Trauma Informed Education Settings Insight West Yorkshire
Guidance

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Tackling Violence Together

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Biographies

Lisa Cherry

Lisa Cherry is an author, researcher and leading international trainer and consultant, specialising in assisting schools, services and systems to create change that supports working with the legacy of trauma. Lisa has been working in Education and Children's Services for over 30 years and combines academic knowledge and research with professional skills and personal experience.

Lisa's MA research looked at the impact on education and employment for care experienced adults who experienced school exclusion as children in the 1970's and 1980's. Currently, Lisa is undertaking her DPhil studies at The University of Oxford in the Department of Education, asking the research question *"How do care-experienced adults who have been excluded from school understand those experiences? How do their experiences deepen understandings of belonging?"*

Lisa is the author of the hugely successful book 'Conversations that make a difference for Children and Young People' and 'The Brightness of Stars' 3rd Edition out in June 2022.

Ellen Froustis

Ellen Froustis has 20 years of experience in teaching psychology, school counselling, and engaging young people in community work for youth leadership development. She is a Certified Teacher Trainer by the National School Reform Faculty (USA) facilitating best practices in education, developing curricula for social emotional development, whole school approaches to bullying, positive discipline and trauma informed restorative practices. She facilitates parent-teacher-counsellor training on how best to nurture the needs of young people by forming "the golden triangle" – a web of resilience through schools. She also founded the non-profit organisation, EIMAI, engaging young people in award-winning service-learning, mentoring programs to facilitate personal development, inclusion and transition to adulthood.

Ellen is currently an assistant researcher and doctoral student at the University of Oxford Rees Centre researching: A trauma-informed approach to service learning with vulnerable young people: A youth participatory action research project. She has a Master of Education-Special Emphasis School Counselling and a Master of Clinical Psychology.

Acknowledgments

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Glossary of Terms

Adverse Childhood Experiences: Stressful experiences that children can be directly or indirectly exposed to while growing up

Adverse Childhood Experience Informed: Understanding and taking into account the stressful experiences that children can be exposed to during childhood

Attachment Aware: Understanding and taking into account the child and adult relationship experiences that people may have had throughout childhood

Burnout: A condition experienced by workers and other professionals, in which they can develop symptoms as a result of aspects of their role manifesting as physical, mental and/or emotional exhaustion as a result of stress related to their job or workplace

Cultural Humility: To encourage personal reflection, growth and appreciation for others' culture while diminishing power dynamics

Toxic Stress: This is the body's response to lasting and serious stress.

Trauma Informed Care: An approach that recognises the presence of trauma symptoms and acknowledges the role trauma may play in an individual's life – including those who work in that service.

Trauma Informed Practice: Seeks to raise awareness about the impact of trauma and works towards creating services that do not add to harm.

Background

Project Aims

The aims of this study are two-fold: firstly, to evaluate the early outcomes of the pilot study known as, 'The Innovation Project', at Outwood Academy Hemsworth and secondly, to examine trauma informed programs in West Yorkshire schools and educational institutions that have committed to strengthening educational outcomes for vulnerable young people through attachment and trauma-informed methods. Furthermore, this research sets out to identify barriers and opportunities experienced in their implementation.

In order to meet the project aims, the following Research Questions were explored:

1. What can we learn from the Pilot Study in Wakefield?

2. Are findings from the Pilot Study transferable?

3. How prevalent are trauma-informed education settings in West Yorkshire?

4. What barriers and opportunities are compromising/promoting the vision of a trauma- informed West Yorkshire?

Children Known to a Social Worker

Vulnerable children and young people, particularly those in state care, have poorer educational outcomes compared to their peers, both nationally and internationally (Luke and O'Higgins, 2018). In England, approximately 80,850 looked after children (CLA) have been placed in foster care, kinship care or residential care due to child abuse or neglect (66%), family dysfunction/ acute distress (22%) or the illness/ disability of the child or parent (6%) (DfE, 2021). There are an additional 388,490 children in need (CIN) who remain with their families but require support from children's social care because their health and development are at risk, often warranting a child protection plan (DfE, 2021). Learning, connectedness to school and academic achievement is more difficult for vulnerable young people because important developmental milestones are not always met due to the impact of persistent and multiple life stressors, unique to each child (Teicher, Samson, Anderson and Ohashi, 2016).

In addition to the distress faced by unstable homes or removal from their birth families, more than 55.7% of looked after children in England have special educational needs and 40.4% are known to have social, emotional, and mental health needs (DfE, 2021). This highlights the challenges faced by those pupils and their teachers to effectively meet educational needs. These challenges are also experienced by children in need who often have greater needs than looked after children (DfE, 2021) largely because they have access to less support. Efforts to raise educational outcomes for vulnerable children and young people are starting to be explored by training teachers and schools to implement attachment and trauma-informed school programs, shifting to an empowerment and psychosocial approach to building resilience against life stressors. (Maynerd et al., 2017; Thomas, et al., 2019; Harrison, 2021).

The need for trauma responsive methods has grown exponentially due to the impact of the pandemic on children in care, which cannot be understated.

In 2020 and 2021 1,356 11-18 year olds in 18 local authorities, who had been in care for at least one year were surveyed and findings show that 22% of respondents in 2020, and 24% in 2021, were at high risk of experiencing mental health difficulties (Wijedasa, et al., 2022). This figure was twice as high in comparison to the general population (10%) during the pandemic.[1] Further, one in five children and young people from the care population reported that they had self-harmed before (20%) and during (18%) the pandemic.

West Yorkshire is comprised of the 5 districts of Bradford, Calderdale, Kirklees, Leeds and Wakefield. The table that follows provides figures regarding the number of children in care and the number of 'children known to a social worker' which include children in care. These numbers were provided by each district area's Virtual School and that figure is inclusive of the number of children in care. These figures are subject to change daily.

The exclusion figures are gathered from the Department for Education (DfE) to which each school reports.[2] This data was last collected in 2019 rather than more recently due to covid.

These figures are provided in order that the reader has the most up to date information available on these children.

	Children in care	Children with a social worker	Perm exclusions of ALL children in the LA
WAKEFIELD	604	1300	136
LEEDS	1334	5000	273
CALDERDALE	347	1147	100
KIRKLESS	566	2246	177
BRADFORD	1429	3829	196
TOTAL	**4280**	**13,552**	**882**

Table 1. Care and Exclusions Data

[1] NHS Digital, Mental Health of Children and Young People in England, 2020. 2020, NHS Digital.

[2] https://www.gov.uk/government/statistics/permanent-exclusions-and-suspensions-in-england-2019-to-2020

Mental Health

The latest figures from Young Minds[3] tell us with alarming clarity, just how much mental health is a concern for our children and young people and all of the adults who are working and living with them. hese statistics highlight the complexity of need within education settings and the urgency to support relational models with interventions that address the toxic stress experienced in young lives.

- One in six children aged 5 to 16 were identified as having a probable mental health problem in July 2021, an increase from one in nine in 2017.

- The number of A&E attendances by young people aged 18 or under with a recorded diagnosis of a psychiatric condition more than tripled between 2010 and 2018-19.

- 83% of young people with mental health needs agreed that the coronavirus pandemic had made their mental health worse.

- In 2018-19, 24% of 17-year-olds reported having self-harmed in the previous year, and 7% reported having self-harmed with suicidal intent at some point in their lives. 16% reported high levels of psychological distress.

- Nearly half of 17-19 year-olds with a diagnosable mental health disorder has self-harmed or attempted suicide at some point, rising to 52.7% for young women.

Poverty

The facts and figures show the reality of child poverty in the UK.

- There were **3.9 million children** living in poverty in the UK in 2020-21. That's 27 per cent of children, or **eight in a classroom of 30**[4].

The Child of the North Report,[5] published by N8 Research Partnership in November 2021 highlights areas of concern that impact children and that are particular to living in the North of England.

The report provides extensive findings and recommendations that pertain to every aspect of a child's development. It is helpful to highlight the following findings providing a clear rationale for education settings to be trauma informed:

- Children in the North of England's loss of learning, experienced over the course of the pandemic, will cost an estimated £24.6 billion in lost wages over lifetime earnings.

- Children in the North are more likely to be obese than a child elsewhere in England. At Year 6 (age 11): 22.6% in the North compared to 20.5% in the rest of England.

- Children in the North have a 27% chance of living in poverty compared to 20% in the rest of England.

- Children have a 58% chance of living in a local authority with above average levels of low-income families, compared to 19% in the rest of England.

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[3] https://www.youngminds.org.uk/about-us/media-centre/mental-health-statistics/

[4] Department for Work and Pensions 2020/2021

[5] https://www.n8research.org.uk/report-paints-a-stark-picture-of-inequality-for-children-growing-up-in-the-north/

- Children missed more schooling in lockdown than their peers elsewhere in England. Only 14% received four or more pieces of offline schoolwork per day, compared with 20% country-wide.

- The mental health conditions that children in the North developed during the pandemic could cost an estimated £13.2 billion in lost wages over their working lives.

- Children in the North are significantly more likely to be in care than those in the rest of England. Of the local authorities with more than 100 children per 10,000 in care, 21 of 26 are in the North.

- Pupils in the North East and Yorkshire and Humber lost 4-5 times more learning in primary maths compared to areas in the South (4.0 and 5.3 months' learning loss respectively, compared to less than a month in the South West and London).

- During the pandemic children in the North were lonelier than children in the rest of England. 23% of parents in the North reported that their child was 'often' lonely compared to 15% in the rest of the country.

- Their parents and carers were also more likely to have often been lonely during the first lockdown: 23% in the North compared to 13% in the rest of England.

- Prior to the pandemic, the North saw much larger cuts to spending on Sure Start children's centres. On average, spending was cut by £412 per eligible child in the North, compared to only £283 in the rest of England.

- More than one in five children in the North are from an ethnic minority. These children are more likely to live in a deprived area than children from an ethnic minority in the rest of England.

From the reports' key recommendations, those that are particularly pertinent to education settings are:

- We must feed our children. Introduce universal free school meals, make the Holiday Activities and Food Programme scheme permanent, and extend it to support all low-income families. Promote the provision of Healthy Start vouchers to all children under five and make current government food standards mandatory in all early years settings.

- Support educational settings to initiate earlier interventions. Teachers and early years professionals see many of the first indicators of children's risk and vulnerabilities. Prioritising strong pupil and staff relationships and collaboration with parents/carers will ensure a firm foundation for meeting children's needs, and for a return to learning.

Crime

Nationally, The Education Children and Social Care Offending Report[6] provides an analysis of children who had been cautioned or sentenced for an offence and their social care background. There are 13,552 children known to a social worker in West Yorkshire (Table 1). Here are a few key findings:

- The majority of children who had been excluded had been cautioned or sentenced for any type of offence

- 22% of children that had ever been permanently excluded were also cautioned or sentenced for a serious violence offence and 21% were cautioned or sentenced for a prolific number of offences

- 9% of persistently absent pupils had been cautioned or sentenced for an offence

- Children who had been cautioned or sentenced for an offence were more likely to be eligible for free school meals (FSM) than the all-pupil cohort, with children whose offending had been prolific having the highest proportion of children eligible for FSM

- Of children who had been cautioned or sentenced for an offence, 67% had ever had SEN support

- The most prevalent type of SEN amongst children who had been cautioned or sentenced for an offence was social, emotional and mental health (SEMH).

West Yorkshire Serious Violence Response Strategy 2022[7]

The West Yorkshire Violence Reduction Unit provide a local evidence base and framework strategy to inform service delivery across the region with all partners. Some of their findings are highlighted below.

- Engagement in full time, quality education is a strong protective factor against the risk of a young person becoming involved in serious violence. Suspensions[8] appear to be steadily rising back to pre-pandemic levels in West Yorkshire.

- Persistent disruptive behaviour continues to be the most attributed reason for both permanent and fixed-term exclusions.

- Schools are disproportionately likely to exclude children with social, emotional and mental health needs, special education needs (SEN), children eligible for free school meals (FSM), those from Black backgrounds and Gypsy Roma Traveller children.

- Numbers of children going into Elective Home Education (EHE) continues to increase in West Yorkshire.

- Social Media is continuing to develop as an important vector of violence. Due to the significant increase in time young people spend online, the pandemic has exacerbated the concerns around social media and online trauma.

- 67% of young people we consulted in West Yorkshire felt that social media can influence and lead to violence.

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[6] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1059556/Education_children_s_social_care_and_offending_descriptive_stats_FINAL.pdf

[7] https://www.westyorks-ca.gov.uk/media/7950/wy-serious-violence-response-strategy-2022-final.pdf

[8] Previously known as 'fixed term'

- Of the offenders reported for possession of an article with a blade or point, 20% were aged 15-19 years and 18% were aged 10-14 years.

- A third (32%) of under 25 knife crime offences occurred in the same locality ward area the offender resided in.

- Under 25s make up 45.5% of firearms offenders in West Yorkshire, with the most common age of firearms offenders being age 10-14.

- Youth crimes were most common on Mondays and Tuesdays and peak times were 3pm-4pm which is suggestive of violence occurring after the school day.

- 68% of youth violence offences were Section 47 Assaults (Actual Bodily Harm) and a third of offences were domestic abuse.

- 40% of personal robbery offences were against victims who were under 25.

Literature Review

The review of the literature provides an overview of trauma informed education and sets the broader context for understanding the need for trauma informed education in West Yorkshire, while highlighting the growing numbers of promising outcomes in established programs in the UK

Context

The necessity for attachment and trauma informed school programs developed after decades of research on trauma and war veterans led to the understanding that interpersonal violence, maltreatment and deprivation could impact children and young people in the much the same way as war veterans experiencing post-traumatic stress disorder (van der Kolk, 2014). The breakthrough study, Adverse Childhood Experiences, identified that nearly two thirds of adults had experienced trauma in their childhood (Felliti, et al., 1998). Further investigation into the neuroscience of attachment and trauma revealed that trauma affects brain development. The earlier, more sustained and greater the number of traumatic experiences that create, what is referred to as, complex trauma, the more pervasive it is, affecting all areas of a person's life (Anda et al., 2006). Therefore, a more holistic understanding developed of how physical, social, emotional, cognitive, relational trauma and deprivation affects children and adolescents, not only in their school experience but across their lifespan (Felliti, et al., 1998, Anda et al., 2006, van der Kolk, 2014). Vulnerable children and young people with adverse childhood experiences are at higher risk for school exclusion, substance misuse, unemployment, homelessness and incarceration (Sebba, et al., 2015; Cole, et al., 2019; Timpson, 2019).

From a cognitive and emotional perspective, neurobiological studies point to changes in the neural development of children and young people who have been exposed to early life stress impacting learning abilities related to IQ, attention, working memory, verbal ability and comprehension, but also relational abilities impacted by challenges in emotion recognition, impulsivity and suppression of inappropriate actions (Hart & Rubia, 2012; Teicher, et al., 2016). Trauma-informed programs in schools educate school staff about the neurobiology of trauma to help them better understand why pupils have challenges in learning and why their responses to adverse situations in the classroom may appear, at times, impulsive, disruptive or inappropriate. It shifts their thinking from "What is wrong with you?" to "What happened to you and how can I help you?" (Perry & Winfrey, 2021; Treisman, 2018). Exchanging school sanctions with emotion coaching techniques and restorative justice approaches are just a few of the methods used in trauma informed practices to de-escalate conflict, avoid the re-traumatisation of children and young people and improve communication with adults to build an emotionally safe and positive school climate (Rose et al, 2019).

From a social and relational perspective, children and young people with unstable caregiving from birth may experience attachment difficulties, particularly in the case of neglect or abuse (Ainsworth & Bell, 1970) that disrupts the development of secure primary carer attunement (Winnecot, 1960) and attachment (Bowlby, 1958). This can create a lack of trust and insecure or avoidant relationships with significant others later in life, such as with teachers and peers (Fraley, et al., 2013). Trauma-informed programs aim to raise awareness about the role of attachment disruption and reparation on student-teacher relationships and the need to build compassionate, nurturing relationships to repair trust in a climate of acceptance, belonging and care.

Trauma Informed Frameworks

Trauma-informed frameworks embed six core principles that value and nurture transformative relationships with young people without re-traumatising from the Substance Abuse and Mental Health Services Administration, (SAMHSA, 2014

They emphasise:

1. Safety

2. Trustworthiness and transparency

3. Peer support

4. Collaboration and mutuality

5. Empowerment - voice and choice

6. Cultural, historical and gender issues.

For a school program to be effective, it must include the four R's (Harris & Fallot, 2001) and embed principles within an organisation's culture as a whole school programme (SAMHSA, 2014).

Box 1. Descriptions of the four R's from SAMHSA (2014)

1. **Realises** the widespread impact of trauma and understands potential paths for recovery

2. **Recognises** the signs and symptoms of trauma in children, families, staff, and others involved with the system.

3. **Responds** by fully integrating knowledge about trauma into policies, procedures, and practises

4. **Resists** re-traumatisation

Programs must also align with the needs of the specific community and integrate cultural humility, inclusiveness, and responsiveness by acknowledging historical and cultural trauma, oppression, social injustice, intersections of identity, and intergenerational trauma (Treisman, 2021; NCTSN, 2021). Particular attention is paid to language which takes on a counselling approach in an effort to avoid labels, offences, mis-intentions and conflict that re-traumatises.

The process of transforming a school environment to be truly trauma-informed takes training, time and commitment, as it is not a linear process. Transitioning to a trauma-informed approach has been likened to the flow of a river; it may not always be linear but it will embrace and smooth out the daily bumps that are encountered along the way (Treisman, 2021).

Trauma-informed approaches in schools have been found to benefit all children and young people, regardless of their level of vulnerability while also benefiting teachers and schools, by having appropriate tools for more effective classroom management which can reduce stress levels and burnout (Berger & Martin, 2021). Developing

a more compassionate school climate benefits all, including the adults as, they too, may have their own personal experience with trauma. A compassionate environment that replaces exclusions and sanctions with restorative practices improves the competency of the school to deliver stronger educational outcomes (Cherry, 2021).

As such, embedding trauma informed and responsive practices begins with training schools, teachers, administrators and staff on a whole school level. This starts with workshops on the neurobiology of attachment and trauma and identifying signs and behaviours that potentially reflect a history of trauma in student backgrounds. In doing this, key stakeholders can become "trauma sensitive". This includes understanding the "acting out cycle" and deciphering between fight, flight, and freeze responses when students perceive a threat to their safety (Thomas, et al., 2021). Secondly, it requires a multilevel collaborative effort to become "trauma aware" by aligning trauma-informed principles with tangible actions that can affect change in the process of co-production with whole school staff and trainers (Cherry, 2021). Third, applying new policies, procedures and practices across a school organisation is the start of a "trauma responsive" process that will need reflexivity, evaluation and fine-tuning.

Evidence Base

The National Institute for Health and Care Excellence (NICE, 2015) supports incorporating attachment and trauma-informed programs on a whole school level, training administrators, teachers and staff to better respond to the socio-emotional, behavioural, and academic challenges faced by children and young people. In England, one in six children and young people has reported having mental health issues (NHS England, 2020) indicating the need for more targeted support of all children. Schools and Further Education FE colleges have been instructed[9] to act independently and implement their own trauma-informed and or mental health support programs for students in colleges and schools (Cortina, Linehan and Sheppard, 2021). Universities provide mental health support and services to students, however, few have adapted to trauma-informed policies.

As trauma-informed school programs are in their infancy in the UK and other parts of the world, more empirical research is sought to identify strengths and challenges of these programs and grow the evidence base. However, upon a review of research on the effectiveness of trauma-informed school programs in the UK, evidence suggests that the key areas of improvements in the early stages experienced by schools, and discussed in more detail below are:
- a greater understanding of challenges faced by pupils
- improved pupil learning and emotional well-being
- greater confidence and ability to address young people's adverse behaviours
- reduced exclusions
- effective program implementation within a whole school approach and committed leadership.

[9] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1021914/KCSIE_2021_September_guidance.pdf

More specifically, evaluations of the following school programs in the UK appear promising. These studies are not all inclusive but, rather represent a sample of empirical research studies examining the impact of trauma informed approaches on both student and school outcomes:

A preliminary evaluation of 300 schools participating in the Alex Timpson Attachment and Trauma Programme, showed that teachers were more effective in supporting vulnerable young people through emotional coaching and restorative practices because teachers understood student behaviour from an attachment, trauma and biopsychological perspective (Harrison, 2021). More than a third of the schools reported that *"the training had a positive impact on vulnerable children's engagement (97.4%), learning (92.0%), attainment (78.6%) and attendance (71.5%), as well as reducing the use of sanctions (81.2%)" (Working Paper 5, 2022).*[10]

- A study in Wales that evaluated the impact of attachment awareness training on 64 educators in 4 pupil referral units, found that teachers felt more confident, aware and skilled to work with vulnerable youth with improved communication (Greenhalgh et al., 2020).

- An attachment aware schools program involving 77 schools in Derbyshire County over the preceding five years found a positive shift in the school ethos, improved pedagogical practices and outcomes in learning and students' emotional well-being (Kelly, Watt & Giddens, 2020).

- The Attachment Aware Schools (AAS) project involving 40 schools, in two different Local Authorities within the UK found that students improved academically in reading, writing and maths. Behaviourally, less students were excluded or faced negative repercussions. Educators and staff reported a greater ability to manage their own emotions and more confidence in addressing the emotions of students as a result of Emotion Coaching training (Rose et al., 2019).

- An evaluation of the Leicestershire Virtual School's Attachment Aware Schools Programme which trained staff in 24 schools on attachment and trauma and emotion coaching found that senior leader commitment and support were vital to implementing a whole school approach and aligning school principles throughout administration, teachers and staff. Preliminary findings pointed to improved teacher-student relationships and student well- being as a result of enhanced confidence, knowledge, skills and attitudes when engaging with vulnerable young people (Fancourt and Sebba, 2018).

This review of literature substantiates the importance of developing trauma-informed educational settings because the outcomes are promising and possible. This is against the backdrop of a rising number of children coming into care, the impact of a global pandemic, the rise of children living in poverty and more mental health and well-being distress shown in children and young people.

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[10] http://www.education.ox.ac.uk/wp-content/uploads/2019/05/Timpson-working-paper-5.pdf

Methodology

This multi-methods qualitative research design incorporated an open ended-survey and a 30-minute semi-structured interview. Both methods were designed to identify barriers and opportunities found during the implementation of trauma-informed programmes in education settings in West Yorkshire.

A purposive sample was recruited and educators from schools, FE colleges and universities within the five districts in West Yorkshire: Bradford, Calderdale, Kirklees, Leeds and Wakefield. An email invitation was sent to the target sample by the West Yorkshire Health and Care Partnership, members of the West Yorkshire H&C Partnership Education Stream and the WY Violence Reduction Unit. A formal email invitation was also sent to Virtual School Heads inviting them to participate in a 30 minute, online, semi-structured interview. The spotlight schools were identified by the Virtual School Heads and they made a direct introduction between us. From the 5 districts, 3 Virtual Schools provided an introduction to a spotlight school and all 3 schools agreed. One Further Education College, identified in the Education Stream, was approached but they did not respond to the request to take part in the research.

After recruitment, 9 interviews were completed in total. 5 Virtual School interviews, one from each district, were conducted, either individually, paired or in small groups. There were a further 3 interviews completed with spotlight schools that were identified by the Virtual School Head as examples of good practice and 1 interview with the Pilot Study School.

The survey received 38 responses from 16 primary schools, 9 secondary schools, 1 alternative provision school, 2 SEMH/SEN educational settings, 3 Further Education Colleges and 5 universities. In addition, 9 settings responded who described themselves as 'other.' The numbers of settings who took part add up to forty five. The discrepancy in responses and settings could be accounted for by more than one person from a setting that took part in the survey.

Informed consent was obtained from all participants prior to data collection on the survey and also prior to the interviews being recorded.

An inductive thematic analysis was used. Transcripts of interviews were read and coded to identify ideas and themes, then the individual codes from the interviews were brought together in an excel table and condensed to identify overarching themes from the codes.

Findings

Findings from the survey and all interviews show that there are a range of experiences and outcomes amongst educational institutions in Wakefield, Leeds, Calderdale, Bradford and Kirklees. The majority of survey respondents (73.7%) represented trauma-informed educational settings with as much as three years or as little as 0-6 months of experience of program implementation. A little more than a quarter of respondents (26.3%) did not have trauma-informed approaches in their educational setting.

Education settings were trained in a variety of approaches ranging from learning about Adverse Childhood Experiences, attachment, trauma and resilience, to building skills in Restorative Practices, Emotion Coaching, trauma responsive, trauma sensitive and trauma informed models. This training was delivered from a range of providers including educational psychologists, Virtual Schools, adoption charities and other agencies external to schools. Length of training ranged from stand-alone sessions varying between half a day to a day long, and then programmes of training with multiple sessions delivered throughout an academic year.

When asked the question in the survey, 'what has changed in your setting since having the training' and offered the choices of answer laid out below, the most significant changes on trauma informed trained educators were:

- a better understanding of the impact of trauma and adversity (84%)

- relationships that felt supportive for all those in the setting (84%)

- a better understanding of the impact of distress on adults and providing support eg. Supervision (64%)

- a better understanding of child development (60%)

- better mechanisms in place to reduce students' psychological distress and physiological arousal (53%)

- peer support (52%)

- voice, choice and empowerment for all members of community (32%)

- centralising co-regulation (28%)

- centralising safety (16%).

Respondents were asked about changes they perceived for pupils that had occurred since their training. They reported:

- greater emotional management (65.4%)

- better communication (61%)

- improved pupil-staff (57.7%) and peer (34.6%) relationships

- reduced exclusions (30.8%)

- improved attendance (26.9%).

There were those who reported no improvements for pupils, however respondents who observed no improvements (23%) reported being involved in a trauma-informed programme for less than 6 months.

There was a general agreement that more consistent tracking of impact measures were needed in schools, warranting an area for improvement. This highlights that having the time to build a research strategy to measure the impact requires more capacity and/or external researchers and some expertise on how to collect the data.

Implementation barriers

Interview and survey respondents reported, on open-ended questions, that key barriers to effective implementation of trauma informed practices included allocation of time and resources; staff expertise and mindset; risk management; lack of commitment from leadership and a dissonance between the new practice and the current school policies, (e.g. the behaviour sanction policy).

A significant issue that was raised was leadership buy-in, reflecting a preference for behavioural over empathetic approaches and concern about the ability of staff to curb negative student behaviours if a relationship policy, or approach, replaced the behaviour policy.

" *For trauma informed approaches to work there has to be strong leadership.*"

" *What has helped is there's been a shared understanding and that's really supported a leadership vision.*"

" *The personalised approach sits within DFE guidance …which means ensuring that behaviour management policies aren't discriminatory and moving towards having a relationship policy.*"

Other reported barriers include the potential for there to be frequent staff turnover which respondents felt could affect the consistency of levels of competency, knowledge and skills in the implementation of trauma-informed processes in schools. Capacity for managing one's own emotions was a staff issue that was raised with respect to meeting the emotional needs of students, but also their own. Language also was a significant barrier to the progress and well-being of students. The need to shift from labelling and pathologising trauma to speaking with empathetic positive

regard, to students, about students, was stressed as a difficult adjustment by some staff. Last, the ability to effectively support young people to manage community issues impacting their lives was a concern among education staff; a combination of a lack of training and community based issues being big and complex left them feeling ill-equipped. Educating parents/carers on trauma informed approaches to improve communication and align positive discipline strategies across home and school also was a barrier that was raised.

" *We need to be understanding of the experiences that the parents may bring into the schools and sort of the interactions that they have.*"

" *We've had to work really, really hard (with parents) to explain that their children are communicating a need and we need to meet that need.*"

" *We've had parents view our approach as rewarding bad behaviour by giving them a treat or so and so we've had to work really hard on that.*"

While for some institutions there were fewer barriers to implementing trauma-informed practice, balancing the needs of the program with the current government policy (e.g. behavioural methods, national curriculum implementation) was perceived as a competing priority.

" *No barriers to becoming aware and informed but barriers to implementing in that current external and government policy drives an alternative approach.*"

" *We're driven by the performance tables, by Ofsted results and constrained by funding and the way in which we're funded, we're constrained by statutory guidance and having to jump through certain hoops.*"

> *" The curriculum doesn't let us respond. So when the children are coming in with trauma of any level, we restore and reset but unfortunately, the curriculum doesn't allow that because we still have to move through it."*

Therefore, what does it mean to be a trauma informed school in West Yorkshire? Respondents suggest that it comes down to knowledge and actions to create informed practice which can be thought as Knowing to Doing as highlighted in Box 2 below:

KNOWING Understanding…	DOING Changing…
• The impact of early relational adversity • The neurobiology of relational impact • The lived experiences of the children and the ongoing impact in their lives • How the school experience can potentially traumatise and re-traumatise young people • How language impacts children • The impact of how trauma limitations are addressed in school • That there are environmental adjustments required to support the education and development of children holistically • That a few twilight training sessions does not make a school trauma informed	• Creating an aspirational system vs maintaining a system of disadvantage • Ensuring that every school is a safe space for connection and emotional expression • Focusing on long-term resilience and recovery • Using diverse strategies to address individual needs of students • Shifting the language of labels to one of compassion and positive regard • Empowering educators to meet the needs of every child • Promoting staff wellbeing • Investing in consistent training of staff • Investing in adult supervision (not counsellors) or coaching models, for all staff • Investing in whole school approaches

Table 2. From Knowing to Doing

Pilot Study

Outwood Academy Hemsworth

Established as a new school in 2018, from its predecessor school, Outwood Academy Hemsworth (OAH) in Wakefield still experienced a high exclusion rate and had concerns around attendance. In 2021 the West Yorkshire Violence Reduction Unit identified OAH as suitable for a pilot intervention that injected funding and support to focus on the reduction of exclusions and increased attendance.

Accessing the funding from the Violence Reduction Unit has enabled the implementation of the highly successful "Innovation Project" from the end of November through 31st March 2022.

It is important for the purposes of the report that there is a distinction between the improvements made since 2018 and the specific improvements achieved during the 6 month pilot.

Background

Following the closure of Wakefield City Academy Trust, Outwood Grange Academies Trust took over Hemsworth Arts and Community College in 2018, which became Outwood Academy Hemsworth. Since then, the leadership team has worked relentlessly to change the culture and implement a positive behaviour ethos of high standards.

At the time the school was taken over the results were below the national average for attendance with 52% of pupils persistently absent. The school described the predecessor school as "having poor behaviour" which was "due to the lack of consistency and effective routines." The Principal and Vice Principal go on to describe how "poor academic performance was compounded by a negative learning culture and extremely poor behaviour in the school, poorly maintained and unsafe estates and financial challenges that were not being addressed. Staff morale and expectations were low."

OAH 2018 – 2021

Outwood Academy Hemsworth is an 11-18 comprehensive Academy with.

- 1089 students currently on roll

- 36% of the student population are in receipt of Pupil Premium[11] (PP) catch-up funding, a figure which is above the national average

- The local area falls within the top 1% of most deprived localities in the country, with years of high unemployment rates and high rates of households experiencing poverty

- Although the quantity of exclusions remains high, the number has reduced significantly since 2018.

Improving the attendance of students has remained a significant priority for all staff over the past few years. During the last academic year, each staff member had a performance management target linked to improving attendance to ensure significant impact in this area. Despite the ongoing global pandemic which has affected nearly two years of schooling to date,

- overall attendance has increased by around 6% compared to the overall percentage 3 years ago

- there has been a dramatic 30% reduction in the number of students who are persistently absent from school (non- Covid-related)

- attendance figures are now significantly above Local Authority's averages.

The Innovation Project

The project worked spent around 3months recruiting the right people to take the project forward dealing with all the challenges that short term recruitment strategies bring such as time taken to recruit and retention on a short term contract. Several interventions and activities were put in place including an Innovation Teacher, a dedicated Educational Psychologist for 2 days per week, iSpace counselling service, a therapy dog, a number of motivational speakers, on site boxing coaching, a leadership project for girls, and Careers Inc.

Part of the scope of this Research Insight has been to evaluate any impact observed after 6 months and also to see whether the model used in OAH is transferable.

Exclusions have further reduced during the 6 month pilot as outlined below:

- There has been a 5% reduction in the number of students in receipt of fixed term exclusions for Autumn Term this academic year when compared to the same term in 2020

- There has been an increase in the number of praise points awarded during Autumn Term compared to the previous year, with 17% more points being awarded.

Much of the success of these outcomes are attributed to the diligence of the school leadership, teachers and staff to address the challenges of young people within a methodical and consistent, whole school trauma-informed approach, targeted pupil interventions and positive school climate ethos.

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[10] Pupil premium is funding to improve education outcomes for disadvantaged pupils in schools in England.

The Assistant Principal (Attendance and Exclusions) created the Innovation Project Tracker to support with evidencing the impact of the project that involved more than 36 meetings between school leadership, teachers and external organisations to implement a vibrant program consisting of more than 17 diverse intermittent and regular interventions with external organisations targeting a range of themes affecting young people, including daily teacher intervention classes that build social-emotional, coping, resilience and personal development skills for pupils.

Despite irregularities brought on by covid measures, results have been impressive. Between September 2018 -March 2022:

- the % of students receiving an exclusion per week dropped from a high of nearly 15% for young people with SEN needs to just 4.6%; including 8.74% of PP students whose exclusions dropped to 3.88%.

- The weekly average exclusions have been reduced by 57% this year compared to 2018-2019.

This confounds the pre-pilot and pilot intervention timeframe and figures were not provided in these statistics to enable a distinction between the two periods.

Methodology

All of the information gathered for the pilot study was taken from the school's own data collection tool that had been created by a staff member. This staff member was allocated one day per week to design the data collection tool which collected a broad range of information such as which young person had attended which intervention, their response to the intervention, cross referenced their engagement with the activities and with suspensions and attendance.

Student Self Evaluation

Pre and post intervention surveys completed by school staff showed that students had up to 3% gains after following the Intervention Lessons in knowledge and understanding of what encourages them to attend school, de-escalate conflict, what significant life events are impacting their lives, and the causes, awareness and responses to Risky Behaviours.

What else did the students say to the Innovation Teacher?

- 100% of students said in a survey that they felt like the project staff, that is all those working specifically on the project, cared about them and their future

- 62.5% of said that their confidence had improved since taking part in the project

- 69% said that their mental health had improved since taking part in the project.

Moving Forward

In an interview with Vice Principal and Designated Safeguarding Lead (DSL) it was stated that "inclusion is key to the school effectiveness, providing inclusive practices for students but also making sure that the new staff joining the team are aware of trauma informed practices and how that works." Their strength in this area earned them the 'Inclusion Quality Mark', the acknowledgment that, even though their exclusion rates were higher than the national average and also the highest in the local authority, their inclusive practices are making a difference. A recent visit by Ofsted also revealed the same; there were no concerns raised about student behaviours or inclusions.

The Vice Principle and DSL attributes the success of the turnaround of the school to the strong commitment of the teachers and staff and the time, money and effort that has been placed in improving student outcomes. This was possible due to well-invested funding that allowed the school to bring in targeted interventions for young people in need.

The central aims at Outwood Grange Academies Trust are to "raise standards and transform lives."

- Making interventions accessible to young people who would not have had the opportunity otherwise

- Increased awareness, commitment and focus on Trauma- Informed practice and de-escalation

- Whole school commitment to the project (leadership, pastoral, business and finance teams)

- Data evidence and voice evidence to demonstrate success.

Recommendations

- There needs to be the opportunity to strategically implement, evaluate and embed staffing, recruitment and data collection processes

- Staff need to continue to be upskilled and practices embedded on Trauma Informed Practice and de-escalation

- More time is required for strategic implementation and evaluation

- Refining and improving the pilot to enable there to be more information about it, to have time to continue to identify young people who would benefit most from the project, source more interventions and continue with the interventions that have demonstrated success and monitor impact)

- Further develop the schemes of work to reflect the key priorities across the school community, for example the work that has been done and continues to do on inclusion.

Conclusion

Against the backdrop of the ongoing implications and complications of managing Covid within education settings, including staff absences reaching over 26% during January 2022, much has been achieved within the Innovation Project. Recruiting and embedding new staff, sourcing and managing new interventions and the creation of an effective measuring tool, have commenced with some areas now fully embedded. It is vital that this foundation is built upon to continue the reduction in exclusions and absences which are two main goals of the project. By building on this initial work with such a driven workforce, sustainability and long term positive outcomes for the children and young people, the school and therefore the community, are achievable.

The data collection created, completed and disseminated by the school, has enabled a thorough review of the positive outcomes achieved in such a short time frame. Because of this, the 'Innovation Project' has received further funding to sustain the program until the end of the school year.

Spotlight Schools

There are many schools working in ways that can be described as 'trauma informed' and highlighting spotlight schools from 3 of the 5 district areas demonstrates the different ways their integrated approach to trauma informed practices has improved student and staff well-being.

A. Spen Valley High, Kirkless

B. Carr Manor Community, School Leeds

C. Girlington Primary School, Bradford

The immense knowledge and experience from the "brave leadership" of spotlight schools and participants of this study highlights opportunities for change to benefit new schools.

Good Practice Case Study KIRKLEES

Spen Valley High School

This school serves the areas of Liversedge and Heckmondwike in West Yorkshire; it is an eight-form, co-educational school, which caters to students between the ages of 11 to 16 with 950 students on roll.

Almost 12% of the student intake is from minority ethnic groups (11% of families originate from Pakistan). There are 29% of students are entitled to support through the Pupil Premium and 27% are currently eligible for free school meals.

The Head teacher at Spen Valley describes how her staff have a good understanding about the signs of trauma that pupils might display, explaining that trauma issues can manifest in different ways from pupils being more withdrawn, or expressing more anger. She also describes the different ways pupils might communicate, sometimes by directly talking to a key adult, or in less direct ways through their behaviour. Children feel more comfortable talking to the staff in school, but Covid has been a hinderance to this.

What are the signs of the symptoms that you notice in your children and young people's interactions that would indicate to you that there has been or is ongoing trauma?

- Dysregulation

- Withdrawn, lack of eye contact

- Sad or angry

- A lot of our children talk to us now and tell us what is happening to them (COVID made this more challenging)

- We see it in their behaviours

- We see it in the way they talk to us

- We see it in the way they act.

- A lot of children that just look sad

- Poor attendance

- Anxious to come to school

- Come to school late

- Maybe struggling to find a uniform because of a chaotic home environment where they can't find it and then maybe dealing with siblings, etc. in the morning

- Tiredness.

What are some of the barriers that you have experienced or anticipate experiencing or areas that continue to be the barriers for you?

- Ensuring there is enough time for continuous training .

- Training can't create a buy-in to the approach from everyone. For example, some staff think that it is the soft option. It's far from being the soft option.

- COVID is something that's been a barrier and I don't think we can underplay that as it challenged our relationship building and our approach is all about relationships.

- COVID has also hindered children's ability to develop social skills and develop social interaction.

What are the opportunities, the Trauma Informed Approaches, that support better outcomes for your children and young people?

- Holistic approach across the school.

- Looking at our behaviour systems. The behaviour policy has to be absolutely underpinning everything and we have gradually moved to a restorative approach and this year, we have implemented our relationship policy which we're really proud of.

- Undertaking a curriculum review; making sure it's aspirational, and it's well delivered.

- Teachers understanding what an attachment secure classroom looks like.

- Focusing on keeping children in rather than sending them out.

- Facilities for young people to be able to use if they need to because they've become dysregulated (eg. our personalised learning provision). It's not one place, but there are spaces around the school.

- We have a well-being centre where we have a counsellor and have different rooms where children can go for different therapies.

- We have a sensory room.

- We have therapy dogs.

- Personalised learning provision and monitoring.

- Support for the parents and also educating parents around trauma informed understanding.

- Developing emotion coaching.

What three things work really well in trauma informed approaches?

1. Our Relationship Policy.

2. High quality and ongoing staff training.

3. Aspirational and accessible curriculum that is well taught.

What three things have not worked so well?

1. We don't always have the capacity to have the high quality reflection time which has arisen due to the impact of Covid absences .

2. We have been unable to completely cease the use of suspensions.

3. Investing in relationships can cause challenges with the ongoing staff absences due to covid**.**

Good Practice Case Study LEEDS

Carr Manor Community School

This school serves the areas of North East Leeds in West Yorkshire; it has a 2 form entry in the Primary Phase and 8 form entry in the Secondary Phase. It is a co-educational through school with pupils aged 4 to 19. There are 1479 students on roll.

The catchment area is diverse. Following the index for social deprivation 37% of children at Carr Manor are living in the 10% most deprived postcodes in England. 57% of children at Carr Manor live in the 30% most deprived postcodes in England.

66.19% of the student intake is from minority ethnic groups. There are 70 different first languages spoken. Just over 30% of pupils are entitled to support through the Pupil Premium and 29.55% are currently eligible for free school meals.

Carr Manor has been on this journey since 2005 and it shows. Trauma Informed frameworks are embedded in every aspect of school life coupled with continuous reflection to ensure that good practice remains a constant presence and a daily commitment to place relationships at the core of everything.

What are the signs of the symptoms that you notice in your children and young people's interactions that would indicate to you that there has been or is ongoing trauma?

- Daily presentation and as well as their presentation within interactions.

- Whether they become very withdrawn, whether their emotional regulation is inconsistent or irregular and different variations of this.

We commit considerable resource to building, maintaining and repairing relationships. This means there are processes in place and responding to presentations is embedded in all that we do.

- At the beginning the relationships that we create with our children helps us build trust.

- We keep strong boundaries for example around timekeeping and transitions.

- This also helps with attendance.

- We do a lot of work around what we call our learning line, this is about making sure you get the scaffolding right. You begin with knowing the children well and move through building knowledge, developing understanding toward transfer. This increases pupil confidence and ensures pupils have the right support for their learning and the right time.

- One of the first core values of the school since 2005 is to know our children well, and that knowing the children well means that we would look out for a whole range of different factors that might illustrate current or previous trauma. We do this through what we call our learning line, which is about making sure you get the scaffolding right.

- We're really good at getting to know the children well and then communicating what we know effectively in the team, so that people are all aware of what strategies will be most appropriate for the child.

What are some of the barriers that you have experienced or anticipate experiencing or areas that continue to be the barriers for you?

- The curriculum

- Community pressure

- Ongoing induction of new staff to maintain understanding and embodiment of our approach.

What are the opportunities, the Trauma Informed Approaches, that support better outcomes for your children and young people?

- Commitment to knowing people well

- Self awareness

- Creating space for staff reflection

- Staff circles

- Coaching circles for children: check-in/check-up/check-out

- Supervision

- Low arousal approach in school/de-escalation

- Prevention approach that focuses on working upstream

- Set the conditions for people to continue to grow.

What three things that work really well in trauma informed approaches?

1. Our core value is knowing the children well because it's in-built

2. Staff open, taking time to know each other

3. Highly trained staff who can support staff in understanding. There are several key staff whose knowledge and understanding of trauma informed practice has greater depth and breadth. They support others with ongoing CPD.

What three things have not worked so well?

1. Being a school, having the pressures of political and curriculum drivers.

2. An ever-changing wider community. We can't change what's outside school gates, with the cultural makeup, the financial challenges families face. This is coming in all the time. That's always going to impact.

3. Making sure that everybody is on the same page at the same time. We do this well, but there's always going to be new staff who need to be inducted so that the overall approach remains coherent without commitment to relational / trauma-informed working.

Good Practice Case Study BRADFORD

Girlington Primary School

This school serves the areas of Girlington, Bradford in West Yorkshire; it is a 2 Form Entry, co-educational school, which caters for students between the ranges of 2 to 11 with 500 students on roll. The catchment area is a challenging inner city ward with high levels of deprivation indicators.

97% of the student intake is from minority ethnic groups with 86% from a Pakistani background. 87% of our pupils have English as an additional language

29% of students are entitled to support through the Pupil Premium and 28% are currently eligible for free school meals.

What are the signs of the symptoms that you notice in your children and young people's interactions that would indicate to you that there has been or is ongoing trauma?

I started writing a little list for this and found it really difficult because it's so varied, and there are so many. And I think the real key things and the really obvious size when we've got children are really hyper vigilant that are really needing adult attention and adult time. And that might go into crisis sometimes or the opposite, where they become very withdrawn, very quiet, but the list could go on and on and on and on.

What are some of the barriers that you have experienced or anticipate experiencing or areas that continue to be the barriers for you?

- Budget and time constraints

- Staff expertise

- Availability of staff

- Staff moving on right in the middle of getting going with something so you are having to start again with building those relationships and also with training

- Some around parents and carers that we have to work with to get on board with it. Some are absolutely brilliant and work really well. It can be quite difficult until we work together and they understand what we're doing and what we're trying to achieve.

What are the opportunities, the Trauma Informed Approaches, that support better outcomes for your children and young people?

- We allocate key adults and always start with meeting parents and carers which highlights any traumas or losses that the child has faced and we share that with the staff that are working directly with that child.

- We do regular check-ins; 'meet and greet' and then an 'end and send' It depends on the child how many check-ins they have during the day or of the week.

- We use the PACE[12] approach which is the work of Dan Hughes. PACE means playfulness, acceptance, curiosity and empathy.

- We are thoughtful about the language that we use.

[12] https://ddpnetwork.org/about-ddp/meant-pace/

- We are consistent as much as we can and try to keep routines the same as much as we possibly can.

- We use 'Kim's Flowers'[13] (designed by Kim Golding) to identify attachment profiles.

- We really carefully think about transition points, whether it's just general transition coming into school, going to lunch, or bigger transitions, moving to new groups or moving schools.

- We have calm boxes. There are calm spaces, depending on the child.

- We use some theraplay approaches in terms of helping children feel safe.

- We focus on getting to know the children as much as possible including doing a series of home visits.

- We do lots of learning about the children individually.

- We will still do check-ins with them during school holidays.

- We will schedule a postcard and photo to go home in the middle of the holidays and a phone call and then a home visit.

What are three things that work really well in trauma informed approaches?

1. Really careful thinking about transition points, whether it's just general transition coming into school, going to lunch, or bigger transitions, moving to new groups or moving schools.

2. Embedding evidence-based approaches such as PACE and Kim's Flowers.

3. Using calm boxes and calm spaces.

What three things have not worked so well?

1. It can be a challenge when staff move on right in the middle of getting going with something which means starting again with building those relationships and also with training.

2. Budget and time constraints.

3. We continually work on training our staff striving for staff expertise for whole school staff

[13] https://kimsgolding.co.uk/about/

Barriers and Opportunities

The data collected from the interviews and the survey, alongside the findings from the Pilot Study and the Spotlight Schools, highlight barriers and opportunities that can support thinking about Trauma Informed Education settings and what might be needed to commence and/or continue that journey.

Barriers

As seen in Figure 1, barriers are viewed within an inverted pyramid, challenges to sustain a trauma-informed model are due to factors impacting effective implementation and sustainability. The data collected in this research points to top levels of leadership with a behaviourist mindset, and who are resistant to embed relational policies, ultimately prevent change from occurring. However, it is important to contextualise this in external pressures, curriculum and funding to support thinking around how this barrier can be overcome if becoming a trauma informed setting is desired.
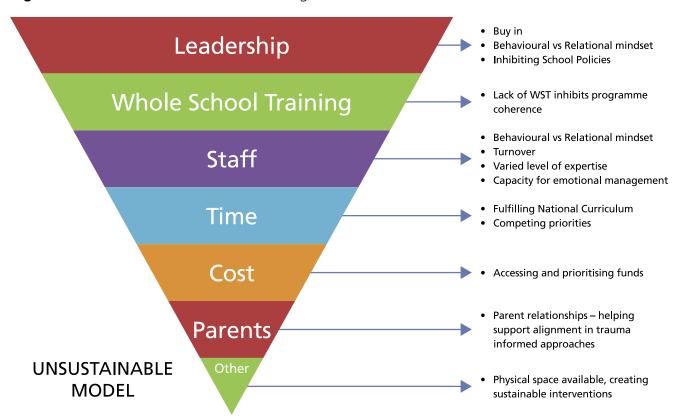
When a whole school approach is not supported, an environment of safety, security and trust is compromised, creating inconsistencies in how adults relate to students. Staff in schools are the primary facilitators of trauma-informed practice in the day-to-day. If they lack effective training, and ongoing support and supervision, then managing the emotional climate that arises within daily interactions with trauma experienced pupils can increase the risk of burnout. Staff turnover, staff sickness and difficulties in recruiting new staff, interferes with the alignment of trauma informed staff competencies and requires continual training of new

staff. Some amount of staff turnover is inevitable so contingency plans should be in place to plan for sustainability whereby every new member of staff might complete an induction session specifically about the trauma-informed approaches in place at the school, or even included in the recruitment exercise.[14]

The allocation and prioritisation of time and resources is a common barrier to schools who are often stretched to meet the requirement of the national curriculum and other government policies. An unsustainable trauma informed model in the school environment makes it more difficult to align parental practices with trauma-informed school practices. Last, the limitations schools have over physical space resources can make it difficult to allocate areas for pupil self-regulation. Access to these interventions can be barriers, although these are not such determining factors to a successful program, as Leadership and staff buy-in and commitment. For example, these last few barriers highlighted are not necessarily make-or-break for programmes, but just helpful if they are there. However, leadership buy-in and demonstrable commitment is really a crucial factor.

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[14] http://www.education.ox.ac.uk/wp-content/uploads/2019/05/Timpson-working-paper-4.pdf

Figure 1: Unsustainable Model for Change

An inverted triangle (funnel) representing the UNSUSTAINABLE MODEL, with levels from top to bottom:

- **Leadership**
  - Buy in
  - Behavioural vs Relational mindset
  - Inhibiting School Policies
- **Whole School Training**
  - Lack of WST inhibits programme coherence
- **Staff**
  - Behavioural vs Relational mindset
  - Turnover
  - Varied level of expertise
  - Capacity for emotional management
- **Time**
  - Fulfilling National Curriculum
  - Competing priorities
- **Cost**
  - Accessing and prioritising funds
- **Parents**
  - Parent relationships – helping support alignment in trauma informed approaches
- **Other**
  - Physical space available, creating sustainable interventions
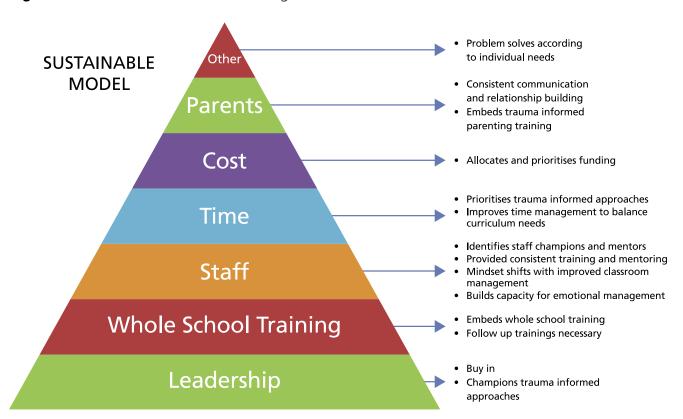
UNSUSTAINABLE MODEL

Opportunities

Figure 2 points to a sustainable model of trauma informed education. The most significant step is developing and building with a strong sense of leadership buy-in. These leaders will champion a whole school relational approach and allocate the time and resources needed for a sustainable program. This includes training for staff, identifying staff mentors to provide supervision to new staff, and follow up training to cultivate staff skills and competencies over time. The more competent and confident staff grow in facilitating the process, the greater the likelihood that pupil-staff relationships will improve as well, as observed by experienced practitioners. These include being clear on expectations, adapting language and experiencing improved communication and emotional management.

Mindset shifts occur for all those working with the evidence, making it important to track the progress of the program and measure meaningful outcomes. Coherency across all levels, improves the likelihood that parents/carers can be better trained in trauma-informed practices, as they too adjust to school practices and expectations in time, thus strengthening and aligning efforts in both school and home. While there will always be diverse and individualised needs that must be met, a strong program enables more effective problem solving on an individual level.

Figure 2: Sustainable Model for Change

SUSTAINABLE MODEL

- Other
  - Problem solves according to individual needs
- Parents
  - Consistent communication and relationship building
  - Embeds trauma informed parenting training
- Cost
  - Allocates and prioritises funding
- Time
  - Prioritises trauma informed approaches
  - Improves time management to balance curriculum needs
- Staff
  - Identifies staff champions and mentors
  - Provided consistent training and mentoring
  - Mindset shifts with improved classroom management
  - Builds capacity for emotional management
- Whole School Training
  - Embeds whole school training
  - Follow up trainings necessary
- Leadership
  - Buy in
  - Champions trauma informed approaches

Discussion

The study found that there are a range of experiences and outcomes amongst educational institutions in Wakefield, Leeds, Calderdale, Bradford and Kirklees, who support 4280 children in care and 13,522 children who have a social worker. The findings were clear that the greater the length of time running trauma-informed programs, the greater the outcomes, particularly to teacher/staff skills and competencies and the capacity to adapt to new behaviours, within clearly defined relational policies. Improved communication and the emotional management of students and staff was related to adequate training, time and experience applying relational and restorative practices within a language of empathetic positive regard.

The strongest programs were top-driven with committed leadership that prioritised trauma informed approaches, training and access to diverse and specialised training for staff. While all schools were challenged balancing the needs of the national curriculum and policies with the needs of transitioning to trauma informed, relational practices and policies, successful programs were stronger at time management and utilising available local authority and external resources. Time and funding, therefore, were not deterrents, but rather barriers to manage. Whole school approaches created the cohesion and alignment of practices and expectations, strengthening adult-student relationships, which is key to developing trust.

While this study did not explicitly collect student data, spotlight schools and our Pilot School have done some work on measuring the pupils experience and collecting their views about school changes, and they reported to us that well-being had improved among their students. The school staff believed that this was as a result of the relational policies that improved adult-student relations, and personal development interventions that strengthened student capacity for self-awareness and self-management. The impact of trauma informed approaches on student well-being also showed some level of improvement, either in observed improved behaviours, or a gradual reduction of exclusions and improved attendance

The Pilot school, in particular, clearly has turned the school around in the last three years. Outcomes from just 6 months of targeted, whole school trauma- informed interventions, saw more additional gains to school exclusions and attendance data. This suggests that strong leadership and the committment of staff to raise outcomes and expectations has brought meaningful and lasting change to the school. This is in spite of the challenges the school faces through servicing a community with one of the highest levels deprivation.

Leadership is key making this **the** starting point for future schools and programmes to ensure they are building on a firm foundation of leadership being invested and willing to invest their resources. The transferability of their outcomes to other schools, rests extensively on the commitment of leadership to embed trauma-informed whole school policies, to adequately support staff and invest on developing strong adult-student relationships. One member of staff said "Knowing students well and addressing their individual academic and social emotional needs, replacing sanctions with restorative practices, conveys that school is a safe place where people care and provide opportunities for growth and repair."

While most participants represented primary and secondary schools, it was interesting to note in the survey that a number of FE colleges and universities had also embedded TI programs. As young people are preparing to transition to adulthood, it would be most favourable to see efforts to strengthen this path, including more trauma informed policies in FE and HE institutions. Therefore, responses from participating institutions were encouraging. Aligning how we support vulnerable young people from primary, secondary and post secondary education is vital to support this transition.

Finally, barriers and opportunities overlapped but also differed among institutions who were at the beginning, intermediate or experienced stages of program implementation. Time and effort in early programs focused on aligning practice to policy and identifying models, methods and training to meet the diverse needs of the student cohort, while supporting staff. Institutions at intermediate stages were able to focus

on strengthening the culture of trauma informed practice, identifying teacher champions to supervise new staff and expand interventions to meet the individual needs of students. More experienced institutions, with stable and consistent practices were able to place a greater emphasis on integrating parents in trauma informed training and seeking solutions or interventions to offset community issues impacting families and children. These institutions also had stronger monitoring and reporting of measurements and outcomes as well as advanced specialist training for staff. They were also more proficient at utilising a greater number of external resources to support student and staff needs.

To conclude, although this study was brief and involved a small sample from each place/district as opposed to a more extensive one, findings suggest that trauma informed practices are beneficial, and barriers can be overcome. However, the different types of trauma-informed programmes that schools experience, are likely to make a difference although that was not the focus of this research. Standalone training compared to more extensive programme of rolling training and support will invariably produce different results and understanding what these are should be considered as important, as demonstrated in the Alex Timpson Attachment and Trauma Awareness Training Analysis.[15]

[15] http://www.education.ox.ac.uk/wp-content/uploads/2019/05/Timpson-working-paper-3.pdf

Limitations

Key limitations to this study include the relative short time available to conduct the research with a broader audience while also producing a timely report for West Yorkshire health and care Partnership and the WY Violence Reduction Unit. This affected the sample size of those who took part in the survey, the opportunity to run a pilot of the survey questions and to also collect our own data from the Pilot Study rather than use data that the school collected. Furthermore, the capacity to include children and young people's voice of their experience of a trauma-informed school environment was not possible as it would have required a longer period of acquiring ethical approval for this study. However, within those time constraints, all the interviews took place in the early stages without any challenges to setting up mutual times to do them. These issues will be a consideration for future studies.

This study was not able to determine the number of trauma-informed education settings in the five local authorities due to limited response rate to the survey. This is an area for future research. Finally, limitations in sample bias with self-selecting volunteers completing the survey and having an interview means that it has been less likely that we captured the views of those settings who aren't engaged in any trauma-informed work, or even those who might feel hostility towards the approach. However, we were able to present data that included schools with little or no interest and experience of trauma-informed approaches from the survey. The responses within the survey were 'rich' in that people took time to answer the questions more fully than expected providing plenty of data to analyse.

Key Findings

1. The implementation of trauma-informed approaches in the education settings in the 5 regions of West Yorkshire resulted in some form of benefit to students and staff.

2. Findings reflect similar outcomes to other UK studies exploring the impact of trauma-informed programs in schools. The most common experience for teachers/staff was having a greater understanding of how trauma impacts the lives of vulnerable young people, having greater confidence in applying trauma-informed practices as a result of training and improved communication with students.

3. Benefits to students as reported by teachers were improved communication and relationships between adults and young people and greater observed emotional management by teachers and students.

4. Reduction in school exclusions and improved attendance was observed in schools running the TI program from 1-3 years, although more consistent tracking of evidence is needed by all schools.

5. The most significant barrier was School Leadership buy-in and concern that a relational approach to student management would be less effective than a behavioural approach to discipline and risk management.

6. Schools with committed leadership to TI approaches fared better with positive discipline, lower exclusions and improved attendance.

7. Barriers to effective implementation of TI approaches included teacher staff levels of competency, inconsistent training and staff turnover. The most significant concerns were balancing curricular needs, emotional management and meeting the emotional needs of students.

8. Allocating time and resources to embed and sustain a TI approach was a concern. Experienced schools prioritised time and funding, balancing the needs of the national curriculum with training and built in time to address individual student needs.

9. Emotion Coaching and restorative practices are necessary tools to a successful program, as understanding attachment and trauma is not enough to see improved outcomes.

10. The whole school approach to training is vital to program cohesion and positive outcomes.

11. There are a wide range of approaches to trauma informed training available to schools from a local authority level to external providers. However, it does not appear in this research that type of trauma-informed training is a factor in improved outcomes as long as there is a commitment to a whole school approach.

12. The most significant changes to better implemented programs involved prioritising a shift to positive language, restorative discipline, empathetic relationships, staff support and a whole school approach.

13. Support sessions and/or training for parents is important for continuity of approach and to aid parents/carers to understand the school philosophy.

Areas for Consideration

- A better understanding of universal, targeted and specialist needs would help in prevention.

- A response strategy with recommendations and options for the implementation of the WY trauma informed education workstream.

- An agreed shared language between staff-staff, pupil-staff-pupil made explicit.

- Create the HOW for educators that provide a visual representation of how this works in practice with the aim of building confidence .

- Templates for policies that focus relationships at the heart of them.

- A 'what works' database of evidence that details approaches.

- An evaluation of secondary schools and the unique barriers and opportunities that they face when implementing trauma-informed programmes. Include Further Education settings as well.

- Support for schools to develop and design a research strategy to gather evidence about improvements after implementation of training programmes.

Recommendations

1. Consistent monitoring and reporting of the impact of TI approaches to build an evidence base of the outcomes for pupils and staff in education settings is needed.

2. Local authority level support is important to influence buy-in to increase the number of schools with greater populations of vulnerable students to commit to trauma-informed whole school practices.

3. School leadership acts as a gatekeeper to change and therefore a more targeted approach to educating school leaders of the benefits of trauma informed approaches is vital. Initiating training on a regional school leadership level can further support school leaders in the same region to share best practices and improve their programs.

4. Policy level changes in schools, shifting from behavioural approaches to relational approaches are necessary to improve consistency in program and student outcomes.

5. Follow up training is necessary to support teachers/staff to improve skills and competencies.

6. Identifying teacher/staff champions to serve as mentors and provide adult supervision can strengthen program effectiveness and align staff competencies.

7. Identifying staff with a greater capacity to serve as youth mentors can provide a one-to-one support for vulnerable young people who can benefit from a close connection and stable relationship in the education setting.

8. Strengthening relationships with the education setting and providers of services based in the community can build social capital and a stronger web of resilience for vulnerable young people and their safe places and people inside and outside of the setting.

9. Identifying changes that can be made to the physical environment benefits all students and staff (eg.. more light, warmth, colour, quiet and comfortable spaces, etc).

10. "Knowing students well," addressing their needs on an individual level without pathologising and shifting from a deficit mindset to strength-based, empowerment mindset supports confidence and esteem building for students. When staff focus and report on what students do well, this helps to foster more supportive environments and trusting relationships which ultimately benefit *all* students.

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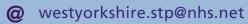
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