GUIDANCE FOR THE EDUCATION SECTOR

Creating ACE-informed places: Promoting a whole systems approach to tackling adverse childhood experiences in local communities

AUTHOR

THE ASSOCATION OF DIRECTORS OF PUBLIC HEALTH,
THE WAVE TRUST

CASE STUDIES

ISLINGTON TRAUMA-INFORMED PRACTICE IN SCHOOLS (ITIPS) PROJECT, THE KEY EDUCATION CENTRE IN GOSPORT, MORECAMBE BAY COMMUNITY PRIMARY SCHOOL

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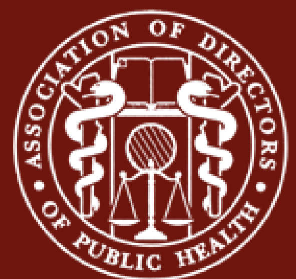

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INTRODUCTION

The impact that trauma has on children's development and outcomes in later life has been widely evidenced. However, not all children who experience trauma and adversity will have negative outcomes. Strengthening an individual's resilience can help mitigate against the effects of trauma and enable children to succeed in both school and later life. With children spending a large proportion of their time in schools, educational professionals are well positioned to support children with adversity and promote the protective factors that can enable them to strengthen their resilience. Developing trauma-informed practices within schools can enable staff to have the appropriate knowledge and skills to identify and respond to trauma, as well as create an environment in which all children feel safe and supported.

The purpose of this briefing is to explore how trauma-informed approaches have been put into practice, share learning and reflections on the guiding principles for implementing such approaches, and provide good practice examples.

ABOUT THIS PROJECT

The purpose of this project is to explore how trauma-informed approaches have been put into practice within the UK across four different sectors: education, health, housing and policing. This briefing is focused on education and is intended to support leaders and practitioners nationally and locally concerned with improving outcomes for children and young people who are at greater risk of experiencing physical or emotional harm and/or poor outcomes because of one or more factors in their lives. This briefing is specifically aimed at those who are relatively new to trauma-informed practice.

A total of 72 senior practitioners with experience of implementing trauma-informed practice have contributed to our briefings across all four sectors (see Appendix B for a full list). Through these conversations, we have gathered a range of insights into what good trauma-informed approaches and results look like. In Appendix A, we cover the benefits of a multi-agency approach and cite case studies of where this has been achieved successfully.

Feedback from interviewees and the outcomes we have seen across all four sectors indicate that trauma-informed approaches could have a profound impact on society when applied as part of a whole-system effort to tackle ACEs by engaging services across the life course. We hope this series inspires further interest in this area and that more services witness the levels of success our interviewees have achieved.

We all face emotionally challenging situations during our childhood and adolescence. It is a normal part of growing up. However, many children grow up in environments – or have experiences – that go beyond this and can have a traumatic and long-lasting impact on their development, health and life chances. All of us will know someone who has been affected by trauma.

The term Adverse Childhood Experiences (ACEs) was popularised following a landmark research study conducted by Kaiser Permanente and the Centres for Disease Control and Prevention between 1995 and 1997[1]. The study referred to a specific set of adverse experiences in childhood, which included various forms of abuse, neglect, witnessing or otherwise experiencing violence, having one's parents separate and living with parents who are affected by mental illness or addiction.

The ten markers of adversity identified in the original study were deliberately limited to direct harm and factors within the home. They therefore do not capture all forms of adversity experienced in childhood that might be expected to have a similar long-term impact on outcomes. Such circumstances include poverty, discrimination and prejudice, bereavement, bullying, community violence and gang membership. In addition to increasing the risk of ACEs, these negative circumstances contribute to poor outcomes independently of the original ten ACEs[2].

For the purpose of this briefing, the term 'ACEs' will be used to refer to the specific childhood events outlined in the original CDC-Kaiser Permanente study, while the term 'adversity' will be used more broadly to refer to potentially harmful experiences.

> "The concept of ACEs must not limit the conversation to the 10 experiences but open the door to discussions about all kinds of childhood adversity and their impact."

TRAUMA

Trauma occurs when an incident, series of incidents or persistent environment leaves a person feeling so threatened or overwhelmed it leaves a long-lasting impact.

Adverse Childhood Experinces (ACEs)

Highly stressful, and potentially traumatic, events or situations that occur during childhood and/or adolescence. They can be a single event, or prolonged threats to, and breaches of, the young person's safety, security, trust or bodily integrity.

What kind of experiences are adverse?

External factors

Prejudice & discrimination

Bullying

Peer rejection

Poverty

Living in an unsafe environment

Community violence

Surviving an illness or accident

Bereavement

Migration

Domestic factors

Verbal abuse

Sexual abuse

Physical abuse

Emotional neglect

Physical neglect

Parental mental illness

Substance misuse

Domestic violence

Parental incarceration

Parental separation

Key risk factors for vulnerability in childhood?

Understanding Trauma and ACEs

Childhood adversity directly affects the young person and their environment, and can require significant social, emotional, neurobiological, psychological and/or behavioural adaptation.

The impact of trauma can span from childhood to adulthood, disrupting cognitive, social, emotional and behavioural development. Repeated exposure to traumatic experiences can result in toxic stress, a prolonged activation of stress responses in the body that can cause excessive physical and behavioural reactions[3]. Experiencing adversity in childhood can also create hyperarousal, which adversely changes a young person's ability to regulate their emotions, as well as hypoarousal[45]. Trauma overwhelms a person's resources for coping and impacts upon the person's sense of safety, ability to self-regulate, sense of self, perception of control and interpersonal relationships.

Being exposed to ACEs in childhood can increase the risk of developing health-harming behaviours including smoking, problematic alcohol use and illicit drug use[67]. These behaviours can lead to an increased risk of poor physical and mental health later in life (including cancer, heart disease, diabetes, depression and anxiety) and ultimately early death[89]. Adverse experiences in childhood are also associated with negative social outcomes, such as low levels of education, poor employment prospects, deprivation and involvement in antisocial and criminal behaviour.[1011]

Further research shows that children with ACEs can display heightened levels of aggression, hypervigilance, problems with attention, decision making, and impulsivity. These children are often subject to greater disciplinary actions and find it difficult to develop age-appropriate peer and adult relationships.[12]

Adaptions are children and young people's attempts to:

1. **Survive** in their immediate environment (including family, peer group, schools and local community)
2. **Establish** a sense of control or safety
3. **Find** ways of mitigating or tolerating the adversity by using the environmental, social and psychological resources available to them
4. **Make** sense of their experiences

Resilience

However, not all children who experience trauma will have negative outcomes.

Whether adverse experiences lead to trauma is dependent on a range of factors wedded to the context of the situation, including how vulnerable the person perceives themselves to be at the time, whether they felt supported by others during the incident or aftermath, and how much control they believed they had over the proceedings.

One factor that plays a large part in the prevention of trauma, as well as the mitigation of its impact and a person's ability to heal from it, is emotional resilience. This describes a collection of qualities that enable a person to feel they are capable, in control and deserving regardless of what life throws at them. Like trauma, resilience is developed through life experiences, and is influenced by the support available to that person.

Throughout the life course, individuals can be supported and empowered to build resilience and develop the skills and attributes needed to face the challenges in front of them. Resilience can be enhanced by promoting protective factors including having a caring and supportive relationship with at least one adult, belonging to a united group or community, having the opportunity for work or activity that offers a sense of purpose, and having the skills to regulate your emotions and behaviours in order to overcome stressful circumstances.

Resilience is a dynamic process, rather than a fixed trait. It can increase or decrease depending on how available these resilience assets are in someone's current context. An individual is never too old to strengthen their emotional resilience.

What are trauma-informed approaches?

To address the impact of ACEs on children, there is a need for services to be trauma-informed. Schools can often be the first line of defence in buffering the impact of childhood adversity and promoting resilience. School staff have a key role to play in identifying and supporting vulnerable children and are in a unique position to provide the safe, stable and relational environment that all children need. Considering support through a trauma-informed lens can contribute to a greater understanding of the underlying reasons for some children's difficulties with relationships, learning and behaviour.

To be trauma-informed is for a person to learn how trauma can be at the root of behaviour and to bring this understanding to the forefront of their work every day, conducting themselves in a manner that enables those who have experienced trauma to cope as best as possible with its impact. The thinking is often summarised as switching from saying "What's wrong with you?" to asking, "What happened to you?" Supporting staff wellbeing is also an essential part of embedding trauma-informed practice. This involves recognising that staff may have their own trauma and/or experience vicarious trauma through working with those affected by trauma.

Various terms are sometimes used to describe the degree to which a person has been trained in this approach. For instance, Scotland's National Trauma Training Framework begins with trauma-informed and escalates to trauma-skilled, trauma-enhanced and trauma-specialist. Terms such as trauma-aware are also sometimes used as a tier below trauma-informed. This briefing is largely focused on non-specialist practitioners who are trained to a trauma-informed level, though we will refer to lower or higher levels where relevant.

The US Substance Abuse and Mental Health Services Administration (SAMHSA) provides a useful overview of what it means to be trauma-informed.

It advises that you follow the four R's:

- Realise the widespread impact of trauma and understand potential paths for recovery
- Recognise the signs and symptoms of trauma in clients, families, staff and others involved with the system
- Respond by fully integrating knowledge about trauma into policies, procedures and practices;
- seek to actively resist re-traumatisation of both service users and staff

What are trauma-informed approaches?

As many of this project's interviewees also advised, SAMHSA's framework recommends implementing this across the entirety of a service, including the following domains:

- **Governance, management and leadership** – the culture of an organisation and how leadership supports the adoption of a trauma-informed approach (eg by modelling it themselves)
- **Policy** –the written policies and protocols that can implement the recognition of trauma and promote recovery and wellbeing
- **Physical environment** – the creation of a physical environment which promotes a sense of safety amongst service users and staff and promotes collaboration
- **Engagement and involvement** – transparency and trust built with service users, as well as acknowledging the expertise of those with lived experience
- **Cross-sector collaboration** – strengthening connections with community providers and referral pathways
- **Screening, assessment, treatment services** – treatment plans which give power and choice to the service user and minimise feelings of shame and fear
- **Training and workforce development** – supporting staff emotionally (eg through peer support and supervision) as well as training and educating them on the impact of trauma and safe strategies to address it
- **Progress monitoring and quality assurance** – actively processing feedback from staff and service users and ensuring mechanisms for monitoring quality are in place
- **Financing** - appropriate funding for trauma-informed approaches (eg staff training on trauma and the establishment of peer support) and the creating of a safe environment
- **Evaluation** – appropriate methods of measuring/assessing the success of implementing trauma-informed approaches

SAMHSA's framework includes six principles for trauma-informed practice which encompass the following:

1. Safety
2. Trustworthiness & transparency
3. Peer support
4. Collaboration & mutuality
5. Empowerment, voice and choice
6. Understanding cultural, historical & gender issues

Though other frameworks don't contradict these, they sometimes add in, or exchange these for other complementary options, for instance practising care holistically, showing respect, being strengths-based, showing compassion and the importance of relationship-building, among others. Collectively, these principles can lead anyone to live a healthier, happier life regardless of whether they have experienced trauma, though the impact can be particularly beneficial for those who have.

We interviewed a range of professionals working in schools, schooling projects and nurseries to find out what putting trauma-informed approaches into practice means to them. The concepts and examples we have included can be adapted and applied to all ages. The key messages are not listed in any particular order.

KEY MESSAGE 1:

View relationship-building with students as a key aspect of your role, with appropriate time and energy invested in this wherever possible. Connecting with students on an emotional level should also be viewed as acceptable professional practice and encouraged in appropriate instances.

View relationship-building as a key aspect of the role: Considered to be the lynchpin of the approach by various interviewees, meaningful relationships were described as being based on empathy, respect, connection, students feeling a sense of safety, understood and that they belong. It is key that all staff actively work on this, as the person who can most effectively get through to a child is often the one they are most comfortable with. Consideration should also be given to how staff maintain such relationships, for instance by "tagging" in another adult to provide support when dealing with an angry child and avoiding escalation which could threaten the relationship that has been built.

Build positive interactions into daily routines: This includes making an active effort to increase the amount of facetime with children, for instance by greeting them before class or speaking to them about their interests in the corridors between lessons. It also includes giving them opportunities to see you under positive circumstances to help build that relationship. For instance, one primary headteacher asks children who have misbehaved to bring their behaviour report cards to her each day in order to create multiple opportunities to discuss how their behaviour has improved.

Be an emotionally available adult: This involves being trusted enough for students to feel comfortable talking about their emotions. It is aided by a school culture that encourages staff to empathise with them and express emotions. Consistency is important so as not to raise hopes only to dash them when the relationship isn't maintained.

KEY MESSAGE 2:

Build a habit whereby whenever you are faced with challenging behaviour from a student, especially if it happens consistently, you ask yourself what the root cause of it might be before reacting. This includes considering the potential impact of trauma from past or ongoing adversities.

Build an understanding of the science behind root causes: Knowing there is a scientific basis to the practice can be the key to changing staff perspectives. It can also provide a moral justification that gives them the confidence

to adapt their approach. Though deeper knowledge is beneficial, staff do not need to become psychology experts to implement trauma-informed approaches effectively.

Ask questions that will help you get to the root of the problem: If someone is demonstrating challenging behaviour, there is probably a reason behind it. Challenging behaviour should often be viewed as a communication of underlying need. Simple scripts can help you uncover this while enabling a child to feel listened to and ensuring the conversation contributes towards a stronger relationship.

Share this knowledge with parents: This can include sharing the science and the benefits of teaching their children skills to manage emotions throughout their lives, all done in a sensitive way. One interviewee found a large audience for this, with two-thirds of the nursery's families turning up for their first weekend event. Having trusting relationships with parents helps and this openness goes both ways: for instance, one headteacher said parents spoke to her about home issues more often after she spent time engaging with them on a general basis in the playground after school.

Share this knowledge with students: For instance, to understand where their emotions are coming from and how to calm themselves down during stressful moments. This also includes more frequent discussions about mental well-being in general. Assemblies, extra-curricular workshops, and weekly pastoral sessions were all cited as formats used to deliver this, as well as threading emotional intelligence and awareness into everyday conversations. It can be done at an age-appropriate level for all children: for instance, one primary school enables children to put their toy animal next to the word for a feeling on a wall.

KEY MESSAGE 3:

Key Message 3: Adopt an approach when dealing with challenging behaviour and disciplinary procedures that recognises a student's frustrations, emphasises de-escalation and enables students to learn from the experience. Do not compromise on rules when doing so.

Remain calm and respectful when dealing with challenging behaviour and disciplinary procedures: This includes not shouting at or shaming the children involved, but rather prioritising de-escalation. It involves recognising the behaviour may not be aimed at you, with its roots elsewhere, and accepting that it may sometimes be best to wait until the child is in a calmer state before resolving the matter. For instance, instead of making a child stand outside class as 'the naughty kid', they could be sent to another class, sent to a book corner to calm down and, when that classroom's teacher is free, they, as a neutral party, discuss the matter with them.

Ensure disciplinary procedures result in students learning from the experience: This includes learning how to manage their behaviour more effectively in the future, a part of which involves teachers modelling the behaviour themselves. One means of achieving this is restorative practice. This involves bringing together students involved in an incident and adjudicating over a conversation where they discuss how they have been harmed, and together look at what they both need to do to move forwards.

Consistently ensure the rules are adhered to: Consistent application of the rules helps students build resilience, especially if their life is usually unstructured or chaotic. Rules should be clear and easy to follow. Trauma-informed practice is not about erasing boundaries, but ensuring they are built with compassion and an awareness of root causes in mind. Other aspects of the approach can help to enable this: for instance, one headteacher said that because of the stronger relationships their nurturing culture had built, she can have tougher conversations with students than beforehand without emotions flaring up.

Avoid publicising successes and failures: Various interviewees said they no longer have public displays advertising students' behaviour levels, eg a green-amber-red traffic light system, as they shamed students who were not performing well. One primary headteacher added that such an approach did not work for some, as they were too wrapped up in the impact of issues faced at home for it to have the desired effect. She switched to giving targets each day that focused on social skills, for instance holding doors open for others, with those who achieved their targets mentioned on the boards.

KEY MESSAGE 4:

In all areas of your school's practice, prioritise enabling students to remain as calm and controlled as possible, and apply an understanding of psychological trauma to achieve this. This involves taking the roots of students' stress into account, maintaining a calm demeanour when engaging them, adopting activities that enhance their emotional well-being and re-designing spaces to enable them to de-stress.

Stay calm and enable children to be calm too: Aim to be as calm as possible so as not to trigger children into a dysfunctional state or escalate that process when they are already agitated. Staff can also adopt routines that enable children to stay calm, for instance by giving them a practical job like moving a piece of furniture to help ground them. Ensuring they know what they are doing on any given day can help to calm anxieties.

Bring 'therapeutic' activities into the school's provision: This refers to activities that have a positive effect on well-being, not actual therapy. This is both to help children regulate in the moment and train them so that they are able to do it themselves later. Exercises cited included ones that were rhythmic (eg drumming), group-based (eg singing), expressive (eg writing feelings on a body image) and meditative (eg yoga). These can also be done routinely: for instance, one teacher said she does a meditation exercise with students before and after lunch each day.

Create 'therapeutic' spaces for students: These range from small rooms or spaces where students can retreat to unwind, do their work and/or receive one-to-one support, to 'nurture classes' which they are referred to on a full-time basis. Such class sizes tend to be smaller than usual, and time is often spent performing therapeutic activities alongside standard work, for instance cooking, arts and crafts, board games and emotion charts. The design of these rooms should seek to enhance calmness and grounding, for instance by introducing lava lamps and cushions to relax on. Furthermore, changes to the environment may also involve providing a playtime space for pupils to regulate and reflect or designing it to increase pupils' sense of safety (eg by changing fencing in the playground so passers-by cannot see in).

Specialist mental health staff can play a key role in this: The services pastoral staff regularly perform are highly beneficial, with some headteachers saying they had chosen to invest further in pastoral services to improve their ability to tackle trauma. Such staff can also gain from trauma-informed training, for instance by seeking to support parents where feasible through a whole-family approach rather than solely their children. Upskilling other staff in mental health support can also help pastoral teams, for instance through training other staff to resolve disciplinary incidences restoratively so they do not have to be referred to them.

View good mental health as key to education: Unless you are in a stable state with regards to mental health and well-being, you are not in the right headspace to learn. Various interviewees emphasised that this should be prioritised and that the capacity to regulate and build resilience should be perceived as an important part of education in and of itself.

KEY MESSAGE 5:

Enable students to feel a greater sense of control and responsibility over situations wherever possible and appropriate. Accept that some may need support in order to reach this stage.

Create opportunities for students to adopt responsibilities: In one cited example, student ambassadors of all ages (including as young as seven) develop breathing and grounding exercises which they then lead in regular group sessions with other students. Another school appoints "playground friends" to seek out lonely children, talk to them and then provide feedback to staff. This can also be built into existing procedures: for instance, after taking a misbehaving child out of class, one primary school insists on them initiating the conversation before discussing the matter.

This may involve teaching some students how to self-regulate: Not all students know how to do this, especially those who have experienced ACEs and/or a lack of boundaries. One interviewee said that they teach children about feelings by engaging with them, acknowledging and naming these feelings, then helping them to manage that emotional state more effectively. Physical environments such as nurture rooms can be used effectively to these ends.

Enable students to feel a sense of control over their stress levels and emotions: For instance, one primary school allows students to take five minutes maximum out of class on a cushion outside the door if and when they need to de-stress, striking a balance between providing the opportunity to self-regulate when they're in a heightened state and maintaining the importance of being present in class. Examples of secondary schools seeking to provide students with this sense of empowerment included martial arts classes for vulnerable pupils and workshops to improve self-esteem.

KEY MESSAGE 6:

Develop a culture whereby staff at all levels feel respected and supported by one another, including by senior management, and where self-care is strongly promoted and enabled.

Promote and enable self-care among staff: This is important for both staff and children, as effective self-care puts staff in a better mental state to project the calm, controlled demeanour that enables them to fulfil their role and provide trauma-informed care. The same applies to the manner in which the organisation cares for its staff too.

Promote a supportive, reflective staff culture: This requires open, accepting attitudes towards mental health, with staff that reflect on their own emotions and make themselves available to others. All this is further enhanced by supervision and initiatives that encourage peer support.

The results of trauma-informed practice benefit staff well-being too: A calmer school with a stronger focus on building meaningful relationships can be beneficial for everyone's mental health. One headteacher said the shift to this from firefighting all day long can enable staff to avoid build-ups of stress while feeling more successful and positive about their job.

How to implement trauma-informed approaches across a school or sector

Feedback from interviewees on how they implemented trauma-informed approaches produced a range of options. The key insights are summarised and shared below. They have been categorised under the three phases:

1. Preparation
2. Initial training and change management
3. Sustaining the change

Each stage contains a mixture of responses relevant either to individual schools, locality-based projects or both. These should be viewed as individual suggestions, not a full checklist of requirements.

Preparation

» Build upon your existing strengths: This could include existing projects and/or activities (eg a nurture unit); the strengths of senior leaders; and the strengths of the local area (eg one project cited involves close collaboration between CAMHS and local schools, who have built up a strong relationship over many years).

» Supportive leadership from the start: For headteachers, this includes endorsing the goal of whole-school culture change, as well as attending training and modelling this approach thereafter. Other leadership, including governors, should also be personally invested. For sector-wide projects who are seeking to secure this level of support from senior leadership at multiple schools, identifying areas of the Ofsted framework which trauma-informed approaches can effectively address can inspire enthusiasm.

Initial training and change management

» Training content: Feedback included ensuring the training addresses how to apply the approach in practice, not just the science; considering more advanced training based on the student demographic, for example sensory training in a school with high levels of sensory issues; and offering further training to a small group of staff to enable them to provide more intensive support. A phased approach was also advocated, beginning with raising awareness of ACEs, then training on trauma-informed schooling practice, then the creation of a bespoke action plan for each school.

» Length and format of training sessions: A range of options were cited, including 2-day, full-day and half-day workshops; weekly inset hours; twilight sessions; 10 to 15-minute staff meetings; and staff reading and research groups, with follow-up presentations. Lengthier train-the-trainer courses were also attended by selected staff at some schools. One particular school that achieved rapid results dedicated all 5 inset days during their first year to trauma-informed practice, as well as a 30-minute session each week.

Sustaining the change

- Follow-up training and/or consultancy: This could also include refresher training, regular reminders, personal reading and, across a region, adaptations to standard teacher training. Doing this can help schools to form bespoke action plans; prevent people from falling back to their previous "comfort zone" responses; ensure staff are consistently developing, including in response to the latest research; enable new staff to catch up; and to support the school as it adapts over the first few years.

- Maintaining momentum: Empower a variety of people to ensure the transition continues without stalling. This could include setting up an internal taskforce, regularly keeping it on the agenda during leadership and staff meetings and appointing "champions" to keep the interest alive amongst the staff body, senior leadership, governors and/or parents. It also involves regularly reviewing policies to ensure they reflect this approach and, when recruiting, seeking applicants who are likely to adopt it.

- Unpick alternative approaches: When dealing with resistant staff who say they get good results from other approaches, discuss what aspects of these are achieving success. For instance, is it when they shout at the student, or the restorative conversation they have later?

- Aim for incremental change: Pick certain changes to begin with and introduce the rest incrementally. Changing staff members' mindsets may take time, so move at the rate they can. However, do not under-estimate how quickly results can be achieved: for instance, various schools oversaw substantial reductions in exclusion rates within one year.

How to implement trauma informed culture in education settings

1 Preparation

A **Ensure supportive leadership** from the start (i.e. from headteachers and governors).

B **Build on existing strengths including:**

- Strengths of the local area
- Strengths of senior leaders
- Existing projects & partnerships
- Community engagement

2 Initial training and change management

ADOPT A PHASED APPROACH:

A **Raise awareness** of trauma & its impact.

B **Facilitate training** on trauma informed practices.

C Create a **bespoke action plan** for the school.

3 Sustaining the change

A **Follow up training**

- Refresher training
- Personal reading
- Staff research projects

B **Maintain momentum**

Through setting up internal taskforces, keeping it on the agenda during leadership and staff meetings, appointing 'champions', reviewing policies/procedures regularly.

C **Aim for incremental change**

Implementing trauma-informed schooling across a region (Wales)

The Wales ACE Hub has set itself the task of spreading ACE-awareness and trauma-informed practice to an entire nation and has adopted a train-the-trainer approach to achieve this. It began by piloting what it terms phase one and phase two of its training in The Education Achievement Service for South East Wales, one of four consortia that collectively drive school improvement across the country. Phase one teaches an awareness of ACEs, trauma and resilience factors, whereas phase two goes beyond this, to teach techniques and strategies for how to implement trauma-informed practice. Since then, the Hub has provided numerous training events, with some schools sending one staff member who then returns to train the rest of their team. Other schools have access to an “ACE ambassador” who is released from their normal duties during periods to deliver the training to the cluster their school is part of. Other options include sending a staff member from a secondary school who then also trains staff at their feeder primary schools. Such an approach allows for training to be disseminated to as many schools as possible given funding constraints. At the time of the interview (January 2020) an estimated two-thirds of schools nationwide, spanning more than three-quarters of local authorities, had received at least the phase one training.

Some areas in Wales are going beyond the support provided by the ACE Hub and their local consortium. The Vale of Glamorgan in particular, has taken this to the next level, with 60 out of 63 schools in the local area involved in an ambitious programme that would see it become a trauma- and mental health-informed (TMHI) borough educationally.

The local authority funds a comprehensive training programme which includes three hour-long whole-school training for every school (not the same as the training provided by the ACE Hub) and two-day courses for all senior leaders. Key professionals across other sectors also attend the two-day courses, including directors of education and social services, consultant paediatricians, youth service leaders and mental health workers. Emma Carver, an Assistant Headteacher at local special school Ysgol Y Deri, said that using the same provider for all tiers of training ensures there is a shared vocabulary and understanding of the model they have chosen across all schools and sectors. This model goes beyond trauma alone to incorporate related topics, eg attachment.

Some schools are also using funding from the Pupil Deprivation Grant (PDG) to send staff on ten day practitioner diploma courses so they can work directly with children in the most complex cases – although not to the level of a therapist. Presentations on neuroscience, attachment and related topics are also being regularly delivered at Vale conferences. This commitment continued during the COVID-19 lockdown, with 2000 education staff attending a virtual training session in July 2020 on supporting the well-being and mental health of pupils as they return to school.

Alongside all of this, the local authority’s engagement service – an advisory service for pupils experiencing social, emotional, and mental health difficulties – is ensuring that mainstream schools have access to the kinds of specialist advice, therapies and interventions that would not have previously been available to them. It is also providing low-cost, therapist-led courses for school staff to learn how to integrate therapeutic approaches, eg play therapy, into their classroom provision.

Islington Trauma-informed Practice in Schools (iTIPS) project: Embedding practice across a sector

Piloted during the 2017/18 and 2018/19 school years, Islington has approached embedding trauma-informed practice across its education sector with a long-term view. Five to eight out of the borough's 67 schools join each annual wave. They are each supported for two years to embed a whole-school strategy by a local iTIPS Practitioner, who is either an educational psychologist or clinician from the borough's CAMHS service. The schools involved to date have been primary and secondary schools, and the borough's Pupil Referral Unit, whose four sites helped kickstart the project.

iTIPS uses the Attachment Regulation Competency (ARC) framework, designed to support children who have experienced complex developmental trauma through a focus on interventions targeting the three domains in its title. The project aims to ensure staff are better-placed to recognise and respond to vulnerability, and to work more collaboratively with partners when doing so. Improving outcomes for Islington children was a key goal, alongside ensuring every child has at least one adult whom they feel comfortable talking to. Staff well-being and self-care are also important.

Funding was initially secured from a variety of sources, including public health and the local clinical commissioning group. The PRU was approached due to higher levels of trauma among its cohort. Without any local recognition of the project, the initial primaries were approached on the basis of who would buy into the approach, based on previous discussions with CAMHS and other services working with schools. Level of need was also considered. This first wave of schools secured support for free, with later waves having to part fund, with current contributions at £2,500 per year.

The iTIPS and ARC training is the equivalent of two days of whole-school training, beginning with a three-hour whole-school session covering trauma-awareness and attachment. Training then progresses throughout the supported iTIPS time to cover the ARC tiers. Schools must also facilitate a collaborative audit of existing trauma-informed practice using an enhanced version of the existing iMHARS (Islington Mental Health And Resilience in Schools) framework. Led by the council's Health and Well-being Team, this can include surveys, interviews (staff and parents) and observations. Each school's strengths, needs and priorities are taken into account, with an emphasis on adopting the approach in a way that works for them.

A working group including senior leaders, teaching and non-teaching staff must meet at least half-termly (usually monthly in the first year) to develop and drive their action plan. This group has responsibility for keeping the project going beyond the two-year timespan. Representatives attend termly network meetings facilitated and led by the Islington iTIPS working party. Schools share examples of how they have operationalised the ARC framework in practice.

Inspired by the existing model of CAMHS provision, each of the 12 iTIPS Practitioners supports one school (half a day per fortnight for primary schools, half a day per week for secondary schools) towards embedding the ARC framework into all aspects of its system. This includes attending the working group, offering non- case-holding trauma-informed consultation and reflective practice

groups for school staff, and reviewing school policies.
Other requirements of schools include cooperation with an evaluation covering staff and pupil questionnaires, case studies and focus groups. iTIPS Practitioners have a monthly meeting to review their work and the project is overseen by a multi-agency working group that meets termly. Materials that have been produced or gathered over time have since been shared in a resource bank on the children's services website. This has been supported by a task and finish group mapping existing local resources and interventions.

Results: The five primary schools from Wave one, whose exclusion rates were triple the borough's average in 2016/17 (4.6% vs 1.5%), reduced theirs by 52% by 2017/18 (2.4% vs 1.8%). The number of days excluded per pupil was also halved (0.121 to 0.06) and the number of permanent exclusions cut from five to one. Results from staff questionnaires across the first three waves show improvements (some slight) across broadly one year timelines in levels of confidence around identifying triggers and patterns that may lead to challenging behaviour, coping with such behaviour, supporting pupils to develop skills to manage emotions and maintaining a safe environment within their classrooms, among others. The project's success inspired the creation of Tiny TIPs and Community TIPs to spread ARC to early years and voluntary and community sector settings, where it fits well with the prevalent Solihull Approach model.

Recommendations: Bring together the different areas that are involved which, in this case, included schools, the council, the educational psychology service, CAMHS and the Safeguarding Children's Partnership, who had made trauma-informed practice a priority. Setting a project up within these existing systems, with people who were already working with participating schools; ensuring there is a sustainable financial model to maintain it over time; and starting small with committed schools who had opted in to a whole-system approach all contributed towards iTIPS's success.

Next steps: An evaluation of wave cohorts so far; bringing pupils' voices into the process to learn more about their experiences; establishing more permanent funding than the current two year rolling basis; and developing a post-iTIPS offer for participating schools to opt into are all next steps.

The Key Education Centre in Gosport, Hampshire: Behaviour policy

With a cohort comprised of the emotionally vulnerable and permanently excluded (or at risk of), this secondary-age pupil referral unit (PRU) had among the highest exclusion rates in Hampshire. During 2017/18, new headteacher Leanne Forde-Nassey worked with staff to implement a pedagogical framework, including Attachment and Trauma-informed Practice (ATIP); Emotion Coaching, a communication strategy to develop students' emotional literacy and support them to self-regulate; PACE, a model based on concepts that enable a child to feel safe in interactions (Playfulness, Acceptance, Curiosity, Empathy), used here to ensure they feel heard and experience empathic responses; and a 'High challenge, Low threat' approach to ensure high aspirations are maintained.
With strong support from governors, Leanne embarked on an intensive process with 100% of staff that involved committing the entire first year's training budget to ATIP (five inset days plus a 30-minute slot each week); inviting staff to become 'Vision champions' who were trained to lead compulsory weekly supervision sessions; staff writing 'reflective journals'; and six-hour research projects each,

supported by a year-long reading group and ending with a five-minute presentation.

Years two and three continued in this vein, with the behaviour policy redesigned, supervision reviewed, further research projects, a support programme for families developed, a psycho-education curriculum introduced (through which gaps in emotional literacy, awareness and regulation are addressed) and outreach offered to other schools. Annual refresher training is made available for all staff members and new staff are led through intensive sessions by the vision champions to bring them up to speed, with wider support and clear rules (eg no shouting) in place to facilitate this.
The school's new behaviour policy, built around 'flexible consistency', is a good example of how to balance the competing demands of students' need for boundaries, to take their historical and/or present adversities into account, and to give them the opportunity to make amends and restore relationships following indiscretions. Behaviour is seen as a means of communicating emotional need, whereas prioritising positive relationships and staff co-regulation are also key premises. Restorative approaches, a strong focus on choice and collaboration where possible, a focus on future solutions rather than current issues, active listening and the contributions of pastoral, outreach and support staff also factor into this approach.

A staged process is followed: 1) expectations are made clear; 2) plans are individualised, alongside students where possible; 3) staff have regular briefings within which to discuss the strengths and needs of students (alongside frequent communication with students themselves via a key adult-based tutor system); 4) targeted and enhanced support is provided to avoid sanctions, with possible referrals for additional support mechanisms; 5) positive behaviour is rewarded and incentivised, including via a points system that can, for example, be exchanged for vouchers.

If behaviour is 'unproductive' (the school's preferred term) to the extent that this process does not work, the school initiates the following stages, with each following if the previous failed: 1) three verbal warnings, also displayed visually, giving students time to modify their behaviour; 2) the issuance of a Formal Behaviour Incident report (FBI), which the student is notified of and which they can "work off" via a restorative approach with their tutor or by accruing enough points through the aforementioned reward system (it is also cleared on a half-termly basis); 3) the 'on-call' support service is approached and the student removed from class if necessary to avoid disrupting others (the specific approach is individualised); 4) if the student has made themselves or others unsafe, or otherwise impacted on the good order of the school, only then will an exclusion be used, followed by a restorative approach upon their return. Reasonable force is only ever used when necessary.

Results: Results improved within a year, with the number of days lost to exclusion, total exclusion incidents and short-term staff absences dropping by 81%, 65% and 70% respectively. Only 8% of students excluded were excluded again. Exclusion incidents rates have fluctuated since; however, they have never risen higher than 52% of 2016/17 levels. Leanne said factors such as having a consistent approach and good supervision may have influenced results alongside the approach detailed above.

Recommendations: Ensure that all senior leaders are committed to the relentlessness that is

required with that approach and are familiarised with what to do when the implementation goes wrong. Leanne said their school's experience was "it went really well, then it got really difficult, then it was great." Leaders should also pay attention to how it is marketed to staff: in this instance, it was key to ensure they understood this was about a practice change, not just being informed, and that boundaries would still be in place, as the behaviour policy above shows.

Next steps: The school already thoroughly examines children to ensure their support is bespoke, but steps need to be taken to re-test more often where helpful. Having trained staff so thoroughly in recent years, the school is seeking to tackle individual areas in-depth for each subsequent year, with restorative practice next on the list for 2021/22. Running relational and talking circles with children, and improving compulsory supervision provision, are also upcoming goals.

Morecambe Bay Community Primary School, Lancashire: Nurture units

"The only difference between our local Pupil Referral Unit and us, is they have smaller classes and more money." This was recent former headteacher Siobhan Collingwood's assessment of the school's demographics and the challenges it faces with students' socio-emotional needs. Paracetamol overdoses and involvement in county lines were just two of the examples given of the adversities and troubles she encountered in her 16-year term in charge until 2020.

Over time, changes were made to adopt a more relational-based culture, including adaptations to behavioural management, pastoral support, parent activities to create quality interactions with their children (eg through crafts) and a multi-agency approach towards tackling exploitation. This case study will focus on one approach in particular, that is designed to improve behaviour and/or support mental health issues through a close focus on students' socio-emotional needs: nurture units.

Siobhan and her staff visited units in Scotland and the North-West of England, gathering learning on how best to introduce them to their school, firstly for Key Stage One (KS1) and later for Key Stage Two (KS2) as well. In these units, pupils are carefully selected for admission into groups of no more than ten, overseen by two well-trained facilitators. Following an analysis using the Boxall assessment tool – used to assess students' social, emotional and behavioural difficulties – bespoke packages are created for students. The school's primary focus is attachment-based issues and creating a sense of belonging is a priority, with shared mealtimes and a "homely" environment. Clear structure and routine, key for students who have experienced extreme or persistent vulnerability, is built into everything. Parents are invited to take part in stay and play sessions during which family dynamics can be discussed, mentoring offered and opportunities given to put advice into practice.

Teaching children to understand and regulate their emotions is a key part of daily practice, including through reflection time and practice on socialisation skills. But the school diverged from the practice of many full-day nurture units by instead allowing students to spend half the day in their normal (non-unit) classrooms. This was to strike a balance between students not falling behind academically and the realisation that supporting their neuro-biological development was key to ensuring this.

Results: After their experience with the KS1 nurture unit, so few students needed its KS2 counterpart afterwards that it was shut down after two years. Those who have needed continued support since have been served through individual mentoring instead. Official statistics, which go back as far as 2006/07, show a reduction in fixed-term exclusions from 12 that year, to zero to two between 2011/12 and 2015/16 (it had risen to five by 2018/19, which Siobhan put down to rising need and pressure on local systems). Siobhan, who joined in 2004/05, said the figures were significantly higher between 2002-2005, but drastically reduced afterwards.

Recommendations: Siobhan emphasised that any school seeking to support children in this way must embed trauma-informed principles across the entire school's practice, with all staff trained in nurturing principles so that any good work done in the nurture unit is not undone by the next adult the student meets. That understanding is also key towards encouraging teachers to release children in KS1 for that length of time every week, which Siobhan said they were initially reluctant to do.
Next steps: Before leaving to join the VRU, Siobhan was looking to introduce a SEND unit for children with Autism Spectrum Disorder (ASD) in KS1, where trauma-informed approaches would also be embedded. She was also seeking to extend the 'Shine' project the school had secured funding for. The project involved working intensively with parents of two-year-olds over six-month periods, supporting them to have quality interactions and build secure attachments so that such nurturing provisions would be less desperately needed for future cohorts of children from nursery level upwards.

Endnotes

[1] Felitti V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., Koss, M. P. and Marks, J. S. (1998) 'Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. The Adverse Childhood Experiences (ACE) Study.' American Journal of Preventative Medicine 14(4): 245-258: http://www.ncbi.nlm.nih.gov/ pubmed/9635069/

[2] Campbell, J. A., Walker, R. J., & Egede, L. E. (2016). Associations between adverse childhood experiences, high risk behaviors, and morbidity in adulthood. American Journal of Preventive Medicine, 50(3), 344–352.

[3] Rothschild, B. (2000) The Body Remembers: The psychophysiology of trauma and trauma treatment, NY: W W Norton and Co.

[4] Greenwald, R. (2015) Child Trauma Handbook: A guide for helping trauma-exposed children and adolescents. London: Routledge

[5] Kajeepeta S., Gelaye, B., Jackson, C.L. and Williams, M.A. (2015) 'Adverse childhood experiences are associated with adult sleep disorders: a systematic review' Sleep Medicine 16(3): 320-30.

[6] Schaefer, J. D., Moffitt, T. E., Arseneault, L., Danese, A., Fisher, H. L., Houts, R., ... & Caspi, A. (2018). Adolescent victimization and early-adult psychopathology: approaching causal inference using a longitudinal twin study to rule out noncausal explanations. Clinical Psychological Science, 6(3), 352–371.

[7] Houtepen, L., Heron, J., Suderman, M., Fraser, A., Chittleborough, C. R., & Howe, L. (2019). Adverse childhood experiences: Associations with educational attainment and adolescent health, and the role of family and socioeconomic factors. Analysis of a prospective cohort study. BioRxiv, 612390. https://doi.org/10.1101/612390

[8] Kessler, R. (2010) 'Childhood adversities and adult psychopathology in the WHO World Mental Health Surveys' British Journal or Psychiatry 197(5): 378–385.

[9] Kelly-Irving, M., Lepage, B., Dedieu, D., Bartley, M., Blane, D., Grosclaude, P., Lang, T., Delpierre, C. (2013) 'Adverse childhood experiences and premature all-cause mortality' European Journal of Epidemiology 28(9): 721-734.

[10] Metzler, M., Merrick, M. T., Klevens, J., Ports, K. A., & Ford, D. C. (2017). Adverse childhood experiences and life opportunities: Shifting the narrative. Children and Youth Services Review, 72, 141–149.

[11] Morrow, A. S., & Villodas, M. T. (2018). Direct and indirect pathways from adverse childhood experience

[12] Wolpow, R., Johnson, M.M., Hertel, R. and Kincaid, S.O., 2009. The heart of learning and teaching: Compassion, resiliency, and academic success. Olympia: Washington State Office of Superintendent of Public Instruction, Compassionate Schools