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Meeting children's needs through trauma-informed care in a crisis nursery setting

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MEETING CHILDREN'S NEEDS THROUGH TRAUMA-INFORMED CARE
IN A CRISIS NURSERY SETTING

A Thesis

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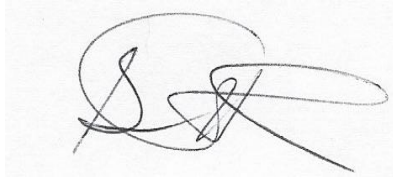
Master of Arts in Child Life

By

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CHAPTER 1: INTRODUCTION

Crisis nurseries for children were developed in the 1970s to provide temporary childcare, sometimes called respite care (ARCH National Resource Center for Crisis Nurseries and Respite Care Services, 1992). A list of Crisis Nurseries across the United States reports that there are 57 crisis nurseries as of January 2023, each of them providing a range of services and childcare (Western Kentucky University, 2023). Many crisis nurseries provide emergency childcare to children that are at risk of abuse and neglect. The current paper focuses on one crisis nursery and the staff's perceptions of caring for the children there. The nursery serves families that need help with shelter and childcare, which are needs that can put a large amount of stress on parents and children. Children often come to the nursery for a few hours or the length of a parent or guardian's work day. Parents or guardians can request a longer stay for their child of up to 72 hours, and children that are removed from their parents' care can also be placed in the nursery by the state. Families experiencing more severe stress or crisis may request longer stays or overnight stays for children.

It is important to note that not every family utilizing crisis nursery services is necessarily in a state of severe crisis. In March of 2021, the Department of Children, Youth and Families (DCYF) estimated that in the state of Washington only 34% of children were enrolled in a licensed school or daycare of all the children that are eligible (Washington State Department of Children, Youth and Families, 2021). This highlights a substantial need for childcare, and families in need of childcare are able to seek help through the crisis nursery in this study no matter the reason. Many of the children that the nursery serves have faced adversity throughout their lives, and they do not always thrive in the childcare setting. Adversity for these children may look like abuse or neglect, homelessness, or fleeing a domestic violence situation. There is

no requirement for a child to have specific experiences or needs to be accepted by the nursery. Intake staff, also called Family Support Specialists, triage a parent or guardian's situation and offer placement for a child based on what staff feel would benefit the parent. Staff also have to consider the capacity of the crisis nursery which fluctuates based on staffing ratios, as well as times for intake and discharge appointments that are available. In the care of this nursery children receive meals, baths if needed, a place to sleep, and opportunities for play in multiple settings. One aspect of being a staff member that provides care to the children at a crisis nursery is uncovering children's needs that may not be met at home, and then trying to meet those needs and help children that are struggling. The crisis nursery staff that directly oversee and take care of the children will be referred to as Houseparents (HPs) throughout this study.

Problem Statement

Although previous research addresses the impact that crisis nurseries can have on families that utilize their services, there is a lack of research regarding how the children in crisis nurseries are cared for. There are different signs that a specific need is not being met for a child, and meeting that need is up to the crisis nursery staff. Crisis nursery staff is responsible for 24 hour care of the children when they are placed in the crisis nursery. Parents and guardians are not allowed into the childcare space due to confidentiality. This means that once an intake appointment is complete, the crisis nursery staff are fully responsible for the child and the child's care until the child is picked up. The staff that manage the children's care are called House Parents. Understanding staff perceptions of what contributes to successful childcare could contribute to research on how to work with children that have faced adversity as well as how those children could be cared for in other settings. The more insight is obtained as to how to work with children that have faced adversity or struggle in childcare settings, the more easily we

can care for children that have undergone stress when they are away from their parents. This research would also allow parents and other caregivers to learn strategies for uncovering needs, meeting needs, and helping children cope. Unmet needs have been studied in other environments, but the environment of a crisis nursery adds unique challenges to caring for children because of what they have experienced outside of the nursery.

Purpose Statement

This research being proposed aims to gather information from crisis nursery staff to determine what contributes to the successful care of children that have faced adversity or who are in crisis nursery care. More specifically, this research is aimed at finding out what questions crisis nursery staff ask children to uncover their needs that may not be met outside of the nursery. The interview questions were created to gain insight as to what questions staff ask, and how their strategies for uncovering and meeting needs change based on a child's reaction and behaviors (see Appendix A). If successful ways of uncovering and meeting needs can be determined, the results of this research could be applicable in other settings such as schools, childcare facilities, hospitals, and even at home when parents are struggling to de-escalate or soothe their children when they are facing behavioral issues.

Summary

Crisis nurseries are a beneficial resource to children and families experiencing an emergency, or families that are at risk of child abuse or neglect. Understanding how crisis nursery staff care for children and how children and families benefit from the treatment can provide insight as to how children that have experienced trauma should be cared for, as well as what works best when trying to uncover and meet their needs. This information would contribute a better understanding of working with children that have experienced adversity, which can

contribute to the work done by child life specialists and other professionals working with children and families.

Definition of Terms

Adversity. Difficulties that a person faces.

Crisis Nursery. A crisis nursery is a childcare facility for families experiencing stress or crisis. Crisis nurseries may have additional resources and programs to aid families.

Child Life Specialist. A child life specialist (sometimes a Certified Child Life Specialist or CCLS) is a healthcare professional that works with children and families in hospitals or other settings to help them cope with hospitalization, illness, injury, and other stressors.

House Parent. A House Parent (in this particular crisis nursery) is a staff member that directly supervises and cares for the children in the nursery.

CHAPTER 2: LITERATURE REVIEW

Introduction

Crisis nurseries provide a safe haven for children when their parents need child care or respite. The theoretical foundations of Maslow's Hierarchy of Needs and Trauma-Informed Care (TIC) can be used to describe childcare for children that have experienced stress or trauma in some way, and how a child's needs being met can affect their growth and development. Children in the crisis nursery setting face risk factors such as separation from their caregivers, an unfamiliar environment, and stranger anxiety/relying on strangers to meet their needs and care for them. Crisis nursery staff may utilize certain strategies or techniques that when analyzed, may provide insight as to the most effective methods for taking care of children that have experienced stress or trauma in some way.

Theoretical Framework

Maslow's Hierarchy of Needs identifies five basic human needs (McLeod, 2018). The five types of human needs are psychological, safety, love and belongingness, esteem, and self-actualization. Aside from self-actualization, all of these needs can be classified as "deficiency needs" (McLeod, 2018). The bottom level of Maslow's hierarchy of needs outlines physiological needs, which include food and shelter. After physiological needs are met, there are safety needs, love and belonging needs, esteem needs, and finally self-actualization needs. For one level of the pyramid to be achieved, each level of the pyramid has needs that need to be met prior. For example, children that have their physiological needs met may not yet have their safety needs met. Children that are able to have love and belonging needs met would have each lower level of the pyramid already existing in their life.

Children in a crisis nursery may have experienced significant trauma and adversity in their life, resulting in their needs not being met. The most basic needs according to Maslow are physiological needs which include food, water, warmth and rest (McLeod, 2018). The following level within the hierarchy of needs is safety needs, which consist of security and safety. Once physiological needs and safety needs are met, belongingness and love needs can be met. The following two levels of the hierarchy are esteem needs and self-actualization needs, which consist of feelings of accomplishment and achieving one's full potential. When needs are not being met at one level of the hierarchy, for example safety needs, subsequent needs on the hierarchy also cannot be met. In the case of children in a crisis nursery, their most basic needs (physiological needs) may not be being met at home. Children that do not have access to food and shelter are not having their basic needs met. In some cases, physiological needs are being met but safety needs or belongingness needs are lacking. For children who are homeless, have experienced domestic abuse, have a parent/guardian with medical needs, or many other potential reasons to use the crisis nursery, the meeting of their basic needs may be lacking.

It is the job of crisis nursery staff to meet physiological needs while in the nursery's care. Crisis nursery staff provide food and shelter, as well as hygiene needs. In addition to supplying basic needs, staff also provide safety, belongingness, and esteem needs. In the crisis nursery setting this can look like providing comfort to children, working with children that are escalated or not following directions, providing opportunities for play and development, as well as reinforcing to the children in the nursery's care that they are safe, cared for, and loved. An escalated child may be crying, yelling, refusing to comply with staff requests, or acting violently toward other children or staff. When a child is escalated, it often helps to isolate them until they are calm and willing to rejoin the other children and staff. Crisis nursery staff do not have control

of what happens when children are not there, but meeting these needs for children while they stay is one way of helping them cope with what their lives are like outside of the nursery.

TIC also plays a role in the care of children at crisis nurseries, aside from meeting their basic needs. Because many of the children that are cared for at crisis nurseries have likely faced a substantial amount of stress or adversity, it is important to factor this into taking care of them. Howard Bath (2008) outlines 3 pillars of TIC that are common when it comes to promoting healing in children that have experienced trauma. The 3 pillars that Bath (2008) outlines are safety, connections, and managing emotions. The pillars in this case represent key prerequisites for healing and are critical factors that need to be in place to allow healing. Bath (2008) describes Abraham Maslow as a theorist who recognized the importance of safety in children's development, which is why meeting needs and TIC should both be factored into crisis nursery childcare. Bath (2008) also recognizes the impact that safety can have on other aspects of development, including attachment which can lead to certain behaviors in children when they are seeking safety. The relationship between Maslow's Hierarchy of Needs and TIC may be apparent in crisis nursery staff strategies to care for and manage children who have experienced stress or crisis. Both Maslow's Hierarchy of Needs (McLeod, 2018) and TIC (Bath, 2008) rely heavily on safety as a factor of either sufficient support and care, or lack thereof which can lead to behaviors in children seeking safety and security.

Literature Review

Crisis Nurseries

Services

Crisis nurseries were developed in the early 1970s, and their target population to serve was families at risk for child abuse and child neglect (Kendal & Perille, 2019). Crisis nurseries

have continued to grow and there are crisis nurseries across the country that provide respite care. The purpose of respite care for children is to provide a safe place for children as well as provide their parents or guardians with a break. Crisis nurseries across the country offer a variety of services and serve different populations (Haynes-Lawrence, 2022). The crisis nursery that is the focus of this paper aims to provide respite care when families are experiencing crisis or stress. It should be noted that not every family seeking this nursery's help is always able to bring their children there, but families are triaged by intake workers in order to prioritize and schedule intakes. Specific reasons for requesting crisis nursery child care include domestic violence, Child Protective Services (CPS) involvement or suspected abuse, homelessness, parental stress, and medical needs (of a parent or other family member). Because the circumstances around crisis nursery use can seriously and heavily impact a child, it is important to understand how those children are cared for and what contributes to successfully meeting those children's needs.

According to Susan A. Cole (n.d.), crisis nurseries were established to prevent children from being placed in foster care or in the state's care. Parents are not allowed to stay with their children at the crisis nursery, which provides a break for both the parent or guardian and the child or children. This can also be referred to as respite care. A unique aspect of crisis nurseries is that their services are meant to intervene between family stress/crisis and CPS involvement if possible. However, crisis nursery staff in this case are also mandated reporters. This means that the children being served at the nursery may not remain in their homes, and giving them childcare which meets their needs and provides security and consistency can have a positive impact on them. There have been attempts to adapt or replace Maslow's Hierarchy of Needs, but Maslow's Hierarchy continues to be a useful model in many settings (Bowen, 2019). Bowen attempts to reexamine Maslow's Hierarchy of Needs and incorporate the concept of childhood

trauma. Trauma adds complexity to Maslow's Hierarchy of Needs and Bowen identifies unmet needs as another factor that can affect the Hierarchy of Needs. Bowen (2019) states that safety is the most fundamental need for all human beings, and childhood trauma/unmet needs in unsafe conditions can affect a person's development.

Staffing

Children in the care of crisis nurseries may require extra attentiveness from staff due to their needs and prior experiences. Crisis nurseries specifically serve families that may be undergoing a significant amount of stress or trauma. Some reasons that a family may use a crisis nursery include domestic abuse, homelessness, or an emergency (Cole et al., 2005). It is possible that the needs on the lowest level of Maslow's Hierarchy of Needs are not being met in children that are at a crisis nursery. For example, they may be lacking food and shelter at home. When basic needs are not met, it is highly unlikely that other needs are also being met. According to the Children's Defense Fund, 1 in 7 children live in food-insecure environments, affecting about 10.7 million children (Children's Defense Fund, 2021). This is just one example of a child's basic needs not being met and children facing hunger could be lacking in other basic needs as well. Even though families can seek support from programs that provide assistance with finances or food, some families may not qualify or have the means to access those resources.

It is important to investigate how children in a crisis nursery are being cared for because if those children have their needs met, they may be more likely to be resilient and overcome the adversity and stressors that they face outside of a crisis nursery. Even if a child is cared for in a crisis nursery and they themselves have not experienced stress, they will be surrounded by other children that have. Tony Newman (2002) organized a review of effective strategies for promoting resilience in a childcare setting. The 3 areas in which factors that can promote childhood

resilience are the child himself, the child's family, and the child's environment (Newman, 2002). In the case of children in a crisis nursery, they may lack support from their family and environment due to a number of circumstances. It could also be difficult for children to be resilient if they lack certain characteristics, such as a high IQ or feelings of empathy toward others (Newman, 2002).

Children's Basic Needs

The American Psychological Association (APA) states that 1 in 6 children (16%) are living below the official poverty line (American Psychological Association, 2022). In addition to highlighting the high number of children experiencing poverty, the APA also recognizes difficulty for families experiencing poverty when it comes to accessing resources that can help them. Poverty is just one of the many Adverse Childhood Experiences (ACE's) that can affect a child's wellbeing, which includes their needs. ACEs contribute to a child's wellbeing and can be categorized as adversity previously mentioned. According to the Center for Disease Control and Prevention (CDC), ACEs can affect a child's brain development, immune system, and stress-response (Center for Disease Control and Prevention, 2022). The CDC states that Adverse Childhood Experiences include traumatic events, as well as certain aspects of a child's environment. The list of potential ACEs includes substance abuse in the home, mental health problems, and instability (Center for Disease Control and Prevention, 2022). Parents or guardians that utilize crisis nursery services may be contributing to one or more of these experiences that can affect a child's long term health and development. If crisis nursery intervention is provided, parents or guardians have an opportunity to address these aspects of their child's life at home. In the case of the crisis nursery, there is no limit to the number of times

a family requests respite care. This means that issues requiring long-term attention such as mental health diagnoses or homelessness can be resolved over time.

An article about meeting children's basic needs highlights the difficulties associated with meeting children's needs when they are experiencing poverty. According to Prince and Howard (2002), addressing needs in children experiencing poverty can be broken down into categories that align with Maslow's Hierarchy of Needs (McLeod, 2018). The authors discuss children's needs for survival, and also children's needs to survive (Prince & Howard, 2002). A crisis nursery can serve as a place for families experiencing poverty that is safe and allows for children to thrive by not only providing them with basic needs, but also providing them with individual attention and care. Crisis nursery staff know that they are serving populations that may be experiencing extreme difficulty, and that those children in particular need more than just their basic needs met.

Even though Maslow's Hierarchy of Needs (McLeod, 2018) continues to withstand time, there have been various critiques of the theory (King-Hill, 2015). It has been argued that Maslow's Hierarchy of Need (McLeod, 2018) is often accepted and referred to without questioning. King-Hill mostly critiques Maslow's HON in the context of educational settings, which could also be extended to early learning centers or daycares and crisis nurseries. King-Hill (2015) proposes that even though people have needs, there is not a rigid or strict model of those needs and that needs vary from person to person. This is something that crisis nursery staff take into account because there are no right or wrong ways to approach meeting children's needs and providing them with secure care. King-Hill also proposes that prior research suggests a lack of Maslow's Hierarchy of Needs consideration of societal needs in a particular time. With there

being a current childcare crisis as outlined in previous paragraphs, Maslow's Hierarchy of Needs may not fit perfectly into the strategies that are now employed in childcare or child development.

Adverse Childhood Experiences (ACEs)

Trauma-Informed Care

Meeting children's needs may look different when the child has experienced adversity or trauma. According to Bath (2008), the three pillars of TIC are safety, connection, and managing emotions. There are signs and behaviors that children may exhibit that suggest their needs are not being met, whether in the moment or in general. When children's needs are not met at home, crisis nursery staff have the unique opportunity to meet those needs and provide an environment in which children can grow and develop. Bath (2008) states that the first step in providing TIC is providing a safe environment. In order for children to feel safe, they need their physiological needs met and they need to feel that they are not in danger in any way. Bath also indicates a need for connections, as well as emotion and impulse management (2008). In a crisis nursery setting, staff have the opportunity to form meaningful connections with the children they serve as well as help them through their emotional struggles and behavioral escalations.

Genevieve Simperingham is a parenting instructor and parent educator who highlights how a child's behavior may be revealing unmet needs (2013). For example, a child that is being loud and acting erratic may be feeling anxious, afraid, angry, or insecure. This is not to say that every negative behavior indicates an unmet need, but if those behaviors are consistent it could be a child's way of expressing that need. The chart that Simperingham (2013) presented shows many behaviors and the possible needs a child could be indicating they are lacking (see Appendix B). However, this chart or any other model of children's behaviors and their needs is not black and white, and parents or childcare staff should rely on other information they have if

possible. In the case of the crisis nursery that this study presents, the staff that directly oversee the children have access to a one line phrase showing a child's reason for being in their care. This reason is chosen from a list of presets, including things like errands/household chores, as well as education or training, medical, looking for housing, or no childcare. The variety of reasons that a child could be in this crisis nursery's care varies greatly and even that piece of information that childcare staff have access to doesn't always paint a complete picture or give them information as to what specifically a child is experiencing.

Other aspects of childcare in crisis nurseries include fostering an environment in which children can continue to grow and develop. The crisis nursery that this study focuses on contains rooms with different purposes and developmental goals in mind. These developmental goals and opportunities for play that the crisis nursery aims to provide are another aspect of childcare that children may not have access to outside of the crisis nursery, depending on their home life and/or other childcare settings. It is important to not only factor in meeting needs and TIC, but also the more "normal" aspects of development that children facing adversity may not have the opportunity to experience. ACEs affect a child's ability to develop (Center for Disease Control and Prevention, 2022). When children have access to an environment that allows them to play and interact with others, they are able to thrive in this environment and hopefully continue to do so outside of the crisis nursery.

There has also been literature that questions the efficacy of implementing consistent TIC. Berliner and Kolko (2016) comment on the use of TIC in different settings and question the consistency of TIC. The authors state that the importance of TIC or Trauma-Informed Practice is widely recognized in previous research. However, the authors state that there were many differences in which people operationalize TIP and that participants in other research were

uncertain or vague when asked if they were trained or taught the skills and strategies to work with traumatized youth (Berliner & Kolko, 2016). This commentary on TIC recognizes the importance of special care being taken with children that have experienced trauma, but outlines the difficulties associated with implementing consistent and well-versed TIC. The authors acknowledge that although the use of TIC can be inconsistent or vague at times, it is a concept that is worth investigating further because many children suffer from one or more experiences such as victimization, trauma, and adversities (Berliner & Kolko, 2016).

The use of TIC in a crisis nursery setting depends on staff training, background, and experiences. An important aspect of services at the crisis nursery in this study is that the crisis nursery aims to accommodate as many requests for childcare as possible, regardless of a child's behaviors or diagnoses. The crisis nursery does have limits regarding accepting children with certain medical conditions, and children with extreme behaviors or that are over the age of 6 may be turned away. This crisis nursery staff try to bring in every child even if they require 1-on-1 staffing attention or other accommodations that make them unique. When a childcare facility does not necessarily turn children away for behaviors or escalations while in their care, it can mean that staff spend time trying to work with those children and figure out what works for them. This can mean that many children do escalate while in the crisis nursery's care, which staff must try to handle at the moment. An article about complex trauma in children outlines the many domains of their life that can be affected, which include affect regulation, behavior control, cognition, and self-concept (Cook et al., 2005). The authors show that children that have experienced complex trauma may have trouble functioning due to how these domains are affected. In the case of a crisis nursery, children that have experienced complex trauma may be the children that don't follow directions or have escalations/outbursts, or negative behaviors.

Family Outcomes

Prior research supports the use of crisis nurseries based on family outcomes and the positive impact that crisis nursery use can have. One study outlines the effects that crisis nursery use can have on parents and states that crisis nurseries are an effective preventative intervention. Cowen (1998) found that when mothers utilized crisis nursery services, their stress was significantly reduced. Cowen writes that crisis nursery services are an integral aspect of social support for struggling families. In addition to other stressors, many families that utilize crisis nurseries are struggling financially (Lopez, 1999). When parents do not make enough money for childcare, they in turn are not able to work because their children are not looked after. Families in this situation may have to be absent from work or default to other solutions such as having their children watched by another person who does not take sufficient care of them.

Steve Lopez (1999) wrote an article for TIME Magazine that focused on a mother using crisis nursery services. Lopez wrote about this mother's situation and how the crisis nursery allowed her to find solutions for feeling frustrated with her children. In this case, the crisis nursery also helped the mother come up with a long-term plan. The mother's children were in crisis nursery respite care for 3 days, which allowed her to calm down, come up with a plan, and address some of the issues that she was experiencing. The key aspect of the case Lopez wrote about is the respite care that was provided for the children. Not only is respite care a safe place for the child, but it also allows parents and caregivers to focus on issues without worrying about their children or having their children contribute to their stress. Lopez also highlighted the prevalence of child abuse and neglect, which can be helped by crisis nursery services. Children that experience abuse and neglect are safe and cared for in the crisis nursery setting, and they are away from their caregivers which provides them with protection from those that may become

frustrated with them or mistreat them. In 1997, there were more than a million reports of child abuse and neglect, as well as about 1000 deaths due to abuse or neglect (Lopez, 1999). These statistics may be altered by respite care services as well as other community resources and the attention that has been brought to this issue.

The benefits of meeting children's needs in the crisis nursery setting in addition to promoting resiliency include providing a safe environment for children to learn and explore the world around them. If basic needs are not being met, it is probable that psychosocial and emotional needs are going unmet as well. An article about how homelessness affects children identifies other problems associated with homelessness in addition to their basic needs not being met (Rafferty and Shinn, 1991). Homelessness is one instance in which a child's basic needs are not being met, and it is a possible reason for being in a crisis nursery. The authors emphasize being homeless can cause a child to have health problems, have feelings of anxiety and depression, and it can also cause developmental delays. (Rafferty and Shinn, 1991). If a homeless child were staying at the crisis nursery that is focused on in this paper, it would be an opportunity for them to have many needs met and not just basic ones.

The concept of uncovering children's needs has been explored in other settings such as Child Advocacy centers, but not yet in the crisis nursery setting. Vanderzee et al. (2016) investigated children's needs and advocating for children in Child Advocacy Centers (CACs). The researchers found that there is a lack of research regarding the care of traumatized children that are under the age of 6. The crisis nursery that this research will focus on primarily serves children aged 0-6. It has been shown that children aged 0-6 years old can and do experience trauma and need extensive support and care in order to recover from trauma, but they are not always given this care due to their young age (Vanderzee et al., 2016). The authors of this article

acknowledge the importance of caring for young children that have potentially experienced extreme stress and trauma. A similar approach should be used in the crisis nursery setting because it is likely that children in a CAC and crisis nursery setting have had similar experiences, and children that go to a CAC may even be at a crisis nursery and be alone with the staff there while they are trying to process what is happening.

COVID-19 Pandemic

One unique aspect of childcare centers and crisis nurseries in recent years has been the COVID-19 pandemic. Child Care Relief states that 70% of parents they surveyed reported that their child care provider is closed or serving fewer children than they were prior to the COVID-19 pandemic (Child Care Relief, n.d.). The U.S. Chamber of Commerce Foundation, in 2020 childcare enrollment decreased by 67% and childcare providers are serving fewer children than they were prior to the pandemic (U.S. Chamber of Commerce, 2020). Because childcare enrollment dropped due to COVID-19, more families are struggling to enroll their children in childcare. Families that find themselves in this situation may need temporary or emergency childcare, which crisis nurseries can provide.

Families are finding themselves unable to bring their children to daycare that has had an exposure or is shut down for cleaning. Parents that work from home may not be able to provide adequate childcare while still doing their job, but they may not be able to afford missing work. Families with a loved one in the hospital are unable to bring their children to the hospital because of new visitor policies. All of this culminates into a struggle finding childcare, even when daycares still exist. Crisis nurseries can help families find childcare until they find a more permanent solution, and can also support families in sudden or unexpected times of need.

The staff of the nursery in this specific study have a unique perspective of the families and children that they serve. Some staff form closer bonds with children, and some staff that oversee the children also work in intake and are familiar with the children's family or guardian as well. The crisis nursery staff were interviewed in order to gain insight as to what they do when they are caring for the children there. The staff's practices and methods to working with escalated children and children exposed to trauma or high levels of stress may relate back to the pillars of TIC and Maslow's Hierarchy of needs. Ideally, themes that reflect TIC and address Maslow's Hierarchy of Needs are prevalent in staff interview responses. The staff may also provide insight as to the unique approaches that they take when they are working with a child that is escalated or struggles often with following directions, as those can be signs of unmet needs.

Summary

Children in crisis nurseries have often experienced trauma and stress in their life that can affect their success and growth/development. Similarly to hospitalized children, children in a crisis nursery may have unmet needs caused by adversity and past experiences. For children in the hospital, illness or injury and hospitalization are a stressor themselves. Child life specialists can provide education, coping skills, and emotional support to children in the hospital. For children in a crisis nursery, crisis nursery staff are tasked with meeting children's basic needs and implementing TIC to contribute to a child's overall wellbeing. When basic needs are met, children can progress through Maslow's Hierarchy of Needs to more complex needs being met which is critical to development. Crisis nurseries do not only benefit the children in a family, but they benefit caregivers and other family members as well. This aligns with Family-Centered Care, a common practice in the field of child life. Investigating how a child's needs are met in

the crisis nursery setting can contribute to working with children that have experienced stress and trauma in other settings as well. The theoretical foundations of Maslow's Hierarchy of Needs and TIC inform crisis nursery staff and other professionals that work with children so that needs can be met and children can feel safe to play and express their needs in a given moment.

CHAPTER 3: METHODS

Introduction

To investigate the relationship between Maslow's Hierarchy of Needs and Trauma-Informed Care (TIC) in a crisis nursery, staff were interviewed and prompted to share about their experience as a House Parent. The staff provided insight as to how they uncover and meet needs as well as what they find to be successful strategies in doing so. The crisis nursery staff were willing to share their responses to the interview questions which were used for a collection of data that could be analyzed to identify different themes.

Purpose of Study

Information uncovered in this study provides awareness as to how crisis nursery staff uncover needs and then how they meet those needs. Themes identified in interview responses can help others that work with children experiencing stress or trauma form successful strategies to uncover needs and provide care and support to those children. In addition to answering interview questions, crisis nursery staff also provided scenarios and information that revealed new themes relevant to the care of children experiencing stress and/or trauma.

Participants

Participants were recruited from a crisis nursery and participation in this study was voluntary. 5 participants who work at the crisis nursery were interviewed for 10-15 minutes and were given a chance to respond to each interview question. If clarification or more information appeared to be needed, the researcher asked participants to elaborate on their responses.

Study Design

The design chosen for this study was a thematic analysis (Braun & Clark, 2006) of interview responses acquired from crisis nursery staff. Thematic analysis was the most

appropriate method for this data because it allows the writer to become familiar with the data, generate codes, search for and review themes, and naming those themes to produce a report (Braun & Clark, 2006). Thematic analysis allows for interview responses to be coded by the researcher and then sorted into themes/categories to show “patterns within the data set” (Burns-Nader et al., 2021). The interviews were semi-structured and responses were coded so that patterns and themes in participant responses could be identified.

Research Questions

In order to explore how crisis nursery staff uncover and meet children’s needs, a thematic analysis was done of crisis nursery staff’s responses to interview questions. The interviews will allow an inquiry into the relationship between meeting basic needs and TIC in the crisis nursery setting, this study will focus on the following research questions: What questions do crisis nursery staff ask children to uncover needs? Is asking questions a successful strategy? How does the strategy for uncovering needs change based on a child’s reactions/behaviors? Which need is most difficult to uncover and/or meet and why might that be?

Data Collection

Interviews were conducted with participants over Zoom so that they could be conducted outside of crisis nursery employee shifts. Zoom also served as a neutral meeting site to conduct the interviews and it provided privacy to the participants. Interviews were recorded and then transcribed using Microsoft Word prior to sorting and analyzing data.

Data Analysis

Once interview responses are transcribed, the responses were coded for themes and patterns which emerge in interviews. Participants will discuss their own experiences working at

the crisis nursery, as well as what they view as strategic or important when it comes to taking care of at-risk children in the crisis nursery setting.

The themes that emerged from the data analysis can contribute to a better understanding of how to care for children who are experiencing or have experienced stress and trauma.

Limitations

The biggest limitation in this study is the number of participants. The sample consisted of only three staff members due to difficulty recruiting/scheduling interviews after initial interest was expressed. Although there were only three participants, there was a sufficient amount of data to analyze.

Summary

Although this study had a small number of participants, there was ample data to analyze thematically. Interview responses were thorough, in-depth, and informative. The process of using themes to identify patterns and commonalities in the data allowed for a collection of responses that provided insight as to how staff work to uncover and meet needs in the crisis nursery setting. Interviewees gave specific examples of how they work with children on a daily basis and the strategies that they utilize to be successful in doing so.

CHAPTER 4: FINDINGS

From the interviews conducted with crisis nursery staff, themes aligning with Maslow's Hierarchy of Needs and Trauma-Informed Care (TIC) were present. In addition to evidence of meeting basic needs and utilizing TIC, additional concepts appeared including working with escalated children or children that were not following directions/were upset. Finally, the additional concepts often overlapped with themes in Maslow's Hierarchy of Needs and TIC even when those theories were not directly mentioned.

Themes

Meeting Children's Needs

I expected meeting needs to be a common theme in interview responses because of the relation between meeting needs and caring for the children. Some interview responses related to meeting basic needs, while others included meeting more complex needs or needs that would be considered as part of higher levels of Maslow's Hierarchy of Needs. For the purpose of this study, I chose to focus on meeting basic needs and how that contributes to competent care of the children.

Some of the responses that refer to meeting children's basic needs included asking a child if they were hungry or thirsty. One staff member said that they will ask a child if they want a snack because that could be a reason that they are upset or crying. Another staff member said that basic needs present as more "direct", meaning they are easier for staff to uncover and meet. One interviewee said that when children are upset they "might just be really hungry" or "want to lay down" because there is an immediate basic need resulting in a child's behaviors. Although this is not always the case, meeting basic needs allows other needs to be met and can also contribute to a sense of safety for children.

Other staff members mentioned needs that do not fall into the category of basic needs on Maslow's Hierarchy of Needs such as worth and control. However, in order for growth needs to be met and a child's wellbeing to progress, basic needs do need to be met first. This is justified by the crisis nursery staff's strategies of asking questions and meeting basic needs before they attempt to address other issues a child may be facing. One staff member stated that "worth is the most difficult" need to uncover, most likely because it is not a need that can always be met in the moment. Growth needs are met over time, while basic needs can be met in the moment much of the time. However, a lack of basic needs being met consistently can affect a child's development and trust in their caregivers.

One interviewee mentioned the importance of making sure a child does not have a physical injury that might be making them upset. Physiological needs including food/water and a safe place to sleep can also be affected by a child's physical state. If a child in the nursery setting is upset it could be because there has been physical harm done to them. The interviewee said that they ask children "Is your body hurt? Or is your heart hurt?" to better identify what the root cause of a child's behaviors may be. This question allows children to express their need as physiological or emotional, which would mean that it is a love/belongingness need. The strategy of asking questions is elaborated on later in this chapter.

Trauma-Informed Care

Safety

Safety is an integral component of TIC because children must feel safe to be cared for. When children feel safe, they may also be more willing to express their needs or their needs that are not being met can arise. In the crisis nursery, it is possible that safety is a need that is not being met for the child at home. Crisis nursery staff responded to the interview questions by

including phrases such as “make sure that they’re safe and successful” relating to the strategy of asking questions. Other responses indicate that asking questions allows children to feel that they are in a safe place to discuss what is troubling them or what they are dealing with that may be contributing to their needs not being met.

There are situations in which asking questions is not helpful, and this varies depending on the specific child and their age/development as well as their current reason for being at the nursery. One interviewee said that this may not work if “they’re so escalated that it is just overwhelming to ask them questions.” There may also be barriers when asking children questions if they are too young to verbalize or understand why they feel the way that they do. Asking a very young child to communicate their feelings can be ineffective, and there are children in the nursery that are not able to communicate verbally whether it be due to age or other factors. Older children that can communicate their feelings may not understand why they feel the way that they do, or they may choose not to engage in conversation with staff.

A lack of safety in the home may not present itself as an obvious issue or need. One staff member said that “safety comes up in weird ways.” They went on to say that this can be observed in children that don’t want to go to bed. The staff member continued “not wanting to go to bed can mean that they aren’t tired or can mean that they don’t feel safe here.” This could also be the case if the child doesn't feel safe consistently outside of the nursery, because they may struggle with finding a sense of safety anywhere.

Control

One interviewee mentioned control, which can be an issue for some children and a lack of control can cause a child to become upset or give them the feeling that they are not safe. One way that crisis nursery staff can give a child control is to provide them with choices. Even when

trying to ask a child questions and form a connection with them, providing choices provides the child with control and can help them to feel like they are involved in deciding what happens to them. One staff member said that they “have more success” when providing “two choices” so that the child can “slowly narrow it down.” In this case the staff member is referring to the process of letting a child decide what they need and if they are too overwhelmed with an open ended question, they may have an easier time choosing an option that is given to them. Providing choices can also be a successful strategy when working with children that are escalated.

Worth

Worth was another aspect of care that was mentioned in responses and can be categorized as more closely related to growth needs than basic needs. However, if staff only provided basic needs they would not be meeting the requirements of TIC as well. Interview responses suggest that crisis nursery staff go above and beyond meeting basic needs because they are passionate about care for children who have experienced stress and trauma. One staff member that discussed worth said that “worth issues are really hard because they [the child] don’t know what is wrong but they don’t feel like enough for whatever reason.” This is an example of how a child can exhibit behaviors or be overwhelmed by feelings that they may not even be able to describe or connect to their own experiences. Although worth may not fit into the category of a basic need, it is part of the needs on Maslow’s Hierarchy of Needs that follow.

Connections

Connections are one of the three pillars of TIC that contribute to meeting needs and allowing a child to express those needs. Connections in the crisis nursery setting are particularly important because children in the nursery may not feel connected to other people in their life. Caregivers or guardians may not be able to provide the amount of attention a child wants, and

they may have trouble forming a connection with the child they are caring for. When the children in the nursery feel connected to staff, they may be more willing to express their needs as well as allow staff to meet those needs (as opposed to the person or people that they usually depend on).

Relationship/Trust

Providing choices to children whenever possible is a strategy often used in child life and other childcare settings to promote a sense of control in children. In the crisis nursery setting, providing choices is limited to what staff can do for a child, and their request is not always possible. However, it is important to offer choices that can be followed through on so that trust can be formed between a child and staff members. Trust can also be built between children and staff members over time, especially if the child's needs are consistently being met and addressed by staff. Another important aspect of forming a relationship with children is connecting with them in a way that makes them feel valued and heard.

Connection could be viewed as part of the relationship/trust theme, and it became clear that forming a connection with children is important when uncovering their needs or providing care when they have experienced stress or trauma. Children in the crisis nursery setting may experience instability or inconsistency in their relationships with others, and forming a connection with staff can help the children to feel safe and understood. Safety, connection, and managing emotions that make up the three pillars of TIC are suggested to be important in many interview responses.

Managing Emotions

Managing emotions as a part of TIC may include working with children that are upset. Each staff member that was asked about working with escalated children provided insight as to how they face that situation. One staff member said that she will try to redirect a child by

commenting on their shirt or something about the child. Another staff member stated that it is important to “be vigilant about how they’re reacting to it” when talking about changing strategy in the moment to help children manage their emotions. This staff member also said that “we want to meet their needs and we want to make sure that they’re safe and successful.” Both safety and success can be at risk when a child is escalated, especially if their needs continue to go unmet.

Behaviors/Escalated Children

Many of the crisis nursery staff mentioned working with escalated children or children exhibiting behaviors that indicate a need. An escalated child may be crying, yelling, ignoring staff/staff attempts to engage with them, or being aggressive toward themselves or other children. Escalated children may also be physical with their environment or items in their environment. Managing emotions is an important aspect of TIC because when a child is escalated or upset, it is more difficult to form trust with them, uncover their needs, and meet those needs. The reason for a child’s escalation can vary, and it is important for caregivers to have tools or strategies that they can utilize to de-escalate a child and uncover their needs.

One interviewee stated that “needs for safety or food security” can be helped by providing a safe place for the child to sleep or giving the child food. This interviewee went on to say that “kids that have aggressive behaviors are really hard to understand.” This interviewee’s response highlights the difficulty of uncovering a specific need when a child is escalated. There is also always a possibility that the child has multiple needs not being met either at home or in the nursery setting. One staff member that was asked about working with escalated children stated that they try to ask questions that are not open-ended. The staff member said that “I try to narrow it down if I really can’t get anything, I’ll just start offering things that meet common

needs.” This staff member also said that they “can distract them and get them to talk about something else, and then return to the subject” of why the child is upset or what they might need.

Choices

Children that are escalated or exhibiting behaviors can be particularly difficult to take care of. In order to de-escalate a child and meet their needs, the reason for their escalation or lack of following directions can help staff to calm the child and meet their needs. As mentioned previously in this chapter, providing choices not only benefits the child by providing them with opportunities for autonomy and independence, but it is also a great way to redirect a child and encourage them to cooperate.

Providing choices wherever possible can help a child to feel that they play a part in what happens to them. One staff member said that if a child wants to go outside and they are not able to (due to weather, child’s safety, etc.), that child may become upset because they will not get what they want. The staff member indicated that this is a child with a control need, and that at least when working with this type of child the need is recognized and understood by staff.

Asking Questions/Communication

After asking crisis nursery staff if asking questions is a successful strategy in uncovering needs, responses showed that it can be helpful. However, asking questions is only successful when a child is willing and able to express their needs to staff. One staff member said that “some kids aren’t going to want to talk to you” which is normal for children that are upset or do not feel comfortable communicating with staff members for whatever reason. House parents at the nursery work with children 0-12 years old and with varying histories/abilities. All of the staff that I interviewed said that they do try to ask questions to uncover needs, but that they sometimes have to use a different strategy depending on how the child is responding/reacting.

Asking questions rooted in uncovering basic needs can help to stop an escalation, and they can also help to uncover other needs if no basic needs are present at the time. One staff member said that they will ask a child “if they want a snack” or “if they want water” because sometimes the solution to a child’s escalation is meeting a physiological need.

Other questions (particularly with children that are older) are more strongly associated with TIC because the questions or conversations are being asked in a way that can make children feel safe and connected to staff. One House Parent said that “asking questions open the door for children to be able to process whatever they are going through rather than completely ignoring the subject matter.” This statement indicates that the crisis nursery staff are attempting to meet more complex needs than basic needs, and that asking questions while trying to form a connection with a child and help them feel safe both physically and emotionally can in return help staff to uncover their needs.

When an interviewee discussed working with older children, they said that “talking to them normally, honestly, has helped a lot.” Speaking to a child at a developmentally appropriate level can increase a child’s willingness to communicate their needs to staff. This staff member said that she likes “treating them like their own age or older” so that they have the opportunity to express themselves and feel valued.

Another aspect of communication is body language. One staff member discussing how they uncover needs in a child said that they “encourage them to process how their body is feeling by mirroring how their face looks, emotion coaching, and naming things.” Putting names to feelings so that children can identify their emotions or their own needs can help staff members to meet those needs if possible. This staff member also said “I’m just there with them processing, allowing them to have that space...” This interviewee emphasized the importance of body

language and physical presence as a mode of support and communication to the child that they are safe and cared for. Similarly, another staff member said that their script usually includes “do you want to talk about it, do you have any questions that you want to ask me, or do you just want me to be here with you?”

Relation to Child Life

The concepts in this data can be related to child life and possibly justify a Child Life Specialist role in the crisis nursery setting. Children in a crisis nursery may be there because they are facing stressful or crisis situations at home, which is also the case for many hospitalized children or families dealing with hospitalization of a family member.

Child life exists to provide emotional support/coping, assess development, plan interventions that will benefit children and families, encourage family-centered care, and create more positive outcomes for children and families that have experienced stress and trauma. Crisis nurseries have similar goals in the sense that they want to prevent further stress/trauma for children and families, especially if the child is at risk of being harmed or if the child is not receiving what they need to be successful, safe, and healthy.

Analysis of the interview responses indicate that asking questions when attempting to meet a child’s needs in the crisis nursery setting can be a successful strategy, but that it may not always work. A child’s age/development as well as their state of being can prevent asking questions from being a successful strategy. Staff provided responses that indicate alternate ways to meet a child’s needs including offering items that would help to meet basic needs, such as a snack or water. When staff were unable to offer what a child was requesting, they said that they were sure to provide choices so that children felt some sort of control. Some of the questions that staff asked were motivated by meeting basic needs such as hunger or fatigue, while other

questions about emotional wellbeing were asked when children seemed to have more complex needs or issues.

Interview responses also indicate that crisis nursery staff will use different strategies to uncover needs based on a child's response or behavior when they do ask questions. Asking open-ended questions gives children the opportunity to express their feelings, but it may also be overwhelming to a child that has trouble expressing their needs or feelings. Providing choices can also be a successful strategy when attempting to uncover needs so that they can be met.

Crisis nursery staff indicated different needs as the most difficult to meet. Some of the needs crisis nursery staff highlighted included worth, which was not a need or theme that was expected to appear in the data. However, it is logical that growth needs/needs that are further above basic needs on Maslow's Hierarchy of Needs are taken into consideration by crisis nursery staff. These needs need to be met so that children feel safe and can connect to their caregivers.

Child life professionals and crisis nursery staff are tasked with supporting children and families in potential crisis situations, which requires a therapeutic relationship. The crisis nursery staff that provided this data work only with the children of the nursery, and they may not know the reason for a child's stay at the nursery. However, the staff are trained and encouraged to form trust with the children and to utilize strategies such as asking questions and providing a physically safe space for children that are upset to express their feelings or show staff which of their needs are unmet. Crisis nursery staff can then meet a child's basic needs or uncover more complex needs so that the children in the crisis nursery's care feel that they are safe and will not be treated negatively for expressing those needs. One interviewee discussed an experience during which she was playing with a child whose mother just passed away. The staff member recalled that "he was upset, at first he was just talking about wanting to play basketball and I just let him

talk. Then he eventually started talking about that (his mother's death)." This is an example of how being a safe, calming, and consistent presence (similar to child life presence in the hospital) can help children to feel safe discussing their needs or what is preventing their needs from being met.

CHAPTER 5: DISCUSSION/CONCLUSION

Introduction

Many of the interview responses and themes overlap with one another, which indicates the complexity of uncovering needs and meeting them. Communication and asking questions can be a useful tool when uncovering needs, but it does not always help. Aspects of Trauma-Informed Care (TIC) (Bath, 2008) and Maslow's Hierarchy of Needs (McLeod, 2018) can be used as information for caregivers/guardians when they want to systematically uncover needs and provide a safe environment for their children or other children.

Future research could provide more insight as to successful or unsuccessful strategies when it comes to working with children that have experienced stress or trauma, children that are not willing to engage with staff, or children that have had experiences wherein their basic needs have not been met. Similar research could also be done where child life does exist so that child life professionals could share what they believe to be the most powerful strategy when working with children. Children in a medical setting may face similar struggles to those in the crisis nursery setting. This could include caregiver separation, stress, loss of control, and lack of connection/safety. Children in the hospital and children in a crisis nursery may also experience stranger anxiety due to depending on unfamiliar people to care for them and make sure that they are safe.

This study could also be expanded to include more data from more participants. Although there was ample data, there were only three participants who agreed to the research. The interview responses and data that was obtained align with the identified theoretical framework which can be applied to caring for children in any setting. Maslow's Hierarchy of Needs continues to be relevant and illustrates the importance of meeting basic needs so that growth

needs can be met and children can develop in a healthy environment. TIC can also be used in a variety of settings and in crisis situations as a guideline for building a relationship and helping children heal.

Future research could also delve into how TIC affects attachment. Bath (2008) mentions Bowlby and theories of attachment, and how safety is an integral aspect of attachment and attachment-behaviors. Similarly to basic needs and their role in child development, the concept of attachment can also greatly affect a child's development and can be changed by a child's experiences and environment.

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APPENDICES

APPENDIX A: Interview Questions

1. What questions do crisis nursery staff ask children to uncover needs?
2. Is asking questions a successful strategy?
3. How does the strategy for uncovering needs change based on a child's reactions/behaviors?
4. Which need is most difficult to uncover and/or meet and why might that be?

APPENDIX B: Chart from Simperingham (2013)

Relating to the feelings and meeting the needs that drive a child's behaviour

A: When a child's behaviour is:	B: The child's likely to be feeling:	C: And likely to need:
<p>Behaviour may be erratic. Chaotic. Loud. Screaming. Demanding. Aggressive. Unpredictable. Extremely noisy or withdrawn. Anti-social. Rebellious. Defiant. Maybe dangerous. Attacking. Risky behaviour. Rude. Uncooperative. Lying. Destructive. Distrusting</p>	<p>Some or all: Insecure. Anxious. Afraid. Anger. Rage. Accused. Very frustrated. Threatened, Self-esteem very low. Lacking confidence. Vengeful. Overwhelmed. Confused. Disorientated. Sad. Lonely. Isolated. Unloved. Misunderstood. Judged as naughty & bad. Excluded. Powerless. Vulnerable. Lost. Child has a backlog of unmet needs.</p>	<p>Adult to stop & help child feel safe and secure. Adult to help child move from distress/high alert to a calmer state. Lots of reassurance of loving connection. EMPATHY! Messages of "I can help". Keep child and others safe, physically if necessary, but non-aggressively. Needs to feel cared for by a calm, confident adult. To get bad feelings OUT in safe ways; crying / laughing. Understanding.</p>
<p>D: Distracted and distractible. Cautious. Disorientated. Frazzled. Sensitive. Easily upset. Resistant. Frequent conflicts with other children. Clingy. Whining voice. Nervous. Demanding of attention/ sugar/ entertainment/ distractions. Small problems result in big reactions.</p>	<p>E: Needy. Irritable. Confused. Frustrated. Stressed. Unsettled. Resistant. Unseen. Unheard. Judged. Craving empathy. Uncomfortable emotions. Uncomfortable and squirmy in their body. Lost. Disconnected from self and others. Child has some unmet needs.</p>	<p>F: For adult to slow down and give their full attention. Warm connection. Reassurance, especially relating to limits. Positive guidance & encouragement. Pressure reduced. Threats reduced. Rhythm, routine & predictability increased. Emotional validation. Guidance & information that's easy to understand. Support stress releasing cries or laughter through play.</p>
<p>G: Child is focused on their play. Good at meeting their needs. Expresses clearly when seeking help. Confident. Friendly. Generous. Sociable. Seems alert. Energized but settled. Healthy curiosity. Listens well. Cooperative. Eating, sleeping and learning well.</p>	<p>H: Secure. Safe. Calm. Loved. Cared for. Warmly connected. Happy. Supported. Strong sense of belonging. Contributions valued. Good wellbeing. Settled. Satisfied. Seen. Heard. Acknowledged. Emotionally supported. Confident. Energized. Child's current needs are met.</p>	<p>I: Attachment figure available. Awareness of how and where to access physical and emotional needs. Rhythm & routine. Predictability. Variety. Security. Fun. Friends. Opportunities to meet challenges & practice skills. Overall secure family. Encouragement. Time for free play.</p>

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