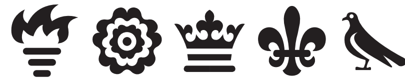

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The HU9 Pilot: Trauma-Informed Education Interventions Report

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HUMBERSIDE
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EXECUTIVE SUMMARY

Understanding the impact of trauma across the lifespan is emerging as a pressing public health priority. Adversity and childhood trauma are linked to multiple physical and mental health conditions in later life, alongside impaired educational achievement, employment and crime. Schools have a critical role to play in mitigating the effects of trauma, and the growth in trauma-informed approaches within education environments reflects an urgent need to prevent re-traumatisation via systems and processes that can significantly alter a child's life course. Research indicates that whole school trauma informed approaches, underpinned by relationships and trust, may have benefits for all children and staff. However, trauma-experienced and Special Educational Needs (SEND) children may benefit the most. Evidence suggests trauma informed approaches can enhance behaviour, inclusion and attendance, thereby reducing suspension and exclusion rates. Whilst entry into the criminal justice system is complex and multi-factorial, trauma informed approaches may be a contributory factor in diverting young people from criminal activity.

Within this context, the Office of the Police and Crime Commissioner (OPCC) for Humberside commissioned a pilot study consisting of a package of whole school trauma-informed training to run between September 2022 – August 2023 in two Hull schools in the HU9 ward, specifically selected because of elevated levels of deprivation and reported domestic abuse. The training package included three strands:

- Whole school trauma-informed training involving all staff, delivered by a specialist therapy provider
- Supervision and therapeutic support provided to all staff for twelve months
- A review of policies and procedures to ensure alignment with trauma-informed approaches

The University of Hull were commissioned to undertake an evaluation of the pilot training package with a focus on recommendations for scaling up the model. Using a mixed methodology, research design consisted of a survey administered at two distinct times; before training and 6 months post training, combined with focus groups to gather qualitative data. The aims of the project were to understand how the training package helped staff to understand trauma, the impact on young people and the ways in which staff responded to and supported trauma-experienced young people.

KEY FINDINGS

- Overall findings suggest a developing understanding of trauma informed approaches in both schools, to different degrees. Trauma-informed training was one element of wider strategic transformation within both education environments; therefore, it is difficult to isolate the individual variables that underpin these changes. Put simply, it is not possible to attribute change to this training alone.
- Organisational readiness was an overriding theme underscoring the need for sufficient time, planning and preparation to implement change at both systemic and operational staff levels.
- Enhanced levels of change correlated with schools who had begun to embed systemic change processes. Without this, future iterations/scaling up are likely to be ineffective and senior leaders have a critical role in driving systemic change.
- Staff were becoming more compassionate towards young people and one another in recognition of the impact of trauma. These findings mirror similar evaluations such as Aspland et al. (2020), Cherry and Froustis (2022) and MacLochlainn et al. (2022). There were excellent examples of compassionate practice at all levels of seniority, but most notable in those working closely with young people.
- A shared understanding of trauma and trauma-informed practice was emerging, although this was not always consistent and there was some resistance/misunderstanding with evidence of disconnection between frontline staff and senior leaders particularly regarding operationalisation of trauma informed behavioural policies.
- There was less confidence in systems, policies and individualised responses suggesting systemic change is an area for ongoing development.
- Some staff are traumatised by the nature of the work. Working in a community where there are elevated levels of deprivation and trauma raises unique issues. We would hypothesise that based on focus groups findings, levels of trauma in this staff group may be high. Recognising the potential for vicarious trauma is important to manage burnout and informal /formal support mechanisms must be consistently offered to all staff, including senior leaders, to adopt a preventative approach.
- Supervision was felt to be helpful but take up was low across both settings which was linked to logistics; releasing staff for multiple training days and supervision (especially in groups) poses unique challenges for busy schools. The term supervision was misunderstood and requires clarity, as this was a plausible reason for disengagement.
- Tensions between the trauma informed and wider educational policy context, including Ofsted, can create challenges when trying to implement a trauma informed approach.

RECOMMENDATIONS

- A lead in time of 18 - 24 months is suggested with a steering group to oversee development and implementation to ensure organisational readiness with clear aims, objectives and review points.
- Training audits in advance to understand the current knowledge and skill set within the staff team, alongside local needs, gaps and issues.
- Bespoke training tailored to the individual needs of the school (for example, case studies developed collaboratively with the school reflecting specific issues/challenges), with flexibility around the delivery and format to overcome logistical challenges in busy school environments.
- Senior Leadership buy in is essential to drive trauma informed approaches at all levels and is arguably the most significant barrier or enabler to implementation. Ensuring there is sufficient planning, preparation, operationalisation and review time for staff is critical including support and direction when such approaches are challenged and resisted (which is an inevitable part of the process).
- Clarification around use of the term 'supervision' in a school setting and clear language which conveys to staff this is a supportive function, alongside flexibility around supervision.
- Review of behaviour policies through a trauma informed lens prior to operationalising and updated at strategic/operational levels in a collaborative manner with the schools. This will require regular review.
- Support for staff at all levels including senior leaders to mitigate the work's emotional impact, and the potential for burnout and vicarious trauma.
- Clear, frequent and transparent feedback mechanisms between 'frontline' staff dealing with traumatised young people and senior leaders.
- Senior leaders may find it useful to collaborate with other schools who have successfully implemented trauma informed approaches particularly around how to manage difficult behaviour (such as aggression to staff/pupils and management of school exclusion) within a trauma informed framework.

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THE CONTEXT

Early experiences of trauma have significant implications for the health and wellbeing of young people, their families, and communities. This research project adopts a public health approach to the impact of exposure to childhood trauma including domestic abuse and violence prevention to promote the health, safety, and wellbeing of the population in the pilot area.

Hull is an inner-city area in the Northeast of England lying on the river Hull at the mouth of the Humber Estuary. With a population of 267,100 at the 2021 census (Office for National Statistics, 2022), Hull is a densely populated city, characterised by elevated levels of poverty and inequality. Analysis of year end data for 2021 (HM Government, 2021) shows Hull to have a significantly higher rate of children on Child Protection Plans (119.1 per 10,000), when compared to the wider Yorkshire & Humber level data (66.2 per 10,000) and England (53.9 per 10,000). The Marfleet Ward of Hull (HU9) has a deprivation score which places it in the top 10 decile in England (Ministry of Housing, Communities & Local Government, 2019) with high levels of unemployment, low income and educational disadvantage compared to national averages (Humber Data Observatory, 2023).

The HU9 area was purposefully selected for the pilot given Childhood Local Data on Risks and Needs dataset modelled that 33% of children (0-17) have lived in a household where an adult has experienced domestic abuse which is the 3rd highest in England. Furthermore, evidence indicates that Operation Encompass referrals in the HU9 postcode are some of the highest in Hull. Children living in the HU9 postcode therefore experience disproportionate disadvantage at population level in terms of exposure to domestic abuse, poverty, crime and harm.

Seven of the nine schools in the Marfleet Ward have a higher absentee rate than the comparable average for England and all nine schools have a higher percentage of pupils eligible to claim a free school meal than the comparable English average. Two schools in the HU9 postcode were selected to take part in the pilot, one secondary and one primary. The secondary school has 1,440 pupils registered whilst the primary school has 383 pupils registered at the time of writing.

THE EVIDENCE BASE: TRAUMA-INFORMED APPROACHES

INTRODUCTION

Knowledge on trauma-informed approaches and practice has grown exponentially over the last decade, building a substantive evidence base underscoring the need to recognise and understand the impact of trauma throughout the lifespan (Bellis et al., 2018). This has relevance across many settings including education provision, social care, policing, youth justice and health (Anda et al., 2020; Cook et al., 2017; Dorada et al., 2016; Fellitti et al., 1998). Locating understanding of trauma within a public health framework means examination of risk factors at population level to prioritise prevention (Barlow et al, 2021; Bellis et al., 2014) whilst acknowledging that trauma is multi-dimensional occurring on individual, interpersonal, and systemic levels (Ellis and Dietz, 2017; Emsley et al., 2022). The Office of Health Improvement and Disparities, known as OHID, (2022) similarly identify that trauma can impact on individuals, groups and communities, and significantly, trauma is widespread. This raises important questions about how trauma is identified and recognised across all populations.

Increasingly, trauma-informed approaches in education are being recognised as a mechanism to offset adversity with the potential to enhance achievement, behaviour, inclusion and attendance. (Aspland et al., 2020; Cherry & Froustis, 2022; Dorada et al., 2016). Whilst entry into the criminal justice system is complex and multi-factorial (Arnez and Condry, 2021), school exclusion is associated with both victimisation and perpetration of crime (McAra and McVie, 2013).

Furthermore, research indicates trauma informed approaches in schools can not only engender more compassionate responses towards children who experience adversity but can also reduce exclusions (Aspland et al., 2020; Cherry & Froustis, 2022; Dorada et al., 2016). This is a powerful mechanism to support vulnerable children with the potential to divert young people from the criminal justice system.

Trauma-informed approaches create awareness and understanding of how harmful experiences might affect an individual across the lifespan, engendering compassionate, sensitive responses that recognise this context thus promoting inclusive education environments (Berger and Martin, 2020). Trauma-informed practice fosters a contextual understanding of trauma, requiring a shift in perspective by asking; “What has happened to you?” rather than “What is wrong with you?” when a challenging behaviour occurs (Wolpow et al., 2009). A key aim of trauma-informed approaches is the need to prevent re-traumatisation by people, systems, and processes (OHID, 2022).

DEFINING TRAUMA

Trauma can broadly be understood as experiencing very stressful, frightening, or distressing events (MIND, 2020).

The internationally recognised definition from SAMHSA (2014) provides some clarity:

Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being (SAMHSA, 2014:7)

The Office for Health Improvement and Disparities in England and Wales (2022) have published a working definition of trauma-informed practice for health and social care professionals, drawing directly from the work of SAMHSA (2014).

As noted above, trauma can be defined as a singular event or a cumulative process of chronic experiences. Definitions vary in extent and content, with some extending understandings to contextual factors such as poverty, inequality, racism and oppression against whole groups such as slavery (Sweeney et al., 2016). Furthermore, some researchers define the event/s itself as traumatic whilst others have drawn attention to the impact and response as trauma (Malvaso et al., 2022; Public Health Wales, 2022) although disaggregating the two issues is also problematic.

The lack of consistency and collective understanding of both trauma itself and what constitutes trauma-informed practice is challenging (Berger and Martin, 2021). A clear definitional reference point is often absent leading to confusion and misunderstanding which becomes pertinent in interprofessional contexts.

Definitional difficulties are also apparent when using language to describe trauma-informed approaches. Public Health Wales (2022:9) provide a useful account of the different terminology:

TRAUMA AWARE	A universal approach that highlights that everyone, from all communities, has a role to play in preventing ACEs and traumatic events, providing community-led responses to the impact of ACEs and trauma, and supporting building resilience through connection, inclusion and compassion.
TRAUMA-INFORMED	Taking into account that anybody could have experienced trauma and seeking to not retraumatise in our behaviours and interactions.
TRAUMA-INFORMED APPROACHES	This approach recognises that everyone has a role in facilitating opportunities and life chances for people affected by trauma and adversity. It is an approach where a person, organisation, programme or system realises the widespread impact of trauma and understands potential paths for healing and overcoming adversity and trauma as an individual or with the support of others, including communities and services.
TRAUMA-ENHANCED	An approach used by frontline workers who are providing direct or intensive support to people who are known to have experienced traumatic events within their role and encompasses ways of working to help people to cope with the impact of their trauma.
TRAUMA-SKILLED	An approach embedded within the practice of everyone who provides care or support to people who may have experienced trauma.

Public Heath Wales (2022) extend this guidance further with the development of a Trauma-informed Practice Framework, identifying five practice principles; Trauma-Informed, Trauma-Aware, Trauma- Skilled, Trauma-Enhanced and Specialist Intervention. There are four levels of application across a wide range of public services demonstrating the relationship between universal and specialist approaches, all working in a trauma-informed way. The model recognises how individuals move between practice levels based on need, often in a non-linear way.

The diverse ways in which both trauma and trauma-informed practice is described and understood such as ACEs, attachment and neuroscience create confusion whilst also making comparative studies difficult (Avery et al., 2020; Berger and Martin, 2021; Felitti et al. 1998; Perfect et al., 2016).

ADVERSE CHILDHOOD EXPERIENCES

One of the first studies to cement the connection between childhood trauma and long-term impact on physical and mental health was the Adverse Childhood Experiences (ACEs) Study by Felitti et al. (1998). Essentially, this research marks the emergence of public health approaches to trauma which has subsequently been replicated (Bellis et al., 2016; Hardcastle et al., 2018). The study by Felitti. et al (1998) was conducted via 9,508 completed survey questionnaires connected to health care provision, establishing a graded long-term link between exposure to childhood trauma and adult morbidity, including development of heart disease, cancer, diabetes and liver disease. The original ACEs were clustered around three themes; abuse (physical, sexual, and psychological), household dysfunction (domestic violence, mental health/suicide, substance use, criminality/incarceration), and subsequently neglect. Co-existence of ACEs was both commonplace and cumulative. The greater the number of ACEs, the increased likelihood of serious health issues, with four ACEs considered significantly high (Anda et al., 2006; Bellis et al., 2018; Felitti et al. 1998). Felitti et al. (1998) found that people with four or more ACEs were at significantly elevated risk of depression, suicide attempt and problematic alcohol/drug use alongside the aforementioned physical health conditions. These findings were replicated by Bellis et al. (2014) who demonstrated elevated ACES (four plus) was linked to poor health outcomes, lower mental wellbeing and life satisfaction, increased likelihood of substance use (64.4 % of the sample with 4 ACEs - alcohol, cannabis smoking, crack cocaine and heroin), whilst also highlighting increased risk of becoming a victim or perpetrator of violence, augmenting the cumulative nature of ACEs. Furthermore, Bellis et al. (2014:89) make explicit links to inequalities:

Those with 4+ ACEs were more likely to live in deprived areas, be unemployed/on long-term sickness and have no qualifications. These relationships suggest adverse childhoods may inhibit social movement and trap successive family generations in poverty. The ACEs study is not without critique; concerns have been expressed that blanket approaches applied at public health level risk simplifying complex matters, therefore ignoring the relational and systemic nature of trauma (White et al., 2019). Detaching children from their context, wider families and communities can result in structural issues remaining unchallenged, whereby systemic failings are repackaged as individual responsibilities (Ellis and Dietz, 2017). This has relevance in the pilot area where the demographics evidence multiple adversity and deprivation; applying an ACEs framework to individual children has been suggested as a more focused intervention. Furthermore, the authors themselves (Anda et al. 2020:293) have voiced concern that the original ACEs study was not designed for population level public health modelling; asserting the study has been both 'misappropriated…and misapplied in treatment algorithms that inappropriately assign population-based risk for health outcomes from epidemiologic studies to individuals'. Such assumptions ignore the limitations of the ACE score whereby the nature or severity of risk linked to ACEs was not considered, focusing on the cumulative number and associated risk. Further critique emerges in the form of representation; as the sample predominantly focused on white, middle-class men this is not representative (Taylor, 2022). This is important when considering the role of inequality and discrimination in reproducing existing inequalities.

ADVERSE COMMUNITY ENVIRONMENTS

The notion of ACEs is extended further within the concept of Adverse Community Environments developed by Ellis et al. (2017) underscoring the significance of social determinants in context of ACEs, which has relevance for this evaluation given the markers of inequality and deprivation within the community. This analysis augments the intersection between poverty, unemployment, inadequate housing, food insecurity and ACEs, arguing that the community itself becomes a source of toxic stress suggesting a graded relationship between severity of deprivation and prevalence of ACEs. Ellis et al. (2017:87) argue there is a critical role for coordinated community support developing this further with the concept of 'community resilience' suggesting 'children can become resilient when the communities in which they live are home to resilient adults'.

With relevance to the demographics of HU9, poverty is known to be associated with poorer academic outcomes (Blodgett and Lanigan, 2018; Duncan and Magnuson, 2005; Lacour and Tissington, 2011). There are different explanations for this, but one of the primary factors is thought to be the lack of access to material resource that is necessary for students to succeed. Students attending schools in areas of significant poverty are consistently found to have below average grades whilst students living in poverty were found to score lower than students who were not in the same socio-economic position (Lacour and Tissington, 2011; Hair et al., 2015).

NEUROSCIENCE

Developments in neuroscience underscore the connection between childhood trauma, toxic stress, and difficulties throughout the life course, including emotional and behavioural problems (Van der Kolk, 2014). Aspland et al. (2020:5) describe this as:

Developmental, complex, and chronic trauma are used to describe early life adverse events, capturing the sense of the wounds these inflict on the developing child. The impact can be profound on children's behaviour, emotions, and cognition, impacting on characteristics such as the ability to form trusting friendships.

The growing knowledge base illustrates a physiological basis for this, demonstrating the critical function of the vagus nerve; when children are exposed to trauma the polyvagal (vagus) nerve does not develop smoothly. The vagus nerve connects the brain to all major organs and systems (the cardiovascular, digestive and nervous system) meaning effective functioning is essential. Poor vagus nerve tone means the efficiency, strength and speed of responses from the vagal nerve are impaired.

In turn, this means children do not develop pro-social coping mechanisms, and can lead to reactivity, defensiveness and persistent 'fight or flight' responses.

Traditional behavioural responses such as reward and punishment, are known to be ineffective in this context and can contribute to re-traumatisation (Avery et al., 2020). Children who have experienced toxic stress derived from ACEs are known to struggle with a range of executive functioning tasks including emotional regulation, disassociation, memory, and impulse control (Bradshaw et al., 2012) which in turn impacts on engagement, attendance, and exclusions in school settings (Bellis et al., 2018; Berger and Martin, 2020; Blodgett and Lanigan, 2018).

THE EVIDENCE BASE: TRAUMA-INFORMED APPROACHES IN SCHOOLS

SCHOOLS

Schools are viewed as having a key role to play in mitigating the impact of poor mental health, including mental health and wellbeing issues caused by trauma (Department of Health and Department for Education 2017; Wignall et al., 2022). An increasing awareness of the issues being reported by children and young people has led to a variety of different but related strategies being employed in educational settings including whole-school approaches to mental health, attachment aware schools, compassionate schools (Morrow et al., 1987), and trauma-informed schools (Dorada et al., 2016). The more established programmes consist of multi-level models anchored within understanding communities and creating whole school cultural change, for example, the HEARTs programme developed by Dorada et al., (2016) and the Attachment, Regulation and Competency framework (ARC) (The National Child Traumatic Stress Network, 2012).

The adoption of trauma-informed approaches in education settings is a relatively new development (Avery et al., 2021; Dorada et al., 2016; Berger and Martin, 2020). A child's capacity to meet and maximise their potential in a school environment behaviourally, socially, emotionally and academically can be dependent on how staff understand and respond to their individual context and experiences of trauma, harm, and abuse (Aspland et al., 2020; Cherry & Froustis, 2022; Dorada et al., 2016; MacLochlainn et al., 2022). School experiences can therefore contribute to both mitigation and reinforcement of trauma.

When the trauma context is not understood young people can be re-traumatised by systems, policies and approaches that do not recognise the need to attend to emotional dysregulation, to understand individual context, to create safety and to build relationships as a primary response (Avery et al, 2021; Dorada et al., 2016, Wolpow, 2016). Children who experience trauma are more likely to struggle in an education environment in several ways and they are more likely to:

1.) Struggle to achieve their academic potential

2.) Present emotional and behavioural difficulties including relating to staff and peers

3.) Be absent and subject to exclusions (Aspland et al., 2020, Avery et al., 2021)

Furthermore, there are impacts for staff dealing with trauma, such as compassion fatigue and burnout.

We now turn to an examination of the aforementioned issues in more depth.

ACHIEVEMENT & ATTAINMENT

Increased ACE scores can be linked to poorer academic achievement. Several studies illustrate that children who have experienced trauma are more likely to fail and/or score lower grades (Wolpow et al., 2016). Burke et al. (2011) found that cumulative and increasing ACEs saw a corresponding rise in behavioural and learning problems within school, while Fantuzzo et al. (2014) identified that multilevel risk factors can negatively impact on academic outcomes. Their analysis was located at whole school (rather than individual) level, examining how early risk factors might impact on attainment and attendance in maths and reading. Whilst they did not utilise the ACEs scale, they adopted a comparable measure finding that children experiencing four risk factors including poor parenting, abuse or neglect and homelessness or displacement, were linked with lower academic achievement. Contemporary research by Blodgett and Lanigan (2018) replicates these findings but offers a more detailed understanding of the relationship between ACES across three domains of attendance, achievement and behaviour; increased ACEs scores are associated with decreased attainment.

They do, however, assert population level risk analysis cannot be used to explain individual risk, therefore educators must understand the effects of ACEs on individual children suggesting individual ACE profiles could be a way to mitigate the more negative associations with academic achievement, attendance and behaviour. Furthermore, Fantuzzo et al. (2019) went on to identify early risk factors associated with poor reading ability and attainment. They assert the attainment gap identified early in a child's education frequently persists across the schooling years suggesting; 'students who start behind tend to stay behind.' (Fantuzzo et al., 2019: 326). Extending this further, 4+ ACEs are linked to leaving secondary school without any formal qualifications increasing likelihood of unemployment (Hardcastle et al., 2019).

EMOTIONAL AND BEHAVIOURAL DIFFICULTIES

Morrow et al. (1987) was one of the first to draw attention to the behaviour of traumatised pupils in her text 'The Compassionate School', highlighting withdrawal, aggression and regressive behaviours. Here she underscores clear links between emotional and behavioural difficulties with school success.

Elevated ACE scores have been linked with behavioural problems and increased likelihood of mental health difficulties (Bethell et al., 2014) although Blodgett and Lanigan (2018) remind us that the evidence of ACE exposure in children is limited, with several studies adopting a retrospective methodology with adults. Blodgett and Lanigan (2018) isolate a relationship between three or more ACEs as linked to behavioural issues, attendance and achievement, as discussed in the previous section.

SCHOOL ABSENCE, EXCLUSION & CRIMINAL JUSTICE

Children who experience trauma are more likely to be absent or subject to exclusion, with several studies making a connection between ACEs and elevated school absence. School absence and exclusion can contribute to enhanced vulnerability and isolation, rather than reducing such concerns. Trauma informed approaches are known to impact positively on reducing school exclusion. Aspland et al. (2020) demonstrated the implementation of trauma informed approaches in Islington schools led to a reduction in exclusions, which was more pronounced for children subject to multiple, rather than single, exclusions. Findings by Dorada et al. (2016) and Cherry and Froustis (2022) mirror the work of Aspland et al. (2020) regarding reduction in exclusions.

Perfect et al. (2016) identified young people who have experienced trauma are at risk of dropout and poor school attendance, whilst Blodgett and Lanigan (2018) demonstrated an explicit link between three or more ACEs and poor school attendance. Bellis et al., (2018) highlight a clear causal relationship between ACEs and school absence; the higher the number of ACEs (4+) the greater the likelihood of absence, although their findings point to mitigating factors that can help develop resilience.

Factors that 'convert' young people towards offending should be understood as complex, fluid and changeable, rather than a fixed set of characteristics, however, school exclusion is acknowledged as a contributory risk factor in the 'so called school to prison pipeline' (Arnez & Condry, 2021:87). Young people who are repeatedly excluded from school are disproportionately represented in the criminal justice system (Dorada et al., 2016), whilst research demonstrates that certain groups are more vulnerable to exclusion; SEND (Special Educational Needs and Disabilities), boys, black children, living in poverty and children in the care system (McCluskey et al., 2019).

Arnez and Condry (2021) caution that the relationship between exclusion and the development of offending behaviour is complicated; it must be understood in context of cumulative disadvantage and the intersection of deprivation within communities, such as poverty, poor housing and health. Researchers differ on the extent to which exclusion is a risk factor for offending. McAra and McVie (2010) found that children excluded from school at the age of 12 living within lone parent families and in the poorest communities were four times more likely to enter the prison system, with boys at heightened risk. McAra and McVie (2013) extend this further in asserting that maintaining young people in school (by reducing school exclusion) has an explicit link to reducing a high prison population in Scotland. Others have argued this causal relationship is weak, suggesting offending behaviour is well established before exclusion, although common ground can be found whereby most researchers agree school exclusion is one of several contributory risk factors as a precursor to entry into the criminal justice system.

School exclusion is linked to both victimisation and perpetration of crime, highlighted by McAra and McVie (2013) and within the Timpson Review (Department for Education, 2019). The Edinburgh Study of Youth Transitions and Crime (McAra and McVie, 2013) identified four key findings including that early teenage years are critical:

1.) Serious offending is associated with victimisation and social adversity
2.) Early identification of at-risk children is not a watertight process and may be damaging in the longer term
3.) Critical moments in the early teenage years are key to pathways out of offending
4.) Diversionary strategies facilitate the desistence process.

IMPACT ON STAFF

The impact of dealing with trauma on a regular basis can be difficult and stressful for staff, creating further pressure on different levels. The Teacher Wellbeing Index UK (Education Support, 2022) indicates 78% of staff surveyed experienced mental health symptoms because of their job. Firstly, the effects of regular exposure to children who are traumatised can lead to compassion fatigue potentially linked to burnout. Wolpow et al. (2016) emphasise the necessity of specific self-care strategies anchored at systemic levels to adequately support staff who are regularly dealing with trauma. Secondly, this does not account for the sub-population of staff who have their own personal trauma to deal with (current or historical), resulting in the potential to be re-traumatised and perhaps more intense levels of emotional difficulty to navigate. Thirdly, elevated teacher attrition rates have been linked to teachers being unprepared to deal with the impact of trauma and difficult behaviour in the classroom, in tandem with poor support systems and lack of resources (Education Support, 2023; Fazel et al., 2014.).

MacLochlainn et al. (2022) found that minimal trauma-informed training can impact positively on the capacity to deal with trauma, reducing emotional burnout. They investigated the effects of whole school trauma-informed training on staff utilising a mixed methods approach of surveys complemented with focus groups (with added rigour by use of control groups) comparing attitudes and compassion fatigue among 216 school staff (98 intervention, 118 comparison) using the Attitudes Related to Trauma-Informed Care (ARTIC) scale and the Professional Quality of Life scale (Pro-QoL). They found significant differences in school staff attitudes towards students affected by trauma and staff experiencing compassion fatigue, identifying a significant decrease in burnout after six months alongside more compassionate approach demonstrated by staff in responding to children affected by trauma. This is a promising finding highlighting the benefits of trauma informed approaches for both pupils and staff.

SYSTEM CHANGES

Evidence indicates that to embed and sustain trauma-informed approaches within schools, systemic change needs to accompany any practical or training-based interventions (Aspland et al., 2022; Long, 2022). This means that policy and procedures are examined from a trauma-informed perspective to ensure they align with the training implementation. For example, in England, policy guidance for schools relating to behaviour continues to emphasise the role of rewards and sanctions in managing 'poor' behaviour (Department for Education, 2022). Emmerson (2022) contends that this approach has limited long-term effectiveness, particularly for students who struggle to self-regulate because of SEND, including experiences of trauma. Instead, it is argued that schools need to reconceptualise approaches to behaviour through a trauma-informed lens, where children are met with understanding rather than disapproval, and supported to develop self-regulation over time:

When school staff are viewed as being there to help and support, rather than control and discipline, students can achieve greater calm and confidence. (Emmerson, 2022: 357).

This is not a straightforward task and requires a cultural shift away from punitive towards more restorative forms of discipline (Emmerson, 2022; Long, 2022).

These are also long-term changes requiring considerable thought and planning, meaning schools need to be organisationally ready, with plans for implementation and review on system and operational levels. It should be acknowledged that the current educational system, with its primary focus on performativity, presents some very real barriers in terms of adopting a more trauma-informed approach. It is also important to ensure that the people reviewing the procedures have the requisite knowledge and experience to do so, for example, Aspland et al. (2020), highlight that mental health clinicians were used in the Islington Trauma-informed Pilot. Some practical examples of ways forward are included below:

- Ensuring rules are easier to remember.
- Greater emphasis on processes that support pupil emotional regulation and reflection.
- Consideration of how rewards and consequences are implemented; for example, not banning playtime as a punishment.
- A script for staff to use with pupils to address behaviour.
- Greater emphasis on the use of praise to encourage desired behaviours.
- Discussing incidents individually rather than in front of the class.

OVERVIEW OF THE TRAINING OFFER

The offer consisted of three linked strands:

- Whole school trauma-informed training (two days)
- System changes: embedding learning in schools (trauma-informed policies/procedures). The training team offered to review policies and procedures within the schools to ensure alignment with trauma-informed practice
- Monthly supervision/support for school staff (twelve months)

DAY ONE: THE POWER OF ATTACHMENT, CONNECTION & RELATIONSHIPS TRAINING CONTENT

Overview of Key Points:

The trainers provided adaptions in the materials according to the age group – primary or secondary, and examples were tailored to the age range. Key issues addressed on day one are below:

- Neuroscience and development of the brain
- The link between attunement and attachment
- The role that relationship plays in pupils feeling safe and supported
- Use of the attitude of PACCE (playfulness, acceptance, curiosity, compassion and empathy)
- Dyadic Developmental Practice (DDP)

Day one began with neuroscience, exploring the impact of trauma on brain function including the way risk and fear are processed and linked to emotion and decision making.

This made clear connections between early trauma and development throughout the years examining social engagement systems and stress responses. The notion of children as inherently resilient was challenged, anchored in understanding children's brains as vulnerable, influenced by their social interactions and the chemicals released as a result. An exploration of attachment styles, connection, and impact of trauma looking at relationships, regulation, and reflection followed. Children who have experienced relational trauma in the form of abuse, neglect, loss, and exposure to frightening environments without parental protection are often left in states of shame and terror.

Such experiences distort their perception of self and their ability to trust others, particularly adults. Within the school environment blocked trust leads to a range of difficulties that impact on the behaviours, academic ability, and social interactions of these vulnerable pupils.

IMPACT ON STAFF

The impact of dealing with trauma on a regular basis can be difficult and stressful for staff, creating further pressure on different levels. The Teacher Wellbeing Index UK (Education Support, 2022) indicates 78% of staff surveyed experienced mental health symptoms because of their job. Firstly, the effects of regular exposure to children who are traumatised can lead to compassion fatigue potentially linked to burnout. Wolpow et al. (2016) emphasise the necessity of specific self-care strategies anchored at systemic levels to adequately support staff who are regularly dealing with trauma. Secondly, this does not account for the sub-population of staff who have their own personal trauma to deal with (current or historical), resulting in the potential to be re-traumatised and perhaps more intense levels of emotional difficulty to navigate. Thirdly, elevated teacher attrition rates have been linked to teachers being unprepared to deal with the impact of trauma and difficult behaviour in the classroom, in tandem with poor support systems and lack of resources (Education Support, 2023; Fazel et al., 2014.).

MacLochlainn et al. (2022) found that minimal trauma-informed training can impact positively on the capacity to deal with trauma, reducing emotional burnout. They investigated the effects of whole school trauma-informed training on staff utilising a mixed methods approach of surveys complemented with focus groups (with added rigour by use of control groups) comparing attitudes and compassion fatigue among 216 school staff (98 intervention, 118 comparison) using the Attitudes Related to Trauma-Informed Care (ARTIC) scale and the Professional Quality of Life scale (Pro-QoL). They found significant differences in school staff attitudes towards students affected by trauma and staff experiencing compassion fatigue, identifying a significant decrease in burnout after six months alongside more compassionate approach demonstrated by staff in responding to children affected by trauma. This is a promising finding highlighting the benefits of trauma informed approaches for both pupils and staff.

DAY TWO: WORKING RELATIONALLY WITHIN SCHOOLS

Overview of Key Points:

- Neuroscience (continued) exploring the role of the vagus nerve
- Defining trauma
- Social systems
- Supporting transition and change
- What traumatised children need and how educators
  can provide this; 'connect before correct'

Day two explored the theory and concepts of attachment with a continued focus on neuroscience and brain development. This was with specific reference to the developing brain in the face of risk, fear and trauma, examining fight flight and freeze responses. Trauma was defined and explained, alongside what happens when children experience unresolved trauma, leading into an examination of the ACEs study. The effects of unresolved trauma were explained, highlighting the types of behaviours school staff might see and observe which originate from a basic lack of safety. The need for hormonal regulation was addressed and practical ways in which this can be stimulated, leading into the role and function of cortisol. Emphasis was placed on the importance of relationships, regulation and reflection. The final part of the training examined the impact of traditional punishment versus more trauma-informed and connected responses, offering guidance as to 'what works.' Practical exercises were used throughout to aid learning.

Supervision & Support

Attached to the training was an offer of twelve months supervision/support for staff to help them embed and operationalise trauma-informed approaches. This was delivered in a bespoke way, unique to the school and individual needs. It was offered as a group or individual approach, and sometimes a combination of both.

TRAINING ATTENDANCE: PRIMARY SCHOOL

Senior Leadership Team	3
Teaching Staff	41
Non-Teaching Staff	3
Total	**47**

TRAINING ATTENDANCE: SECONDARY SCHOOL

Senior Leadership Team	5
Teaching Staff	70
Non-Teaching Staff	43
Total	**165**

IMPACT ON STAFF

METHODOLOGY

Using a mixed methodology, research design consisted of a survey administered at two distinct times; before training and six months post training, alongside focus groups to gather qualitative data.

ETHICS

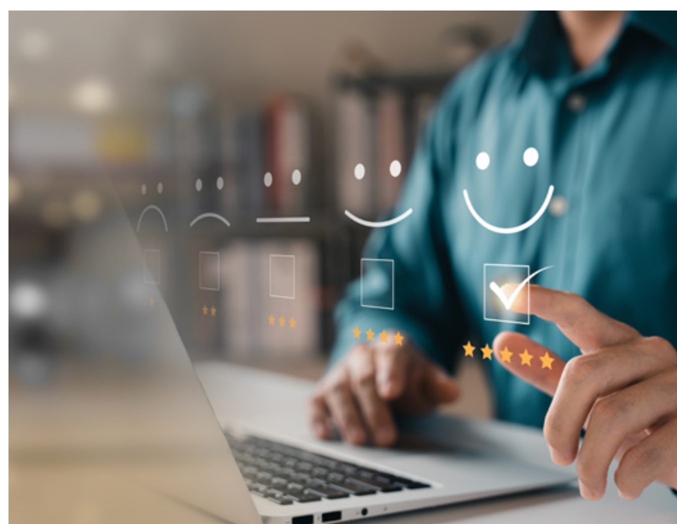
Ethical approval for the study was granted by the University of Hull's Faculty of Health Sciences Research Ethics committee in September 2022 (REF: FHS22-23.11).

DATA COLLECTION

Data collection commenced in January 2023 and was completed in June – September 2023. Two different methods of data collection were used and are described below.

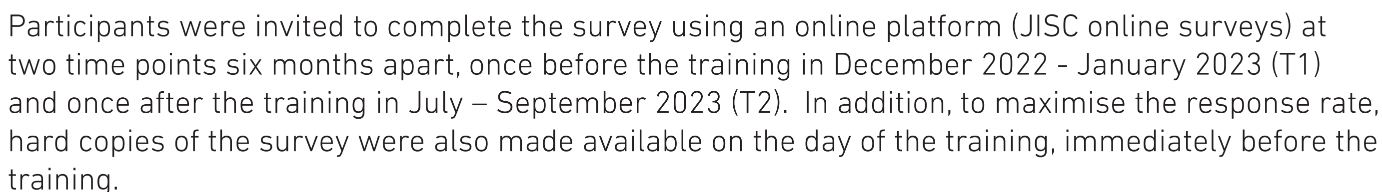
SURVEY

To capture data on school staff's understanding of trauma and assess how they worked with young people who had experienced trauma, the Islington Trauma-informed Practices in Schools (iTIPS) staff survey developed by Aspland et al., (2020) was used with their written consent. The iTIPS staff survey is a twelve item, self-complete likert scale broadly organised around three key areas: understanding, application and school systems.



SURVEY QUESTIONS

- I have a good understanding of trauma and how it can impact on pupils' behaviour.
- I believe the school staff can make a difference to pupils that have experienced trauma.
- Most staff in school have a shared understanding of trauma, its effect on pupils and their role in supporting pupils.
- I feel overwhelmed when a pupil displays challenging behaviour.
- I feel able to manage my emotions when a pupil displays challenging behaviour.
- I use a range of strategies to respond to pupils' challenging behaviour.
- I am confident that my response to pupils' behaviour helps them to develop skills to manage their emotions.
- I am confident identifying triggers and anticipating patterns that lead to pupils' challenging behaviour.
- I am confident that my classroom is a safe environment for pupils who may have experienced trauma.
- There are regular opportunities for me to discuss and problem solve relating to individual children and their behaviours.
- Throughout the school, staff consider pupils' past experiences in how they respond to pupils' behaviours.
- The school behaviour policy allows for a differentiated response, reflecting individual pupils' needs.



Participants were invited to complete the survey using an online platform (JISC online surveys) at two time points six months apart, once before the training in December 2022 - January 2023 (T1) and once after the training in July – September 2023 (T2). In addition, to maximise the response rate, hard copies of the survey were also made available on the day of the training, immediately before the training.

FOCUS GROUPS

To explore in greater depth participants' understanding of trauma and their experiences of the training, focus groups were conducted with members of staff from both schools. Two topic guides were compiled, one for teaching and non-teaching staff and one for senior leadership staff. The topic guide for teaching and non-teaching staff asked questions about participants' prior knowledge of trauma, their prior experience of dealing with trauma in the school setting, the training and applying the training.

The topic guide for senior leadership staff asked the same questions with the addition of a series of questions about the lead up to the training such as how they were approached, deciding to participate in the training and the anticipated benefits.

RECRUITMENT AND CONSENT

In November 2022, before data collection started, the research team visited each school and gave an overview of the evaluation and outlined what participation would involve. A participant information sheet and the link to the survey were emailed to staff by the school at both time points. An email inviting potential participants to attend a focus group along with a participant information sheet was also emailed to staff by the schools. The email included the researcher's contact details and potential participants were asked to contact them to express their interest in taking part.

A consent form was included at the start of the survey and participants were required to indicate their consent by ticking a box. At the beginning of each focus group, participants were briefed about the research, reiterating key points from the participant information sheet. The researcher then invited questions from participants before asking them to provide their consent to participate in the evaluation using the project's consent form.

DATA ANALYSIS

Frequencies for each of the survey items were generated via the online survey platform. Focus groups were recorded and transcribed verbatim with names and other identifying features removed.

The data was then analysed thematically using a six-stage process outlined by Braun and Clarke (2021, 2006:87):

- Familiarising yourself with the data
- Generating initial codes
- Searching for themes
- Reviewing themes
- Defining and naming themes
- Producing the report

All members of the evaluation team participated in data analysis and any discrepancies in interpretation were discussed at research team meetings.

We developed the following framework to analyse the impact of the training, supervision and policy change drawing on the Logic Model of Change developed by Aspland et al. (2020) for the Islington Trauma-informed Project (iTIPS) and subsequent findings are presented in this structure:

WHO IS THE INTERVENTION AIMED AT	WHAT IS THE INTERVENTION	OUTCOMES: CHANGE MECHANISMS (How is the intervention meant to work)	OUTCOMES: STAFF & CHILDREN (What difference will it make)
All school staff	Two days training on trauma-informed approaches in education	Staff can define and understand trauma and the impact it has on children and young people	Staff will be more aware of how trauma impacts on YP and this will be shown in their responses
	Twelve months of support & supervision to help school embed the approach	Staff can support children who might be dealing with trauma	Staff are more compassionate to children
	Review of school policies by the training provider to help adopt TI approaches on a systemic level		Staff will be more aware of the impact of dealing with trauma on themselves

FINDINGS - SURVEY

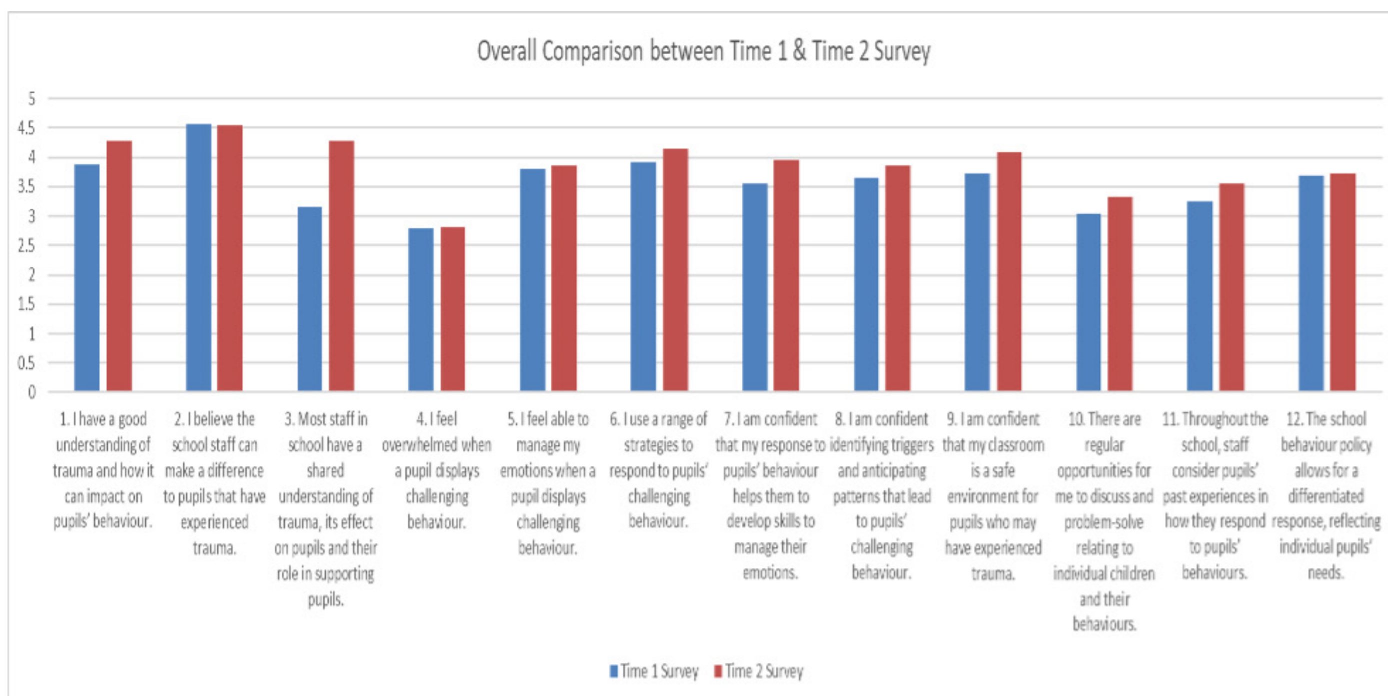


Figure 1. Comparison of overall primary school survey responses between Time 1 (before training) and Time 2 (after training)

CHARACTERISTICS OF SURVEY PARTICIPANTS

The majority of participants were female, and most were from a white ethnic background the latter of which reflects the demographic of the local area. The roles of respondents varied and for the purpose of analysis were divided into Teaching, Non-Teaching, Teaching Assistant and Senior Leadership roles. Teaching staff comprised the majority of respondents.

165 staff accessed the training and 138 competed the Time 1 survey, meaning 86% of staff eligible to undertake the survey did so. The overall response to the Time 2 survey was much lower than anticipated and was completed by only 25 staff, therefore, to make any meaningful comparison the data was split into schools, primary and secondary. Comparative analysis of Time 1 and Time 2 survey data was only possible for the primary school due to the low secondary school response rate at Time 2. Primary survey data is available in Appendix 1 and 2.

ANALYSIS OF SURVEY DATA

PRIMARY SCHOOL: TIME 1 SURVEY	25 Staff
PRIMARY SCHOOL: TIME 2 SURVEY	22 Staff

Analysis of the overall data set indicates small but significant changes across several measures. Findings indicate staff assess themselves as having good baseline knowledge of trauma (Q.1) prior to the training which could be anticipated in an area of high need and elevated deprivation, with 84% of respondents considered themselves to have a good understanding of trauma and how it can impact on pupils' behaviour, shifting to 95% post training. The strongest response both before and after training was to Q.2, with 100% of school staff believing they can make a difference to pupils indicating a strong sense of hope and optimism within the staff group. Confidence in understanding trauma (Q. 1,3), identifying it (Q.8), managing related behaviour and having a range of strategies to draw on (Q.6) appeared to be high before the training and was elevated further post training indicating a growth in knowledge and skills.

One of the most significant responses is Q.3, which asks about a shared understanding of trauma. This metric has moved from an overall neutral response (44%) with only 36% stating they agreed/strongly agreed there was a shared understanding of trauma (Time 1 survey), to 95% of participants agreeing/strongly agreeing they had a shared understanding of trauma post training.

This represents a significant shift in attitudes towards a common understanding of trauma which aligns with focus group findings. Staff responses to their emotional wellbeing and capacity to self-regulate in the face of difficult behaviour remained relatively static sitting in-between neutral and agree responses, suggesting there is some confidence in the staff group, but with a little further work to do. A neutral response can be interpreted different ways and could also indicate a reluctance to respond, uncertainty or survey fatigue.

At an organisational level, there were small improvements across all measures (Q.10, 11, 12) although findings indicate there is still work to be done which aligns with focus group analysis. Many respondents agreed/strongly agreed that their school behaviour policy allowed for a differentiated response reflecting individual pupils' needs (68% prior training), which shifted to 76% post training. There was a varied response when asked about regular opportunities to discuss and problem-solve relating to individual children with 56% of staff agreeing/strongly agreeing this post training, with the remainder adopting a neutral or disagree response suggesting an unmet need amongst (some members of) staff.

FOCUS GROUP FINDINGS

Five focus groups were conducted in June 2023 with 19 staff who participated in the training.

FOCUS GROUP NUMBER	STAFF GROUP	NUMBER OF PARTICIPANTS
1	Teaching Staff	5
2	Senior Leaders (SLT)	2
3	Teaching Staff	4
4	Non-Teaching Staff	5
5	Senior Leaders (SLT)	3

Findings are presented in themes broadly consistent with the logic model of change - The Intervention; Outcomes: Change mechanisms; Outcomes: Staff and Children.

1 - THE INTERVENTION

TRAINING

Staff who attended the focus groups broadly welcomed the training, with the Senior Leadership Teams recognising its value: ***"I was really excited because, having been in the role for a good few years, I recognised the impact of domestic violence and that trauma on a lot of our children in school, so to me it was a really exciting opportunity I didn't want to miss out on"*** (SLT, FG5).

Several staff also mentioned the importance of trauma-informed training in the post-COVID landscape: ***"I think since COVID it has made us more aware of those situations and the experience that children are having"*** (Teaching Staff, FG3).The COVID-19 pandemic is classified as a collective-trauma event (Public Health England, 2021).

However, not all staff were clear what the training would involve: ***"We were just told it was happening" "I didn't really know what it was"*** (Teaching Staff, FG3), pointing to the need for a staff briefing and/or reading to be disseminated in preparation for the training days.

Overall, there were varying levels of skill, experience, and understanding throughout both schools. Several participants suggested existing knowledge and skills, or lack of, were not necessarily considered during the planning phase. Both schools indicated that they would welcome a more bespoke and collaborative approach where the training provider is enabled to spend more time familiarising themselves with the school, the knowledge and skillset within the staff group, and the unique challenges being faced by the children and environment, their families and communities, and the school staff teams. ***"I don't think at that point we had a full picture of the breadth of knowledge that already existed actually"*** (SLT, FG2).

In terms of organisational readiness, there was a broad consensus amongst the SLT from both schools that there were some logistical challenges which can be summarised as time and planning constraints when considering the pressures for schools given the lack of flexibility regarding training days. These challenges were experienced by the training provider too.

Several participants described the two days as 'intense' and suggested that regular recaps throughout the year might be a more practical and meaningful way of embedding the learning. There was also a lack of clarity around the implementation and monitoring of the training: ***"You get the theory; you do the practice and then the monitoring of it. That is where for us as leaders, we didn't have the capacity to see how it was being implemented, or support with the implementation. It wasn't clear what that would look like completely, so we weren't able to monitor it successfully"*** (SLT, FG5).

Future iterations of the project should support the development of a strategy for implementation and monitoring, including the need for further training and support.

With reference to the delivery of the training, staff said that they preferred face-to-face to online delivery models, with one participant reflecting that being face-to-face: ***"...made you think more carefully about the children, their home lives, what happens in the classroom, what happens in the playground and why that might be happening"*** (Teaching Staff, FG3).

Staff from the two schools appeared to have slightly contrasting experiences of the delivery.

The SLT for one of the schools specifically requested opportunities during the training where staff could discuss and reflect on support for specific children, with reference to the theories being presented. This was accommodated by the training provider and was felt to be very helpful. Some staff from the other school felt that ***"there wasn't enough activity or practical, it was more talking and information"*** (Non-Teaching Staff, FG4).

Positive responses to the training centred on the development of understanding alongside reinforcing existing knowledge, for example, one participant recounted: ***"I can think of one colleague in particular who said to me that's the best staff training day I've ever been to …it was just an area that he hadn't known very much about, but he said it did help him to understand some things in a way that he hadn't understood them before"*** (SLT, FG2).

Another participant explained that they had attended online training before, but this training had strengthened their understanding: ***"It was really clear, like when they were talking about the different parts of the brain. What she said and how she said it was really clear, I understood"*** (Teaching Staff/Teaching Assistants, FG1).

Several participants mentioned that the training had acted as a recap or confirmation of what they already knew or intuited when working with trauma-experienced children, providing them with more confidence going forwards, for example: ***"I think for me it just clarifies that we know we are dealing with children that have had trauma and it's just clarifying that we need to approach this child in a different way. Sometimes in the day-to-day stuff of it gets lost so it just brought it back to the fore"*** (Teaching Staff/Teaching Assistants, FG1).

Some teachers were reported to have questioned the neuroscience and some participants expressed concern about practicalities of implementing a trauma-informed approach: ***"I just want to say regarding the training some things were just not realistic. I heard when a student is in animal state that we cannot approach them, and we should take a step back. But in a safeguarding situation if a student is in animal state, we can't just leave them, what if they're going to fall down the stairs, chuck themselves down the stairs?"*** (Non-Teaching Staff, FG4).

This highlights the importance of providing staff teams with space to reflect on, refine and review their approach with reference to their own children and settings, both during the training and afterwards. The intention of this project was that the post-training supervision facilitated by the training provider would provide staff with such a space, and the supervision will now be discussed below.

SUPERVISION

Take-up of supervision was low across both settings, but when it was accessed, it was viewed as useful:

"I just found it helpful at the time because there was something that had occurred with a student so it was needed at the time" (Non-Teaching Staff, FG4).

This shows that staff appreciate the opportunity to discuss their work through the lens of trauma, to receive support, and to develop their understanding of one another's practice. Overall, participants could see the potential value of supervision, if it can be facilitated effectively. Ideally both group and one-to-one sessions should be offered to meet the needs of different staff.

There were several barriers to the offer of supervision being fully utilised by staff. The first of these barriers appears to have been a lack of understanding of what supervision is or what it entails. Lawrence (2020) notes that the term 'supervision' is not commonly used or understood within education and is sometimes conflated with observation or performance monitoring.

This also appears to have been the case here:

"...a lot of them the minute you say supervision they were like, 'No, I don't need that.'...I think it's the way it was worded. It misconstrues what is meant" (Non-Teaching Staff, FG4)

A shared understanding of the purpose and value of supervision is required going forwards, to clarify what the offer consists of and the requirements of school staff. The performance management association could clearly be a deterrent to attending. Another barrier to accessing supervision was staffing, as illustrated here:

"I am disappointed that we didn't get much supervision time in. I do think that would've been a benefit for the staff. That would mean that we'd have to release these staff. When the children are in school, we need the staff" (SLT, FG5).

Releasing staff to attend supervision sessions, especially group supervision, poses a particular problem in a busy school environment. However, staff who were able to attend the sessions usually found them helpful. For example, on attending a group supervision a non-teaching member of staff reflected on how this fostered support and mutual understanding, therefore helping to mitigate the more challenging aspects of the work:

"...everybody else started talking about their experiences and they were like, 'If we knew you were going through that we would have done this for you, we would have done that for you.' It was nice because it made people understand what your daily experience is, the environment in the classroom and what you have to deal with" (Teaching Staff/Teaching Assistants, FG1).

Some teaching staff discussed how this had sometimes led to sessions being cancelled at short notice (by school staff), and a perception that they were not being prioritised:

"That has let us down really, that...it has been cancelled. I think if you are going to do it, it needs to be, 'This is happening, this is when it's happening"
(Teaching Staff/Teaching Assistants, FG1).

REVIEW OF POLICIES

As well as two days training and twelve months of supervision, the intention was for the schools to carry out a review of their policies, in conjunction with the training provider, to support the school to adopt a trauma-informed approach at a systemic level. There is very little evidence of trauma-informed practices being embedded systemically specifically because of this project. It appears that there has been some positive alignment between policies and a more trauma-informed approach, due to ongoing change processes and other interventions initiated by the SLTs of both schools. For example, one school reported that they had already removed a traffic light system of rewarding and punishing behaviour because of their developing awareness of the tension between reward-based systems and more trauma sensitive approaches. However, the planned systematic review of policies did not take place.

The tensions between theory, practice and policy do need to be addressed: staff attending one training session highlighted the discrepancy between what they were being taught and existing systems: ***...she stated that rewards don't work and you shouldn't use rewards. Well, gosh. That's our bread and butter. And sanctions don't work. That was really hard for us to hear.*** (SLT, FG2).

Systemic change requires a whole-school and cultural shift, with top-down support. Future iterations of this project are likely to be ineffective if this is not facilitated.

2 - OUTCOMES: CHANGE MECHANISMS

STAFF CAN DEFINE AND UNDERSTAND TRAUMA.

Overall, whilst responses were mixed, most staff described how a shared understanding of trauma had slowly begun to develop following the training, to varying degrees. It is important to note that it is not possible to attribute this shift in thinking to this training alone due to wider change processes in both schools, such as workforce development and alternative training programmes.

Understanding trauma, however, is different to operationalising trauma-informed approaches. Staff were able to define trauma in a variety of ways which reflected individual events and cumulative trauma, referring to a multitude of issues in their work with young people which they recognised as traumatic. This included (but was not limited to); domestic abuse, physical violence, bereavement, loss, neglect, bullying and the cumulative effects of poverty, such as not having the right uniform. Children were frequently described as living in 'chaotic' and 'difficult' environments, often tired, hungry and lacking supervision and routine, suggesting basic needs were not always met. Furthermore, staff estimated a large percentage of children in each school that had experienced some kind of trauma.

Some staff suggested that most children in the school were living with trauma of some kind, depending on how trauma is defined;
"We don't have many children who come from stable families, not many at all.... There is always something" (Teaching Staff/Teaching Assistants, FG1).

There was a strong emphasis on understanding a child's individual context, wider family support and the environment. This participant offers a detailed understanding of trauma clearly articulating the importance of wider, systemic understandings: ***"...each different young person in is my experience...is going to be different with different individuals. You asked about how you identify it [trauma], that is a good question because it can come out in so many different ways. Again, in my experience a lot of what we would term bad behaviour, negative behaviour, however you want to refer to it, is actually an expression of a need and of pain... this could be a show of immense need, especially in an area like this where there is so much deprivation, so many children who are trauma damaged. What they will be displaying is all manner of reactions to that, that is manifesting in different ways"***
(Non-Teaching Staff, FG4).

Staff at all levels spoke about the importance of understanding individual pupil context to respond to behaviour which could be underpinned by a trauma. This indicates a good baseline knowledge of trauma where curiosity and an open mind become a mechanism to understand which pupils could be experiencing trauma:
"It would very much depend on the individual child. As a class teacher you would get to know the specific child and the things that worked for them" (Teaching Staff, FG3).

"Being kind, having good relationships. There's a reason. When a child presents that way, there's a reason underneath it and let's dig deep and find the reason, because if we can find the reason, we'll be able to manage that presentation"
(SLT, FG2).

"Dealing with trauma damaged young people, I think it really needs to be understood that children are individuals and in view of whatever their personality is; they could be extrovert/introvert, they could have been brought up a certain way, it is all about individuality, will depend on how trauma is manifested in them. Some children hide it, so it is not always apparent, they mask it"
(Non-Teaching Staff, FG4).

There is an important point here about identifying children who have experienced trauma, which was raised by several participants at different levels of seniority. Vulnerable children were identified in several ways and were not necessarily subject to formal child protection or school processes. Several staff explained how behaviour can communicate pain and distress, which is a helpful way to understand trauma and therefore guide trauma-informed practices. Some staff were aware of formal processes such as Operation Encompass, Child Protection Plans and SEND, but others were not. This could be understood in different ways, for example, a lack of information sharing. However, when educators practice in a trauma-informed manner, arguably they would not always need to know every detail in every case, because the principles of compassion, relationships and regulation would be applied to *every child regardless*.

There was, however, some confusion around language used to be describe trauma-informed approaches. Even when staff did not use explicit language such as trauma-informed, they described the principles of such approaches: ***"I don't know whether it actually even matters if… every staff member [can] articulate the neuroscience behind it. Probably not. But you can tell from their practice that kind of like actually somewhere deep within themselves they've got an understanding that we need to treat our children in a particular way"*** (SLT, FG2).

"In my role though working with children with behaviour I sort of understood it anyway, but I'd never had any training and I sort of learned myself as I went along. Then because we did this in January it has put it into perspective for me" (Teaching Staff/Teaching Assistants, FG1).

Trauma-informed approaches are referred to as ACEs, attachment, and neuroscience which invariably leads to misunderstanding and confusion, as articulated in the literature review. It was widely felt that ongoing, regular and explicit discussion was required across the schools to embed a consistent, common understanding of trauma that would translate to managing behaviour alongside changing policies. The naming of trauma-informed training has therefore created a reference point for some staff and started important conversations about trauma, prompting *discussion* about the different ways in which this is defined, understood and responded to. These shared conversations must continue to embed understandings of trauma more consistently allowing this to translate to policy, classroom and pastoral practices. As one teacher put it; ***'I think it [the training] has opened us up a bit more'*** (Teaching Staff/Teaching Assistants, FG1). Whilst there was general consent that both schools were moving towards understanding trauma, progress was at different stages and there were mixed views about the extent to which this translated to a trauma-informed approach in practice.

There was some uncertainty about the extent of shared understandings of trauma-informed practice, and this varied between levels of seniority. Participants linked this to life/work experiences and different roles within the school, suggesting some way to go before a consistent understanding of trauma was embedded:

Interviewer: *"Do you think there is a common understanding in school of trauma?"*

"No, I don't. Maybe a little bit after the training, we probably understood more after that training, but before that, no" (Teaching Staff/Teaching Assistants, FG1).

"I don't think everyone has got the same understanding really and it really does depend on people's background and position that they're in, it depends how much time and patience they have got to be able to access that. So, I don't think there is a similar understanding all around the school, there were a lot of people from different backgrounds saying how useful the training was but before that they didn't really have any clue some of them" (Non-Teaching Staff, FG4).

"Shared understanding and consistent approach, and you've got to have a consistent team that is highly skilled, and if you've not got that, that's what we're working towards is having that consistency" (SLT, FG5).

This links to an important point about staff understanding trauma and traumatised communities from a lived experience perspective, that is, staff who live in the same community as the school. These participants appeared to have an innate understanding of the issues faced by the children and this emerged as a key theme as they bring valuable knowledge about the local community:

"I think, like I've lived on an estate all my life, so you see a lot, and no offence to other staff... You come from an estate...but some come from the country and it's different from children living on an estate to living in rural or suburban areas. I'll go home and walk home, and I'll see children out of school in uniform, you'll see them out on a Saturday with a hoody on, the parents are sat on the front drinking and then that is where the arguing comes in, or the neighbours start arguing. I have witnessed quite a few things with parents fighting and parents arguing" (Teaching Staff/ Teaching Assistants, FG1).

"I felt like a lot of what was covered we do all the time, we live and breathe it here on the estate" (Teaching Staff, FG3).

"...unless you've lived it, it's really hard to understand, because even if someone is telling you that is what it's like if you've come from a privileged background, you're probably thinking, 'It's not that bad, they go out and play in uniform? So, what, I did that once,' and you don't really understand the effect that has" (Teaching Staff/ Teaching Assistants, FG1).

This illustrates the ongoing and cumulative nature of difficulties for parents and children living on the estate indicative of neglect, harm and inequalities. Some of the staff alluded to their own experiences - the final quotation appears to suggest different understandings, maybe misunderstandings, between those who have personal experiences and those who don't. Furthermore, what is indicated here is low level neglect – some children simply don't have other clothes to change into.

Extending this point further, SLT acknowledged that anecdotally, more than average numbers of staff may have experienced trauma themselves:

"A lot of our staff have experience of domestic abuse and trauma in their life..." (SLT, FG5).

This raises questions about formal and informal support as people with pre-existing traumatic experiences may be doubly affected when dealing with trauma.

MISUNDERSTANDING TRAUMA; RESISTANCE & DISCONNECTION

Evidence suggests there were a minority of staff who did not fully understand what a trauma-informed approach was. The impact of misunderstanding trauma when responding to young people cannot be underestimated as it can lead to re-traumatisation by systems, processes and people:

"People would say, 'You treat him special,' and it's not about treating him special, it's about getting them children on side to make your day a lot better and to put things in place for them."

Interviewer: *"What did they mean by treating them special?"*

"You would get told that that was the wrong thing to do and they should be sitting on their seats no matter what's gone on at home, no matter what's gone on in their life, doing their work.... Yes, you come to school to learn and that's it. But some children, because of what they have experienced or what they have dealt with the night before, they might not have had much sleep, they might not have had any food" (Teaching Staff/Teaching Assistants, FG1).

Some participants suggested an over reliance on behavioural measures was not commensurate with a trauma-informed approach, leading to unrealistic expectations of students, many of whom were already living in difficult situations:

"I don't think there is enough praise in place either to acknowledge and recognise the good that a lot of these students are doing. Just making it into school for some of them is a really big step, and that is something else they could implement into the training because it is very much one (size) fits all" (Non-Teaching Staff, FG4).

This indicates a potential disconnection between frontline staff and systems, policies and senior leaders highlighting a need for more individualised responses, greater praise and recognition of difficult home environments that might impact on attendance, behaviour and achievement. Whilst important to acknowledge that change processes are underway in both schools, some frontline staff expressed reservations around effectiveness of current systems and policies. Tension between policy and practice is not uncommon, particularly when current policy direction in England is not decisive around trauma-informed practice in schools:

"I know the behaviour policy is in place for a reason, but a lot of these kids are just feeling that they're very much backed into a corner and being made to feel bad for what they're feeling and not being understood or helped" (Non-Teaching Staff, FG4).

This was drawn into sharp focus by senior leaders highlighting the different policy contexts (the wider extract indicates this staff member is referring to Ofsted) versus the trauma-informed agenda, which effectively pulls schools in oppositional directions. This represents a challenge and threat given the two different agendas do not easily align:

"...schools are under a lot of accountability and its high-risk accountability and no-one judges you on how many trauma informed children you've looked after" (SLT, FG2).

STAFF CAN SUPPORT CHILDREN WHO MIGHT BE DEALING WITH TRAUMA

Staff demonstrated they had knowledge and skills to support young people who have experienced trauma, via the survey and focus groups. Taken in context with discussion in the previous section, the evidence suggests staff at all levels could define trauma well with developing understandings of trauma informed approaches. The operationalisation of such is a different concept. Several staff commented that whilst they were broadly familiar with trauma/ trauma-informed practice, the training had served as a helpful reminder, affirming existing knowledge whilst opening up new strands of thinking:

"And you can forget yourself, so a reminder of this is what we're doing and this is why we're doing it. I know when I was at uni I did attachment theory and you forget all about it and then she came back out and, 'Oh, yes.' "(Teaching Staff/Teaching Assistants, FG1).

"There was an incident at home last night, we just need to be a bit careful with this child.' She didn't go into any more detail than that but just give a heads up" (Teaching Staff/Teaching Assistants, FG1).

"And you don't know who has experienced trauma, you don't know, it could be absolutely any of the children in your class...they don't come with a label" (Non-Teaching Staff, FG4).

It is widely understood within the literature that one of the ways in which the experience of trauma impacts on young people is through their behaviour. Focus group participants were able to demonstrate through their responses that they understood the link between behaviour and trauma. Frequently they did this by describing the types of behaviour that they associated with children who had experienced trauma, and this included distress, anger, aggression and disengaging from learning:

"They [Teaching Assistants] often do experience the backlash of some of their trauma, whether it being a child being incredibly distressed, incredibly angry, aggressive [...]"
(Teaching Staff, FG3).

"Disengaging from the learning, which might look like running around the corridors, punching and kicking, swearing, just their interaction with, or lack of interaction with, the people around them"
(Non-Teaching Staff, FG4).

Furthermore, senior leaders reported wider indicators of a trauma informed, calmer environment including increased parental and pupil engagement combined with decreased staff absence:

"So, we've got children who aren't running around in the corridors anymore. We've got children who are now in lessons more regularly. Parental engagement... although we still do have difficult conversations with some parents, they've certainly decreased in number as well. There're other factors like I can talk about staff attendance being much better"
(SLT, FG2).

3 - OUTCOMES: STAFF AND CHILDREN

STAFF WILL BE MORE AWARE OF HOW TRAUMA IMPACTS ON YOUNG PEOPLE.

Trauma-informed practice prompts a practitioner to consider the underlying causes of behaviour. Within the focus groups, participants demonstrated an awareness of how trauma and the resulting behaviour often originated from the child's experiences of homelife. In some cases, the training was described as enhancing existing knowledge and skills:

"So, at the moment there are some children in our Year 1 class who are displaying quite challenging behaviour for different reasons, and it is because of what they are experiencing at home" (SLT, FG3).

"Their experience in their life and growing up and what they see at home or what they experience at home. I knew that affected a child's behaviour, but I didn't realise it was trauma and it would affect them later on in life, and that is what I learned from it" (Teaching Staff/Teaching Assistants FG1).

Furthermore, participants were able to demonstrate that they were able to reframe children's behaviour and consider the underlying causes:

"I think the trauma-informed practices and support has seen that those pupils aren't necessarily being naughty, they are showing us and telling us that they are not right, something is not right. [...] they don't understand how to show us what they are feeling" (Teaching Staff, FG3).

The focus groups highlighted how disruptive behaviour can be an expression of trauma, however some participants also pointed out that this isn't always the case. There was recognition amongst participants that the impact of trauma presents differently depending on the child, suggesting the need for an individualised approach to working with traumatised children:

"We have a child [...] whose parent is very, very poorly and that child behaves incredibly, they just get their head down and get on with their work and you wouldn't know that their parent is very, very ill. That child could easily have been forgotten because others in that class are exhibiting very loud, disruptive behaviour, but that child needs support"
(Teaching Staff, FG3).

"Dealing with trauma damaged young people I think it needs to be really understood that children are individuals and in view of whatever their personality is, they could be extra introvert, they could have been brought up a certain way, it is all about individuality, will depend on how trauma is manifested in them. Some children hide it, so it is not always apparent, they mask it" (Non-Teaching Staff, FG4).

Furthermore, as discussed in Section 1 of the findings, there was evidence that some staff were more connected in how they understood and dealt with trauma following the training. The training had prompted conversations between staff about how they handled difficult behaviour, with the following teaching staff demonstrating connected practice after the training:

"To be honest, if I was brutally honest before any 'trauma issues' just went off with your TA. Whereas now, especially since the January training, like me and my TA will tag team. I have a specific child who has lots of issues, so we tag team in. So, one day she will deal with him and then I will deal with him. This afternoon she had him for an hour and then it was like [...]. So, it's much more involved than it used to be" (Teaching Staff/Teaching Assistants, FG1).

This is important for various reasons, including a consistent approach to children thus creating a safe environment which is predictable and secure. Staff are exposed to one another's decision-making processes enabling greater collaboration promoting shared understandings further enhancing consistency. Furthermore, sharing the load in this way has an important function in mitigating the impact of vicarious trauma.

STAFF ARE MORE COMPASSIONATE TO CHILDREN

Focus group participants demonstrated compassion for the children they worked with and as discussed previously, there was evidence the training had prompted conversations about dealing with traumatised children helping to develop a shared understanding. In turn this suggested the development of greater compassion towards young people. This was evident when they acknowledged that some children need more compassion than others and in the examples they gave of how they worked with children who had experienced trauma:

"They say every child is the same but then you have got those challenged children where they do need that bit of extra attention, affection, and then putting things in place for them" (Teaching Staff/Teaching Assistants, FG1).

"It is a different way to work with each of them, one of them it is very much about spotting those signs and a trusted adult taking him away from the situation to go for a little walk. For another one it may be having a station set up where he can take himself away to do colouring, which he finds relaxing and calming, but it would very much depend upon the child and what we knew was the best approach for them" (SLT, FG3).

In addition to the children with which they worked, participants also demonstrated compassion towards their colleagues and the children's parents / guardians. One participant described how colleagues had shown compassion to them during a group supervision session:

"I got the ball rolling and everybody else started talking about their experiences and they were like, 'If we knew you were going through that we would have done this for you, we would have done that for you.' It was nice because it made people understand what your daily experience is, the environment in the classroom and what you have to deal with"
(Teaching Staff/Teaching Assistants FG1).

Another participant discussed approaching parents with compassion:

"Everybody has got to have that approach where you feel welcomed, not judged, not fined immediately or taken down that pathway. In the same way we do with these children, it's about finding the reason for that behaviour of the parent, why do they not feel comfortable with their child? What is happening with them? It's finding all of that out" (SLT, FG5).

Participants also described other change mechanisms including reduced suspensions, lower staff turnover and staff absenteeism which illustrate evolving cultures. Whilst this was anecdotal evidence the combination of factors would suggest the development of a more settled school environment with greater compassion at systemic levels:

"Our suspensions are lower than last year but they're still high. But that's because we're embedding routines... No union issues with staff. And that's again quite positive because I think that had been an issue in the past" (SLT, FG2).

"In the context of a school in a category, the turnover this year has been incredibly minimal... fully staffed September. People want to work here. People want to stay here" (SLT, FG2).

Triangulating school data with the narratives above would allow us to make more assertive statements about changing cultures, behaviours, practice and policy within the schools, however, as previously highlighted disaggregating the origins of these changes is difficult given the wider changes within both schools and is most likely to be a combination of factors including measures to satisfy Osted requirements.

As discussed in Section 1 of the findings, there was a belief that a minority of staff would not or could not, demonstrate compassion to traumatised children with whom they worked. It was suggested that for some staff this was grounded in an inability to understand trauma and practice in a trauma-informed way and these misunderstandings or resistance translate to how staff interact with pupils: ***"There is still a level of challenge with a minority of staff members who will just see it as a child being naughty and they just need to behave because, 'I'm the adult and I've told them this so they just should have done it,' and that is that. [...] For a few people it is very hard to change that mindset and to appreciate that that child isn't being naughty right now, they can't see it"*** (Teaching Staff, FG3).

"That's a good example of the sort of thing that comes from some members of the team is well, my child wouldn't speak to me like that. But their child wouldn't have experienced what some of the children here have experienced, and that understanding is not quite there for some staff"
(SLT, FG5).

However, there was a belief amongst some participants that certain roles within the school were incompatible with demonstrating compassion and practicing a trauma-informed approach: ***"I think there are some staff in some roles that makes it difficult for them to have that relationship where they can break those barriers down with students and help them with the traumas because their roles consist of being on the doors immediately and picking at the uniform and things like that. Really, we should be celebrating, 'Great, you're in today, lovely to see you,' instead of, 'You've got this wrong already,' because for some kids that's quite triggering for them, 'Already you're highlighting everything that I'm doing wrong, it's not enough for you.' "*** (Non-Teaching Staff, FG4).

STAFF WILL BE MORE AWARE OF THE IMPACT OF DEALING WITH TRAUMA ON THEMSELVES.

There was recognition that working with children who have experienced trauma does have an impact on staff: ***"I think the reality is that sometimes they [staff] bear the trauma of this community because of where they live. So, they're living with it in the way that some of us drive in and drive out. We don't have to live with it in the same way. So, I think sometimes that can be... I don't know, I think it can be quite hard for people and I imagine perhaps as well to hear how we about this community. It's really important that we're careful in how we talk about it, and we describe our families and children"*** (SLT, FG2).

Members of SLT also understood that some staff experienced trauma in their own lives and at work, creating heightened conditions for emotional burnout. The need to offer support and carefully monitor sickness absence was highlighted, with a suggestion that higher levels of absence were more notable in those staff with traumatic backgrounds.

Staff drew comparisons between how the working environment had been in the past and how it was now. In particular, there was a growing recognition of the impact on staff of working with traumatised children and an acceptance of the need for mechanisms being in place to deal with it. There was evidence of increased collaboration between staff members, supporting one another when dealing with challenging behaviour and sharing the emotional load. Sometimes the mechanism was as simple as being made to feel it's acceptable to step away from a situation and to be supported in doing so: ***"You were made to feel that if you needed five minutes that actually you weren't a good teacher, you should be able to deal with that straightaway, you've been punched in the face, off you go. Now I think we're much more of a team taking care of each other"*** (Teaching Staff/Teaching Assistants FG1).

This clearly illustrates the level of trauma staff experience, yet also demonstrates a team being compassionate and supportive to one another, which has a key role in mitigating the negative impact of trauma. Staff experience trauma vicariously both in terms of the distress of witnessing children struggling, and because of systemic issues within the education system:

"Really when we look back at that now, what we dealt with and what we went through as staff, we suffered with trauma from that" (Teaching Staff/Teaching Assistants FG1).

DISCUSSION

These are cautiously promising findings that trauma is being named and better understood by staff, cultivating greater compassion towards young people and one another. When this was accompanied by systemic review (to behaviour policies and procedures) combined with a strong top-down approach, evidence of change was enhanced. These findings mirror similar studies by Aspland et al. (2020) and Cherry and Froustis (2022). Whilst there was evidence of change to varying degrees, we are unable to attribute this directly to the training package under evaluation, given the wider transformation within both school environments relating to workforce development and alternative training provision. Consistent operationalisation of trauma informed approaches remains a work in progress given both schools faced internal and external challenges throughout the period of evaluation, translating to some logistical challenges.

Organisational readiness was a cross cutting theme on two levels; firstly, practical (or logistical) readiness and secondly, systemic readiness. Organisational readiness is defined as the extent to which an organisation is prepared for change involving adaption, learning and evolving. To successfully engage with the requirements for training, supervision and review of policies, a considerable time commitment was required with a relatively short lead in time. When considering the demands of a busy school environment, the need to plan training days ahead and limited staff availability due to teaching timetables, this is a challenging requirement. Secondly, systemic readiness involves changing attitudes and beliefs. To shift from behavioural to trauma-informed responses requires significant commitment from senior leaders to drive such an approach and foster a different culture within the school.

There was some concern about how difficult behaviour (such as aggression towards pupils and/or staff) was managed within a trauma informed framework, with a perception that such behaviour could not be adequately addressed without behavioural sanctions, such as suspension and exclusion. Similarly, some staff expressed concern at disproportionate sanction of trauma experienced young people for relatively low-level issues, such as not having the right uniform. It became clear that replacing behavioural sanctions with a trauma informed framework was tricky to operationalise with some confusion as to how such behaviour could be addressed.

This reinforces the critical role of senior leaders, to drive the review and update of systems and policies through a trauma informed lens, to foster a shift in thinking. As articulated by Cherry and Froustis (2022:40), school leaders are ‘gatekeepers’ and as such can enable or inhibit the success of such initiatives. Evidence is clear that trauma informed approaches can have positive impact across a range of measures, including a significant reduction in suspension and exclusion, improved academic achievement/attainment and enhanced pupil/staff wellbeing, underscoring multiple benefits of adopting such a framework (Aspland et al., 2020; Dorado et al., 2016; Cherry and Froustis, 2022).

There is an additional tension between conflicting agendas that drive change; wider education policy versus trauma informed approaches which have the potential to pull schools in different directions. There is a lack of policy direction on trauma-informed approaches in education at the time of writing, with minimal guidance being provided for English schools. This tension was expressed in various ways including the role of Ofsted and the pressure to meet performance targets.

Trauma is a real and significant issue for the staff in the schools. The staff are affected by trauma in different ways, firstly, vicarious trauma via young people and secondly, their own experiences of trauma and living in a community with elevated levels of inequality, crime, poverty and violence. Anecdotally, we were told of potentially high levels of traumatised staff within the schools, and we would hypothesise that in an area of elevated deprivation and need, this may be higher than average. Further research would be beneficial to understand this in more detail, including a baseline prevalence. This would allow for targeted support, both informal and formal. We heard much about how staff were supporting one another informally, often within the same grouping of role but, post-training, some staff told us about greater collaboration and shared endeavours to support children across roles. This connected practice has an important protective function in mitigating the impact of emotional overwhelm and burnout on staff.

Overall, the evaluation has demonstrated small yet significant changes for the duration of the pilot study, with the most notable shift in developing shared understandings of trauma. Whilst there are barriers to overcome, this speaks to the start of a collective response to trauma.

RECOMMENDATIONS FOR SCALING UP

Organisational readiness was an overriding theme with several linked points including the lead in and planning time. Schools and training providers may need 18-24 months to build relationships, plan and develop bespoke approaches for a project that requires systemic change. This needs to include establishment of relevant steering group stakeholders involving members of the community (if appropriate) as part of the collaborative planning process to enhance buy in.

Senior leadership commitment to such a project is essential particularly around embedding systemic change. Without this, such initiatives will be significantly limited in effectiveness.

Policies need to be reviewed and updated through a trauma informed lens at strategic and operational levels in a collaborative manner with the schools. Without such, endeavours to embed trauma-informed approaches across the whole school are likely to be ineffective.

A training audit should be undertaken in advance, identifying strengths, gaps and areas for development within the school.

Bespoke training that speaks to the individual needs of the specific school, community, families' and children is advised, with use of real-world case studies that will help staff understand how theory can translate to practice. Collaborative planning between the school and training provider is strongly recommended.

An implementation plan is recommended to monitor the roll out of training alongside a review plan (post-training with clear timescales), including refresher training.

Support for staff at all levels, including senior leaders, to mitigate the emotional impact of the work. Working in a community with elevated levels of trauma and deprivation means staff are exposed to higher levels of trauma, therefore increasing the emotional load and likelihood of burnout. Some staff also live in the local community, whilst some have experienced their own adversities aligned with the demographic of the area, therefore may be doubly traumatised. We would hypothesise that levels of trauma in the staff group may be higher than average, with some at more risk of emotional overwhelm and burnout than others. Understanding and analysis of staff absence and supportive mechanisms to share this load are essential.

Regular 'touch points' to discuss trauma informed approaches, share knowledge and best practice, for example, having a standing agenda item in team meetings. This would provide opportunities to continue the naming and defining of trauma/trauma informed approaches promoting shared understandings, consistency and connection between the staff group.

Terminology and purpose around supervision and support needs to be clarified then disseminated, as this could be a key reason staff disengaged.

Bespoke approaches to supervision at individual schools are needed. Some schools preferred individual supervision, whilst others preferred group supervision and good working relationships with the training provider are essential to understand what will work best for the individual setting. Group supervision creates the opportunity for shared experiences and best practice, which can promote connection and cohesion reducing feelings of isolation thus becoming a powerful motivator for support and wellbeing. This is especially important when dealing with trauma and the potential for emotional burnout.

The logistics of group supervision can create specific unmanageable challenges for busy schools. The benefits of such need to be offset by the practical difficulties of multiple staff members being out of frontline duties whilst supervision takes place.

NEXT STEPS

- Follow up evaluation at one-year post-training to examine sustainability of change.
- Data from exclusions, pupil attendance and staff absence to be utilised to triangulate survey and focus group findings.
- Exploration of how we can understand pupil perception of trauma sensitive practice.
- Consideration of what community and/or parent involvement might look like.

LIMITATIONS

Both the survey and focus groups rely on self-report measures and whilst this is essential for understanding staff perceptions of the training, external data linked to exclusion numbers would add a further level of rigour and enable triangulation. The evaluation centred on measuring staff perceptions given the training was focused on changing staff understanding of trauma, however, young people's voices and views on the level of compassion they are shown is an essential component to understanding the bigger picture.

Focus groups consisted of nineteen staff from a range of distinct roles. However, participants attending a focus group could be considered more motivated to share their views, in either a positive or negative way. There is a risk participants will be influenced by one another, especially if strong views are expressed thus introducing the possibility of bias.

Finally, whilst the focus group participants were drawn from varied roles within the schools at different levels of seniority, this is a relatively small sample drawn from the overall staff group meaning it may not be representative of all perspectives.

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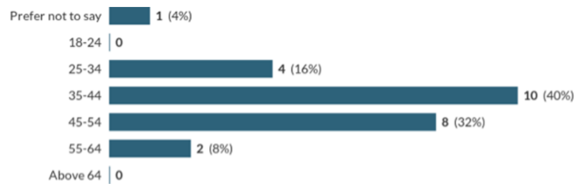
APPENDICES

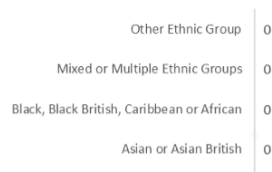
APPENDIX 1: INDIVIDUAL SURVEY BREAKDOWN T1 PRIMARY SCHOOL DATA

Age

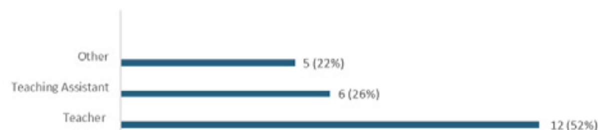


Gender

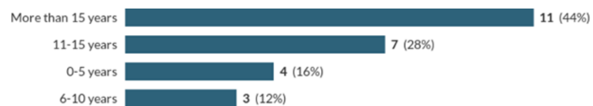
Ethnicity



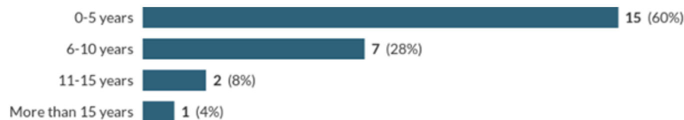
Role



Length of time

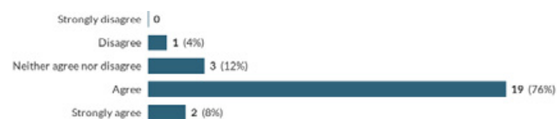


Length of time in current role



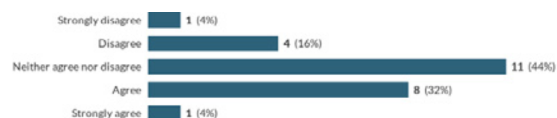
QUESTIONNAIRE ITEMS

I have a good understanding of trauma and how it can impact on pupils' behaviour

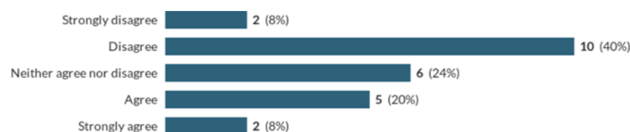


I believe the school staff can make a difference to pupils who have experienced trauma

Most staff in school have a shared understanding of trauma, its effect on pupils and their role in supporting pupils



I feel overwhelmed when a pupil displays challenging behaviour



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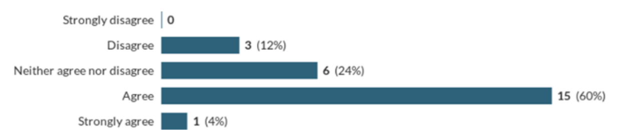
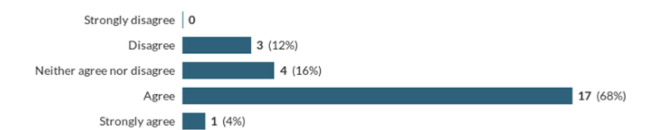
I feel able to manage my emotions when a pupil displays challenging behaviour

I use a range of strategies to respond to pupils challenging behaviour

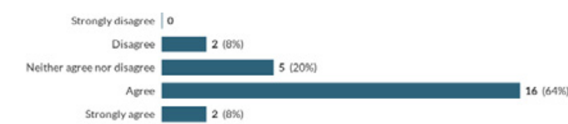
I am confident that my response to pupils' behaviour helps them to develop skills to manage their emotions



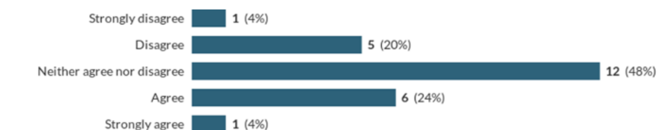
I am confident identifying triggers and anticipating patterns that lead to pupils' challenging behaviour



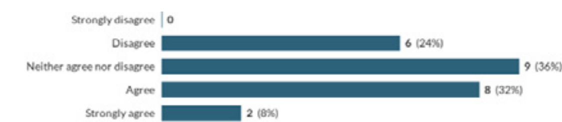
I am confident that my classroom is a safe environment for pupils who may have experienced trauma



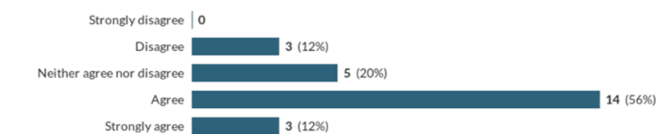
There are regular opportunities for me to discuss and problem-solve relating to individual children and their behaviours



Throughout the school, staff consider pupils' past experiences in how they respond to pupils' behaviours

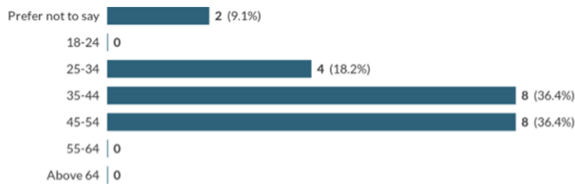


The school behaviour policy allows for a differentiated response, reflecting individual pupils' needs



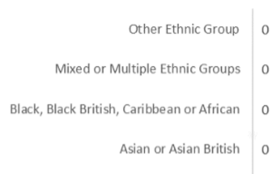
APPENDIX 2: T2 DATA FOR

Age

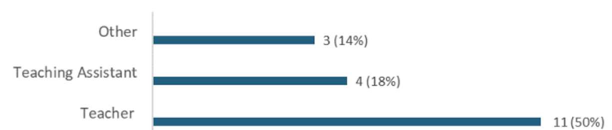


Gender

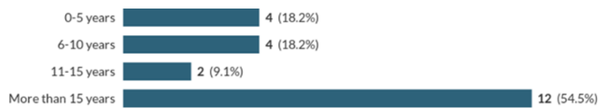
Ethnicity



Role



Length of time working within educational settings



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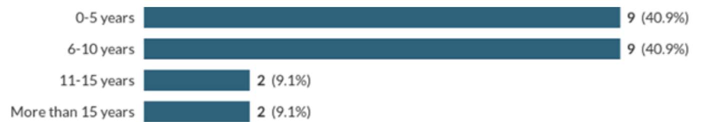

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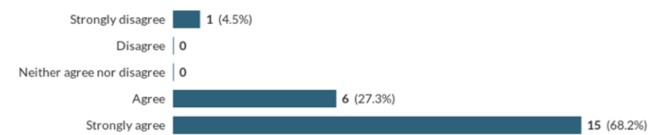

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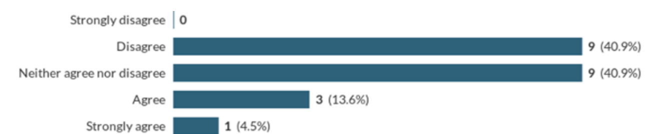

APPENDICES

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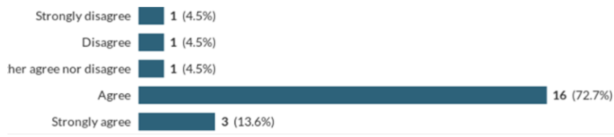

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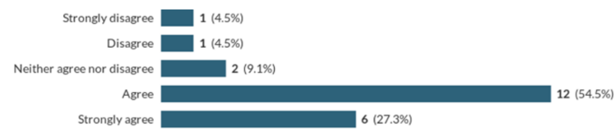

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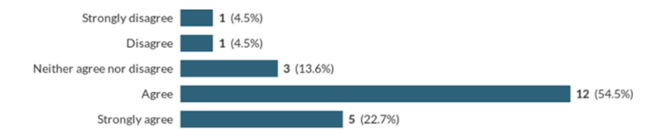

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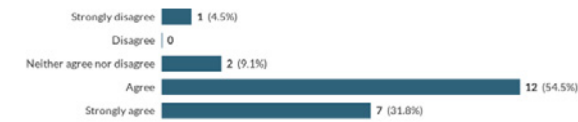

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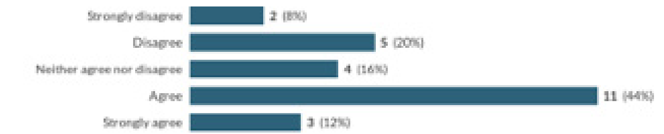

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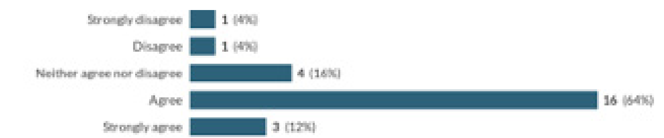

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