

# **A Trauma-informed model for schools in approaching care and support during Covid 19 through a whole-system approach**

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## **Abstract:**

### **1. Background/context**

Schools serve as the primary safe space for some learners where they are being cared for, emotionally supported, and even fed. The Covid pandemic and lockdown regulations left many learners trapped in unsafe spaces within their own homes and communities for prolonged periods, which resulted in an increase in the numbers of psycho-social problems reported<sup>1</sup>. In having to return to school some week later, with the prevailing narrative of “it’s unsafe” still intact, worried parents and learners had to face unfamiliar learning environments with masks and no-contact regulations added to the list of learning barriers. With these potential traumatic and/or stressful events in mind, the mandate for psycho-social support to learners at schools did not fade. Instead, quite the opposite was true! A trauma-informed approach, and the addition of a bottom-up approach seemed to fit the call for holistic psycho-social intervention on macro, meso and micro levels of intervention, taking into consideration the extent of the situation. Intervention strategies addressed individual needs such as containment, as well as community needs through policy development that guided day to day activities of the school<sup>2</sup>.

### **2. Program/intervention objective**

The objective of the programme was to create an environment within the school community that promoted emotional safety and connection in order to support teaching and learning through a trauma-informed and bottom-up approach.

### **3. Program activities/services**

The following actions were taken:

#### **3.1. Macro level:**

- 3.1.1. Preparation and desensitization of staff and learners regarding the ‘new’ environment they could expect.
- 3.1.2. Using clear, timely, repetitive and continuous communication.
- 3.1.3. Providing sufficient structure, yet with flexibility.
- 3.1.4. Validating experiences.

- 3.1.5. Utilising emotional regulation strategies as part of classroom management.
- 3.2. Meso level:
  - 3.2.1. Group debriefing of staff members and learners.
  - 3.2.2. Psycho-social education groups for parents and staff stress and trauma, as well as emotional regulation.
- 3.3. Micro level:
  - 3.3.1. Containment & therapy
- 3.4. External services: Other social workers rendering services in schools were also trained to implement this model at their schools.

#### **4. Strengths and challenges**

- 4.1. Strengths:
  - 4.1.1. Intervention strategies are backed up by theory
  - 4.1.2. On-going/continued implementation and benefits (impacting on the organisational and classroom culture)
  - 4.1.3. Empowering teachers about stress and trauma
  - 4.1.4. It created an awareness of the need to prioritise our mental health.
- 4.2. Challenges:
  - 4.2.1. Challenging regarding introducing a new way of being: *The need to constantly remind the system to make minor changes in achieving their primary (education) or secondary (communicating regulations) goals during this time.*
  - 4.2.2. Ethical challenges: *Maintaining ethical and client-centred practices within the bounds of Covid regulations.*
  - 4.2.3. Dual role of carer/counsellor and 'activist'.
  - 4.2.4. Self-care and preventing burnout.
  - 4.2.5. *External:* The biggest challenge other social workers faced were the lack of buy-in and understanding of School Management Teams regarding the benefits of this approach for teaching and learning.
- 4.3. Weaknesses:
  - 4.3.1. Little empirical knowledge to substantiate its success.
  - 4.3.2. Little local, indigenous knowledge on trauma-informed care.

#### **5. Outcomes and Evaluation**

- 5.1. Debriefing: Staff members highlighted that they felt heard, valued, and accepted.
- 5.2. Some teachers are still implementing emotional regulation as part of their classroom management and there is very little need for containment or managing extreme behaviour problems.
- 5.3. External training: Social workers felt empowered and confident to utilise the knowledge and tools, even if it did not result in systemic change. It impacted their micro and meso levels of support to teachers and learners positively. Their self-care was also enhanced.

## **6. Next steps/ Take aways**

- 6.1. Trauma-informed approach is a way of being. Be more attuned to self and others and be more regulated and regulating: our children need more regulated caregivers.
- 6.2. Promote trauma-informed care in every organisation that render services to children and their families, whether the services include trauma-focused intervention or has another primary focus, i.e. education, medical treatment, dispensing medication, or Children's Court Inquiry.
- 6.3. We need to obtain indigenous knowledge about trauma-informed services within the South-African context through research

## **7. Citations**

1. *Childline Gauteng Helpline. 2021. Mental health category comparison: 2018-2021*
2. Substance Abuse and Mental Health Services Administration. (2014). *SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach*

## **Keywords:**

trauma-informed; emotional regulation; emotional safety; whole-system approach