Educational Psychology Service

Responding to Critical Incidents in Educational Communities

Thinking ahead: meeting the emotional needs and promoting recovery of the education community following a sad or distressing event

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1. Executive Summary

Sad, frightening or unexpected events can affect children, young people, families and staff in different ways. Some incidents disrupt a substantial part of an educational community and may overwhelm its usual support arrangements. A coordinated, compassionate response can help establish safety, maintain connection and create conditions that support recovery.

This guidance sets out psychological principles and practical approaches for Enfield educational settings. It emphasises familiar relationships, accurate information, predictable routines, individual choice and timely access to additional support. It does not assume that everyone affected will experience trauma or need specialist intervention.

The guidance brings together three complementary frameworks: the five essential elements of early and mid-term intervention; Attachment, Regulation and Competency (ARC); and the THRIVE Framework.

Adaptable material for staff and families is provided on the Critical Incident Response Section of the EPS website. Support should be reviewed over time, including for people whose difficulties emerge later.

Scope and aims

This guidance is intended for early years settings, schools, alternative provision and colleges. References to children include young people; approaches must be adapted to age, understanding, communication and individual circumstances.

Its aims are to:

- Support preparation, sensitive communication and coordinated recovery.
- Help settings recognise different needs without assuming a particular response.
- Promote practical support through trusted adults, families and community networks.
- Clarify when safeguarding, urgent help or specialist assessment is required.
- Support staff wellbeing through both individual and organisational action.

Relationship with other procedures

Read this guidance alongside the setting's emergency arrangements, safeguarding procedures and Critical Incident Response Plan. It does not replace emergency action, statutory responsibilities or specialist assessment and treatment.

Immediate danger, medical needs and safeguarding concerns must be addressed first. Psychological support can run alongside these actions, but must never delay them.

Role of the Educational Psychology Service

EPS provides a rapid, psychologically informed, graduated and proportionate response, working alongside school leaders and existing support systems. EPS involvement does not automatically mean direct work, assessment or therapeutic intervention with individual children.

Contact the EPS on eps@enfield.gov.uk.

2. Definitions and trauma-informed practice

What is a critical incident?

For this guidance, a critical incident is an event, or series of events, that causes significant distress or disruption within an educational community and may overwhelm its usual support arrangements. Examples include the sudden death of a pupil or member of staff, serious violence, a major accident or a disaster affecting the community.

Potentially traumatic events and individual experiences

An event may be potentially traumatic, but its impact will vary. Exposure does not by itself establish that someone has experienced trauma or has a mental health condition. Consider the person's experience, current circumstances, relationships, resources and needs.

The government's working definition describes trauma as arising from events or circumstances experienced as harmful or life-threatening, with the potential for lasting adverse effects. The following principles are adapted for education from that definition, which was developed for health and care practitioners

Six principles in everyday educational practice

Safety: Address actual risks and support physical, emotional and psychological safety. Ask what would help people feel safer without promising that all risk can be removed.

Trustworthiness: Explain what is happening and why. Share accurate information, acknowledge uncertainty and follow through on agreed actions.

Choice: Offer meaningful, accessible choices within necessary safety boundaries. Do not require people to talk about the incident or disclose personal experiences.

Collaboration: Work with children, families, staff and relevant partners. Agree responsibilities and listen to what people find helpful.

Empowerment: Recognise strengths and support manageable decisions. Receiving help can increase agency and confidence.

Cultural consideration: Recognise the influence of culture, identity, faith, discrimination and community experience. Ask about individual preferences rather than relying on assumptions.

Boundaries of trauma-informed practice
Trauma-informed practice in educational settings seeks to make relationships, environments and services safer and more accessible. It is not trauma therapy. Staff should not diagnose trauma, investigate disclosures or undertake therapeutic processing outside their competence and role.

Use respectful curiosity: "What might this person need, and what would help?" Avoid assuming that all behaviour is explained by trauma or that the cause is known.

3. Five principles for recovery

The five essential elements described by Hobfoll and colleagues[1] provide an overarching guide: safety, calming, self- and community efficacy, connectedness and hope. They were developed through expert consensus informed by research, rather than as a single tested intervention programme. Based on multi-cultural evidence these are widely applicable to promote resilience and recovery. Through a culturally sensitive approach, they can be applied flexibly to fit the local setting and community. Apply them flexibly and review their usefulness with the community.



Safety

Address immediate and ongoing risks. Give clear information about what is known, what remains uncertain and what adults are doing. Help children distinguish between current danger and reminders of what happened. Do not dismiss realistic concerns or label understandable fears as distorted thinking.

Maintain appropriate supervision, accessible support and safeguarding arrangements. Consider online exposure, media attention and any continuing community tensions.

[1] Hobfoll, S. E., Watson, P., Bell, C. C., Bryant, R. A., Brymer, M. J., Friedman, M. J., et al. (2007). *Five essential elements of immediate and mid-term mass trauma intervention: empirical evidence. Psychiatry*, 70(4), 283–369.

Calming

Offer a calm, predictable environment and access to familiar adults. Explain changes to the day and reduce unnecessary demands where appropriate. Calm support does not mean expecting everyone to appear calm or suppress feelings.

Some people may find movement, quiet activities, grounding or breathing exercises helpful; others may not. Offer choices, explain activities and adapt them to sensory and communication needs. Do not require participation.

Self- and community efficacy

Help people recognise their strengths, make manageable choices and take practical steps. Involve children and staff in decisions that are appropriate to their roles and circumstances.

Receiving help can strengthen agency. Do not imply that independence means managing without external support. Adults remain responsible for care and safety; children should not be given responsibility for managing another child's distress.

Connectedness

Maintain access to trusted adults, peers, family and community networks. Offer connection without requiring group discussion or disclosure. Notice people who are absent, isolated or less visible, and agree appropriate ways to keep in touch.

Peer relationships can be supportive, but should not replace adult oversight or professional help where needed.

Hope

Communicate that support is available and that needs can be addressed over time. Recognise small, meaningful steps without setting a timetable for recovery.

Avoid assurances that everyone will recover quickly or that the incident will make people stronger. Hope can coexist with grief, uncertainty and continuing practical difficulties.

Practical response and safeguarding

Establish a coordinated response

Use the **Enfield EPS Critical Incident Response Plan** to identify a lead, allocate responsibilities and maintain a record of decisions. Confirm facts through appropriate sources and agree communication with the family and relevant agencies. Distinguish verified information from uncertainty.

Identify who may need early individual contact, including people directly involved, close friends, witnesses, siblings, absent pupils and staff, and those facing continuing risks. Do not assume that proximity alone predicts need.

Provide practical support

- Maintain familiar routines where possible, explaining any changes.

- Offer supported quiet spaces without leaving distressed children isolated or unsupervised.
- Make clear who children, families and staff can approach and how to access help.
- Agree communication with parents and carers, considering safeguarding restrictions.
- Plan for transport, attendance, transitions and other practical needs where relevant.
- Record and review adjustments, responsibilities and follow-up arrangements.

Respond to safeguarding concerns

Any disclosure of harm, indication of self-harm or suicidal thoughts, or concern about a child's safety requires a prompt response through the setting's safeguarding procedures. Do not assume these concerns are an expected part of grief or wait for them to pass.

Listen calmly, take the child seriously and avoid leading questions or investigating. Do not promise secrecy. Explain that information may need to be shared with people who can help. Record the child's words accurately and report concerns promptly to the designated safeguarding lead or deputy, following local procedures. Do not delay protective action if they are unavailable. [7]

Urgent and emergency help

Call 999 or go to A&E if someone's life is at risk, they have seriously injured themselves or taken an overdose, or you cannot keep them safe. For urgent mental health support in England, call NHS 111 and select the mental health option (2), or seek an urgent GP appointment. These routes do not replace the setting's safeguarding responsibilities.

Review and information sharing

Share relevant information through agreed, secure routes with those who need it to support care and safety. Explain confidentiality limits. Follow local information-sharing procedures; seek safeguarding advice where consent or sharing is uncertain.

Review support as needs change. Record who will follow up, when and how concerns can be raised between reviews. Do not require people to wait for a review date to ask for help.

4. ARC: Attachment Regulation Competency Framework

Purpose and boundaries

Attachment, Regulation and Competency (ARC) provides a lens for understanding caregiving relationships, emotional regulation and development. The original guidance refers to work by Blaustein and Kinniburgh. Confirm the edition used before finalising the bibliography.

In this guidance, ARC informs everyday relationships, routines, co-regulation and supportive educational practice. It does not imply that staff should undertake trauma processing, ask children to recount distressing experiences or deliver specialist treatment.

Attachment: strengthen the caregiving system

- Support staff to recognise their own responses and seek practical and emotional support.
- Maintain access to familiar, trusted adults and predictable responses.
- Be curious about a child's needs without assuming that behaviour reveals a particular experience.
- Coordinate with parents and carers, recognising their knowledge and circumstances.
- Use warm, consistent boundaries with flexibility and agreed adjustments.

Regulation: support shared understanding and co-regulation

- Notice changes in arousal, attention, communication or engagement without making a diagnosis.
- Help children identify what feels helpful, overwhelming or difficult to communicate.
- Offer opportunities to express feelings through speech, play, drawing, movement or other preferred methods, without pressure to disclose.
- Use co-regulation: a calm adult presence, predictable responses and support to manage demands.
- Adapt the environment and expectations rather than placing all responsibility on the child to self-regulate.
- Offer coping strategies as choices and review whether they help.

Competency: support agency and participation

Help children make manageable choices, solve everyday problems, access learning and sustain relationships. Recognise existing strengths and support a sense of identity and belonging.

Avoid making recovery dependent on constructing a narrative about the incident. Specialist therapeutic work, including trauma processing, requires appropriately qualified practitioners.

Routines, engagement and explanation

Explain why support is offered, how it works and what choices are available. Keep routines and transitions predictable, while allowing individual adjustments. Check understanding in accessible ways.

An everyday application might be agreeing a named adult, a discreet way to request a break, an appropriate supported space and a plan for returning to learning. Review this with the child and relevant adults rather than assuming the arrangement remains helpful.

See Appendix A for Trauma-Informed Framework for Supporting Children and Young People Following a Critical Incident, informed by ARC

5. THRIVE: needs-led support

The THRIVE Framework offers a shared, needs-led language for considering support for children, young people and families. Its five groupings are Thriving, Getting Advice, Getting Help, Getting More Help and Getting Risk Support. It is not a diagnostic tool or a step-by-step referral ladder.

Thriving

Maintain an inclusive environment, trusted relationships, ordinary activities and clear information. Support the wider community without assuming that everyone needs an individual intervention.

Getting Advice

Offer consultation, accessible information, practical suggestions and signposting. Children, families and staff may want advice even where there is no identified mental health difficulty.

Getting Help

Agree focused support around an identified need and meaningful goals. Clarify who is providing it, the expected scope, how the child or family can give feedback and when it will be reviewed.

Getting More Help

Coordinate additional or specialist assessment and support where needs warrant it. Consider severity, impact, complexity, risk and the person's circumstances, not simply how long difficulties have lasted.

Specialist help may be needed immediately. There is no requirement to try every other form of support first.

Getting Risk Support

Where significant risks remain, agree coordinated responsibilities, communication and safety arrangements with the relevant professionals, child or young person and family, as appropriate. Risk support is not a substitute for emergency action or safeguarding procedures.

Applying the framework safely

- These groupings are not sequential steps; needs may overlap or change.
- Do not delay referral or protective action because a person has not received a lower level of support.
- Agree decisions with children and families wherever appropriate, explaining any limits imposed by safety or statutory duties.
- Identify a lead professional or coordinating contact where multiple services are involved.

- Record the purpose of support, review arrangements and routes for raising concerns.
- Avoid implying that EPS consultation guarantees access to a particular intervention or service.

The framework should help people access the right support, not create an additional barrier or a waiting period. See appendix B.

6. Reactions, development and individual needs

Following a distressing event, people may experience sadness, anger, worry, confusion, numbness, changes in sleep or concentration, physical symptoms or little outward reaction. Responses may emerge later or change over time. These are possible responses, not a diagnostic checklist.

Do not automatically attribute changes to the incident. Consider other explanations and seek medical, safeguarding or specialist advice when needed. Any concern about self-harm, suicidal thoughts or safety requires prompt action, not watchful waiting.

Grief and ordinary activity

Children may move between distress and ordinary activities, including play or enjoyment. This does not mean that they are unaffected or have forgotten what happened. Trusted adults can provide reassurance, practical care and examples of expressing feelings while respecting individual responses.

Developmental considerations

The examples below are broad prompts, not fixed stages. Chronological age alone does not determine understanding. Consider communication, learning, sensory needs, neurodivergence, disability, previous experiences and family explanations.

Early years: Children may need repeated, concrete explanations and reassurance through familiar care. Changes in play, separation, sleep or toileting may be noticed. Use clear language and maintain predictable relationships.

Primary age: Children may ask repeated questions, misunderstand causation or worry that something they thought or did caused the death. Check understanding gently, answer honestly and provide reassurance without making unrealistic promises.

Adolescence and further education: Young people may seek detailed information, turn to peers, express strong views or want privacy. Offer accessible adult support without assuming independence means they need less help. Consider online exposure, examinations, relationships and transitions.

At every age: Avoid interpreting silence as absence of need or visible emotion as evidence of a disorder. Offer private opportunities to raise concerns.

Physical Effects



- Feeling cold, wobbly or trembling
- Tight muscles
- Having panic attacks
- Heart racing
- Chest pains
- Shallow breathing
- Feeling dizzy
- Stomach aches/upset
- Not feeling hungry
- Having a dry mouth
- Feeling like your throat is constricting / lump in throat
- Feeling sick or being sick
- Headaches
- Needing to go to the toilet

Emotional and Psychological Effects



- Feeling confused or helpless
- Feeling anxious, jumpy and on edge
- Finding it difficult to manage everyday stresses
- Feeling scared to go out
- Wanting to be with loved ones all of the time
- Wanting to spend time alone
- Feeling angry, sad or irritable
- Feeling guilty for what you did or didn't do and why you were the one that survived
- Worrying about doing the right thing now
- Memories and pictures of the event popping up in your thoughts
- Feeling upset at reminders about the event
- Feeling numb
- Having difficulties focusing on tasks / upsetting or angry thoughts and feelings come and go
- Feeling confused or disorientated
- Not being able to remember things
- Difficulty making decisions
- Nightmares and struggling to sleep
- Making mistakes
- Overreacting or underreacting to stressful situations
- Reduced sense of humour
- Avoiding places, people or activities that remind you of the event
- Loss of interest in learning or activities that you used to enjoy
- Thinking things will never get better

How a child or young person reacts will depend on many things such as their age, developmental stage, culture, faith, personality, the way they usually react to stress and emotion and their relationship with the person or people most affected.

Children and young people can grieve just as deeply as adults, but they often show it in different ways. They naturally dip in and out of the grieving process; for example children may hear very bad news but then want to go out to play. This is an inbuilt safety mechanism that stops children from being overwhelmed by powerful feelings. Children will learn how to grieve by copying the responses of the adults around them and will rely on adults to provide them with what they need to support them in their grief.

The following table shows how children's responses to bereavement may vary depending on their chronological (or developmental) age[2]:

[2] Adapted from Child Bereavement UK

Preschool child

Understanding

- Young children are curious about death in relation to birds, insects, and animals. but don't fully understand its permanence.
- They may ask where the person who has died is or expect them to return.
- Since they take things literally, avoid phrases like "gone to sleep" and offer simple, honest answers.
- As their understanding grows, they'll ask more questions and need repeated explanations to make sense of death.



Emotional & Behavioural Response

- Very young children will react to their own grief and also to the grief of significant adults in their life
- Increased separation anxiety and difficulties settling
- Disrupted sleep and appetite
- Reduced interest or enjoyment in play
- The nature of play may indicate distress
- Regression in skills, e.g. language or using the toilet
- Increasingly anxious about the dark when going to bed

Primary school aged child

Understanding

- At this age, children gradually begin to develop an understanding that death is permanent and irreversible and that the person who has died will not return.
- They will be beginning to explore the concept of death as universal and inevitable.
- Children who have been bereaved when they were younger will have to re-process what has happened as they develop awareness of the finality of death



Emotional & Behavioural Response

- Disorganisation
- Reduced concentration / attention in school
- Emotional reactions may be out of character
- Some children may feel shame and blame themselves
- Some children will present with distressed behaviours, expressed internally or externally
- They might also take on adult responsibilities, caring for others, e.g. siblings.
- As they become more aware of death's inevitability, they may develop anxiety about their own and the health and safety of others

Teenagers

Understanding

- Adolescence is a time of change, and grief can disrupt the shift from dependence to independence.
- Teenagers may struggle to seek support while trying to appear grown up, making bereavement feel isolating.
- Peer support can help them feel understood.
- While they have an adult understanding of death, they may hold strong beliefs and challenge others' views.
- They may have concerns about the unfairness or tragedy of victims. The type of death has an important impact on how well death is resolved.
- Those bereaved earlier may need to re-process their grief as they plan their future.



Emotional & Behavioural Response

- Some young people may respond to a death by withdrawing, acting out, being hostile towards others or engaging in risky behaviour to regain control.
- There may be changes in independence with some wanting to take on more adult responsibilities.
- Some young people become apathetic, and develop a 'what's the point?' attitude to school or even life and they may withdraw into themselves, rejecting offers of help
- Some may become distracted by social activities to avoid grief, which can resurface unexpectedly.
- May present with depressive symptoms including sleep disturbances and suicidal thoughts

Deciding when additional help is needed
Consider changes from the person's usual presentation, their own account, the intensity and impact of difficulties, continuing risks and available support. Ask for advice whenever concerned; do not impose an arbitrary waiting period.

Reminders and transitions
Review needs around funerals, anniversaries, birthdays, legal proceedings, media coverage, changes of class or setting and other reminders. Some people will want these acknowledged; others may not. Ask and plan sensitively.

7. Faiths, beliefs, cultures and communities

Ask rather than assume
Beliefs and practices around death, grief and remembrance vary between and within faiths, cultures, communities and families. Some people find comfort in traditions; others may not share them or may experience conflicting expectations. Respect religious and non-religious perspectives.

Ask what matters to the individual and family, what they would like staff to understand and what support they find helpful. Do not expect a child or colleague to speak for an entire community.

Matters to discuss sensitively

- Preferred language and explanations about death and what happens afterwards.
- Customs around the body, funerals, mourning and remembrance.
- Who may attend ceremonies and whether participation is wanted or possible.
- Practical requirements, including timing, travel, clothing, food or prayer.
- Whether and how information can be shared with the wider community.
- The needs of children whose views differ from those of adults around them.

Accessible communication
Use clear language and provide translated or alternative-format information where needed. Arrange appropriate interpretation for sensitive conversations rather than relying on children to interpret for adults.

Adapt support to communication and sensory needs. Check that families know how to ask questions and raise concerns. Do not assume that a lack of response means information has been understood or support is not needed.

Community context
Consider whether racism, discrimination, violence, previous incidents or mistrust of services may affect how the event and the response are experienced. Acknowledge concerns without making assumptions about individuals.

Where community tensions or ongoing risks are present, coordinate with appropriate partners through the response plan. Explain what can be shared and avoid speculation or collective blame.

Remembrance and memorials
Do not promise a memorial in the first communication. Allow time to consider the family's wishes, the needs of those affected, safeguarding, inclusion and the setting's policies. Participation should be a choice. Consider people who do not wish to take part and how they will be supported. Seek specialist advice where a death is a suspected suicide, including about communications and remembrance.

The aim is a respectful, proportionate response that supports the community without placing expectations on how anyone should grieve.

8. Supporting staff wellbeing

A critical incident can affect adults in different ways. Previous losses or difficult experiences may become more prominent. Needing support is not a sign of weakness or a lack of professional capability.
Staff may be supporting children and families while managing their own responses. Wellbeing is a shared organisational responsibility, not solely an individual self-care task.

Ways to look after yourself

- Stay connected in ways that suit you, while allowing quiet time if helpful.
- Choose whether and when to talk; you do not need to recount the incident to receive support.
- Let an appropriate colleague or manager know if you need a break, cover or a temporary adjustment.
- Make time for food, drinks, rest and familiar activities without expecting yourself to return immediately to your usual pace.
- Choose movement, time outdoors, relaxation or other activities if they help; there is no single correct approach.
- Allow moments of enjoyment without guilt.
- Seek support without sharing unnecessary identifying or sensitive information about others.

Responsibilities of leaders
Offer private, sensitive check-ins without requiring personal disclosure. Share responsibilities fairly, notice where emotional support is falling on a few staff and provide practical cover and manageable workloads. Make support routes clear, including an alternative to the line manager.

Continue to review needs beyond the immediate response. Supportive check-ins and practical reviews must not become compulsory sessions in which people are expected to relive the incident. NICE advises against psychologically focused debriefing for preventing or treating PTSD. This is distinct from a practical review of actions and arrangements. [10]

References and acknowledgements

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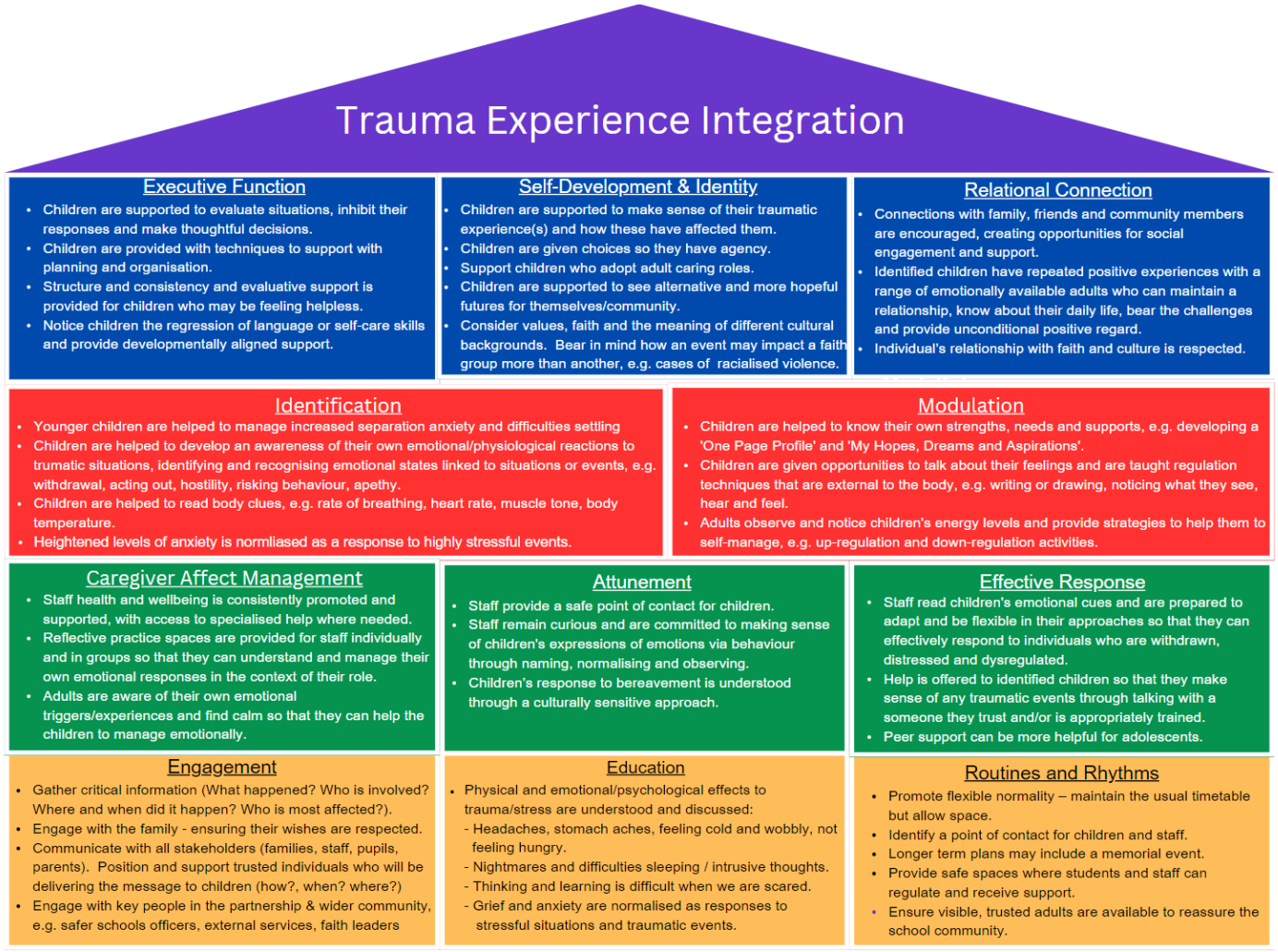
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Appendix A: : Trauma-Informed Framework for Supporting Children and Young People Following a Critical Incident, informed by ARC



Appendix B: Needs-Led Framework for Supporting Children and Young People Following a Critical Incident, adapted from the THRIVE Framework

