate external referrals may also be made for children or families who have disclosed that they have experienced trauma (i.e. Early Help, Childs Vision, Charity outreach).

The Curriculum

The school curriculum will raise awareness, educate staff and children on the above-named issues and other issues that can cause trauma, for example, through the PSHE curriculum and wellbeing programme. The school assembly cycle and curriculum will raise awareness around specific topics and sign post help and support within these.

Parents/Carers and Families

The school recognises that a trauma informed approach includes recognising the impact of trauma on parents, carers and families and will always seek to support the whole family where possible.

Parent/Carers/Family meetings or phone calls will be conducted in a professional and caring manner with the view to offer support.

The school will make external referrals that will also support family members as well as the child, for example, the early help allocation of family support workers. The school will seek to help educate families and carers and provide support, advice and resources relevant to the type of trauma they have experienced.

Related school policies

- Safeguarding Policy
- Relationship Policy
- Mental Health and Wellbeing Policy