When Tragedy Strikes

GUIDELINES FOR EFFECTIVE CRITICAL INCIDENT MANAGEMENT IN SCHOOLS
Dedication

This booklet is dedicated to all those who lost their lives in the Omagh Bombing, 15 August, 1998, to the children, young people, families and relatives who were injured or bereaved and to the schools and teachers who have coped with the aftermath.
Cover Design by David Cooke
September 2000
WHEN TRAGEDY STRIKES

GUIDELINES FOR EFFECTIVE CRITICAL INCIDENT MANAGEMENT
IN SCHOOLS

Key Message

An informed and prepared school community will respond effectively
to a critical incident.
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**NB:**

Quotes in this booklet which do not have a reference have been supplied by various contributors from their own experience and have been disguised to assure anonymity.
“Comprehensive critical incident preparation and management rarely takes off as a legitimate educational issue until it is placed on the wider educational agenda.”

Elizabeth Capewell
Even though tragedy and trauma is part of life, coping with it is never easy. It is particularly difficult when it impacts on the lives of children. After the Omagh bombing the suffering of children, families and communities was truly painful. We in the INTO and the UTU felt that we should contribute some memorial which would be school-based and which might also be of some help in the future. Two things struck us forcefully. Firstly, that teachers and school staffs are poorly prepared to deal with deaths within the school community, especially among the pupils. Secondly, that whereas Omagh was a tragedy of unprecedented proportions, many schools each year have to cope with similar, though thankfully, smaller tragedies. The child dragged to death by a sleeve caught in the door of the bus, the children killed in a multi-car accident while on their way to school or the children in small close-knit communities who die of illness, are just some of the bereavements which schools are confronted with in the course of the year. The questions for the school staff are immediate and are practical.

➔ Do we discuss it with the other pupils in the class?
➔ Do we leave the child’s desk vacant?
➔ Should the teachers avoid showing emotion?
➔ Should the pupils be encouraged to express their emotions?
➔ Do the pupils need counselling? etc.

This publication seeks to give the practical and professionally determined advice which school staffs need on these occasions. It also prepares them for the stages of grieving which are likely to develop.

This publication is being circulated to every school on the island. It is our most earnest hope that you will never need it but if you do come to depend on it then we hope that it will be helpful.

Joe O’Toole,  Ray Calvin,
General Secretary,  General Secretary,
INTO.  UTU.
A VIEW FROM THE UNITED STATES

Dr Kendall Johnson is a teacher in L.A. He is a leading authority on critical incident management in the USA. We asked him for his views on our proposed publication and we are most grateful for the following:

"When I first began teaching some 25 years ago (and I’m still in the classroom and proud of it!), the major discipline problems consisted of gum chewing, complaining or occasional student defiance, fist fighting and lack of motivation. How times have changed! In my own classes I have Crips, Bloods (L.A based gangs), various Hispanic gangs, drug dealers, kids living on the streets, addicts and psychologically unstable students of all sorts. What could possibly go wrong?

Circumstance has conspired to provide me an unusual combination of background experience that one would think should not be necessary for working in schools. Unfortunately it is. My years in fire service, both as a fire-fighter and stress consultant and my background as a trauma therapist have helped me inestimably in meeting crisis needs in my school and schools across the United States and abroad. What better background for education in the 21st Century!

The bad news is that my school is not all that different than schools all over the world. These are perilous times in which to grow up. Children are subjected to incredible stressors, not the least of which is a pervasive uprooting of regional culture and movement towards a very uncertain future. The role of the school and the teacher in the classroom has become more socially important and more complex than ever before.

INTO and UTTU are to be congratulated for taking a forward step in empowering school personnel to take proactive steps in managing school crises. The teacher of the new millennium is called upon to act in ways hitherto not conceived. The question is no longer whether the teacher should be asked to serve as a social worker or psychologist. Teachers are increasingly being called upon to be miracle workers, providing the nurture and support to their students necessary to augment the diminishing continuity of culture and community. The question is how the teacher can best handle the additional responsibilities of meeting student needs during turbulent times. This resource booklet provides the way.

The Committee, under the wise and experienced guidance of Elizabeth Capewell of the Centre for Crisis Management and Education, has done an extraordinary job of compiling fifteen years of school crisis management experience. The insights and perspectives found within come not only from Ireland, England and Scotland, but also from Israel, Australia, New Zealand, Croatia and the United States.

Teachers and school managers can find much of value in these pages. Specific directions are provided for educators at all levels, ranging from individual classroom teachers, through crisis management teams, to local and regional governing boards. Further, the book does a powerful job at providing the "why and wherefor's" of school crisis response. Actual case histories are presented to provide readers with a sense of the range and intensity of crises that can occur anywhere and at anytime. In addition, tips in managing school emergencies have been compiled from veteran crisis managers.
Take this booklet seriously. Teaching and administrating have never been easy jobs. Certainly, with the increased frequency and intensity of school violence, the job has gotten tougher. The tools this practical booklet offer will empower teachers and educational managers to act effectively in mitigating the destructive effects of disastrous events in the lives of students and staff.”

Kendall Johnson, Ph D,
Claremont, California,
May 18, 2000.
ACKNOWLEDGMENTS

The INTO and the UTU wish to acknowledge the contribution of Elizabeth Capewell who was invited to act as consultant to the Committee established to prepare this booklet. Having worked for twenty years in various sections of education, Elizabeth first became interested in disasters and the role of schools in 1987 when she was an Officer in Berkshire Education Department in England and became involved in the aftermath of the Hungerford shootings. The questions this experience raised were brought up again two years later when she was asked to assist in the aftermath of the Lockerbie and Hillsborough disasters. She resigned her job to begin a search for answers and good practice which took her around the world. She met the few other people engaging with these issues at the time, in particular Dr Kendall Johnson and Dr Ofra Ayalon.

In 1990 Elizabeth established the Centre for Crisis Management and Education in Newbury (and now also in Liverpool) to offer consultancy, training and post-trauma services to organisations and communities. She has pioneered crisis management for schools in the UK both for major disasters and more local incidents using action research to develop ideas and methods. Her learning was particularly deepened by the death of her own teenage daughter and the impact of this on herself, the family and the school. She has worked in Israel, Jordan, Croatia, Australasia and the USA as well as being involved in other major UK disasters such as the Dunblane shootings, Docklands and Omagh bombings and the Paddington rail crash.

Elizabeth was first invited to Ireland in 1994 when she led seminars for teachers and Social Workers in Derry, Omagh and Enniskillen. From 1996, she ran a three-year programme in schools in Ballymagroarty and the Bogside in Derry to develop school and classroom strategies for dealing with trauma and bereavement. She returned to Ireland in the wake of the Omagh bomb to work with Education Boards and schools in Co. Tyrone and Co. Donegal to mobilise their response to the affected communities and continued working with one school until 2000. It was during her involvement with the staff of Scoil Iosagain in Buncrana, Co Donegal that her work came to the attention of INTO and led to the production of this booklet.

The involvement of INTO and UTU gives her particular pleasure as crisis management becomes most effective where it is taken up at national level and becomes a legitimate part of normal school management practice. Elizabeth is currently working on her doctoral thesis at the University of Bath using action research methods to develop practice in responding to community disasters.

The INTO and UTU wish to record their appreciation to the members of the Committee for their ideas and significant contributions to this book:

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Ms Máire Sheehy : Principal, St Joseph’s JNS, Ballymun Dublin
Ms Mary Burke : Lecturer, Marino Institute of Education and Member of the INTO Education Committee
Ms Zita Bolton : Official, INTO

The Committee would wish to single out for special mention the particular crucial and central input of Mary Burke and Zita Bolton. They were both active members of the Committee. Additionally, Mary was responsible for the preparation and writing of the contents and acted as coordinator of the committee’s work and Zita edited the material as well as directing its production.

The INTO and UTU also wish to acknowledge the significant financial contributions made by the Department of Education and Science (Republic) and the Department of Education (Northern Ireland) towards the publication of the booklet.

Thanks are also due to Niamh Murphy and Carmel Johnson for typing, layout and design. We would also like to acknowledge the contribution of Annette Dolan who was very much involved in the initial preparation of this booklet.

A very special word of thanks is also due to those who contributed the case histories. The writing was very difficult for some but the opportunity to tell their stories and pass on their learning has made it a very worthwhile exercise. We hope that in a small way this booklet will ease the pain of their experience.
INTRODUCTION

Over the last few decades, a great deal has been learnt about the impact of traumatic incidents on individuals, groups and communities. The role of the school in providing preventative education and strategic help to pupils, staff and parents has also been shown to be crucial in ensuring that people receive the help they need in the school and from other agencies.

In countries where crisis management is accepted as part of normal school management, notably in Israel and parts of Australia and the USA, it only progressed in schools when put on to the education agenda at the highest level. Responding is viewed not just in terms of individual reactive counselling, but as a management and curriculum issue for the whole school. In such countries, schools and teachers are so well prepared that when an incident happens no time is lost and it is dealt with smoothly and without fuss.

Very few schools expect the unexpected and have not always seen the need to prepare for or respond to critical incidents. Many schools do their best to respond and are particularly strong at creating assemblies and memorials when a death has occurred. But what can schools do to acknowledge other types of trauma or to support people in the longer term? Some schools want to ignore such events or rush into an apparent normality by trying to ignore the full impact of the incident, confusing pupils and staff who are still struggling with their reactions.

This booklet goes some way to fill the gaps and needs noted by Kate Doherty, a teacher from Enniskillen who wrote after the 1987 bombing:

“There is in schools a tremendous fear of doing the wrong thing and adding to the hurt of disaster victims. This is compounded where there are no guidelines from previous tragedies and little or no specialised knowledge.” Pastoral Care – Vol 9 No 3 Sept, 1991 (Journal of the National Association of Pastoral Care in Education.)

THE ROLE OF THE UNIONS

By learning more about this subject, Unions will be in a position to:

❖ raise members’ awareness about risk reduction, stress prevention and the responsibilities of managers and employers before, during and after an incident;
❖ influence the Department of Education and Science in the Republic and the Department of Education in Northern Ireland, to put planning and preparation for critical incidents and co-ordinated post-trauma response on the education agenda;
❖ support and advise members who may be responsible for an incident or accused of being so;
more effectively advise and support members suffering from trauma reactions who may be seeking retirement on health grounds or suffering from poor management; and

improve existing member welfare services and information resources.

WHAT IS THE BOOKLET FOR?

It aims to get schools started on the process of identifying what they already do well and what gaps need to be filled so they can respond in an informed and creative manner. It will also help teachers deal with the smaller tragedies that commonly hit schools and be a source of guidance if a rare major crisis strikes. The booklet will guide you towards further reading and sources of help.

It also aims to encourage positive, timely and appropriate interventions in a normal, familiar setting which can allow the school to be a supportive community in which a critical incident can be managed and long term effects mitigated, and to provide the practical, procedural and human input which is needed to legitimise this work and allow it to happen without unnecessary delay.

WHAT ARE THE AIMS OF THE BOOKLET?

It aims to provide information, ideas and support to enable schools to:

- respond to a critical incident in an informed manner;
- create a positive, open, communicative climate where the needs of staff and pupils are met in critical incident situations;
- recognise which incidents are critical for the school community;
- develop an understanding of the nature of trauma and its impact on pupils and staff;
- create a safe school environment whereby the physical, social and psychological health of pupils and staff is prioritised;
- develop a policy for dealing with emergencies;
- recognise the value and importance of adapting active learning strategies outlined in a social, personal and health education curriculum; and
- establish positive working relationships and dialogue with outside agencies, thus enabling full and effective collaboration in the event of a critical incident.
WHAT THE BOOKLET CANNOT DO

It is important to state that this publication cannot replace the professional judgement of the teacher. It cannot supersede any requirements and obligations on Boards of Management/Governors and Education Departments relating to critical incidents. It is not intended that this publication would replace the need for in-career training or be seen as giving specific advice or standard solutions for all schools because no two situations are identical. It does not set out to be prescriptive or provide fixed solutions for every incident. It may help to contain the trauma but it cannot take it away.

For some schools in areas where trauma is a common feature of life, larger political and social strategies are needed to solve their difficulties, but the booklet can provide a useful start and validate the difficult job being undertaken by staff.
CHAPTER 1
WHAT ARE CRITICAL INCIDENTS?

Key Message
A Critical Incident challenges the very heart of a school community, its identity and its coping mechanisms.

'I was in the Omagh bomb. It was very scary while we had to lie on the grass for three and a half hours. It was terrible. I will always remember that tragic day. All I could see and smell that day was smoke' – Rita-Marie Doherty in ‘I Am’, Scoil Iosagain, Buncrana.

WHAT MAKES AN INCIDENT CRITICAL?

Critical incidents may involve one or more pupils, staff, the school or the community in which they function. They may happen in school, during out of school activities, or within the wider school community. The details and context in which they are set, what precedes, surrounds and follows affect the severity of the impact.

Incidents become critical when they overwhelm the usual coping capacity of a school and the school community. They are usually very sudden and unexpected and may involve an intense threat to life, health, property, security, values or integrity. The incidents and accompanying threats may last from a few minutes to a number of days, as in a hostage taking, or be prolonged as in civil unrest. It may be a one-off single incident, continual or a series of repeated incidents.

Whether an incident is critical or not depends on past and current experiences as well as the perception and coping skills of those involved. What is traumatic at one stage in the life of a person or school may not be so at a different time. The most important factor in a critical incident is the significance of the effect on the whole or part of the school community. What is a small-scale incident for one school maybe a major one for another. It is vital to measure the significance of the impact not its size.

DIFFERENT TYPES OF CRITICAL INCIDENT

| Death, major illness/outbreak of disease. |
| Criminal incidents. |
| Major accidents, serious injury. |
| Suicide. |
| Sexual, physical and psychological abuse. |
| Civil unrest, war. |
| Fire, natural and technological disaster. |
| Disappearance of student from home or school. |
| Unauthorised removal of student from home or school. |
EXAMPLES OF CRITICAL INCIDENTS FROM SCHOOLS

Several schools have contributed case studies to show what it was really like when an incident happened like a ‘bolt from the blue’. There are also accounts from schools having to manage an influx of traumatised refugees and the on-going trauma of social and economic deprivation. The accounts have been classified according to the nature of the incident in relation to the school community.

Group A: Where the school is directly involved

Example: Sudden violent incidents in schools, accidents on school trip, assaults on teachers or pupils, arson and vandalism in school buildings, major school re-organisation.

Case Study 1: Serious assault on pupils during an Examination

Around noon on 17 June, a man who subsequently turned out to be a former pupil, came into the school carrying what seemed to be a fire extinguisher. Without making himself known to anyone he went into the main hall where an A level examination was taking place. Pointing his "fire extinguisher" (which was in fact a home-made flame-thrower) at the students sitting at the front of the hall, he fired a burst of flame at them, seriously injuring three young men. The pupils and staff in the hall fled. Someone had the presence of mind to break the glass on a school fire alarm. The intruder was sufficiently confused by the noise of the bell going off to stop, turn and run from the school buildings and grounds.

Emergency services arrived shortly afterwards, the school’s premises officer having dialled 999 and the school was fully evacuated in response to the fire alarm. Within a short time ambulances were taking the three most seriously injured pupils to hospital and ambulance staff were dealing with those who had been less seriously hurt. Police and fire service vehicles continued to arrive and before long the police had established control and begun to make plans for the investigation into what had happened.

The pupils and staff who had evacuated the buildings returned to the school and remained there for the rest of the school day, following as normal a timetable of lessons as possible. Journalists and others soon gathered at the gates but were not allowed to enter the grounds or the school. Parents arriving to collect their children were helped to find them and take them home if they wished to do so.
A simple factual statement of what had happened was prepared in the school office and circulated to every classroom in the school so that teachers, other members of staff and pupils could be informed about the incident and not left to speculate or guess about it. The first steps were taken to deal with the media management side of things.

School resumed on the following Monday by which time arrangements had been made to deal with a wide range of issues, including the remaining GCSE and GCE A-level examinations. There were special staff briefings before registration began so that teachers could bring all their pupils up to date with what had happened over the weekend and with the opportunities that would be available.

By the time the school resumed on 20 June, it was known that the three badly injured boys were out of danger and likely to make good recoveries. The man responsible surrendered himself to the police in Limerick and would soon be in the hands of the RUC in Northern Ireland. It was known that the school would have the full assistance and support of the various examining bodies and that none of the A level pupils in the hall at the time of the incident, or who still had examinations to take, would lose as a result of what happened.

The end of the summer term came very soon afterwards, though there were signs of normality returning well before then. Before the end of the school year the three boys were making good recoveries and had excellent prognoses. The crisis support team that came into the school to help teachers, other staff and pupils had done a very worthwhile job. Within a year the school had a large number of new pupils, for whom the incident of June 1994 was of no great significance and the three boys had been released from hospital and were getting on with the rest of their lives.

Principal’s Comments on the Incident:
Different people respond and react to critical events such as happened in our school in different ways, much depending on what they had seen and heard and experienced, how closely involved they were in the incident, what relationships they had with those most directly affected and their own basic personality types. For many of the pupils in the school, what happened was like something they might see on television and not something that directly involved or affected them. It was interesting to note that apart from those in the school hall, many of whom were deeply shocked, the group most affected by the incident was made up of those in their final A level year who were not in school that day because they had no examination. Many of them had powerful feelings of guilt.
Reactions varied, but the normal patterns of feelings were experienced. Those most directly involved reported feelings of shock, disbelief, unreality, guilt and distress, though the range and intensity of these feelings varied. There was a great deal of discussion and debate about the incident, a fair amount of speculation, some tendency to believe rumours of the wildest kind and a fairly widespread sense of insecurity, not least among those who still had examinations to take.

When the incident occurred, all kinds of issues had to be dealt with at more or less the same time and the school had no disaster plan to provide guidance. The tasks that faced us ranged from simple first aid to answering phones, from deciding whether or not to close the school to keeping the gates closed in order to keep journalists out. We also had to think about some of the longer terms issues, such as where to hold the remaining examinations, how to help pupils and staff feel more secure, how to keep everyone informed about what had happened and would happen, how to deal with the persistent requests for interviews and stories from the media, how best to help the police etc. It was an overwhelming experience at the time and perhaps the first and most important challenge was to try to get some clear understanding of what actually happened on the day and how it came about.

The fact that there was a weekend between the incident and the resumption of the school was important and helpful. It enabled senior staff to meet and think through the issues that needed to be dealt with and to agree a strategy for dealing with them. It enabled us, for example, to have arrangements in place for using the crisis support team effectively to assist staff and pupils, for dealing with the media and much else. But our first priority was to ensure that everyone in school knew what had happened, what the consequences were, how the injured were doing and how this strange incident could best be understood. We made it a priority to keep everyone in the school community fully informed every day until the school year ended, which involved notices for registration and school assemblies, letters for parents and the use of the media to reach the school’s own audiences.

Many of those who were upset and distressed by what happened found sufficient comfort and support from within their families or from friends and colleagues but the school was happy to have and make use of the social services crisis support team. This team provided counselling in school for those who wished to have it and it was the school’s explicit policy to encourage everyone who thought it might be helpful to them to use the service available on a strictly confidential basis (though we did seek to ensure that pupils had parents’ consent before they talked to any of the team).

When briefing teaching staff, we gave them guidance on how best to respond to pupils’ requests for information, comments or reactions, and the essence of this was to say that factual information was critical, speculation was wrong, talking quietly about what happened was important and helpful and being observant mattered. We encouraged teachers not to dismiss their own or their pupils’ reactions to the incident too lightly, to keep an eye on those who seemed to be upset and to understand how pupils, perhaps girls in particular, might react to an event of this kind.

We went to great lengths to keep everyone informed and we also tried to provide them with a means of understanding and in a way, making sense of what happened. It was important for us to make the school seem secure so we took steps to do this and
publicised them. We also wanted to help everyone, pupils especially, to realise that this was a very bizarre, one off, unpredictable incident, something that could not have been expected and something that was extremely unlikely ever to happen again.

The sense of normality beginning to return comes almost intuitively, though it is worth saying that institutions tend to have lives of their own and, indeed, have to go on anyway. It was about ten days after the incident when we observed that things must be returning to normal because third formers were beginning to misbehave again.

One aspect of incidents of this kind worth mentioning because it can demand a great deal of time and energy concerns the media management side of things. It is possible for heads and senior staff to be so drawn into media related activities that they are unable to think about how best to manage the school situation or concentrate on what needs to be done for pupils, parents and staff. It was, therefore, very helpful to us to have the services and advice of a public relations company which could and did deal with most of the media enquires, providing the school with a cushion or buffer behind which senior staff could focus on those matters of greater importance to the school community but also enabling us not only to use the media to speak to our own audiences and keep them informed but also to guide the media as to when the story was over.

If you are responsible for what goes on in a school (at any level) and there is a traumatic incident, do not fall into the trap of thinking that if you don’t talk about it or discuss it openly, then everything will be alright. The opposite is the case. If the incident is not discussed and explored and if those involved are not able (or enabled) to talk about their feelings and reactions, it will be much harder for them to deal with it. Normality, whatever that is, will take longer to return. People, whatever their age, need to be allowed to recognise and own the ways in which they feel and also to understand (which is where good counselling comes in) that those feelings and reactions are perfectly natural and normal and that no two people will react in the same way. This does not mean that one is “good” and another is “bad”, only that they are different. A “stiff upper lip” approach is understandable, but misguided. Traumatic events threaten the sense of security that is normally associated with schools and therefore threaten the self-confidence of those in them. If that self-confidence is to be restored, then the ways in which traumatic incidents are dealt with matters.
Case Study 2: Major school reorganisation

One teacher’s account of the process:
The proposal to amalgamate our school with another was met with varying degrees of anxiety, worry, scepticism, hope and anticipation by different members of the staff concerned. Some people were completely closed to the idea from the start. Staffing was a huge issue. The situation was further complicated by personal relationships within staff (marriage, engagements, close friendships). Others had a lot of questions about the details. How staffing schedules would be worked out, where the schools would be housed, who would become principal, what would happen to the ethos of the existing school, how would staff members/children manage in bigger schools, would individuality be smothered? People who were in danger of losing their positions and would be saved by reorganisation were willing to accept the proposal immediately.

There were numerous meetings involving staffs, union, local management and patron’s representatives. As time went by staff of the existing school became more consolidated in their positions and less willing to compromise. Relations between the staffs deteriorated. Communication between the two senior schools broke down completely.

Personally while the process was going on, I often felt sick going into school in the mornings. Break times were taken over with discussions about the issue. They often became long and drawn out, e.g. 11.00 am – 11.40 am. As a result schoolwork suffered. I often went back to the classroom irritated, distracted and even irate. This had a knock-on effect on the atmosphere in the classroom. Learning time was shortened. Pressure to cover curriculum coupled with personal feelings often meant I was quick tempered so children had to be affected.

Our staff would all have shared these feelings and frustrations. At times there were tears in the staff room and everyone missed out on class time. Some members of staff suffered stress-related illnesses, e.g. I suffered a lot from cricks in my neck and back; others complained of headaches.

Note: The amalgamation of the two schools is still very much a ‘live’ issue, some progress has been made but the staffs of the schools are still wondering about their future.
Group B: Where the school is directly affected by a critical incident in the community

Example: Horrific criminal acts, accidents and death of children out of school

Case Study 1: Shooting at a First Communion Ceremony

The principal’s account:
Saturday, May 16, was to be First Communion Day for the children of second class. As the offertory hymn ended the peace was shattered as shots rang out in the church. A gunman shot one of the congregation in the back and shot into the air two or three times and ran from the church. The men gave chase as the rest dived for cover, not sure if this was to be another Dunblane.

I was at the back of the church. Women crept past me as I stood by a pillar in the church to be sure there were no children between me and the door and that the gunman had left the church. I walked across the church and up to the place where the shots were fired to check if anyone had been hurt. The wounded man was lying on the floor under the seat, alive but bleeding from his back. I went to the sacristy door to phone for an ambulance but a classroom assistant and a teacher were trying to call one on a mobile phone. I tried to open the door a few times, banged on it, and then pulled it towards me and it opened. A teacher went to phone the ambulance, as a parent came looking for towels. I gave her some of the altar server’s robes. The choir children ran into a porch, the exit door was locked. They were terrified that the gunman would follow them in there. When I walked back into the church one of the parents suggested that we should leave the church and I made an announcement over the microphone. As we were leaving word came back that there had been another shooting outside and that we should stay inside but it was too late. Some people did stay inside for about five minutes until the gardaí came into the church.

People were huddled together in terrified groups in the church grounds, children were crying and screaming. The teachers were trying to console the parents and children.

When the gunman left the church and the men gave chase, he ran into a small housing estate. He turned and fired into the crowd hitting another man who slumped to the ground. A teacher stayed with him and tried to support him until the ambulance arrived, almost twenty minutes later.
Two gardaí, who were in the area, saw a crowd coming out from the church screaming and radioed for help. A short time later the gunman was taken to the garda station.

One of the teachers suggested to me that they should go over to the hall for tea, prepared by a group of parents for after the First Communion. The teachers invited the parents and children to the hall and most of them were glad of a cup of tea. I waited for the second ambulance to arrive to take the first injured man to hospital and was relieved that he was alive and talking.

Some of the families had gone home before I went to the hall. On my way some parents requested that their children receive Communion on Sunday and I agreed it would be all right and would consult with the priests. After the families left, the teachers went to the priest’s house, all very shocked. Words of support came on the phone from the parish sisters who had heard the news on the radio. Then it was realised that the parents of teachers may have heard the news and worried. Teachers phoned relatives to reassure them of their safety. The teachers then went their separate ways. News reports on radio said that First Communion would be celebrated the next day, Sunday.

On Sunday I went to the church and met many dazed and shocked people. Some of the children were brave enough to read readings and prayers, and to bring up the gifts. Some teachers came to give their support. Later on Sunday I tried to contact the school inspector and left word with his wife.

On Monday morning the staff were in a state of shock. All tried to make life as easy and as normal as possible. Some of the First Communion children were dressed in their style. Many stories and versions of the event abounded. The teachers tried to extract the fact from fiction and to reassure the children. Circle-time was used so that the children could voice their feelings about the events. Many parents gathered in the parents’ room and I enquired of them what they wanted. They wanted a meeting or two to give them direction and support. Gardaí brought the children in relays to the Botanic Gardens with their teachers and some parents.

On Tuesday a very large number of parents attended the morning meeting. A psychologist spoke to the parents about how to support their children. After the initial discussion it emerged that most parents wished the children to return to the church, the sooner the better. The following Saturday was proposed as a day for Special Communion. This was put to the evening meeting and all agreed. The children went to visit the National Gallery, a trip that had been planned in advance.
As the choir were needed for the Confirmation the following Friday, it was decided that the choir children and the First Communion children should return to the church on Wednesday. After three days of intensive counselling the children were ready to return. The choir went in first and sang a few songs and hymns, then had a party. The First Communion children joined in the party, except for one child, some of them found this very difficult. A full gathering of the staff was held with a facilitator. Only those who were present on the Saturday felt the need to have a further group session on Friday.

On Thursday the First Communion children went to the church to practice for the Saturday, it was still difficult and with some coaxing all but one attended. Classes proceeded as near to normal as possible. The Bishop was asked to visit the First Communion children on Friday before the Confirmation ceremony. The session with the facilitator was the first time all those who were present the previous Saturday had time together. It was very therapeutic.

Saturday arrived and there was palpable tension in the church grounds. The ceremony was as short as possible. The reporters and television crews respected the parents’ wishes that they should not intrude by taking pictures in the church.

In the weeks that followed life began to slowly return to normal, to all outward appearances. Another meeting with the facilitator during the week helped to close the event. Art therapy classes began for the children and for the staff, these proved to be of great benefit. It was during these that the teachers realised that the event had taken a toll on them and the scars of the event might take time to heal.

The principal’s account:

On Sunday July 26 a P5 pupil from our school was tragically killed in an accident involving a horse. This was particularly tragic as the father was with the girl when the horse bolted. The child was thrown off and dragged some distance up the road, past a watching mother.

As a member of the community I think it was the saddest event I have ever had to attend. As principal I had never before experienced a death of a child at my school – I have had occasion where a parent has died tragically and had to deal with that.

The effect on the whole school community was perhaps lessened in so much as the school was on holidays. However, for me there were various aspects of crisis to deal with. Being principal in the school for nearly twenty years the family and relations were all well known to me, which meant I was welcomed into the home during this time and at other times when I have called
to speak to the mother. I feel the parents appreciated me and still appreciate my visits.

The girl and her brother were taken to school every morning in life by their mother. After the girl’s death the mother could not do this. The boy now comes to school with his cousins although recently the mother has been driving to the school to collect him.

Being a small community, the relations are all very close but this family and their connections are particularly close and live nearly beside each other. I was asked by the girl’s uncle to ‘care for’ and look out for the girl’s cousins who were very upset by the whole tragedy. The girl’s brother who was a very quiet boy anyway, seems to be coping very well and I as principal make an effort to speak to him and his cousins almost on a daily basis to see how they are doing.

Several months before the girl’s death there had been a class competition to help design a new environmental area. Her ideas won the competition in her class. Aspects of her design are now incorporated in a lovely environmental area in the school grounds. Her parents, relatives and local businesses all contributed to this area which (although not sign-posted) we consider to be a fitting memorial to her short life. Our school is a large open site but this particular area has remained free from vandalism. We like to think it’s because of its circumstances.
**Group C:** Where the school is part of a community affected by a community wide disaster

| Example: | Schools in areas of civil unrest, economic disaster (mass job loss), health scare, environmental disaster |

**Case Study 1:** Flooding in a school catchment area

*The principal’s account:*
Flooding took place in 1990, 1995 and 2000. This affected the children in many ways.

- There was a lot of absenteeism. The children in school and those absent children were held back in their learning. When they returned they found it difficult to settle into school work. The flooding period lasted 6 weeks or more and school work suffered.

- The children were constantly under media attention, i.e. going and returning from school; they were on radio, television and their pictures in the newspapers. As a result their behaviour in school deteriorated.

- School starting and finishing times suffered during this time. The majority of the pupils did not arrive on time and many had to leave early as they had to walk up to three miles through fields to get home.

- The school itself was used during this time as a parish hall for meetings, media interviews and for meeting politicians. The majority of the time it was during school hours and it was most unsettling for pupils and teachers.

- The children themselves were often hungry when they arrived in school as they had walked a long journey and extra lunch time had to be added to the school timetable to facilitate them.

- The children needed extra clothing and footwear in school, as they were often drenched wet on their arrival in school.
Group D: Where the school is affected by an external national or international event

Example:
A sudden influx to a school of refugees traumatised by events elsewhere, tragic death of a pop-star or popular figure, an event abroad involving emigrants from local community.

Case study 1:
The enrolment of a significant number of children of refugees or asylum seekers

One teacher’s account:
When children of refugees or asylum seekers come to live among us, they are seen by many as "the lucky ones" – those who have got away. What we often fail to recognise is what they have lost in the leaving and the pain and suffering they carry with them. Many will have lost close family members but even those who arrive with the core family intact have already lost a great deal – familiar surroundings, friends, the opportunity to grow to maturity in their own place. Their home and its familiar contents are left behind. A coffee cup or a few photographs may be the only mementoes of generations of living in one place.

The uncertainties and insecurities which plague the average Irish child in the early days after moving house/school and/or town are magnified enormously for the child who is torn abruptly from his/her native soil to exile as refugees. The declining influence of the extended family in the daily lives of many of our children should not blind us to the deep loss to children from other cultures who may have been cherished and parented on a daily basis by grandparents, aunts or uncles and find separation from them very difficult.

Contact with close relatives may be difficult or impossible due to political circumstances. Children will be sensitive to the pressures on parents even when the latter try their utmost to shield them from what is happening. A major and often intangible loss is the loss of trust and security. When neighbours, friends and/or people in power and authority destroy one’s way of life and/or inflict great pain and hardship, trust and innocence is lost. Children carry this learned mistrust into their new setting. If neighbours can betray, is it wise to trust strangers?

Refugees and asylum seeker families experience a great loss of status on arrival at their new destination. At home they had a role and function in the community. In their new setting they are disempowered, many denied the right to work, feeling that they can have no impact on their present situation. Children are not unaware of these changes or of the public perceptions of their families.
In addition to coping with loss, refugee and asylum-seeking children must now learn to live in a new environment. Climate and weather, foodstuffs, social as well as language and religious differences may be encountered. Children may be transplanted from a city to a small town environment, from close-knit community to urban anonymity, from comfortable spacious accommodation to overcrowded Bed and Breakfast. Refugees and asylum seekers may be housed communally and may have to live cheek by jowl with dozens or even hundreds of others. (Imagine being evacuated with a hundred people from your immediate vicinity and living communally for months on end. You can begin to get a sense of the stresses involved.)

Uncertainty about the future also induces stress particularly for those seeking asylum. Will they be allowed to remain in the country they have chosen to travel to? Will they be moved about the country away from other members of their own community? Will rent increases dictate constant movement in search of affordable accommodation? Will children have to change schools every time the lease expires and start over in a new place with new teachers, new classmates etc.?

Parents and children must also contend with living in a fishbowl. They may be the novelty element in the life of a school, district or town. Their actions are observed and commented upon. The behaviour of only one may draw opprobrium on all. Stereotypical and/or racist views may preclude them being accepted as individuals in their own right.

The education system will differ to a greater or lesser degree from that in their place of origin. Children who have been high achievers at home may find it difficult to adjust to being at a disadvantage, at least in the short-term, relative to the indigenous population who are familiar with the language, curriculum and teaching styles. Children who have suffered trauma may have difficulty concentrating on academic work and may function below their natural ability. The behaviour of classroom peers may be shocking to children from cultures in which adults and teachers are highly respected. Such a child may be torn between the desire to fit in with classmates and to accord respect. Non-attendance at school or long periods of absence due to war, flight or hiding may place the newly arrived child at a further disadvantage. S/he may also be pressured by unrealistic parental expectations.
Group E: Where schools experience a sequence of repeated or different critical events

Example: Where schools have no time for recovery before a similar or different event strikes. Several small incidents can become a major threat to school stability.

Case Study 1: Critical experiences for a school community

The principals’ account:
In summer, sisters tragically killed in a tractor accident. There was shock and disbelief on seeing them in the hospital. In the days that followed parents and teachers played a major role in helping pupils come to terms with grief/loss/shock.

The following September, when we reassembled after the holidays it was difficult to manage very mixed feelings all reacting/pro-acting in all sorts of different ways. It was difficult to manage the day to day school business.

At the same time we were trying to help the two classes involved. This was not an easy task.

At the time another pressure for me came from the media. Within an hour of the accident the story and photographs were sought. Before I had taken in the reality I was contacted five times by a national newspaper and as many more phone calls from local papers.

As the year progressed there was more in store.

- A teacher and her daughter in sixth class were involved in a car accident.

- A first class boy was knocked down outside school gate before opening time. I was called to the scene of the accident having just dealt with a serious break-in during the previous night. Follow up series of meetings with Co Council/Board of Management to provide a safe crossing. However it was six months before a solution was realised. The child recovered fully.

- In addition our school was subjected to four break-ins, a computer was stolen and there was damage to furniture, sky light etc. There was an attempted battering down of the computer room door, followed by a long process to get an alarm installed. In the meantime there was another failed attempt on the computer room. This caused shock/annoyance/anger etc.
The school was affected by more deaths including the mother of a fourth class pupil, the mother of a senior infant pupil, the baby brother of a first class pupil, the father of a teacher, the father of a parents’ representative on the Board of Management.

There were three suicides which impacted on the school including two uncles of sixth class pupils and a cousin of a pupil in the travelling community. In addition also her 15 year-old sister was killed while crossing the road to their home.

Perhaps the most critical for me was the discovery of the body of a man missing for three weeks, by the caretaker, outside the school security fence.

The caretaker who at first was unable to speak, reported to me. I experienced shock and fear as I awaited his story and then went into auto pilot. The assistant principal looked after the caretaker while the deputy principal informed every teacher. Within two minutes all staff were on hand and doors were secured. We contacted the gardaí, priest, doctor and Board of Management and within ten minutes all had arrived on the scene. The co-operation of all made it possible to get 200 infants at 1.40 pm and 280 senior pupils at 2.00 pm off the school grounds without exposure to any of the drama.

For me the most difficult aspect of life as principal this past year was having no recovery time between the different critical experiences with little or no backup service.

One teacher’s account:
Working in disadvantaged areas, the school community is constantly exposed to the traumatic incidents that have become commonplace and are well documented. Events are no longer newsworthy and are dismissed with an "what else would you expect?" attitude. Yet, despite familiarity, their impact is not lessened. A recent diary of such events to affect this school follows directly:

- Drug raids in local flats beside the school – often our children’s homes;
- Suicide in flats witnessed by children and recounted to teachers – sometimes of parents;
- Money stolen in school;
- Cars scratched, hubcaps taken, windows broken;
Small fire in school;
- New windows smashed repeatedly;
- Syringes found in schoolyard – broken drinks bottles in yard which had been aimed at windows;
- ‘Kidnappers’ in van nearby;
- Tension between second class traveller and settled children; and
- Problem children.

What would be shocking in other areas can become normal and acceptable. However, what is beyond doubt is the effect on those children, their teachers and the class environment. These are children in these schools who come from families where:

- both parents are using drugs or selling or both;
- single parents who are also involved in substance misuse;
- children have witnessed very serious assaults on/or by their parents;
- they live lives where violence is regular and trauma is normal;
- parents/partners come and go;
- all night parties are regular – sleep is impossible;
- a family under siege is a reality; and
- children are beaten.

Working in the classroom and coping with traumatised children is difficult, trying and often impossible. These children have many behaviour characteristics in common and can be:

- silent and withdrawn;
- hyperactive;
- unable to concentrate;
- moody, difficult, distracted and a distraction;
- constantly attention seeking from "teacher, teacher" to misbehaving, fighting, telling tales etc.;
- unable to complete assignments which they are able to do but lack self-confidence, motivation or the ability to settle; and
- progressively underachieve.
WHAT ARE CRITICAL INCIDENTS
These facts translate into familiar challenges for teachers in these areas. Typically class order is established on a class by class basis; when children come to school, back from the yard or changing from one subject to another. Order is fragile and temporary and once lost absorbs time and energy to restore.

A class is unpredictable: will they be "able" to do something or not? There are certain peak times usually in the morning when they can focus and learn; the rest of the time getting by as best you can. Children who haven’t had a proper night’s sleep cannot cope with school or pay attention in the class. Many have had no breakfast and have got themselves out to school. In short, children from troubled homes can make life very difficult for everyone – themselves, other children, the class and the school. As for parents, at best they are ambivalent, their goodwill is tenuous and thin and if they see a problem, innate hostility surfaces rapidly.
Key Message

‘Children will always find in the eyes of parents and teachers mirrors in which they will discover themselves as they are. We have a choice in what we reflect back.’

William Glasser from Raising Self Reliant Children in a Self Indulgent World by Stephen Glenn and Jane Nelson – (Prima publishing and communication Rocklin, California, 1988)
CHAPTER 2
WHY SHOULD SCHOOLS DO ANYTHING?

WHY IS THIS QUESTION IMPORTANT?

Unless this question is discussed before an event, valuable time will be wasted arguing over whether or not any response should be made at all. The sooner the assessment and response starts, the sooner some degree of order can be achieved. The discussion needs to go beyond the aspects of the incident that cannot be avoided, to consider how comprehensive and proactive the response will be. There are examples after many incidents, even major disasters where the impact is great, where schools, desperate for specialist support have to wait for days and even months while people argue over whether or not that support is needed or if action is necessary.

BUT TEACHERS AREN’T SOCIAL WORKERS OR COUNSELLORS!

No – but there is a great deal teachers can do as teachers using educational methods. Other professions are always anxious for schools to work with them to support and enhance their own work with children and families. Teachers can encourage families afraid or reluctant to seek extra help for children to do so. However, most children never see a specialist or counsellor. In many areas specialist services are few and far between. Children rely on the help and support of families, friends and teachers. Some children need no more than this and a caring school response may reduce the need for others to seek specialist help.

SHOULDN’T YOU LEAVE PSYCHOLOGICAL PROBLEMS TO PSYCHOLOGISTS?

Teachers deal with children with varying levels of psychological problems all the time. They are used to referring children or seeking advice when specialist help is needed. Teachers help by providing continuity, security, coping skills and supportive responses; their work complements and supports that of health and other professionals. They do not engage in therapy and the skills used by psychologists. If teachers are not aware of trauma reactions, they may not refer in time. The impact of trauma is multi-dimensional and needs a multi-dimensional, holistic network of support.

WHY DO SCHOOLS HAVE AN IMPORTANT ROLE?

The role of schools will vary with each incident. While schools have an ongoing role in teaching and learning and a duty of care to staff and pupils, critical incidents have the potential to disrupt individual performance and behaviour, school functioning and morale.
**Reasons for the involvement of schools include:**

- **School is a very significant part of a child’s life and support system. It is a normal place for a child to be and offers security to the child at a time of insecurity. It is within such a normal environment that children can best be helped to deal with traumatic reactions to critical incidents. Teachers know the children well and are in a powerful position to offer strategic and specific support to children and their families in a familiar setting.**

- **Teachers are in a central position to observe behavioural changes and can monitor long-term progress and respond to the behavioural changes and to delayed reactions.**

- **School is an important part of any community and therefore dealing with critical incidents in an effective manner will enable the school to provide the necessary support within the school and throughout the wider school community. For example, after the Omagh bomb, Scoil Iosagain in Buncrana soon became the focal point for information, other support agencies, and community rituals. Most incidents require a multi-dimensional approach involving all aspects of the community. If teachers, children and parents receive information and support, they can become important agents of recovery, dispelling rumour and encouraging coping throughout the community.**

- **Teachers have many skills which promote coping such as building self-esteem and providing opportunities for creative expression. The normal curriculum provides for the teaching of personal and physical safety, life skills and opportunities for pupils to express their feelings, fears and reactions through class/individual activities such as art, music, drama and writing. Schools also have existing systems which can be adapted to support and inform people, such as pastoral care systems and newsletters.**

- **Teachers are important role models for parents and children. They can create a feeling of security and model healthy ways of coping and leadership.**
WHEN SHOULD SCHOOLS RESPOND?

Now – preparation before an incident happens is crucial in order that a school may respond effectively in the event of an incident occurring. As soon as the school becomes aware of any incident that might have an impact on it, the principal, in order to decide the scale and nature of the response, can find out the facts and assess its significance on the school. If it is decided that nothing more is needed, the position can be reviewed later in light of any new information.

WHAT ARE THE BENEFITS OF SCHOOL INVOLVEMENT?

Schools who take on this issue will find that much of what they learn can be used in other aspects of their work. Similarly, the strengthening of existing systems and procedures will have a beneficial effect on normal school management. Children will benefit from the development of the curriculum which will build their capacity to cope with the small and large crises which they will face in their lives. Above all, teachers will not be afraid to deal with distressing issues. Morale will improve when they have been able to manage incidents in a positive fashion. This is illustrated by the comment of one Vice-Principal:

"Before the training there was a great deal of panic after a pupil was killed. The teacher did not know what to do, whether to discuss it with the children or not. The teachers did not know how to deal with their own feelings and reactions. They felt they should do or say something but they were unable to do this because they felt inadequate. They did not know what to do with the boy’s books, place in class etc. After the course, when a little girl was killed everyone felt that they could face up to it immediately. The teachers got the support they needed and there was no feeling of panic. They dealt with the practical details, kept the place in class etc. The little girl was talked about openly and the children allowed to express their feelings by drawing pictures and talking. They were in Primary 1 and could not write anything.

"The girl’s parents were also catered for in as far as they were told in an open, relaxed manner that the school had her books etc. which were available when they wanted them. The support network was from senior management down and everyone felt comfortable and could be more effective in a support role. There was much more communication between family and staff because everyone felt comfortable and unafraid to provide openings for conversation. The parents discussed the reactions of the other family members and kept in touch. They eventually asked for all her books and things and the staff felt that this tragedy had been dealt with as well as they could have done."

WHAT ARE THE CONSEQUENCES OF IN-ACTION?

In 1988 the school cruise ship, Jupiter, sank off the Greek coast. Loss of life was minimal but hundreds of children had to be rescued from the sea. Few of the schools concerned took any strategic action to help their pupils and staff cope with their trauma. Some prevented them mentioning it in school. Ten years later, a book ‘Jupiter’s Children’ was published (Mary Campion, Liverpool University Press (1998)). It was an account of the stories of those on board and provides a sad catalogue of the long-term
consequences, including suicides, of those involved. One of the teachers said “if only someone could have come into school and told us what reactions to expect, then we would have not felt we were crazy and abnormal.”

If schools try to get on with life as if nothing has happened, they become very stressful places for those who have to hide or suppress strong reactions. There is also the potential for inappropriate comments and actions which can compound and prolong distress. The school will be unaware of powerful triggers to a child’s emotions and not understand why a child becomes withdrawn or very angry. Peers will have no guidance in how to support their friends. Some children and teachers have been teased and bullied because of their experiences. Valuable learning will be lost throughout the whole school. Difficulties for staff can manifest themselves in a number of ways e.g. illness, absenteeism, low morale, inefficiency, resignation or retirement on health grounds.

WHO CAN SUPPORT SCHOOLS IN RESPONDING TO CRITICAL INCIDENTS?

Any event which is critical will, by definition, overwhelm the usual coping mechanisms of the school and back-up from others will be needed. Schools are often resistant to seeking external support as they fear it will be a sign of inability to cope. There does, however, need to be a co-ordinated, consistent approach across the network of agencies. Issues about sharing information need to be addressed before incidents happen. The following agencies are available to support a school.

- **School Management** – The main role of school management is to legitimise critical incident work and to pave the way for effective planning and delivery of school intervention techniques. This can be done by developing an emergency plan, as part of the overall school plan, and appropriate strategies which support and enable the school community to fulfil its role in managing critical incidents. It is important in developing such a plan that staff and other members of the school community are provided with information on the impact of a critical incident on a school’s life and with opportunities for in-career development on the issues surrounding the management of critical incidents. Training for designated staff, school crisis response teams, including administrative and ancillary staff, must be made available.

The style of management contributes greatly to the enabling and mobilising of staff into planning, implementing and reviewing a critical incident management response. This style must be supportive, non-intrusive and keenly conscious of the positive effects of staff morale and goodwill in the school community. Many schools rely on their principals to initiate the response and this response is then dependent on the effect of the incident on the principal. Only through increased awareness of these issues and in-career training for principals on these issues, will the benefits for schools be acknowledged.

School management has a ‘Duty of Care’ to the school and will be responsible for overseeing the response to an incident. One area of difficulty is in what to do where the school and management are both affected by an event. The school may be immobilised by their own reactions or make unhelpful decisions. It is
also common for principals and management to underestimate the impact of an event on staff and pupils. For example, in Oklahoma City after the 1995 bombing, it was reported that principals used their own coping styles and ideas as yardsticks to evaluate and make decisions regarding the emotional needs of pupils. Some principals believed students were not in need and prevented them from receiving help from health services. (Chapter 9 ‘When a Community Weeps’ Zinner & Williams 1999). In these circumstances it may be necessary to seek the help of a higher authority to ensure a good response. Such a problem can be mitigated by thorough pre-incident planning.

- **Support agencies** such as the Educational Psychological Service, Social Services, Health and Welfare agencies already have expertise in dealing with the impact of critical incidents. They are, however, most likely to work with the most badly affected individuals. Their skills complement and support but do not replace what teachers can do for all the children, especially those not needing specialist help.

- **Specialist consultants** have a role in training, in the early implementation of the concepts of Critical Incident Management and in supporting management and schools in coping with major events. They are useful if they work in partnership with local professionals and are sensitive to local needs at times when local resources are completely overwhelmed. They may bring a wide range of experience from other incidents and can help save time in mobilising a response.

- **Other community professionals.** The clergy will already have an important role in many schools as will GPs and health visitors. Youth workers, local librarians, community and voluntary groups have played major roles alongside schools after many disasters. Fire and police service personnel can give talks to raise awareness, promote safety and reduce fears.

**Are Crisis Response Teams Useful?**

It is useful for all teaching and support staff to have enough awareness of crisis management so they understand crisis response procedures, support the work of colleagues and not make matters worse for affected pupils. However, it is impossible to give in-depth training to everyone. One answer is for some interested teachers in a county or region to have specialised training in this area. They can guide the school through the planning stage and also act as co-ordinators and a resource when tragedy strikes. They can liaise with other professionals and crisis teams so that the educational dimension is not forgotten and is equally valued alongside other types of response. In some countries there are Regional or National Crisis Response Teams in Education Departments. Unions could also create a special interest group or team specifically to support and advise staffs.

**Why Has It Taken So Long for Schools to Take Up Critical Incident Management?**

This is still a new area of work, especially for education. It takes time for any new idea to be taken up by public institutions. In addition, anything involving death and
distress carries a taboo and when children are involved extra anxieties and uncertainties may be created. There has been a long history of denial of the impact on children. Many myths have evolved which serve to deny children their experiences and prevent

### Key Message

*The impact is like a pebble thrown into a pond. It sends waves through the whole community. Some can surf the waves, others are overwhelmed, some just get washed up on the shore, forgotten and ignored.*

help being offered to them. Some of the myths include:

- If you don’t mention it, the distress will go away;
- Very young children won’t be affected;
- If the child isn’t showing distress, and can laugh and play, they are not affected;
- Children are resilient and can cope on their own.

The reluctance of education to take up this issue is a world-wide phenomenon and there are personal, cultural and institutional factors for this:

#### Personal and Cultural Barriers

The realisation that they cannot always protect children is for many adults and therefore teachers, hard to deal with. Denying children’s distress is a way of protecting themselves from this hard fact of life.

But the greatest barrier for adults is the hidden grief and unresolved distress from past losses and crises, especially in childhood. The distress of others can be too painful a reminder of their own. Some people are intolerant of the different ways in which others react to the same event and the different ways they have of coping. For example, teachers who cope only by holding back emotions will expect that others can do the same and will resent any school acknowledgement that help is needed. The personal barriers will be reinforced by lack of information about the nature of critical incidents and the impact of stress and trauma on the body and by cultural norms about seeking help, expressing emotion, ways of coping and attitudes to death.

#### Institutional Barriers

Institutions are made up of people, each with their own barriers to this work. It is all too easy to turn these into institutional barriers, such as the lack of time, money or need ‘because incidents don’t often happen’. There are also fears about incidents being ‘too hot to handle’, media involvement and public reaction. Poor general management, lack of staff welfare systems, lack of emphasis on and devaluation of an ‘emotional curriculum’ will all militate against the work. The common ‘wait and see’ approach to response also prevents systematic assessment and early preventative measures being
implemented.

**How can barriers be overcome?**

Once the will to undertake this work is present at several significant levels of an organisation, removal of the barriers can be swift. The key lies in raising awareness, training and exchanges of information and experiences. In countries where Critical Incident Management has been found to be a benefit rather than a burden, resistance to this type of work has disappeared. There is usually a point of take-off, after which progress will be cumulative. The breaking down of cultural myths and taboos, which are no longer useful, will also speed the process. Many schools are now including this work in the area of a social personal and health education curriculum.
CHAPTER 3
CRITICAL INCIDENTS AND THEIR IMPACT

‘I didn’t recognise who I was anymore. I thought I was going crazy. I get so angry, I just want to hit out at anyone and anything’ – a traumatised teenager.

‘Every time I travel any distance, I feel helpless and frightened like I did that night in the water waiting to be rescued. In my mind there’s always the feeling it could happen again’ – a 17 year old girl, 3 years after her rescue from the sea. (‘Horror Haunts Disaster Girl’, Andrew Lycett (1990) Source Unknown)

CRITICAL INCIDENTS AND TRAUMATIC SHOCK

Critical incidents are usually unexpected and horrific. They contain one or more moments of actual or perceived threat creating traumatic shock. This can be a threat to life, body, integrity, loved ones, security and values. Many people find it hard to believe the depth, breadth and persistence of the impact on hearing news of a critical incident. Secondary stress is common and cumulative as the consequences unfold or when people have to attend inquests and enquiries while trying to cope with life again.

Traumatic shock is different from ordinary stress in its intensity, persistence and all-encompassing nature, as illustrated by the case studies (pgs 2 – 17). In order to decide how best to survive under threat, all the senses are engaged to take in the information at hand. Sights, smells, textures, sounds and tastes are recorded vividly in the brain and these provide the material for responses, particularly flash backs, which are the most characteristic reactions of trauma. If any sensory image from the event is re-triggered, the person may have physical reactions just as if they were right back in the incident again.

Trauma disrupts the way images are interpreted and stored as memory. There are changes in brain chemistry and an overload of hormones, such as adrenalin and cortisol. Immediate responses to threat range between the extremes of fright i.e. flight or freeze. Physical responses are prominent, such as sweaty palms, shaking and pounding heart. Some people will wander aimlessly while others will become focused as if on ‘autopilot’ and undertake heroic acts. This is the body’s natural response to such events but because it is natural, reactions are still distressing and in need of some kind of support. Reactions themselves may become a source of further stress.

Critical incidents also offer major challenges to strongly held beliefs about the world, life and the person. As a result, strong emotions arise such as anger that things are not as they should be, guilt about what was not done or the fact that they survived and fears that they will not be able to cope. All this along with the intense feelings of sadness surrounding the loss. Grief is a major component of the experience. Sudden loss of control of their world commonly leaves victims feeling helpless and powerless. They are now different from others and may be marginalised and isolated. Other life problems can be exaggerated and normal coping strategies weakened. Strong defences
WHEN TRAGEDY STRIKES

may be triggered which along with numbing can protect people from the intensity of the horror until they are strong enough to face it. Defences, such as denial, can become a problem if they continue too long.

Reactions may be acute, occurring immediately and soon after an event when extremes of reaction from hysteria to numbness are found, or delayed for days, months or even years. Initial reactions can cause or be compounded by secondary reactions. Some people go on to develop Post Traumatic Stress Disorder (PTSD) which is a clinical condition, and a few experience cumulative or complex PTSD.

Reactions emerge in many different ways but can be grouped into those which:

➔ Retrigger memories of the incident – such as flashbacks, intrusive memories;
➔ Arouse the body, always on the alert for another threat – such as jumpiness, anxiety; and
➔ Avoid the distress of the event and the first two groups of reaction – such as forgetfulness, poor concentration, not wanting to talk and phobia.

HOW LONG DOES IT TAKE TO RECOVER?

Trauma sets up a complex mix of physical, social, emotional, spiritual, economic and even political reactions. Physical symptoms can be persistent if not treated. However, if people have the space, information, support, a range of good coping skills and if necessary professional help, many do reach an acceptable level of adjustment again. A few people go on to transcend their suffering in life-changing ways, though usually with many ups and downs, as this young man did. Speaking as an 18 year-old, 10 years after he pulled victims from a major rail disaster near his school, he says:

“For me it was a wake-up call, I had been blasé, just along for the ride. It made me realise the realities of dying and how important it is to take what opportunities you can. Until then I thought I was immortal.” (‘Disaster that Turned my Life Around’, Patrick McGowan, London Evening Standard, 7 December, 1998).

However, documentaries 10 years after the major UK disasters of the 1980’s show that behind the brave faces, persistent problems remain for many which can easily be re-ignited if a similar incident happens again. Some also sink into a downward spiral where one problem causes another, shattering and sometimes ending lives prematurely.

THE LINK BETWEEN TRAUMA AND GRIEF

Critical incidents always involve loss of some kind. Grief is the natural healing process which helps adjustment to the new situation if it is allowed to flow. Too often, natural grieving can be blocked or distorted by the nature of the event, cultural norms, personal traits and reactions of others. Lack of information, guilt, fear and anger can interfere
with the grieving process. So too can uncertainty, prolonged investigations, delay in the recovery of bodies for burial or the lack of opportunity to bid a final farewell to a loved one. Traumatic events therefore have features which block or distort grief and normal bereavement counselling methods are often not enough.


“It is important to differentiate between the after effects caused by the traumatic nature of a death and reactions to grief. The shock of a sudden death is totally different to one where there has been time to prepare for the death. A child’s reactions to a sudden death are partly caused by the nature of the death and how they have been told about it and partly by the actual loss. In situations where a child witnesses a death or finds the body of a dead parent, the incident will ‘burn’ itself into the brain and undermine the child’s security. Unfortunately, with many children, grief is the only aspect acknowledged and they do not receive help in relation to the traumatic aspects of the death… Following a sudden death, it is necessary for adults to help children work through their impressions of what happened and/or refer to professionals who can help in the process.”

HOW DO CHILDREN REACT TO TRAUMATIC INCIDENTS?

Teachers may not see many of the reactions. They are more likely to experience the consequences when they appear in behaviour, school performance, class relationships and concerns of parents. The impact of trauma is very physical and immune systems can be weakened causing frequent ill health. It is therefore important to liaise with parents and other carers to establish the full picture. Children are also expert at hiding problems from adults if they fear they will be distressed. Some become very naughty to protect against death because of the commonly heard cliché ‘God always takes the good children.’

After the Omagh bomb and other major incidents, the most common concerns about children have been a high increase in bed-wetting, sleeping difficulties, nightmares, fears about it happening again and anxiety about separation. Often it is the loss of joy and sparkle in the eye that will reveal the impact. For teachers though, the secondary reactions can be the major concern. At first, schools often comment on the silence and good behaviour of the children. The pupils will be watching and waiting to see how teachers respond and what they can bear to hear. Later teachers will have to deal with, for example, behaviour changes, distressing play or drawings. They may be angered or frustrated by the rumours and horrific stories that circulate in the playground. Teachers may have to deal with jealousy arising from some children getting more attention, awards and gifts than others. In one major incident a 12 year-old boy was bullied by peers because he had been interviewed on TV and had cried. Another common problem is that children sometimes lie, saying they were involved when they were not. Nearly always they have had bereavements or trauma which did not attract attention or help at the time and this is their cry for help.

WHAT TEACHERS NEED TO KNOW ABOUT REACTIONS

- As children are individuals they may not fit the lists of trauma reactions. Some
survive very traumatic events while others fall apart after lesser incidents.

- It can take time for the true impact of an event to be absorbed by a child.
- Reactions may be hidden at home or school or both. Children often protect adults or don’t trust how they will respond. Sharing observations with parents, other teachers and carers ensures that a complete picture is built.
- Reactions may come and go quickly.
- Reactions may be displaced on to other people or events. You may get an ‘over-the-top’ reaction to a minor incident or anger directed at the wrong person.
- Reactions may not always be a problem for the child in the way you think – check it out. Tears are often described as a problem but silence as ‘being brave’.
- The event may be past, but the loss continues through life. One girl who lost her mother said she grieved again at each stage of her growing up – first communion, going to secondary school, first boyfriend, graduation, marriage and her first child.
- Not every reaction is related to the trauma – other things happen in life too.
- Many specific symptoms are treatable, some are preventable. Seeking help sooner rather than later prevents complications arising.

**Always watch for:**

- changes in behaviour, pre and post trauma;
- ‘over-the-top’ reactions inappropriate to the person and situation;
- patterns of distress; and
- persistence of problems and where there is no progress (such as repetitive play).

**WHAT ABOUT PUPILS AND STAFF WHO EXPERIENCE REPEATED TRAUMA?**

Cumulative traumatic stress reactions may be found where they have experienced:

- single incidents in quick succession;
- continuous trauma such as abuse where there are repeated traumatic incidents with on-going fear, guilt, shame and silencing in the intervening periods;
- a combination of chronic stressful conditions such as poor socio-economic conditions plus single traumatic incidents in addition to maladaptive coping measures such as drinking and drug abuse. Refugees, oppressed and economically disadvantaged people are prone to cumulative stress. So too are those who work with them.
WHO ARE MOST LIKELY TO BE AFFECTED?

It is difficult to tell precisely. Some people directly involved, who receive a lot of recognition and support, recover well, while witnesses whose trauma is not understood and receive little support may have long term problems. The largest group attending the Omagh Trauma Centre in the first few months were those who were witnesses and by-standers. Refugee children who have experienced extreme trauma may have trauma re-triggered or they may be unaffected because the latest incident was to them insignificant, compared with previous events. Some indicators help to assess vulnerability. The first two groups listed below are likely to have symptoms specific to the incident:

- Those who were under greatest threat, including those directly bereaved. Professor William Parry-Jones reported that in Lockerbie, two years after the air crash, the children with greatest trauma lived close to key sites – where the fuselage and engine fell and near the place used as a mortuary where ambulances kept coming and going.
- Witnesses of horrific scenes.
- Near misses – especially those who feel guilty or responsible for others involvement.
- Those who identify with the incident because of previous experiences.
- Children with past traumas and current vulnerability.
- Children with poor coping skills or who have been over-protected.

The families, friends and colleagues of people in each group can become vicarious victims of stress. Children of rescue and care staff have also been shown to be vulnerable because they overhear stories or worry about parents. They may be angry that a disaster takes their parent away from them, emotionally as well as physically.

DOES INTELLECTUAL ABILITY AFFECT REACTIONS?

It is difficult to generalise. Being emotionally literate and able to use imagination and creativity will aid coping. Intellectual ability can help build an accurate cognitive understanding and is a useful coping skill. Research by Professor Yule of the London Institute of Psychiatry found that the most able children regained their previous performance levels sooner than others and some schools reported improved exam results. However, throwing oneself into intellectual activity is one way of avoiding distress. Anecdotal evidence after several disasters shows that if young people do not have other ways of coping, they can suffer delayed reactions for example when they go away to college. After the Omagh bomb, information was sent to tertiary institutions to raise awareness about the need for continued support.

Children with learning disabilities are often assumed not to be affected because they do not understand. This is an erroneous view. Like the very young or dependent elderly, they will experience the disturbance in their routines and notice the distress of their carers. They understand much more than is often realised, even if it cannot be articulated.
DOES AGE MAKE A DIFFERENCE TO REACTIONS?

Age is an important factor influencing how the child makes sense of an incident and how it can express needs. The significance of the incident and meaning of the loss will change at different ages and stages. What is often under-estimated is the distortion a critical experience can make to the psychological and social growth of children, especially in the very early years of life when basic belief systems and feelings of security are being laid down. The impact, however, will not be evident until much later and so the time for preventative help is lost. One of the most vital reasons for intervention after an incident is to check children’s perceptions of the critical experience. Perceptions of what death means also change with age, but they also depend on other factors such as previous experience and how parents have discussed death:

Zoe, aged 4 was in an horrific accident with her brother in Spain in which she saw both parents killed and their bodies mutilated. She was asked if she thought her parents would be coming back. “No”, said Amy, “I knew they weren’t coming back when I was in hospital in Spain.” (‘Trauma in Childhood’, Jessica Markwell in ‘Health Visitor’ Vol 64, No 10, Oct 1999).

Television and video games give children distorted views of death. Some perceptions formed in children remain unchanged into adulthood if death is never addressed.

Some reactions are common to all ages but there are some features related to particular ages. However, in addition to age, always be aware of differences due to previous experiences, support and information given. The lists below are adapted from the work of Dr K Johnson (1992) – (author of ‘Trauma in the Lives of Children’ 1998)

1. **Any age:**

Reactions include regression to comforting behaviours of earlier years, sleep and eating problems, denial, fears, difficulties in relating to others, irritability, shortened attention spans, guilt and sadness. Children may be prone to accidents, clumsiness and frequent illness, aches and pains. Fears may manifest in fear of ‘ghosts’ and ‘banshees’ and sometimes children report seeing or feeling the dead person. Flash backs and trigger stimuli are disturbing elements for children. From the moment of impact images, sights and sounds are ingrained in the mind. These can be re-triggered whenever something similar is heard or seen and it takes the person right back to the scene as if they are in the trauma again. It is not just a memory – the body can react with panic attacks, sweating and a racing heart. It is useful to know what these trigger images might be and to know how to respond if children have a flashback at school. There are several techniques used by trauma specialists for treating flashbacks successfully and some self-help methods are also useful. Symptoms like these can make children feel very different. Meeting others with similar experiences can be helpful.
2. **Early years:**

In developmental terms this is the age when trust (0-2 years) and autonomy (3-5 years) are being developed. Trauma at these ages may mean that these remain undeveloped and lead to anxiety, dependency, withdrawal, shame, over-control, impulsiveness and helplessness. Very young children find loss troubling. They do not understand it or their feelings, nor do they have the language to make sense of it themselves or communicate their needs to adults. They do however, have many spontaneous ways of coping such as play, if allowed to use them. The myth that they are ‘too young to know’ means that the needs of young children are often ignored.

*Daniel, aged 2, was the brother of Amy, (pg 30). A family friend wrote, “When I first saw him after the accident, he was lying down, thumb in mouth, withdrawn and sad. We coaxed him to join in a game. He moved stiffly as if he had forgotten how to play. He had frequent tantrums and would kick viciously. His favourite toy was a small model ambulance which he clutched like a talisman. Later he played hospitals, shouting “I’m dead, I’m dead.”* (‘Trauma in Childhood’, Jessica Markwell in ‘Health Visitor’ Vol 64, No 10, Oct 1999).

Both children had adults around them who allowed them to talk quietly and play quietly and naturally about the accident. They were still doing so two years later but the play, drawings and talk had moved on. Big Teddy (Daddy) was taken up the ladder to ‘heaven’, the top bunk.

Some reactions specific to this age are:

(i) confusion regarding event, location, sequence of events;
(ii) undeveloped perceptions of death e.g. death is not permanent, people in graves still need food;
(iii) repetitive play, re-enactment of trauma;
(iv) swift movement through moods and behaviours;
(v) emotions shown through behaviour; and
(vi) anxious attachment.

3. **Primary School Children:**

The main focus of this age group is learning to acquire a sense of purpose, independence and self-esteem. If a trauma occurs at this stage then these will be shaken. The fact that more is expected of them personally and at school emphasises some reactions.

Some reactions specific to this age:

(i) ‘young’ behaviour e.g. wanting to be fed, dressed;
(ii) physical complaints – aches and pains;
(iii) clinging to parents, competition with siblings;
(iv) guilt and magical thinking, feeling responsible for the event, family safety etc.;
(v) school phobia, poor performance;
(vi) repetitive talking; and
(vii) feeling different to peers.

4. Post-Primary/Adolescents:
This is a critical age for adolescents because of physical and hormonal changes as well as the swing from parents to peers for their main support as they develop their own identity. There is more expected of them by adults. Social and school pressures are increasing. They are more able to express emotions and articulate needs and with guidance, make sense of their experience. However, they can feel acutely embarrassed talking about their reactions and have more access to negative coping methods such as alcohol and drugs and negative or ill-informed support. One 14 year-old boy admitted;

"I was too embarrassed to talk so I just went out and got drunk."

This age group causes great concern and worry for adults, as death defying acts and suicide may be considered, yet there are few specialist services. Creating open and honest lines of communication with these young people is vital and may be the only way they get information and support. Teachers and youth workers have a crucial role in reaching out.

Reactions specific to this age:
(i) ‘too old too soon’, or delay in growing up;
(ii) sudden changes in lifestyle;
(iii) precipitous life choices e.g. change in career, pregnancy, suicide;
(iv) maladaptive coping methods – addictive behaviour, sexual, anti-social acting out;
(v) poor school performance or throw themselves into work as avoidance;
(vi) feel ‘crazy’ or different from peers, loss of social interest;
(vii) physical reactions, depression, eating and similar disorders;
(viii) can’t meet responsibilities, giving up; and
(ix) survivor guilt.

WHAT IS THE IMPACT ON GROUPS AND THE COMMUNITY?
Critical incidents affect more than individuals. Individuals live in a context of family, friends, work, school and wider communities. Communities can be geographical or a
particular group of people linked by a common interest or characteristic. Critical incidents will disturb the stability of communities and sometimes destroy the whole community. The dynamics created will be very complex and may take months or years to emerge. Within each community there will be sub-communities (families, religious and social groups etc), each going through its own process of impact and adjustment. Group and community support strategies similar to those for individuals will also be needed.

The focus of attention is often placed on individuals but their wider context also needs attention. People less affected by the event will often deny the impact on themselves, even if they are still, by usual standards, badly affected. They will not use support services or ask for help ‘because others are worse off’ or they feel ‘they do not deserve it’. Challenging this view was a major part of the work after the Omagh bomb. However, if these people get the help they need, even if they only need some reassurance or information, then the community will be strengthened and more able to support those most affected.

Communities are important for coping, especially in creating positive rituals and acts of remembrance. Community groups of many kinds provide the means of distributing information and offering help. Many ideas for support arise spontaneously, for example the creation of sculptures and artwork by local people from the remains of the flowers laid in the streets after the Omagh bomb. These and other humanitarian acts by community members are vital if the whole community is to deal with the event healthily. The words and actions of public leaders can also create an environment which can promote or hinder coping.

A healthy community is one that can contain distress and differences. It will be able to help itself but will not be so closed as to refuse outside support. Communities of any type are always challenged by disaster. Certain patterns tend to emerge whether it is in a school, work or geographical community.

Patterns of response in groups and communities:

Phase 1: Initial confusion as tragedy strikes. Strangers are brought together in the acts of survival and rescue and strong bonds form.

Phase 2: The community pulls together, forgetting previous differences and quarrels. Euphoric statements about overcoming disaster will be heard strongly along with assertions that the community is ‘close-knit’, even if it is not. Public rituals will also emphasise community togetherness. Some differences begin to emerge as the community makes sense of the chaos by dividing people into those involved and not involved. The impact becomes personalised as names of the dead are released. The names of the injured take longer and may never be known. However, few will believe that recovery will not be speedy and smooth. They commonly deny that they will experience the polarisation found after other events. There is always a reason why their community will be different – thus important opportunities to anticipate and reduce problems are lost.

Phase 3: Immediate physical restoration is usually speedy but should not be confused with true recovery which can take years. Damage is cleared and people engaged in
helping and going to funerals will return to their normal lives. However, the community
is in a state of flux as people try to take in and adjust to new conditions and a new
awareness about the world. Pre-incident conflicts re-emerge, fuelled by the exhaustion,
anger, guilt and grief from the incident. Many differences emerge as some want to get
back ‘to normal’ quickly while others are still in shock. People become very judgmental

Case Study
A primary teacher was accused by several boys of abuse. Just
before the court case, he hanged himself. Neither the abuse nor
suicide could be hidden from pupils, even the very young, as
media interest was high and the teacher was well known in the
area. The distress of staff was immense and open. Intense anger
was openly expressed, accompanied by blaming and scapegoat-
ing. As more facts became known, the staff, parents and pupils
rapidly polarised into distinct camps – those who could not
believe that the teacher had done anything wrong and those
who began to wonder if it could be true, especially once they
knew who the boys were. The boys were openly blamed by
some for killing the teacher and one threatened suicide.

about how others react and cope. Distribution of compensation, fund money and gifts,
along with differential attention by the media and public figures all create more
friction. Survivors begin to express anger towards the rescue and recovery services
about treatment, especially when inquests and campaigns begin. Where distressed
people are united only by their trauma experience, power struggles and differences in
style and approach will emerge, especially when people disagree over how to conduct
a campaign or fight for compensation. Campaigns linked to several major disasters
suffered in this way.

Phase 4: This phase is reached months or years after the incident. The group or
community arrives at a point of stability with group cohesion at a higher or lower level
(with the possibility of break-up) than before. It is rarely the same. This cohesion will
be tested by how the community integrates the incident into its history or not, the
creation of memorials (which commonly cause conflict) and whether anniversaries are
acknowledged. Other stresses may complicate recovery. Some people will move away
and there are examples of the bereaved moving because public figures accused them
of holding back the community’s recovery. How well the community welcomes new-
comers is another indicator. “Our school suppressed their experience of a major disaster.
New teachers were not informed of the details and how people were involved. This meant they
did not understand when some children had delayed reactions or behaviour problems several
years later” – a teacher.

THE IMPACT OF LONG-TERM CIVIL UNREST

“I remember well the death of one of my school teachers as a result of an incident associated with
the Troubles, how the news was passed from home to home late one evening, the stunned
unreality of the next morning, the hurried assembly, the silence of the classrooms and corridors
and the early closing before break time. I recall, in the weeks that followed, the sudden outburst
of tears, of how those she taught lapsed into reverie and remembrance. I remember too the funer-
al and the strangeness of school uniforms in the graveyard, of children carrying wreaths. It has had a lasting effect on me and many of my fellow pupils. “That was over 25 years ago.

“This booklet provides guidance on how schools, teachers and the education system can respond appropriately in the wake of tragic and distressing events, including those associated with the

Key Message

‘The comforting support of an adult or friend with whom it is safe to be as the child wishes, to laugh or cry, or to remain silent, to express sadness, fear, anger, guilt or relief is critical in helping the child to cope with trauma. To do so in the immediate family where others are also distressed may be difficult. At times like this, the support of understanding friends, neighbours and others is critical. Teachers have a special role to play in helping children.

Thérèse Brady Irish Times, 4 April 1995

Troubles. For a range of reasons, schools can make a significant, positive and enduring impact following death and traumatic incidents associated with the school, its members and the wider community. Most significant, in my view, is the need to respond on humanitarian grounds, to recognise and acknowledge the distress caused by such events and to channel and process the distress of the school community constructively and positively. Another important reason is that appropriate responses will support the main objectives of schools, which relate to teaching, learning and academic, emotional and social development. Children and teachers distraught and distracted by tragic events, will not be participating optimally in the purposes and life of the school. Thirdly, the process of addressing, adjusting to and triumphing over tragic experiences is fundamentally a key learning experience and process and we will serve our children well by equipping them with such insights and skills from an early age. Appropriate responses also say implicitly and explicitly important things about the value of human life and experience. In paying respect, in recognising and acknowledging distress, in providing support, in turning negative experiences into positive life learning, we convey powerful and enduring messages to those whom we work and live with. Finally, schools are part of the wider community and are in a key position to authenticate and moderate the positive and negative experiences of the wider community. Sensitivity by school to the needs of a child whose home and family life has fallen apart, will be of utmost importance, providing the stability and certainty that is absent elsewhere.

“Our experiences in providing services in the aftermath of the Omagh bombing demonstrate that the education system and other interests, statutory, voluntary and community, need to co-operate to provide the safety net and support needed by children, their parents and by school staff, including teachers, administrators and ancillary staff. We have also learned that children do not readily ask for help. Younger children often do not know that the uncomfortable feelings mean they are distressed and may need help. Older children, sensitive to the cues they pick up from adults who do not understand or acknowledge their needs, struggle on, sometimes exhibiting their distress in sadness or destructive behaviours. We need to constantly learn what it is to grieve and suffer as a child; then to reach out and offer help.” – David Bolton, Director of Community Care, The Sperrin Lakeland health and Social Care Trust.
The work of the University of Ulster’s Cost of the Troubles studies (see Smyth, 1998) and the book ‘Lost Lives’ (McKittrick, 1999) provide detailed evidence of the impact of the Troubles on individuals, families and communities. The direct impact is very variable and localised, but indirect consequences and the presence of reminders will affect everyone. People living totally within that climate soon get used to it as being ‘normal’ and denial of impact is a very common mechanism for enabling life to go on. However, the denial can make it difficult for victims to tell their stories and seek help, especially if the sources of help are also perceived as ‘of the other side’. It is only when people go away for a time and then return or when a period of peace arrives, and comparisons made, that the impact of unrest is realised.

Teachers often think that because they have coped with years of stress and many very traumatic incidents without the benefit of crisis management guidelines, they will not need them now. However, research and the stories emerging in the relative safety of more peaceful times, show that many people did not cope and their trauma has become entrenched. Peace also enables a wider range of coping strategies to be used. The response to the Omagh bomb was much more comprehensive and open than for previous incidents. This in turn created resentment from many who had not received any help in past incidents and indicated that this would have been valued. There are likely to be fears, however, of what pain might be re-triggered from the horrors of the past.

**IS THE IMPACT OF INCIDENTS INVOLVING ‘TABOO’ SUBJECTS DIFFERENT?**

Taboo subjects include suicide, child abuse, torture, certain murders and deaths from illnesses carrying stigma, such as AIDS. Incidents involving same sex relationships may mean needs are ignored and the grief of bereaved partners is denied.

The impact of these incidents is characterised by secrecy, shame, guilt and a complex mix of different types of losses. The conditions for blocked grief will be enhanced and many of the elements which promote coping will be missing. Because emotions are so intense and polarised, individuals and groups are more vulnerable to distress, complicated grief and complications in group dynamics as described in this case study:

Abuse may lead to further allegations, family splits and prolonged suspicions, and police/social services investigations. Abuse and domestic violence are usually bound by confidentiality and can rarely be dealt with publicly in school, unless you become aware of a public impact on the school. Staff should be informed as far as possible and some kind of ‘debriefing’ may be appropriate.

Suicide is already reaching high levels in parts of Ireland, especially amongst young men. Copycat suicides are common, where young people seek the misplaced ‘glory’ they have observed in the previous death. Such incidents raise many dilemmas for schools, especially where young children are concerned, yet they cannot always be ignored. Suicides of teachers and pupils need to be acknowledged like other deaths but without any glamorisation of the person or death. Preventative programmes may be
required to stem the problems and young people need to hear positive messages such as ‘there is always another way’ and ‘they do not have to cope with problems alone’. This booklet cannot deal with the intricacies of these issues safely and schools are advised to seek help from local Suicide Prevention Task Forces, the Samaritans and similar groups as part of their Critical Incident Management preparation.

Seek experienced help immediately after any ‘taboo’ incident – you don’t have to cope with it alone.
CHAPTER 4
HOW CAN TEACHERS SUPPORT PUPILS AND PARENTS?

This section looks at what teachers can do to support and respond to pupils and parents on an everyday basis. Strategic support will be discussed in later chapters. It is useful for one key teacher to be responsible for checking the child’s progress, liaising with parents and the collating of information and concerns from colleagues. Children and parents can be overwhelmed by questions and comments from people but this should not stop other staff from showing spontaneous support when needed. There are times when it is perfectly legitimate to become more involved, for example, if the child becomes distressed in your class or if you are responsible for the child’s behaviour, safety or school performance. Parents may also ask you directly for assistance. However, in-depth counselling or therapy should be left to specialists outside the school.

PUPIL NEEDS AND SUPPORT

Immediately after an incident children need security, reassurance, simple, honest information and to have their emotional needs addressed. In the early days, children will focus on seeking factual information and having their practical needs met.

Information about the incident, the impact on their lives, their reactions, funerals, and what will happen next are all important issues for them. Support from a range of people could well be required by children at this time to meet their varying needs. Teachers can help the child and parent/s re-establish support systems, identifying who they can go to for different kinds of support – practical, financial and emotional. What is important, and this is where the teacher has a vital role to play, is providing the children with options or choices that are seen by them as helping them cope. Children and young people in crisis often feel there is no way forward and they need to be encouraged to believe that it can be otherwise.

Schools are good places for meeting their needs. They can provide opportunities for gaining information, creative expression, learning the language of feelings, problem solving and building self-esteem. They are also the places for building up coping strategies and support from peers and specialist agencies, if necessary. At school, children have the chance to forget problems at home for a while as well as opportunities to deal with such problems. Their time is structured and they have much needed routines and boundaries for behaviour.

Critical incidents can totally disrupt the ‘continuum of life’ – the sense of a past, present and future. People can become stuck in the event, relating every aspect of life to it. Children whose parents become totally involved in campaigning (common after a tragedy) can feel neglected and jealous of the dead person. Schools naturally mark the progress of the year, including past events which have impacted on the school, while continually looking forward to the future. Children who have to change schools as a result of the crisis need special attention and if possible, links with their previous
friends and school might be maintained.

It is helpful if teachers can establish the facts and the degree of trauma with the children in their class, using information from the parent (who may not know everything), their own knowledge and talking with the children. A combination of individual and group or class methods can be considered to provide a safe place for sharing information, expressing and dealing with emotions – in the class, at a special meeting or with an individual teacher or specialist professional.

With older children and young people, the emphasis changes to re-affirming identity, life direction and their ability to cope. They need to be reassured that they are not alone and will be supported while they sort themselves out, even if coping with them is difficult for adults. Those who look as if they are coping also need reassurance. One teenage girl said,

“if only someone had shown they recognised how hard it was for me. I needed the teachers to tell me I was doing OK.”

Points to remember when responding:

“My mum told the Principal I was being bullied. He made things worse by talking about it in front of the whole class.” 11 year old boy.

“Miss X really listens and helps us with our problems. We can’t go to Mr Y as he just jokes all the time.” 11 year old girl.

- You cannot get it right all the time, but how you deal with mistakes is important. Be humble and ask how things could have been said or done differently.
- If you are unsure what to say or do, it is alright to ask the child what s/he needs.
- Be respectful of the child’s privacy. If you need to talk about the incident to staff and pupils discuss it with the child in the first instance.
- Never force a child talk about an incident but creating opportunities for doing so is important.
- Never make a child draw or write specifically about an incident but create opportunities for doing so by choosing general titles and giving choice.
- Wherever possible, take the focus off a distressed child by generalising and drawing in other children’s stories and experiences.
- Don’t rush, let the child be your guide. Use age appropriate language.
- Children do not want to be constantly observed and analysed – they soon know when every action is being watched.
- Check you know what a child’s question is really about, keep answers simple, check their understanding and encourage future questions.
- Deal with fantasies not based on fact. Don’t misinform or use euphemisms. Be sensitive to the fact that parents often do because of distress or ignorance. Parents may need to be helped to deal with problems created for both the child
and teacher as a result of misinformation.

- Be genuine – don’t act. If you can’t cope with distress, acknowledge this and offer to help find someone who can cope.
- Be matter-of-fact, avoid confusion, talk in concrete terms not abstract terms.
- Watch for opportunities within ordinary class work where coping and support can be reinforced and problems anticipated. This work is often very opportunistic and low-key.
- Don’t be afraid to mention the name of a dead sibling or friend as children notice when you do this. By mentioning the dead, children will know that they are significant and will not be forgotten should they die.
- Use your own support systems to discuss any problems, uncertainties and distress.
- Ask children what helps and what doesn’t.

What do children say about what helps?

Some children taking part in the Liverpool Children’s Project for traumatised and bereaved children were asked what helped and what didn’t. (see Barnard, 1999) Some of the answers were:

- “It can be hard to tell others, but it depends if you trust them or not.”
- “Sometimes people feel uncomfortable talking to you.”
- “It’s good to spend time with others who’ve also experienced the death of someone.”
- “It’s not nice if people are pitying you – feeling weird makes me cry.”
- “You should be told all the information if people are ill and are going to die.”
- “It helps to remember the good times.”

Dealing with Challenging Behaviour

While it is natural to make allowances for the performance and behaviour of distressed children, it can soon lead to problems for the children themselves and for their peers who may become jealous, if taken too far. It also confuses the child at a time when they need consistency and some sense of boundaries in their chaotic world. Though usual performance levels may not yet be possible, new base lines and boundaries can be created for a transitional period.

According to Dr. Lilian Beattie, a child development expert, the purpose of challenging behaviour in a child who is distressed, is usually to gain one or a combination of:

- attention, because they fear they cannot cope alone;
- power, because they feel insignificant and unheard;
- revenge, because they feel hurt and humiliated and wish to get even; and
- withdrawal into helplessness because they have lost faith in their ability to
cope.

Knowing the purpose of the behaviour helps decide the strategy for dealing with it. When talking to the child teachers need to provide a clear description of the problem arising from their difficult behaviour. Check out if you think the behaviour may be

| There are different channels through which people experience and cope with the world: |
| Beliefs: about you and the world, including religious and life beliefs |
| Emotions: how they are expressed and acted out |
| Fellow Humans: society, including family support, friends, social role and value |
| Imagination: the way we use imagination for expression of emotion, creative problem solving and pleasure |
| Thinking: facts and how we order and use them to understand and deal with life |
| Physical: how we nourish, exercise and rest our bodies |

| Activities which promote a broad range of coping mechanisms, under each heading, include: |
| Beliefs: building self-esteem, citizenship, religious education, rules for living, morals, beliefs of others, finding meaning and significance in life. |
| Emotion: language of feelings, expression of feelings, empathy and acceptance of others' feelings, useful and unhelpful reactions arising from feelings. |
| Fellow Humans: peer support, working together, finding and keeping friends, co-operation, resolving conflicts, managing differences. |
| Imagination: any creative activity for expressing emotion e.g. fun, skill development, relaxation, play, rituals, memorials, celebrations. |
| Thinking: gathering facts, distinguishing fact from fiction, prioritising, action planning, presenting facts. Use can be made of news journals, news boards, charts, graphs, logical thinking, statistics. |
| Physical: physical exercise, healthy eating, drug/alcohol misuse prevention programmes, relaxation, pleasure, solace in nature. After trauma, creating calmer physical environments, finding security and comfort in physical objects and rebuilding the physical world are important. |

This model can be used to check out how we are and how we are coping as well as for lesson planning.
linked to the incident and talk to the child about this. Focus on the problem, the issue of behaviour and not on the child. Work out a mutually agreed set of basic performance or behaviour requirements. The teacher should work to maintain the student’s self-esteem while staying within the professional role.

It will also be necessary to keep the parents informed of the approach being taken. When talking to the child, the issue behind the behaviour may emerge. It may often be a misunderstanding or incorrect perception of an event. It may be that the child feels left out by not being included in discussions or decision-making. It may often be one of anger because things are not as they perceive they should be and they will take it out on the people close to them. It may be guilt over something said or done or because they feel they were to blame in some way for the incident.

It is extremely important for teachers to recognise that, having done all they can to help and support the child, expert help may be what is needed. The child may need a safe place to deal with strong emotions and specialist help should be sought. Many teachers feel guilty if they can’t solve all the child’s problems. In one school, an audit of traumatic events experienced by the children (and only those known to teachers) showed they were carrying the impact of over forty incidents, some on-going. One child had experienced at least eight. The teacher then understood why she found this class more difficult than any other in her career and felt immediate relief.

PARENT/CARER NEEDS AND SUPPORT

"Teachers are the most natural resource for helping parents deal with children’s behaviour and reactions. They should be given the skills and support to do so."
Dr Ofra Ayalon, who pioneered school crisis management in Israel 30 years ago. (Times Educational Supplement, 23 August 1996)

Children and teenagers are often best helped by providing information and support to those closest to them. Teachers in primary and nursery/pre-schools are likely to find that dealing with questions and comments from parents at the school gate will form a major part of their work. This is also the place to discover useful facts about the impact on children and the community and the myths and rumours that are circulating which need to be stopped.

Many parents are suspicious of receiving help from statutory services or too exhausted and distressed to organise or arrange such help. There is no stigma in asking questions of teachers. After the Omagh bomb, parents said how much their stress was relieved when they knew schools were supporting children. Parents are also reassured if they know staff are prepared and the school has a plan.

Take any opportunity to listen, check facts, check what the parent is already doing and offer support and alternatives. If you don’t have an answer, say so and work out together where you can both look for it. The following shows how helpful support from a parent can be. A teacher told of how she was able to support a bereaved mother who was looking after her own young children as well as her nieces, all of whom were badly affected by an horrific incident:
"I was just passing the house and saw Mary in the garden. The children were playing nearby on a mound of sand. I waved and she came over. She was really worried that she might have said the wrong thing to the children. They had been making a grave in the sand and were covering it in flowers. She told them how lovely it was in a very matter of fact way. Then she saw their father approaching and didn’t know what to do. He saw the grave and said how lovely it was. The grandfather was behind, and couldn’t cope so just quietly walked away.”

The teacher was able to assure Mary, firstly by recognising how difficult it must be to decide what to say all the time and secondly by confirming for Mary that she had handled the situation very well. The teacher had watched how the children were playing and how they were doing. The children were finding their own way of establishing the reality of what had happened to them. They were all taking part and they were really pleased with what they had done. The teacher also prepared Mary for the fact that the children might come up with other questions or emotions as a result of what they had done. If she had rebuffed the children and reacted negatively, more problems could have been stored up for the future. Mary was also reminded that support was available at the school at any time.

Parent support and idea exchange groups can be set up to encourage confidence and mobilise creativity.

One parents’ group came up with a solution for dealing with children’s nightmares. One parent placed an empty pillowcase by the bed for the ‘bad dreams’ and another placed ‘dream catchers’ on the window.

Parents, especially of post-primary aged children need to know who can help them at school. School systems may be good in theory but parents may experience them differently. It is not enough just to listen to parents’ concerns, they need someone with the power to take action. Unfortunately, many parents find approaching school difficult. They complain of being patronised or of being dismissed as ‘neurotic’ when they are understandably distressed and desperately worried about their child. Some teachers will not inform parents of performance or behaviour problems for fear of worrying them – thus depriving them of important information. Having key people or a crisis response team of teachers trained and able to cope with distress can solve this – but parents need to know if this is available.

Parents often need advocates between them and the ‘system’. Teachers are a natural link between the two. Critical incidents usually involve several agencies. Teachers can

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**Key Message**

Horrific events challenge our beliefs and how we perceive ourselves. When these involve children, they challenge the natural order of life. Teachers are humbled by the knowledge of the world the child now has that they may not have. Anyone entering the world of the child needs good personal and professional support.
encourage the building of rapport between agencies and also between agencies and the family. This builds a network of common understanding and a consistent approach. Parents, children and sometimes schools can feel very pressurised if several agencies are too anxious to give help or are in competition with one another. A teacher reported that:

“One mother was so exhausted after an horrific incident, she couldn’t cope with all the offers from helping agencies. Sometimes they felt like demands. It was enough for her to re-establish routines at home without taking her children a long distance each week for a therapy she didn’t understand by people who had not even met the children. The school did not feel it right for the children to be taken out of class and made to feel more different. But nor did they want to be left to cope alone.”

Both family and teachers needed encouragement, good quality information and support which reached out to them and their needs.

HEALTHY COPING AND NURTURING RESILIENCE

“We’re selling health, not catastrophe. Don’t ask ‘what’s wrong with you?’, ask ‘what’s right?’”
– Dr Ofra Ayalon

The phrase ‘children are resilient’ is often used as a reason for not giving them any help and denies their experiences. Resilience is as variable in children as it is in adults but like adults, the will to survive is strong. Teachers can do much to help the child discover and mobilise their resilience and natural ways of coping.

Doctors Mooli Lahad and Ofra Ayalon in Israel have developed a multi-dimensional approach to identifying and developing a wide range of coping strategies, the BASIC-Ph model. Elizabeth Capewell has adapted it for use with children by using the phrase: BE FIT and Phys., explained in the table to follow:
Class Activities to Promote Healthy Coping Skills

Individuals who cope best in life are those with a broad range of coping mechanisms. People cope differently and will very often criticise others who do not cope in the same way as they do.

(Adapted from the work of E Capewell)

The model recognises that people experience and cope with the world through different channels. Everyone has access to all channels but usually two or three channels are their dominant way of coping. After a crisis, people naturally use their normal coping methods and these should be affirmed and reinforced. However, crisis usually means that the usual ways of coping are no longer sufficient and new skills have to be tried. People often resist trying out different coping styles and the emotional and imaginative channels can become blocked in some people. This should not stop you offering new coping methods.

If the curriculum includes aspects from each channel on the right of the table, then it will afford opportunities for developing the full range of coping skills. After a crisis, these can be used with more intent to build up required skills.
CHAPTER 5
HOW CAN STAFF BE SUPPORTED?

WHY ARE STAFF AFFECTED?
Teaching is already a stressful job and there are few opportunities for taking time out from the pressure. Schools rely on structure, order, timetables and predictable routine thus the chaos of a crisis is particularly challenging. On the other hand teachers are used to thinking on their feet and dealing with the unexpected. Many want to be involved in using their skills to support pupils but often worry they cannot do enough.

HOW ARE STAFF AFFECTED?
The impact on staff will depend on their involvement in the incident and will vary according to their experience and training, coping skills, past trauma and current stresses. A critical incident places great burdens on individuals and the whole system, especially if there is high media attention and staff numbers are reduced. Not only do teachers have to deal with their own stress, they also have to deal with the stress of many pupils and parents. The work is physically and emotionally draining. Principals and teachers will be exhausted by the many duties they have to undertake including, attending funerals, identifying bodies, meeting public dignitaries, fund-raising and visiting the injured and bereaved.

Those, including managers and principals, who feel responsible or who may be blamed for an incident or how they respond to one are particularly vulnerable to stress, partly because they often deny how it impacts on them. School administrative and support staff are also placed under unusual stress as they too may have to deal with calls from distressed parents.

HOW CAN YOU TELL IF STAFF ARE AFFECTED?
Symptoms may not be ‘clinical’ but they make life miserable for staff, their family and colleagues. Teachers may be hypersensitive to any remark, feel burned out, cynical, anxious and depressed. They may displace anger onto others, especially the ‘system’, the principal and school authorities. After many incidents, even smaller scale events, there is evidence of staff absenteeism, breakdown, illness, resignation and loss of motivation.

WHAT IS THE IMPACT ON STAFF TEAM DYNAMICS?
Critical incidents can exaggerate existing conflicts in the staff team dynamics and expose differences in attitudes and beliefs. If not handled effectively, these conflicts will affect the way the incident is managed, as well as the behaviour of the children, par-
CHAPTER 6
STRATEGIC MANAGEMENT:
PRE-INCIDENT PREPARATION

Key Message
The basis of a well co-ordinated, comprehensive response to crisis is good school management and systems which support the work of staff. If all staff work towards a school ethos which is consistent and supportive then it will be a strong container for distress in times of crisis.

This chapter deals with the strategic aspects of crisis management before an incident happens. The guidelines for pre-incident preparation will help schools get started on the process of preparing and implementing policies and plans which will enable the response after an incident to run smoothly.

After an incident happens, schools are overburdened with many extra duties and emotions. This is not the best time to take in and use new information or set up crisis response structures in school. A great deal of stress and time can be saved if time is invested in making plans before an incident happens. This effort will not be wasted if tragedy never strikes because it will involve a review of procedures and systems which will benefit the normal school management. Teachers will have learnt something about trauma and stress which will help them understand normal pupil stress as well as their own.

Pre-trauma preparation contains several elements:

- Creating a general school ethos which is conducive to crisis management;
- Creating a curriculum for coping;
- Creating a specific School Critical Incident Management plan;
- Implementing the plan and training staff.

CREATING A SCHOOL ETHOS FOR CRISIS MANAGEMENT

The ethos of a school is that rather intangible feeling through which many unspoken values and possibilities are transmitted. It is that unique spirit which reflects the distinctive character of a school and all the customs, activities and traditions therein. Some suggestions for practical action that can be taken to help prevent or reduce the likelihood of critical incidents, at least in school time, and which will promote a caring environment for coping with distressing events are listed below.
ents and eventually the whole morale of the school. Similar patterns for those described for groups in Chapter 3 may be observed.

WHO IS RESPONSIBLE FOR STAFF CARE?

<table>
<thead>
<tr>
<th>Safety Procedures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Check regularly that buildings, playground equipment, fire exits, burglar/fire alarms, etc. are in good and safe condition. If repairs have to be undertaken, see that they are attended to promptly.</td>
</tr>
<tr>
<td>Ensure systems are in place to admit visitors to the school, monitoring of entrances and exits, type of information required from a caller to the school before access is granted, extra vigilance of strangers or irregular events around the school.</td>
</tr>
<tr>
<td>Act promptly if you suspect anything out of the ordinary.</td>
</tr>
<tr>
<td>Ensure systems are in place for school evacuation.</td>
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<tr>
<td>Know what is happening in the community.</td>
</tr>
<tr>
<td>Ensure procedures are in place for dropping off and collection of children at peak times. Regular monitoring of these procedures is crucial.</td>
</tr>
<tr>
<td>Make and copy a plan of the school – inside and out, marking doors, escape routes, toilets, kitchen facilities etc. Signpost key areas of the school. Ensure every member of staff, key people and emergency service personnel, have copies of lists and plans. Copies can be pinned up in key places around the school, preferably displayed on bright paper.</td>
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This is the joint responsibility of:

<table>
<thead>
<tr>
<th>Procedural Checks</th>
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<tbody>
<tr>
<td>Prepare, practise and maintain:</td>
</tr>
<tr>
<td>Health and safety procedures, fire drills, procedures to deal with bomb threats etc.</td>
</tr>
<tr>
<td>Child protection procedures.</td>
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<tr>
<td>Procedures for dealing with bullying and discrimination (race, gender, disability, age, religion).</td>
</tr>
<tr>
<td>School trip and fieldwork safety guidelines and procedures.</td>
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<tr>
<td>Critical incident management procedures from rescue through to recovery.</td>
</tr>
<tr>
<td>Contact address lists and telephone numbers for staff and pupils.</td>
</tr>
<tr>
<td>Knowledge about other disaster management plans and procedures for your area, e.g. plans by gardaí/police, hospitals, fire service, councils.</td>
</tr>
</tbody>
</table>
### Social Safety

- Create an atmosphere where children, parents and staff feel they are personally safe, emotionally and behaviourally. Check different religious beliefs about death.
- Create shared understandings between parents, staff and pupils about values and codes of behaviour.
- Create and practise respect and inclusiveness for all members of the school community.
- Create consistency but act with flexibility, according to the circumstances.
- Create open lines of communication using external and internal resources.
- Be clear about boundaries, what is negotiable and what is not. Be aware of consequences of actions.
- Keep an eye on the needs of different classes and the staff team.
- Build healthy, positive links between home, school and community.
- Do not avoid difficulties – deal with them at an early stage and avoid problems developing.
- Create a spirit of inquiry – teachers should not be expected to know everything, children and parents can find answers too.
**Management:** by fulfilling their ‘Duty of Care’ to staff and pupils through creating a caring ethos in school, pre-trauma planning, staff in-career development, effective management of the incident, providing resources, acknowledging the impact on staff and setting up staff support and information sharing systems.

**Staff Colleagues:** being mindful of each other, creating tolerance of different reactions to stress, sharing information and ideas, keeping a watchful eye on each other, co-operating for the good of all staff.

**Yourself:** dealing with existing personal issues and needs, acquiring knowledge and skills on the subject, knowing limits and valuing one’s own contribution to the well-being of the staff group and pupils.

**WHO CAN OFFER SUPPORT?**

Seeking support and back-up for decisions is good management. People under stress are not always capable of judging their own stress levels and their perceptions can be distorted by the re-triggering of personal issues and anxieties.

Support is available from the following:

- Unions;
- Board of Management/Governors;
- Education and Health advisors/Inspectors/Educational Psychologists/Employee Assistance Officers/Welfare Officers;
Other school principals and staff;
Health Boards;
Mental Health agencies;
Peer support groups;
School crisis management consultants; and
Private counsellors and therapists.

STRUCTURED STAFF TEAM POST-TRAUMA SUPPORT AND STRESS ‘DEBRIEFING’

The whole staff team should be given consistent information about the incident as soon as possible. Problems commonly arise where some receive news before others and absent staff are forgotten. The manner in which news is received can be a source of stress. In the last twenty years several protocols have been devised to build staff cohesion and mobilise resources. These protocols should not be used without special training, experience in group facilitation and trauma reactions and experience of school life and systems. As there is much confusion about various terms used, some definitions follow:

Defusing:

This is a short, simple and immediate structure for use before people go home or return to their duties following the incident. Its purpose is to air initial reactions, restore rational functioning, ensure safety and mobilise coping resources.

Staff team post-trauma stress debriefing:

Various terms are used for this process which is separate from the normal staff meetings. The most commonly known protocol is Mitchell’s Critical Incident Stress Debriefing (CISD), but others have been devised by Dr. Ofra Ayalon which emphasise coping. The methods used by the Centre for Crisis Management and Education (CCME) after the Omagh bomb were created specially for the specific circumstances found in each school. These sessions give staff the opportunity to check facts and understandings of what happened, vent feelings, clarify reasons for management decisions, express concerns and mobilise support and coping mechanisms in a way that can’t be done at normal staff meetings. An assessment of readiness and group composition is required prior to undertaking such work. These sessions are best used as soon as staff can cope with a group session but if left too late, secondary reactions may arise and complicate meetings. Such meetings allow personal and inter-personal stresses and tensions, especially with managers, to be resolved.

A debriefing is not therapy or counselling and is intended as a group process, not a treatment for individuals. It provides the base from which other help can be given and should not be used alone but as part of a total crisis management programme. Plenty
WHEN TRAGEDY STRIKES

of time should be allowed for the session and staff are advised that they may feel very tired afterwards. All follow-up sessions should be attended to complete the process. Though ‘debriefings’ are demanding, most staff feel a sense that some of the burden has been lifted after the follow-up session. Some staff may need more individual help afterwards. One staff group interspersed the more demanding debriefing sessions with relaxation sessions which renewed them physically.

HOW CAN STAFF SUPPORT EACH OTHER?

Spontaneous support among colleagues may not be enough to deal with the issues that arise. In the early days it is useful if key staff make time for regular meetings to share information and create ideas. These meetings should be daily at first, then weekly and monthly. Groups can encourage reflective learning at a time when most teachers are learning many new things about themselves and their pupils. It is useful for the whole team to have a facilitated review day to validate their work and record learning for others. Staff support procedures should be reviewed after each incident and the crisis management plans up-dated.

Contact List

Ensure that a list of emergency telephone contact numbers is easily available to others. It should include:

- Emergency services;
- Medical Services – Director of Community Care– local GPs – hospitals – education/health board personnel;
- Board of Management/Governors, DES/DE, Inspectors, Education Boards and Psychologists;
- School community – parents/guardians staff (including administrative and ancillary staff);
- School Maintenance – plumbers, electricians, general repairs, office equipment;
- School support – Union representatives, Educational Advisors and Psychologists, Social Services, Employee Assistance Officers/Welfare Officers;
- Media & local papers, local radio stations, union media co-ordinator;
- Clergy/Pastoral care teams, community groups, library (for information).
CHECKLISTS

By going through the checklists, the school will realise what it is already doing well and what needs attention
WHEN TRAGEDY STRIKES

CREATING A CURRICULUM FOR COPING

It is in this aspect that schools have skills and opportunities which give them a distinctive role in crisis management and in promoting the idea of active coping.

<table>
<thead>
<tr>
<th>MENU OF MAIN TASKS</th>
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<tbody>
<tr>
<td><strong>Immediate Tasks:</strong></td>
</tr>
<tr>
<td>Take emergency action to ensure safety at on site incidents;</td>
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<tr>
<td>Establish a ‘command’ centre – identify who is in charge and set regular briefing times;</td>
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<tr>
<td>Establish communication systems and appoint an information co-ordinator;</td>
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<tr>
<td>Inform and liaise with relevant authorities, managers, agencies;</td>
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<tr>
<td>Mobilise personal and professional support (self and team);</td>
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<tr>
<td>Collect, record and up-date facts of the crisis and aftermath;</td>
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<tr>
<td>Inform parents, relatives, close colleagues;</td>
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<tr>
<td>Organise the re-union if necessary;</td>
</tr>
<tr>
<td>Adapt prepared media statement (via appropriate channels); and</td>
</tr>
<tr>
<td>Assess initial impact on staff and pupils, using class registers.</td>
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<tr>
<td><strong>As soon as possible after the incident:</strong></td>
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<tr>
<td>Arrange staff meeting for information, support and initial defusing of reactions;</td>
</tr>
<tr>
<td>Mobilise staff support and information exchange systems;</td>
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<tr>
<td>Agree how and what other pupils will be told;</td>
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<tr>
<td>Consider options for class discussions and expression of reactions;</td>
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<tr>
<td>Assign procedure and place for distressed children to go to;</td>
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<tr>
<td>Assess the potential vulnerability of staff and pupils systematically;</td>
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<tr>
<td>Adapt and distribute prepared letter to parents – show staff;</td>
</tr>
<tr>
<td>Adapt and circulate information leaflets about coping for parents and pupils;</td>
</tr>
<tr>
<td>Keep in contact with media through press statements;</td>
</tr>
<tr>
<td>Plan visits to injured and bereaved;</td>
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<tr>
<td>Plan rituals/memorial services/assemblies;</td>
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<tr>
<td>Plan the next phase and the return to normal routines;</td>
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<tr>
<td>Monitor pupils with help of support services. Refer if necessary;</td>
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<tr>
<td>Assess need for debriefing of staff and pupils with expert help;</td>
</tr>
<tr>
<td>Mobilise plans for post-incident curriculum;</td>
</tr>
<tr>
<td>Mobilise on-going follow-up and monitor staff and pupils;</td>
</tr>
<tr>
<td>Keep links with absent staff and pupils;</td>
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<tr>
<td>Arrange review sessions to check progress;</td>
</tr>
<tr>
<td>Arrange debriefing and support of the crisis response team;</td>
</tr>
<tr>
<td>Check progress of whole staff team and school systems with support of advisors from external agencies.</td>
</tr>
</tbody>
</table>
Prior to the Omagh bomb, Scoil Íosagáin, Buncrana had taken part in a pilot project for a national drug awareness programme. The programme had a heavy emphasis on the promotion of emotional literacy in the curriculum and also taught the staff the skills of ‘Circle Time’. Although the school had no crisis management plan at the time the bomb struck, Sinéad McLaughlin, the principal, felt that this preparation significantly helped the staff in what they were able to do for their pupils and with the day to day running of the school.

In any social, personal and health education programme, children should be given the opportunity through the following activities, to develop the reality of changes through life, the language of feelings, coping skills, problem-solving, taking responsibility, dealing with difficult feelings, supporting others etc. Refer to the BE FIT&Phys model (pg 43) and the list below to help you plan activities across the coping channels.

CREATING A SPECIFIC SCHOOL CRITICAL INCIDENT MANAGEMENT PLAN

Preparing for crisis response should be seen as a process of development in which staff become involved and where anxiety and unhelpful resistance can be dispelled.

Implementing the plan and training staff consists of several phases:

- Audit ➔ Discuss ➔ Drafting the Plan ➔ Implement ➔ Review

### AUDIT

- **Existing emergency procedures**
  Do they work? Are they regularly reviewed? Who knows about them?

- **Administrative systems**
  Will communications systems (phones/fax etc) cope with heavy demand? Have you other people to help clerical staff deal with crisis? Are contact/address lists regularly up-dated? Who knows where they are?

- **Existing curriculum strategies?**
  What strategies, such as ‘Circle Time’, do you already use for dealing with sensitive issues? What else can be used for coping and creative expression after

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### Key Message

*No two incidents are alike. Always assess needs first.*

*Use the guidelines flexibly and in relation to the information available.*
WHEN TRAGEDY STRIKES

an event?

- **Experience of past critical incidents**
  List all of them and their impact on the school. What helped? What didn’t help? How were they were handled? What did you learn?

- **Potential risks**
  List all the sites and types of potential critical incidents which could affect your school and its community. The smaller scale incidents are more predictable. The large ones are often incidents you believe to be the most unlikely.

- **Existing material resources**
  Do you have a room or space for use in emergencies or for children needing a quiet place? Do you have access to money for emergency supplies? Do you have an emergency box of materials for keeping children amused if they are evacuated?

- **Existing staff resources**
  Who has the capacity to take a special interest in this work? Which staff have anxieties or objections to it? Who has training and experience of this or related subjects? Who is available for different crisis response tasks or to ensure non-crisis work is maintained? Who will support your efforts?

- **Links with support services and other external agencies**
  Who do you already work with? Who else is available? Who can maintain or build links with these agencies, especially the gardai/police and the local media? What can they offer? Would they work in partnership with the school? Will gardaí/police and hospitals release names of pupils directly to the school if, for example, an accident happens on a school trip?

- **Personal capacities**
  It helps if staff audit their own past crises which might be re-triggered by an incident. Research has shown high levels of hidden grief in teachers which, if not resolved, can heighten stress and hinder effective support of pupils and parents.

**DISCUSS**

Crisis management affects all staff. Even if they are not directly involved in the response, they will be ensuring normal work continues and hearing the stressful stories of colleagues. Opportunities for raising awareness, airing concerns, sharing ideas and solving problems will be an important part of the implementation process. Staff also need to know the limits of their role and liabilities if involved in crisis response. Use these times to involve staff in problem solving.

**DRAFTING THE PLAN**
Choose a Critical Incident Management development group of up to five people. If the school is small, consider joining up with other related schools in the area. Include a member of the administrative staff. Choose a team leader whose sole job will be co-ordinating and managing the process, team stress levels and functioning.

Team members can then:

- read this booklet carefully and refer to other books in the reference list and/or seek training to build their knowledge;
- organise the suggested audits, involving other staff if possible;
- complete the contact list;
LETTER TO PARENTS

Letters should:
- be brief and accurate;
- consider family wishes for privacy, particularly in the case of suicide;
- include facts about the incident;
- state action taken by the school;
- indicate school’s next step or give information indicating future plans;
- give information on common reactions of children to trauma or death emphasising that most reactions, even if distressing, are normal but may still be in need of support;
- indicate where and when to seek further help within the school and externally;
- invite ideas, information and feedback from parents in order to promote open channels of communication and to validate parents’ opinions and skills; and
- advise if plans are being made for parents’ meetings. These allay fears if there is excessive anxiety e.g. about symptoms of meningitis or after a suicide.

- discuss aims and objectives for your school plan, key tasks for writing the draft and useful items for inclusion such as a clear plan of the school. Observe potential problems and sensitivities. Decide who needs to be consulted, informed or included in decision making;
- be aware of very sensitive issues such as suicide and abuse. Seek advice from local Suicide Prevention groups and specialist advisors before proceeding;
- list all the main tasks necessary for responding to a crisis, showing what needs to be done immediately, who is responsible for undertaking the tasks and who else is available help. Further tasks will be found in the next section on Crisis Response. Remember every incident is different and tasks may be different. The principal should retain overall control of all the work of the school, delegating all or part of the crisis work, where possible; (see page 56)
- share draft plans with staff team, other related agencies and parents and consider comments; and
- plan implementation and regular up-date of plans.

IMPLEMENTATION OF PLANS AND STAFF TRAINING

Plans are only as good as the people who use them. The Crisis team needs to consider:
- How will the plan be presented so it can be used and retrieved in an emergency?
- Who will have copies and emergency packs? Where will they be kept?
How will staff, parents and pupils be informed of its presence?

How will staff be trained in how to use it? Pupils need to know that someone will care for them after an incident.

How will new and temporary members of staff be informed of emergency plans?

How will the plans be presented to other agencies? Will the local media know you are prepared for crisis?

Training will be essential for key staff. All staff and managers need at least a short session of awareness raising. All staff need to be involved in practising at least emergency procedures. The Crisis Response Team and other key staff such as Year/House Heads might usefully conduct table-top exercises to investigate the needs of different types of event. The best way to practise is to use the principles for effective crisis management in response to small incidents, even if they do not need the full range of responses outlined.
WHEN TRAGEDY STRIKES
CHAPTER 7
STRATEGIC MANAGEMENT:
POST-INCIDENT RESPONSE

This section will outline the steps that can be taken when an incident happens. The section is divided into immediate, short, medium and long-term response signifying the change in pace and intensity of the response. In reality, one phase merges into the next and some tasks continue throughout.

PRINCIPLES OF CRISIS MANAGEMENT FOR SCHOOLS

- Respond quickly but with support and fore-thought to stabilise the situation;
- Use your plans to guide, don’t follow them blindly;
- First make safe, then move to restore calm;
- Maintain basic school structures and continuity;
- Aim for full functioning but accommodate crisis needs;
- Assess needs and ensure people get appropriate help;
- Be sensitively pro-active, don’t ‘wait and see’;
- Anticipate and prevent preventable stress and problems;
- Promote healthy active coping, discourage ‘wallowing’ and rumours;
- Ensure choice and range of interventions;
- Work to sustain the health of staff;
- Maintain the response, but change the pace and focus with time; and
- Review and learn.
IMMEDIATE RESPONSE: DURING THE INCIDENT AND AS NEWS IS BROKEN

Concentrate on the immediate issue but keep an eye on planning for the next step.

The first few hours are crucial for the clearing of heads, collection of data and breaking of news. How this is undertaken may greatly influence the pattern of the response and adjustment. People are at their most raw emotionally. Their perceptions of what is said and done now may stay with them for a long time. This time requires leaders who can think on their feet, rapidly assimilate fast-changing information and respond in a confident but sensitive manner. As well as official leaders, sometimes unexpected leaders emerge.

Firstly take a few moments to acknowledge personal reactions that will need to be dealt with later. Clear your head, find this booklet or school plans and phone a support person if there is time. This will improve decision-making and reduce unnecessary activity. Use these questions as a simple but systematic method of gaining the information needed to assess needs and decide what to do. Only go as far as you need down this list but return to the others later.

- What are the facts and how significant are they?
- Is it our business?
- Who is in charge e.g. the police or you?
- Who is available to respond?
- Who is directly involved in the incident?
- Who else is affected? Is there a ripple effect?
- Who needs to know?
- How shall we tell them?
- What can we do now?
  - Practical responses;
  - Psychological responses;
  - Media responses.
- How shall we record data?
- What to do next?
- How do we care for ourselves?
IMMEDIATE RESPONSE CHECKLIST

Key Actions when Mobilising Emergency Plans

- Directive but sensitive leadership may be appropriate in confused situations.
- Assess the needs of the situation e.g. if evacuation of the building is necessary, initiate the agreed school evacuation procedure.
- Initiate action needed - notify appropriate emergency services.
- Co-ordinate the response, liaise and delegate.
- Record and verify details – time, place and people involved.
- Inform parents.
- Create a calm, purposeful environment.

Liaison with Parents

- Inform parents by phone or in person if their child is involved, as soon as the initial information is confirmed. Remember that the media and/or children with mobile phones may have reached them first with inaccurate information.
- Ensure a correct and consistent message is given.
- If the numbers involved are large and the event distressing, a number of staff sharing the task ensures support for each other and a pooling of information in relation to questions being asked by parents.
- If the incident occurs away from the school on a school activity, care must be taken in managing the reunion. The pupils are leaving a group which has shared an intense experience and now have to cope with parents and a world that seems different.
- Provide, where possible, a comfortable, secure and private waiting area out of media and public view for the actual meeting.
- Prepare and calm anxious parents by giving simple, accurate information about the incident, the state of the children and what to expect when reunited with them.
- Practical and emotional support and information can be given to each family.
- Teachers may have to wait with parents knowing they are probably bereaved but unable, on gardaí/police instruction, to tell them what they may suspect until identification is certain. This experience is one of the most stressful.
- Other parents need to be aware of the incident and its impact on the school. This also helps spread accurate information and demonstrates a caring and communicative approach. Advice on supporting children and help available can be sent to all parents.
DEALING WITH THE MEDIA

The media can be invaluable for information, ascertaining the mood and reactions in the community, for disseminating information and encouraging people to seek help. The key is in building relationships and agreeing procedures well before a critical incident occurs. Use any professional or union help available. Offering press statements means the media have something for their deadline. If you refuse contact, stories might be fabricated.

Press Statements:

Press Statements should be as regular as updates are needed. They should include:

- facts about the incident – what has been done and what is planned, without raising false hopes;
- affirmation of the principles of critical incident management: - to reduce stress/prevent further stress;
  - to stabilise the situation;
  - to normalise and promote the functioning of school and individuals;
  - to ensure people get the help they need; and
- Letting them know you have a school emergency plan and unsolicited help is not required.

Media interviews:

- Take a few moments to decide if you can cope and plan what you will say.
- Write down a few key points before the interview.
- If you agree to speak keep it simple, factual and brief so that your key point is not edited out.
- Deal with criticisms rather than becoming defensive.
- Take your time and seek clarification if necessary.
- Be aware of legal issues, particular the language/terminology used.
- If you decline to speak state a time when you will be interviewed or refer to a Press Officer.

SHORT TERM RESPONSE: AFTER THE RESCUE WHEN NEWS IS BROKEN

Once safety is assured and some stability established, the team can now begin to plan
the short-term response in school.

**Key tasks:**
- Maintain a calm atmosphere and clear leadership.
- Gather data and assess the vulnerability and needs of different groups.
- Offer parents opportunities to consult the school for information, support and practical help where needed, together or individually.
- Organise staff support for all school personnel.
- Provide opportunities for staff consultations, both group and individual.
- Be available for children, parents and each other – but share the load.
- Liaise with other agencies defined in your plan.
- Visit or consult with families in relation to funerals and community services.
- Organise assemblies/opportunities for the school community to congregate.
- Stop rumours, hurtful joking and the insensitive passing on of horrific stories.

**Should the school be closed?**
This is a major dilemma in some incidents. One of the key principles of crisis response is to keep people together for support and information. Dr. Ofra Ayalon states that “Disrupting continuity can disrupt sense of self, community and coherence”. Children also benefit from the routines of school even if they are changed for a while.
After a major incident, a school was closed for several weeks. Distressed parents couldn’t go to work and couldn’t cope with the distressed children. They didn’t know what to tell them. Family problems, rumours and gossip were rife. This caused many extra problems. If at all possible keep the school open, if only for part of the day. Use supply/substitute teachers and parents to help. However, the school may be cordoned off for a criminal investigation or damaged and on rare occasions, staff and pupils will be so stressed that they cannot conduct themselves in school. Work creatively with other agencies to see if children can be brought together in classes or groups in another location at a regular time each day until the school is re-opened. If that is impossible, provide an information session and support for parents and set up a newsletter to reach all staff and pupils.

What should happen to the site of the incident?
A common public reaction in the early aftermath is to pull down, change or keep as a shrine the site of a horrific incident. Some hope it will prevent distress by taking the reminder away. This needs sensitive handling and should not be rushed. Bereaved relatives and other victims need to be consulted when they are over the initial shock and given clear details of possible options. There are likely to be different views. For some the site takes on a sacred significance and is the last place their relative was alive. Even if a building is replaced, victims may still avoid it or have reactions triggered when near it.

MEDIUM TERM RESPONSE: WHEN NORMALITY HAS RETURNED BUT THE REALITY IS SINKING IN
This is the stage where needs begin to differ. Some want to forget, some have dealt with the incident and others are still in shock. The different reactions and attitudes can result in needs being suppressed or disguised in behavioural changes. Staff need to be extra vigilant at this stage otherwise it may be thought that all is well. This is the time when faith in your knowledge about the impact of crisis has to be held, while others disbelieve.

Survivors may not yet realise the full implications of the impact and reactions may be delayed. They may believe they will ‘be over it soon’ and do not want to be a burden to helping agencies. This less active phase gives schools a window of opportunity to put in place preventative measures and staff support to reduce long-term problems.

Key tasks:
- Find time for a short break from the response work.
- Follow-up staff team sessions and affirm coping and stress management.
- Highlight classroom approaches i.e. Circle Time and class discussion.
- Continue liaison with other agencies.
- Manage differences arising in school and the community.
- Provide opportunities for parents to consult, talk etc.
- Organise talks, if necessary, in relation to safety etc.
- Continue to record information about parents’ and teachers’ concerns.
Deal with behavioural changes related to the event.
Deal with fears related to the event.
Deal with reminders of the event – teach simple stress management.
Arrange for external help for individual referrals, if needed.
Continue to keep links with people not at school.
Liaise with the DES/DE and other agencies in relation to funding for help and support.
Schools may be asked to be involved in fund-raising, distributing gifts, award ceremonies, visits by dignitaries, dealing with invitations from other communities etc.

It commonly happens that a response is ended prematurely against the advice of crisis response teams. If this happens it helps to gain support from others who have had similar experiences. You may feel angry and feel a deep sense of grief. Reactions often mirror those of survivors. Record what you have learnt and experienced as a team.

LONG TERM RESPONSE – BY THE END OF THE FIRST YEAR AND AFTER

As more information emerges through inquests and enquiries, the story of the incident can change and other things happen. Blaming and scapegoating may occur along with jealousies over who gets most attention, distribution of funds and gifts. Heroes and heroines will also be created as awards for bravery are made. The public emphasis on courage and amazing recovery may mean those who are struggling may find it hard to admit they are different. Children are also growing and viewing the incident from a different age and stage. The reality of the impact may now be more evident as families are hit economically, people move away and widowed parents take new partners. The first anniversary and commemorations of memorials may re-trigger and expose reactions and create new problems if not handled well. Such incident-related events will give permission for the incident to be re-visited and progress checked, but otherwise the work of the school will be by now integrated into the general curriculum with a special watch kept on specific individuals.

Key tasks:

Maintain monitoring and review, but meetings will be less frequent.
Support individuals still affected and experiencing new problems.
Observe pupils for behavioural changes and entrenched trauma symptoms.
Assess impact on pupils’ performance.
Deal with reminders of the event and the impact of inquests etc.
Be aware of how staff are coping personally and professionally.
Continue creative coping strategies in the general curriculum.
When Tragedy Strikes

- Prepare for transitions e.g. change of school.
- Where appropriate, record and pass information on to next school.
- Commemorate anniversaries.
- Organise creative activities for whole school.
- Continue with help from external agencies i.e. Psychologists, Health Board Personnel, Inspector, Employee Assistance Officers/Welfare Officers etc. where available.
- Crisis response teams need to end their involvement properly with validation from others. A facilitated meeting or debriefing is helpful to clear up unfinished business and avoid a sense of loss.
- Review and record information for others and review the school plan.
- Invitations to speak at conferences and write articles are useful for processing intense experiences and passing on learning.

Real recovery can take at least two years and subsequent years may bring different issues. For example, eighteen months after the Omagh bomb, the Trauma Centre was still in touch with over two hundred adults and young people. A study of the longer term of impact on children and young people suggests that a small but significant group were still suffering significantly fifteen months after the explosion. Many, identified in the study, with high levels of distress were not known previously by the health and social services.

Some general comments can be made concerning the impact of traumatic events on children and young people. Firstly, many will bear no long-term effects, after an initial period of distress. For some, the impact can persist and other aspects of health and well being can be affected. Teachers still affected or involved in pupil care may be hurt by comments from colleagues implying they ‘should be over it all now’ or comments which deny the reality and significance of the incident and their experience. Schools often find teachers review their position around the second year after an incident. Some, for example, may retire on health grounds, others change schools or careers. Similarly, some families decide to make a fresh start elsewhere, though some return again to the community which understands their experience.
CONCLUSION & RECOMMENDATIONS

An informed and prepared school community is more likely to respond effectively to a critical incident. A critical incident challenges the very heart of a school community, its identity and its coping mechanisms. The response by the school will set the tone for healthy coping and aid long-term adjustment of everyone involved. Teachers and schools have a special role to play in helping the community recover.

The objective of the unions in drawing up this booklet was to raise members’ awareness of the impact of traumatic incidents on individuals, groups and communities. In particular, they wanted to highlight the crucial role a school can play in providing preventative education and strategic help to staff, parents and to pupils by adapting the active learning strategies outlined in a social personal and health education curriculum.

If a critical incident happens in your school tomorrow, we hope there is enough here to guide you until further help arrives. What we most hope for, however, is that after studying these guidelines, schools will take the time to prepare in advance and those authorities who support and fund them will believe it is worthwhile to legitimise and support their endeavours.

General Recommendations

❐ The specific needs of children following traumatic events should be recognised within the context of the education system.

❐ Critical incident management should be an integral part of normal school management practice.

Specific Recommendations

❐ Employing authorities and/or individual schools should develop critical incident management policies, plans and procedures.

❐ Crisis Response Teams should be established by Government within regions to act as a specialist resource and back-up for school crisis response teams.

❐ Crisis Response Team plans should be activated as a matter of course following any event which has a significant impact on a school.

❐ Resources should be allocated for:
  – Preventative education in loss and grief, coping and other support skills;
  – Training for principals and senior managers in critical management;
  – Initial teacher education courses in coping with crisis;
  – In-career courses for School Crisis Response Teams;
  – Special courses for Boards of Management/Governors etc.;
  – Inter-Agency liaison development programmes;
– Development of information, teaching and training packs;
– Research and development into the role of schools and the needs of teachers and pupils after critical incidents; and
– A major conference on trauma and its impact on home, schools and community to continue the momentum and interest created by this booklet.
USEFUL PUBLICATIONS

Below is a selection of books to increase your knowledge and ideas which contain comprehensive book lists if you wish to go further.

Books should be available from good bookshops and internet sites such as Amazon.

A very comprehensive book list on all aspects of child behaviour, trauma and bereavement can be obtained from:

AWP (Adlerian Workshops and Publications)
Address: 216 Tring Road, Aylesbury, Bucks HP20 1JS
Tel: 00 44 (0) 1296 82148

The most comprehensive book on this subject (written by a teacher) is:
Trauma in the Lives of Children (Dr. Kendall Johnson, Hunter House, 1998)
Available from: Chevron Publishing Corp. Ellicott City MD 21042
Fax: 001 740 9213
This book also has detailed descriptions of debriefing methods and specific trauma treatments and also outlines the roles of teachers and other professionals.

BOOKS USEFUL FOR CLASSROOM ACTIVITIES AND METHODS ARE:

Rescue! Helping Children Cope with Stress (Ofra Ayalon, Nord Publications, 1988)
Available from: Chevron Publishing Corp. Ellicott City MD 21042
Fax: 001 740 9213

Chain Reaction – Children and Divorce (Ofra Ayalon and Adina Flasher, 1993) Contains useful ideas for work in schools with children after trauma.
Available from: Jessica Kingsley Publishers, 116 Pentonville Road,
London N1 9JB
Tel: 00 44 20 7833 2307

Children, Bereavement and Trauma: Nurturing Resilience (Paul Barnard et al, Jessica Kingsley 1999)
Staff care and organisational preparation: Chapters by Elizabeth Capewell
With fuller details of the multi-dimensional coping and other models in:

Working with Children in Grief and Loss (B Lindsay and J Elsegood, Bailliere Tindall, (1996)

Grief Matters – Managing bereavement and trauma in schools: a support pack
(Education Psychology Service, Western Education and Library Board) (2000)
Available from: Western Education and Library Board
1 Hospital Road, Omagh BT79 OAW
Tel: (028) 82411411
Written by children bereaved by tragedy for traumatised children:
The Tale of Two Dolphins: (Sarah Fitzgerald, Bramble’s Press, 1999)
Written after a trip to Dingle, Co. Kerry
Available from: Bannut Tree House, Lye Head, Bewdley, Worcs, DY 12 2 UW,
Tel: 00 44 (0) 1299 266144

I am (Scoil Íosagáin, 1999)
Written by the children as part of their coping work in class following the Omagh bomb.
Available from:Scoil Íosagáin, St Mary’s Road, Buncrana, Co Donegal.

WORK-BOOKS FOR USE WITH CHILDREN:
All written by Marge Heegaard and available from AWP (address above) or bookshops

When Something Terrible Happens
When Someone Very Special Dies
When a Family is in Trouble
When Someone Has a Very Serious Illness
When Mom and Dad Separate
When a Parent Marries Again
Coping with death and Grief – stories about young people’s grief
Drawing Out Feelings: Facilitator Guide

BOOKS ABOUT NORTHERN IRELAND AND THE IMPACT OF CIVIL UNREST ON YOUNG PEOPLE

The Threat to Belonging in Enniskillen
(David Bolton, Ch 10 in ‘When a Community Weeps’, Zinner and Williams,
Brunner/Mazel, 1999)

Half the Battle: Understanding the Impact of the Troubles on Children and Young People (Marie Smyth, INCORE (Initiative on Conflict Resolution and Ethnicity))

Do You See What I See?
Young people’s experiences of the Troubles in their own words.
(Marie Smyth and the Cost of the Troubles Study, INCORE, 1998)
Available from: INCORE, Unit 14, North City Business Centre, 2 Duncairn
Gardens, Belfast BT15 2GG
Tel/Fax: 00 44 (0) 28 90742682

‘...and then there was silence...’ Personal Accounts of Northern Ireland’s troubles.
(Video) Cost of the troubles Study – address as above
Tel/Fax: 00 44 (0) 28 9074 2682


Lost Lives (D.McKittrick et al, Mainstream, 1999) Stories of all who died in the Troubles
USEFUL INFORMATION:

The Omagh Children’s Study
On Wednesday, 5 July, 2000, the Sperrin Lakeland Trust and the Western Education and Library Board announced the findings of a major study into the longer term impact of the Omagh bomb in on children and young people. Further details are available from:

Sperrin Lakeland Trust, The Coordinator,
Strathdene House, Omagh Community Trauma & Recovery Team,
Tyrone and Fermanagh Hospital, The Bridge Centre,
Omagh, Holmview Avenue, Campsie,
Co Tyrone Omagh, Co Tyrone
Tel: (028) 8235285 Tel: (028) 82252599

OTHER USEFUL BOOKS:

Guidelines for Schools on How to Respond to the Sudden Unexpected Death of a Student (ASTI)
Available from: Association of Secondary Teachers, Ireland (ASTI)
Winetavern Street, Dublin 8
Tel: (01) 6719144

Life and Loss: A Guide to Help Grieving Children
(Linda Goldman, 1994, Taylor and Francis)

Good Grief 1 – exploring feelings of loss and death, under 11s
Good Grief 2 – exploring feelings of loss and death, over 11s and adults


Wise Before the Event – Coping with Crises in Schools
(William Yule and Anne Gold, Gulbenkian Foundation, 1993)


When Someone Close Dies
Available from: The Medical Social Work Department,
Beaumont Hospital, Dublin 9
Tel: (01) 8093290

In the Event of a Tragedy – A Response
Available from: The North Western Health Board,
Manorhamilton, Co. Leitrim
Tel: (071) 60222
**Death – Helping Children Understand**
Available from: Solas, Bernardos, Christchurch Square, Dublin 8
Tel: (01) 4540355

**Interventions with Bereaved Children** (Susan Smith and Sister Margaret Pennells, 1995)
Available from: Jessica Kingsley Publishers
116 Pentonville Road
London NI 9JB
Tel: 00 44 20 7833 2307

*All About Me – Guidelines for Working with Children Coping with Divorce, Abuse, Illness and Death* (Barnardos UK 1991)

*Responding to Youth Suicide and Attempted Youth Suicide in Ireland: Barnardos Policy Briefing 1* (Barnardos 1999) Free (+45p P&P)

*Selina’s Story* (Barnardos UK 1995) £3.50 (inc P&P)
*Aimed at 4-8 year olds affected by HIV/AIDS*
*Available from:* National Children’s Resource Centre, Barnardos, Christchurch Square, Dublin 8
Tel: (01) 454 9699

**Suicide Among Young People – Managing the Issue in Schools**
Available from: Pupil Support Unit, Department of Education, Rathgael House, 43 Balloo Road, Bangor, Co. Down. BT19 7PR

**Tips on Discipline** – Dr. Lillian Beattie (AWP, 1988)
*A small booklet outlining useful strategies for dealing with children’s behaviour.*
Available from: AWP (Adlerian Workshops and Publications)
216 Tring Road, Aylesbury, Bucks HP20 1JS
Tel: 00 44 (0) 1296 82148

**Books by Teachers about their experiences of school trauma:**

**Jupiter’s Children**: Mary Campion (Liverpool University Press 1998)
*About the Jupiter school cruise ship which sank.*

**Behind the Smile – My Story**: Lisa Potts (Hodder and Stoughton 1998)
*A book about the machete attack on a nursery class in Wolverhampton – illustrates the impact on staff/team relationships.*
Trauma and Bereavement Services and Organisations
Offering Support and Advice

REPUBLIC OF IRELAND

Department of Education and Science
Marlboro Street, Dublin 1.
Tel: (01) 8734700

Eastern Regional Health Authority
Canal House, Canal Road, Dublin 6
Tel: (01) 4065600
Covering: Dublin City and County, Co Kildare and Co Wicklow

Midland Health Board
Arden Road, Tullamore, Co. Offaly
Tel: (0506) 21868
Covering: Co Laois, Co Longford, Co Offaly and Co Westmeath

Mid-Western Health Board
31-33 Catherine Street, Limerick.
Tel: (061) 316655
Covering: Co Clare, Limerick City and County and Co Tipperary NR

North Eastern Health Board
Navan Road, Kells, Co Meath.
Tel: (046) 40341
Covering: Co Cavan, Co Louth, Co Meath, Co Monaghan

North-Western Health Board
Manorhamilton, Co Leitrim.
Tel: (072) 20400
Covering: Co Donegal, Co Leitrim and Co Sligo

South-Eastern Health Board
Lacken, Dublin Road, Kilkenny.
Tel: (056) 51707
Covering: Co Carlow, Co Kilkenny, Co Tipperary SR, Co Waterford and Co Wexford

Southern Health Board
Áras Sláinte, Dennehy’s Cross, Wilton Road, Cork.
Tel: (021) 545011
Covering: Cork City and County and Co Kerry
**Western Health Board** (Covering: Co Galway, Co Mayo and Co Roscommon). Regional Hospital, Merlin Park, Galway. Tel: (091) 751131

**The Compassionate Friends**
Tel: Donegal (075) 31493 Clare (065) 6820024 Galway (091) 752033

An organisation of bereaved parents who offer support to each other. It is open to all parents who have suffered the loss of a child of any age. They also run sibling support groups and groups for parents bereaved by suicide and murder.

**The Bereaved Parents’ Support Group, Cork**
Tel: (021) 364695 or (021) 312978

**The Suicide Bereavement Support Group, Dublin**

"Even though it’s the summer holidays, the teenagers’ school became the focal point for the distraught young friends to gather as teachers encouraged them away from the scene of the accident.

'The moving tributes to David and Jennifer from their teachers helped focus the grief of their friends, and were a great help to the devastated families.

"It was a vitally supportive role in helping the classmates come to terms with what, for many, was probably the worst event of their young lives.

"Sometimes, we forget the human role they play as guiders of young people."

(EVENING HERALD – 11 JULY, 2000 – FOLLOWING THE TRAGIC DEATH OF TWO TEENAGERS BY THE SLIGO TO DUBLIN TRAIN.)

Tel: (01) 848 4789

A support group for those bereaved by suicide.

**Irish Friends of the Suicide Bereaved**
St Finbarr’s Hospital, Cork.
Tel: (021) 316722

Replies to queries by telephone and letter. Gives one to one support. Runs support groups for adults in Cork and residential weekends for people from any part of the country.

**Cluaiscint**
Tralee, Co. Kerry.
Tel: (066) 7125932 (Mon – Fri 10.00am – 12.30pm)

Support for families and friends bereaved by suicide.

**Rainbow Ireland**
The Loreto Centre, Crumlin Road, Dublin 12.
Tel: (01) 473 4175

Organises support groups nationally for children and young adults of bereaved or separated families.
Citizens Information Centres
Locally based advice centres where you can get free and confidential information. To find out where your local centre is, contact the National Social Service Board. The NSSB has produced a helpful leaflet for those affected by bereavement.
National Social Services Board, Hume House, Dublin 4.
Tel: (01) 6059000

Sólás – Bereavement Helpline
Barnardos, Christchurch Square, Dublin 8.
Tel: (01) 473 2110 (Mon – Fri 10.00 am – 12.00pm)
Advice and counselling line aimed at children and families following the death of a parent, carer or sibling.

HEBER
C/o Irish Hospice Foundation,
9 Fitzwilliam Place, Dublin 2.
Tel: (01) 6765599
Umbrella organisation for the Hospice Bereavement Groups. They will advise you about where to find a local bereavement support group.

The Bereavement Counselling Service, Dublin, Carlow and Newbridge
For information on the range of services provided contact:

Dublin Street,
Baldoyle, Dublin 13.
Tel: (01) 839 1766

ISPCC
Address: Head Office,
20 Molesworth Street, Dublin 2.
Tel: (01) 679 4944 Email: ispcc@ispcc.ie
Childline freefone no: 1800 666 666
The ISPCC offers a range of services for children who have experienced loss or bereavement. These services include Childhood Support Workers, STEPS Youth Advice, Counselling Centres in 12 locations and Childline.

Department of Education Psychological Services
Address: National Educational, Irish Life Building,
Psychological Service, 1a South Mall,
24-27 Frederick Court, Cork.
Dublin 1. Tel: (021) 275912

Psychological Services
Address: Southern Health Board,
Tralee,
Co. Kerry.
Tel: (066) 7121566
Employee Assistance Service – Counselling Service for Teachers at Primary and Secondary Level
Address: St. Helen’s House, Senior House, Room 14 & 15, Meadowvale, Clonkeen Road, Blackrock, Co Dublin.
Tel: (01) 289 7039 (01) 857 0209

Rape Crisis Centre
Address: 70 Lower Lesson Street, 10 Calbro House, 6 St. Patrick’s Quay, Dublin 2.
Tel: (01) 661 4911
Freefone: 1800 778 888
After 5pm and weekends: (01) 661 4564

Health & Safety Authority
Address: 10 Hogan Place, Dublin 2.
Tel: (01) 662 0400

Samaritans
Address: 112 Marlborough Street, Dublin 1.
Tel: Callsave 1850 281281

Poisons Information Centre
Address: Beaumont Hospital, Beaumont Road, Dublin 9.
Tel: (01) 6799341

Teen between (MRCS)
Address: 24 Grafton Street, Dublin 2.
Tel: (01) 6799341
Counselling for teenagers experiencing the break-up of their parents’ marriage/relationship. MRCS is part funded by the Department of Social, Community and Family Affairs.

The following services may be helpful to you if you require further information, support or bereavement counselling:
✓ Social work departments of hospitals and hospices
✓ Local psychiatric services
CRITICAL INCIDENT MANAGEMENT

Emergency Checklist

Keep this checklist pinned to the school or office notice board or close to the phone

Emergency telephone numbers

<table>
<thead>
<tr>
<th>Emergency Services</th>
<th>999 or 112 in the Republic</th>
<th>999 in Northern Ireland</th>
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<tbody>
<tr>
<td>Gardaí/Police</td>
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<tr>
<td>Doctor</td>
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<tr>
<td>Poisons Information</td>
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<tr>
<td>Department Inspector</td>
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<td>DES/DE</td>
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<td>Health Board</td>
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<td>INTO/UTU</td>
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<td>Clergy/ Pastoral Care</td>
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<td>Hospital</td>
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<tr>
<td>Dentist</td>
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<tr>
<td>Eircom/BT (for nuisance calls)</td>
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<tr>
<td>Chairperson BOM/BOG</td>
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<tr>
<td>Director of Community Care</td>
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<tr>
<td>EAO/Welfare Officer</td>
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</table>

During a critical incident

Calm leadership and clear thinking are essential elements in responding to a critical incident in order to ensure the psychological and physical safety of all and to mobilise the action plan.

In the event of the critical incident occurring within the school or the school environment, the principal or designated person will:

- **Assess the danger posed by the critical incident e.g. in the event of a fire identify the affected parts of the school and assess the likelihood of the danger spreading.**

- **Decide, on the basis of this assessment, what action needs to be taken e.g. whether evacuation of the school is necessary or not.**

- **Inform all staff including ancillary staff and pupils about the action to be taken.**

Key actions in mobilising emergency plans

- **Assess the needs of the situation e.g. if evacuation of building is necessary, initiate agreed school evacuation procedure**

- **Initiate action needed – notify appropriate emergency services**

- **Coordinate the response within the school – liaise and delegate**

- **Record and verify details – time, place and people involved**

- **Contact Parents**

- **Create a calm purposeful environment**