

Resource pack for education settings

**Providing emotional health and wellbeing
support to children and young people after the
Manchester Arena attack.**

September 2017

This information has been developed to provide information, advice and resources to schools and other education settings supporting those affected by the terror attack in Manchester. The briefing provides a reminder of best practice and where to seek more professional help should you require it.

Core themes for assisting with recovery after a major incident or event

- **Engagement**

Be visible and accessible. Offer good leadership with defined roles. Reach out to pupils, do not expect them to find you. Make it easy, safe and culturally acceptable for people to be helped.

- **Safety and comfort**

Offer age appropriate information and reassurance. Tell the truth. Repeat information as needed.

- **Stabilisation**

Keep routines the same. Offer consistency and predictability. Consider reflection spaces in schools. Consider temporary memorials and assemblies.

- **Connection with social supports**

Encourage social connections. Facilitate peer support. Encourage communication – though do not press a person to focus on the event itself unless they wish to do so. Allow children to draw or write stories. Listen. Encourage participation.

- **Information on coping**

Offer information and advice on coping with a major incident, as including within this pack. Direct pupils to resources and sources of support.

- **Linking with other services**

Monitor young people for signs that they may need professional help and refer on as needed. Educational psychology and Child and Adolescent Services can be accessed.

Impact of a major incident in children and young people

Children and young people exposed to significant trauma such as that experienced in a terrorist attack may respond with a wide range of difficulties including:

- **Cognitive problems:** confusion, disorientation, worry, intrusive thoughts and images, self-blame, impaired concentration, memory disturbance.
- **Emotional problems:** shock, sorrow, grief, sadness, fear, distress, anger, numbness, aggression, irritability, guilt.
- **Social problems:** withdrawal or avoidance, conflict with others.
- **Physical problems:** Fatigue, headaches, muscle tension, stomach aches, difficulties sleeping and eating.

Terrible events can also lead to positive responses as people use resilience skills such as determination, courage, optimism, connectedness, faith and altruism. Promoting resilience is a key theme in helping children recover and move forward.

When children and young people are bereaved, common responses include:

- Feelings of numbness, disbelief, confusion
- Feeling angry with the person who died or for those considered responsible for the death
- Feeling guilty for being alive
- Fear of dying or losing a parent
- Strong physical reactions and extreme emotional reactions.
Separation anxiety

Supporting young people

Schools can be a primary source of community support as schools are where children spend a majority of their day and where they receive substantial support from teachers and other staff members. Students look to their teachers and for leadership and guidance, while parents expect schools to respond competently and appropriately in such situations.

Trauma-related distress can have a long-term impact if left untreated. Unaddressed mental health needs, including those from exposure to violence and other potentially traumatic events, increase dropout rates, lower academic achievement, disrupt peer relationships, and impact overall well-being.

Brief interventions within school can produce positive results that last. A growing body of research shows that there are brief, effective interventions that have a long-lasting positive influence on students' and staff members' trauma-related distress. The impact on individual schools will vary depending on how many children, parents and staff were directly affected, and to what degree.

Trauma affects children and young people in many profound ways and adults supporting those children can feel overwhelmed and ill equipped to help. However it has been shown that for most people the most effective ways to promote long term recovery is support from friends, family and community. Schools have a vital role in this.

A small number of young people may need support from specialist trauma services. However offering counselling too soon after a major disaster is not effective and may make things worse. Struggling to cope in the aftermath of a terrible event is an entirely natural human response and most people are helped most by entirely natural human responses to distress: care, love, safety, support, engagement and a sense of belonging to a community.

Children with communication difficulties may also need opportunities to explore their feelings and understanding of the issues you can do this through visual aids e.g. pictures/ visuals, comic strip conversations, emotions cards.

Counselling can unintentionally make people feel as though there is 'something wrong' with them, which increases their anxiety. Counselling can also make other adults feel that dealing with the distress is something for mental health services to address, which can act to prevent them offering those helpful responses that build resilience and promote a sense of community. Finally trauma focused counselling can be re-traumatising if offered too soon.

In particular important factors in recovery are:

- Feeling safe, connected to others, calm and hopeful.
- Having access to social and emotional support
- Getting back into normal routines as soon as possible
- Feeling able to help ourselves and our community.

So family, friends and schools are crucial for helping young people cope with trauma and traumatic grief.

It is very important for young people to be able to choose the time, place and people they wish to talk to.

There is no right or wrong way to feel when experiencing a trauma. It is important to:

- Normalise the young person's feelings: Whatever they are feeling is ok.
- To offer reassurance that the young person is safe: these events are very rare.
- To offer age appropriate information and to correct misinformation
- To try and advise on where young people get information from: sites with graphic content are not helpful for people struggling to cope.
- To encourage children and young people to connect and engage with others.

Basic do's and don'ts checklist

DO...

- Ask simple, respectful questions offering help.
- Remain flexible and adjust to people as needed.
- Be prepared for those affected by the event to either avoid you or to seek extensive contact.
- Speak calmly and be patient, responsive and sensitive.
- Listen carefully when students or staff members want to talk, focusing on understanding ("getting") what they want to tell you
- Support and reinforce the person's individual strengths and coping strategies, including the positive things he/she has done to stay safe or help others.
- Give information that is honest and age-appropriate. Repeat as many times as necessary.
- Remember that even very young children need to know what has happened.
- Reassure young children that adults are there to protect them and keep them safe. Remind them that terrible events like this are very rare.
- When communicating through an interpreter, look at the person with whom you are talking, not at the interpreter.

- Remember that your goal is to reduce distress, assist with current needs, and promote resilience, not to elicit details of traumatic experiences and losses.

DO NOT...

- Do not make assumptions about what students and staff have experienced during the incident or are experiencing currently.
- Do not assume that everyone who has been through the emergency will be traumatised.
- Do not pathologise people's responses. Most acute reactions are understandable and normal, given what students and staff have experienced. Do not label reactions as "symptoms" or speak in terms of "diagnoses," "conditions," "pathologies," or "disorders."
- Do not focus on the individual's helplessness, weaknesses, mistakes, or disability. Focus instead on what he/she has done that is effective or has contributed to helping themselves or others, both during the emergency and now.
- Do not assume that all students and staff members want or need to talk to you.
- Do not "debrief" by asking for details of what happened.
- Do not speculate or give information that might be inaccurate. If you cannot answer a question, say so, and do your best to learn the facts.

Students or staff members may be reluctant to seek support for many reasons, including:

- Not knowing what they need (and perhaps feeling that they should know)
- Feeling embarrassed or weak because they need help
- Feeling guilty about receiving help when others are in greater need
- Not knowing where to turn for help
- Not knowing how to ask for help
- Worrying that they will be a burden or depress others
- Thinking that since they've been helped in the past, they shouldn't ask again
- Fearing that they will get so upset that they will lose control
- Doubting that support will be available or helpful
- Thinking, "No one can understand what I'm going through"
- Having tried to get help in the past and finding that help was not there (feeling let down or betrayed)
- Fearing that the people they ask will be angry or make them feel guilty for needing help

When offering help to students and staff:

- Think about the type of support that would be most helpful – offer choice, eg drop in, planned small group sessions, open door policy, planned 1:1 sessions
- Think about whom they might approach for that type of support– offer a range of options/flexibility: school nurse, head of year, pastoral care staff, preferred teacher, sports coach, teaching assistant. Ensure whoever is identified to help is confident and willing to do so.
- Choose the right time and place to approach the person.
- Respect the decision not to accept help but ensure the offer remains active.

- Offer or facilitate social contact: Let people know that, following a stressful, frightening event, some people choose not to talk about their experiences, and that spending time (sitting, walking, hanging out, playing a game) with people can allow one to feel close without talking.
- Facilitate opportunities for people to help – organising or contributing to fundraisers, disseminating donations, setting up peer support networks.
- Show interest, attention, and care.

The following handouts may be useful:

- [http://www.nctsn.org/sites/default/files/pfa/school/9-PFA for Schools connecting-adults.pdf](http://www.nctsn.org/sites/default/files/pfa/school/9-PFA%20for%20Schools%20connecting-adults.pdf)
- [http://www.nctsn.org/sites/default/files/pfa/school/10-PFA for Schools connecting-students.pdf](http://www.nctsn.org/sites/default/files/pfa/school/10-PFA%20for%20Schools%20connecting-students.pdf)
- [http://www.nctsn.org/sites/default/files/pfa/school/14-PFA for Schools relaxation.pdf](http://www.nctsn.org/sites/default/files/pfa/school/14-PFA%20for%20Schools%20relaxation.pdf)

Memorials and reflection spaces

If a pupil or staff member has died, some schools may wish to set up a memorial. If a school wishes to create a permanent memorial, it is recommended that this be rooted in a universal theme (such as peace, kindness, love) not an individual. This is because schools are highly dynamic communities and the emotional significance of a memorial to an individual can be lost over time.

Schools should think carefully before creating living memorials, such as trees or flower gardens, to ensure there is a long term commitment to their maintenance. Many students/staff members will want to honour the life of the person who has died so do not immediately remove pictures of them that are displayed in the classroom or school. Do not immediately place another student in the desk/seat of the person who has died.

Do allow students to talk about their memories of the person who has died. Temporary memorials can be developed in, for example, resource centres, libraries. The school needs to decide in advance how and when these will be removed.

For example schools may have a temporary, in-school memorial site or reflection space where flowers, poems, cards, and photographs can be collected and displayed. However, schools should clearly communicate from the start that such memorials are temporary and will be in place for a limited time, and that after that time the items will be collected and given to the deceased individual's family.

This can help to provide a sense of closure and respect for the student body as a whole. The school should work with the family if online memorials are created in order to monitor these sites for at-risk individuals and to rapidly remove offensive or inappropriate posts.

Running assemblies

Some schools who have been very directly affected may choose to have a special assembly. Assemblies can promote a feeling of community support, cohesion and belonging as well as information sharing. The purpose of the assembly is to provide information about what happened and to describe the resources that are being put in place for pupils, staff and families.

It is advisable not to share information such as the death or injury of a student or staff member in a large assembly until it has already been in smaller groups. Never share any information without permission from the family. Avoid turning the assembly into a memorial.

Running the assembly

If you decided to run an assembly, ensure that there are plenty of adults available around the room, looking out for signs that any pupil appears emotionally overwhelmed and have arrangements that such pupils can be taken to a safe space if needed.

- Do not insist on attendance and make alternative small group arrangements for pupils who do not want to attend.
- Consider allowing parents to attend to support their children.
- Explain that the purpose of the assembly is to provide information about what has happened and to describe the resources that are being put in place for pupils, staff and families.
- Offer factual information only. Address and dispel rumours if they are prevalent in the school.
- Do not discuss the event in any detail
- If you decide to have a minute's silence do this near the beginning, not at the end.
- Highlight the strengths of the school.

Consider playing the following video:

https://www.teammentalhealth.co.uk/manchester_22-05-17

Discuss the resources and support available at the school and in the community. Provide a concrete plan for how students and staff can get ongoing help from the school and the wider community, including referral pathways for specialist support.

Supporting Staff

Staff can be directly affected if they witnessed the events or the aftermath, or if friends or family members were directly involved. Staff can also be indirectly affected by the stories they hear from young people they are supporting. It is important that staff are able to come together and support each other.

Both peer support and support through supervisory structures are important. Staff who are themselves highly distressed should be protected from further distress by not having that staff member identified as someone for young people to talk to.

Staff can also self-refer or be referred by a manager for additional support (see additional leaflet on referral pathways).

Monitoring and referral

While sadness, fear, anger, confusion and physical issues are to be expected, these do normally begin to subside over a few weeks, with a sense of normality gradually returning – even if it is a new kind of ‘normal’.

However some young people and staff may continue to experience distress at intensities seen in the immediate aftermath, or may be deteriorating. These young people may need help outside the family to help them manage these feelings and memories. If young people are continuing to display or describe difficulties three months after the traumatic event they may well benefit from a referral to a specialist mental health intervention.

Further information can be found in the following links:

Post-traumatic stress disorder and trauma: Information for Young People

- http://www.youngminds.org.uk/for_children_young_people/whats_worrying_you/post_traumatic_stress
- <http://www.rcpsych.ac.uk/mentalhealthinfo/problems/ptsd/posttraumaticstressdisorder.aspx>

Post-traumatic stress disorder and trauma: Information for Parents/Carers

- <http://www.rcpsych.ac.uk/healthadvice/parentsandyounginfo/parentscarers/traumaticstressinchildren.aspx>
- <http://www.rcpsych.ac.uk/healthadvice/parentsandyounginfo/parentscarers/traumaticstressinchildren.aspx>
- <http://www.nimh.nih.gov/health/publications/helping-children-and-adolescents-cope-with-violence-and-disasters-parents-trifold/index.shtml>

Vulnerable pupils and staff

Some people are more vulnerable to developing Traumatic Stress reactions or disorders. Factors increasing a person's vulnerability include:

- Direct exposure (e.g., exposed first hand or experienced extreme life threat)
- Personal injury
- Death or injury of a loved one
- Close personal relationship with any victim
- History of depression
- History of self harm or suicidal behaviours.
- History of anxiety, low self esteem, shyness, lack of confidence.
- History of risk-taking behaviour
- Previous experience of traumatic events
- Currently at risk eg exposed to community violence, domestic violence
- History of abuse and/or neglect
- Experience of war
- Refugees or political asylum seekers

- Experience of hate crime or marginalisation in the community
- Members of economically disadvantaged groups
- Medically vulnerable individuals

Manchester Resilience Hub

The Manchester Resilience Hub has been established by the NHS in response to the Manchester Arena Attack. It has been set up to coordinate the care and support for children, young people and adults whose mental health and/or emotional wellbeing has been affected.

The Hub offers phone-based support including information, advice and where appropriate signposting. When people are describing mental health difficulties requiring intervention, the Hub either makes onward referrals to CAMHS or directs over 16 year olds to appropriate Psychological Services. The Hub is already receiving referrals for people who have been identified as presenting with high levels of unmet need.

The screening process started in September and ticketholders will be contacted over the coming weeks by email. The screening process is accessed via an online portal. Firstly a limited amount of personal information and some basic questions about their involvement in the incident will be completed before questions about trauma symptoms and mood/anxiety are answered. The questionnaires take about 10 minutes for over 16 year olds and about 20 minutes for children as we also want to hear from their parents/carers.

The responses provided will be reviewed to assess the impact the incident has had. All under 16 year olds will receive an email with information and a phone call from the Hub. Over 16 year olds will have differentiated responses dependent on their questionnaire scores. Those who seem to be managing will get an email back with contact details for the hub and useful links. People whose responses suggest they are having moderate to severe difficulties will get an email reply with links and a follow up telephone call. We aim to call back between 3 and 10 days dependent on their responses.

Contact the Hub

The hub is also a resource for professionals for advice and consultation who are working with those who have been affected by the Arena attack. School staff can contact the Hub by:

- Email: GM.help@nhs.net
- Phone: 03330 095 071 opening times are Monday – Friday 9am -5pm.
- Website: penninecare.nhs.uk/mcrhub

If we are unable to answer your call immediately, you will have the option of leaving a message and we will call you back as soon as possible. You can also leave a message outside of our opening hours on this number.

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