**Bronze Level - Attachment & Trauma Aware and Silver Level - Attachment & Trauma Friendly**

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| **Section 1: The Setting Community** | | | |
| ***Criteria: BRONZE Attachment Aware*** | ***Evidence*** | ***Criteria: SILVER Attachment Friendly*** | ***Evidence*** |
| 1. Achieving the ATSSA is referenced in the Setting Development Plan. |  | A strategic approach to achieving ATSSA is evidenced in the SDP and relevant policies and documentation |  |
| 1. Most staff have accessed approved training on A&T |  | Attachment and trauma training is delivered in the school’s induction programme for new staff and supply staff |  |
| 1. There is a Link Governor for attachment |  | Chair and/or interested governor have accessed approved training on A&T |  |
| 1. A key person is allocated to all children. |  | The setting is flexible around the allocation of key people, hearing and taking into account children’s own preferences. |  |
| 1. ‘Second chance learning’ about safety and security in relationships is offered to children who have not experienced stable and secure attachments at home, through a key person who is able and willing to intimately engage with child. |  | Key Persons have received appropriate specialised training The setting provides for and accommodates the needs of both the key person and the child by facilitating the development of relative dependency and attachment. |  |
| 1. Physiological needs are given high priority and children experience the setting as a metaphor for maternal care, so food, bodily cleanliness and comfort, rest and sleep are all the responsibility of the caring adult, who communicates through caring, nurturing practices, the value and beauty of the child’s physical being. |  | Activities to develop interoception (the sense of reading and interpreting signals from inside our bodies) help children to feelings of hunger, thirst, sickness, pain, having to go to the bathroom, tiredness, temperature, itch, and other internal sensations. |  |
| 1. The environment is child-led rather than task-led, so relationships, proximity, attunement and caring are always prioritised over routines and paperwork. |  | Leaders and managers recognise that tenderly and thoughtfully attending to the emotional and psychological needs of the child is ‘real work’ and often of more value to the child’s wellbeing than practical tasks such writing up notes or preparing an activity for the following day. |  |
| 1. Planning documents show that activities and expectations are differentiated to take into account the needs of children who have experienced adversity. |  | Observational work is at the core of daily practice and whilst observing, practitioners have no responsibility for the babies/children they are observing, other than to observe. |  |
| 1. A developmentally sensitive framework to understand and respond to behaviour e.g. FAGUS, Boxall Profile, is used. |  | Developmental profiles, assessing development across emotional and social domains, are used for vulnerable pupils |  |
| 1. The setting works closely with feeder schools to ensure close collaboration and thoughtful transition between settings. Backstory information is shared appropriately and sensitively. |  | Whole class teaching is suspended during the first week of Reception Class, and transitioning children are taught in very small groups for a minimum of one week in order to be in close proximity to their new teacher and build familiarity and trust. |  |
| 1. Absolute priority is given to how babies/children and parents/carers are welcomed into the setting each morning. |  | Time is given for reflective preparation and reflection on how babies/children and parents/carers are welcomed into the setting each morning. |  |
| 1. Time In rather than Time Out is used to support children in regulating. |  | Attractive and comforting Breakout Spaces are provided for dysregulated children, and dysregulated children are always supported in these by a trusted, regulated adult. |  |
| 1. SLT have broad knowledge about the services available to families. |  | Practitioners have broad knowledge about the services available to families. Outside agencies are used effectively and parents are signposted and supported as necessary. |  |
| 1. The setting works closely with families, to enhance their understanding of child development. |  | The setting works closely with families to enhance their understanding of the impact of attachment & trauma and building positive relationships. |  |
| 1. The curriculum and activities are sensitive to children whose life experiences may contain chaos and uncertainty. |  | A range of meaningful strategies is used to elicit ‘child voice’, to both hear children’ views and ensure that they are involved in decision making, ensuring that particularly vulnerable children are supported in their communication and heard by adults. |  |
| 1. Children’ histories are used as a framework within which to interpret behaviour.\* |  | Pupils’ histories are researched, starting from conception to the present, and these are reflected upon to gain understanding of the impact of trauma and loss. |  |
| 1. Directed time for reflective practice is timetabled at least once a week and, more frequently as appropriate (e.g. if behaviour/anxiety is escalating). |  | Supervision is carried out professionally, with a emphasis on the emotional and psychological cost of the work to practitioners, and is not focused on ‘performance management’ or meeting deadlines etc. |  |
| 1. Quality staff care and emotional support for front-line staff to protect mental health and well-being is provided. |  | Quality staff care and emotional support for all staff to protect staff mental health and well-being is provided. |  |
| 1. Additional funding is used effectively to support eligible children, and priority is given to social and emotional development. |  | Additional funding is used effectively and imaginatively to support the emotional wellbeing of eligible pupils. |  |
| 1. Input from parents about how additional funding could be used for their child is welcomed when offered. |  | Where appropriate, parents and carers are consulted in how additional funding could be used for their child |  |

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| **Section 2: Developmental vulnerability - Central Executive Function; Regulation; Developmental delay** | | | |
| 1. All staff demonstrate an attitude of empathy and understanding of each child’s experience of loss of and/or separation from parents/carers, regardless of the age of the child. |  | All staff demonstrate an attitude of empathy and understanding of each child’s experience of loss of and/or separation from key people within the setting (e.g. on transition to Reception, or adults absence through sickness or maternity leave) regardless of the age of the child. |  |
| 1. There is a number of strategies in place in across the setting to facilitate free play, which requires relaxation, attention, curiosity, motivation:    1. Visual timetables and schedules    2. Visual behaviour prompts    3. Environmental cues for transition preparation, e.g. turning light on and off; playing music and sand timers are used to warn about time until the end of activity. |  | Areas are well-planned with clearly defined visual boundaries designating where different types of activities will take place. |  |
| 1. Environmental arrangement is adapted to overcome organisational challenges. |  | Clutter is kept to a minimum to maintain specific spaces and to ensure all spaces are welcoming and attractive. Colour coding using rugs, mats or coloured tape on the floor may be used to define different spaces. |  |
| 1. Play is an integral part of the curriculum for all children, particularly for children who have experienced play deprivation, and all learning and interactions are playful and fun. |  | Children experience emotional regulation through relational play. |  |
| 1. Attuned adults facilitate learning and development through a focus on ‘being’ rather than ‘doing’, for example, through Treasure Basket and Heuristic Play and other open-ended, purposeful play processes. |  | There is an abundance of opportunities every day for informal interactions in cosy groups with familiar peers and the key person. |  |
| 1. Practitioners demonstrate an awareness that children who have experienced early adversity/trauma struggle to play because they do not feel sufficient safety to relax and become curious. |  | Practitioners offer supportive, proximal emotional scaffolding in a variety of ways. |  |
| 1. Boundaried ‘safe spaces’/dens are available in both the indoor and outdoor environment for children to manage overload/dysregulation. |  | Individualised self-regulating boxes are created with particularly vulnerable pupils, to facilitate self-soothing, self-nurturing and self-regulating coping strategies. |  |
| 1. Opportunities for proximity, attunement, connection and tranquillity are offered across the day through ‘Islands of Intimacy’ – pauses in which very small groups of children have undivided attention from their key person to gather themselves and experience calmness, with no pressure to ‘do’, but simply to be. |  | Provision is made for those children who may need to experience Islands of Intimacy alone with the key person because they do not yet feel safe enough to ‘share’ adult attention with other children. |  |
| 1. Well planned and managed Meet & Greet and End and Send (daily check-in and checkout) is provided for all. |  | For children with A&T related difficulties, Meet and Greet and End and Send is personal and individual. |  |
| 1. Staff are skilled in monitoring excitement and anxiety, and make appropriate interventions to provide co-regulation. |  | Activating and energising activities are used for children who are disconnecting or ‘switching off’, and adults are skilled at distinguishing this from beneficial, spontaneous personal downtime. |  |
| 1. Children are supported by a trusted adult during unstructured times. |  | Children are protected from, or given significant support with potentially explosive situations, such as transitions, sharing, group time. |  |
| 1. Access to younger children is facilitated to allow interactions with developmentally similar children. |  | Activities to enhance executive function are stage- not age-related e.g. a 48 month old child may need lap games, hiding games, mirroring games that typically developing children may have experienced much earlier. |  |
| 1. Adults know the developmental social and emotional age of children in their care and recognise and respect that the child is behaving appropriately for their developmental stage. |  | Systems are in place to ensure that all staff know who the particularly vulnerable pupils in the school are, and use a ‘connection before correction’ approach to support pupils. |  |
| 1. Practitioners recognise that children who are touch-deprived or who have experienced abusive, invasive or imposed touch need to experience appropriate touch in order to relearn the value and beauty of their own body |  | Positive reciprocal touch, such as massage, hugs, hand-holding, brushing hair, stroking the face, hands and arms are an integral component in the relationships between children and adults. |  |
| 1. Outcomes of behaviour are responsive to the needs of the child rather than punishing or isolating, and natural outcomes are used rather than consequences or sanctions. Responses are never shaming or humiliating. |  | For children who find specific activities unmanageable, enjoyable alternatives are provided, Sensory Circuit, Puppet Corner, Sensory Den or INCRAs. |  |
| 1. Children, including the most vulnerable, are supported in communicating emotions, feelings and worries. |  | The setting provides a range of practical resources for facilitating emotional communication, e.g. emotional check-in, Worry Monster, which are used throughout the day, and responded to at the earliest opportunity. |  |

\* The children’s timelines and information therein is treated as sensitive, strictly confidential and shared only with parent’s permission on a ‘need-to-know’ basis

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