UNIVERSITY of HULL

THE HU9 PILOT

TRAUMA INFORMED APPROACHES IN EDUCATION

PHASE 2 FOLLOW UP STUDY

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July 2025

HUMBERSIDE POLICE & CRIME COMMISSIONER

Executive Summary

Everybody is responsible in this school for every child, so I think our staff are more likely to help each other out more now. (Senior Leader)

SATS and tests are important, but if you don't get the emotional state right first, they're not going to learn. (Learning Associate)

In context of public health approaches to violence prevention the Office of the Police and Crime Commissioner (OPCC) for Humberside commissioned a pilot study of whole school trauma-informed training September 2022 – August 2023 (Phase 1) in two Hull schools within the HU9 ward (one secondary and one primary) with follow up Phase 2 training October 2024/February 2025 in the primary school only. The schools were purposefully selected because of elevated levels of reported domestic abuse, high child protection referrals and an under resourced community with multiple unmet needs. There are 374 pupils at the primary school with 39 staff across the school, and training was delivered to 92% of school staff (36/39). The evaluation used a mixed methodology of surveys, focus groups, and individual interviews to triangulate findings. The training package included three strands:

- Refresher whole school trauma-informed training involving all staff, delivered by a specialist therapy provider Time to Listen (Timetolisten)
- Therapeutic support provided to all staff
- A review of policies and procedures to ensure alignment with trauma-informed approaches

Key Findings

- There is evidence of wholesale organisational change over 3 years, whereby the school are operating in a trauma-informed environment across all levels of staff. Cautious findings in Phase 1 have become more confident assertions of change in Phase 2.
- System change appears well embedded, including updated policies and procedures through a trauma-informed lens, which has been integral to effective change.
- This has taken considerable time to achieve and remains a work in progress.
- The input from external training specialists was instrumental in bridging the gap between theory and practice. This level of expert knowledge and experience brings to life the

practice realities of working with trauma experienced children and was highly valuable in transforming attitudes and responses. This is an important factor when considering 'train the trainer' models as potentially, this could be less effective if used exclusively given the value of using specialist trainers.

- There is increased confidence and compassion across all levels of staff triangulated via the survey, focus groups, interviews, and on-site visits. This creates a sense of belonging whereby every child and adult matters.
- The staff feel psychologically and physically safe. They model compassionate, inclusive and individual approaches amongst themselves, which in turn is replicated with the children and extended to parents.
- Changes to the physical environment have reinforced this sense of safety. Safe places, dens and use of physical space/activity to regulate emotion create inclusive and safe spaces.
- The increase in staff confidence correlates with a reduction in overwhelm. This is a protective factor to mitigate against burnout and the potential for vicarious trauma.
- The role of shame linked to trauma is well understood and operationalised in practice. This contributes to fostering a culture of openness, transparency, and can help to mitigate feelings of powerlessness and vulnerability amongst both adults and children, thereby reducing re-traumatisation.
- Senior Leaders have driven this approach top down and bottom up, via effective organisational change. They have been courageous in their decision making yet held a line of accountability.
- Other concurrent changes in the school setting have contributed to this transformation, such as staffing structure and alternative training providers.
- Wider changes within the school indicate improved attendance, attainment and behaviour suggesting growth and development, but we are unable to link these specifically to the trauma-informed evaluation given wider transformation in the school environment as detailed above.
- Support (or supervision) for staff has been well received although attendance has been low. This is an essential element of ensuring safety and support for staff and consideration needs to be given to how take-up could be maximised.

Recommendations

- System change is essential to create consistency, predictability, and safety. We would not recommend schools embark on trauma-informed journey without such.
- Assessment of organisational readiness to change at strategic and operational levels prior to beginning a trauma-informed journey is essential. Organisations can access the Integrated Care Board (ICB) Training on organisational change: *A Trauma Informed Organisational Development Framework Self and Peer Evaluation Toolkit* whilst next steps of this project will be development of a policy guidance for implementing and sustaining a trauma-informed approach.
- Long-term thinking and planning are required, and strategising must include planning/implementation time to build an infrastructure that will enable cultural change. We would estimate a minimum of a year advance planning and assessment of change over 3 years to capture the wider benefits.
- Specialist training facilitated by experts that is bespoke to the needs of school and community alongside annual refresher training.
- Regular review of progress by SLT and school staff.
- Regular opportunities or touch points for staff to discuss and solve problems (formal and/or informal) so it becomes anchored within day-to-day organisational culture.
- Senior Leaders commitment to the trauma-informed approaches is pivotal to organsiational change, which is either a barrier or enabler to success.
- A shift from traditional behavioural measures to trauma-informed approaches can create uncertainty and anxiety. Good quality training, the opportunity to discuss/question and examples of application in practice will all enable the transition.
- Development of specific criteria to access OPCC Funding whereby this can sit alongside existing training, such as the ICB offer. In a public health prevention context, this will need to target areas of high need including elevated prevalence of domestic abuse and child protection referral, with a commitment to trauma-informed review of policy planning for a reduction in exclusion.
- Future trauma-informed schools initiatives to align with the Violence Prevention Partnership strategy and be targeted to reduce exclusions in secondary schools given the evidence-based link to serious violence.

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Literature Review

Introduction

Our Phase 1 Report foregrounded the challenges and complexities associated with defining trauma and trauma-informed approaches, alongside the growth of such in school settings to ameliorate the effects of trauma at a universal level. A number of systematic reviews (Avery et al. 2022; Berger et al., 2019; Maynard et al., 2019) have drawn attention to the need to understand more about the effectiveness and rigour of such initiatives, including the precise mechanisms of change. It is not our intention to replicate these debates here, but to extend the discussion by focusing on barriers and enablers to effective implementation, alongside exploration of new research underscoring the link between school exclusion and entry into the criminal justice system.

Understanding the impact of trauma across the lifespan is emerging as a pressing public health and violence prevention priority (Bellis et al., 2018). Adversity and childhood trauma are linked to multiple physical and mental health conditions in later life, alongside educational achievement, unemployment and entry into the criminal justice system (Anda et al., 2020; Cook et al., 2017; Dorada et al., 2016; Fellitti et al., 1998). Schools have a critical role to play in mitigating the effects of trauma by creating compassionate and inclusive learning environments reflecting an urgent need to prevent re-traumatisation via systems and processes that can significantly alter a child's life course. Research indicates that whole school trauma-informed approaches underpinned by relationships and trust are most effective for pupils and staff (Avery et al., 2022; Goldberg et al. 2019). However, trauma-experienced, neurodivergent, racially minoritised and Special Educational Needs (SEND) children may benefit the most (Day, 2025; Cherry and Froustis, 2022; Wassink de-Stigter, 2022). Trauma-informed approaches in education are increasingly being implemented in violence prevention contexts as a mechanism to offset adversity with the potential to enhance achievement, behaviour, inclusion and attendance (Aspland et al., 2020; Cherry & Froustis, 2022; Dorada et al., 2016; Perfect et al., 2016). Furthermore, evidence suggests trauma-informed approaches can reduce suspension and exclusion rates (Aspland et al., 2020). Whilst entry into the criminal justice system is complex and multi-factorial (Arnez and Condry, 2021), trauma-informed approaches may be a contributory factor in diverting young people from criminal activity, and school exclusion is associated with both victimisation and perpetration of crime (McAra and McVie, 2013) including risk of becoming involved in serious violence (Cornish and Brennan, 2025).

Whilst trauma-informed whole school approaches are varied in approach and design, the SAMHSA (2014) report created a standardised framework for trauma-informed approaches assimilating

academic knowledge and lived experience - meaning they are predominantly underpinned by principles of *safety, trustworthiness and transparency, peer support, collaboration and mutuality, empowerment, voice and choice, and cultural, historical and gender issues* (Maynard et al., 2019; SAMHSA, 2014).

Overall effectiveness of trauma-informed approaches in schools can be difficult to measure largely due to different understandings, programme design, lack of fidelity, and theoretical underpinnings (Avery et al 2022; Goldberg et al. 2019). However, Newton et al. (2024) found the SAMHSA framework has enabled more consistent approaches and application in Australia. Successful *and* sustained implementation continues to be challenging given the complexity of organisational change on multiple levels, whilst evaluations are difficult to compare given different methods, approaches, programmes and evaluation efficacy (Newton et al., 2024). School wide approaches need to consider strategies targeted at different levels of intervention when planning trauma-informed approaches. Chafouleas et al. (2016) propose three levels of intervention starting with inclusive design of provision at universal or primary level, for *all* pupils and staff, followed by focused strategies directed towards 'at risk' populations and finally, recovery and support for those who are trauma experienced.

Barriers & Enablers to Implementation of Trauma Informed Approaches

Implementation and Planning

Planning at operational and strategic levels is a key factor of organisational readiness to change, underpinning effective and successful implementation (Aspland et al., 2020; Cherry and Froustis, 2022; Dorada et al., 2016). Advance planning of the changes that need to be made, how they will be made, when and by whom is essential to effective implementation (Fleuren et al., 2014). The planning stage can be lengthy and time intensive given the need to consider infrastructure and support changes, as highlighted by Goldberg et al. (2019) who report planning for system change (or lack of) can become a significant barrier to success. This developmental phase cannot be underestimated given its relationship with effective implementation, as school leaders consider and consult on practical, professional and system levels how the organisational change process will be operationalised (Goldberg et al., 2019). The quality and effectiveness of implementation is connected to the quality of impact across multiple domains including behavioural, social, emotional, attitudinal, conduct issues and academic outcomes, compared with lower quality implementations which are linked to significant effects in only attitudes and conduct problems (Goldberg et al., 2019).

Assessment of readiness for organisational change prior to implementation is a helpful way to gauge areas of strength and limitation across the different domains of leadership, knowledge and skills (workforce competency) and planning/implementation capacity (Burton et al., 2024; Wassink de Stigter, 2022). This involves consideration of what success might look like and is not limited to academic attainment alone. The integration of trauma-informed approaches into existing structures, plans, interventions and policy documents emerges as a key enabler to effective implementation and similarly, the absence of these factors can become a barrier. Strategic oversight considering how TI will be embedded and to what extent this aligns with current policies, procedures and practice was found to be a key factor in driving effective change (Jones et al., 2018). Implementation of new policies and procedures that have minimal alignment with existing policy and practice create a host of complexities, increasing potential for disconnection between different groups including leaders and staff. Furthermore, regular review of progress and areas for development is also essential to effective implementation in terms of being able to sustain and maintain change. Administrative support was also considered significant to successful implementation whilst the absence of such becomes a barrier (Wassink-de Stigter, 2022).

There are wider challenges that may impact on effective implementation particularly the context of austerity and rationed resources in busy school environments (Aspland et al., 2020). This can lead to unrealistic expectations for an already pressurised workforce, culminating in low staff morale. Generating buy-in from staff is integral to effective implementation and is arguably one of the most significant factors in success or failure. This is discussed in more depth in the next section.

Workforce Knowledge and Skills (Competency)

A process evaluation by Lendrum et al (2013) linked to the implementation of SEAL (Lendrum et al., 2013:163) identified that staff mis/understanding of the concepts and application were significant barriers to implementation: '*The failure to develop staff understanding and skills may present one of the biggest barriers to the successful implementation of school-based MH prevention and promotion programmes'* (Lendrum et al., 2013:163). The requirement for whole school training is a key component of a systemic trauma informed approach to promote consistency and predictability across the entire staff group (Dorado et al., 2016; Goldberg et al., 2019). Children can display trauma responses at *any* time, particularly unstructured points such as playtime, lunch breaks and walking to/from school, meaning all staff such as receptionists, admin, lunch time supervisors, care takers and so on, need to be trained in trauma aware responses. In our previous report we highlighted the need for good quality, bespoke training (Burton et al., 2024:4). Converting theoretical information to

practical knowledge and application is a tricky challenge to navigate, practically and operationally. The role of expert facilitators in trauma is significant in bringing to life the ways in which trauma manifests and has a key role in making the theory-practice leap in this specific context. Case studies that are individual to the specific school enable a bridge between theory and practice creating a more realistic learning environment. Trauma informed approaches need to be embedded within informal and formal day-to-day business, such as team meetings, reflective supervision and peer support. Peer support to aid implementation is highlighted in the academic literature as a good practice principle (Aspland et al., 2020; Axelson, 2017) as is the need for refresher training and review.

As well as being able to manage children's emotions, staff need to be able to demonstrate emotional intelligence and awareness regarding their own emotions and associated responses. MacLochlainn et al. (2022) found that effectively resourced TI approaches could mitigate feelings of stress and overwhelm, potentially contributing to reduction in burnout and stress related absence.

Leadership

The role of senior leaders to drive and shape implementation has been identified as a key factor to either promote or hinder effectiveness. The significance of leaders modelling the approach cannot be underestimated as they set the tone for implementation across the school, which creates a culture of acceptance and aids consistency alongside the prevention of re-traumatisation; a powerful driving force in this evaluation (Wassink-de Stigter et al., 2024). Leaders can ensure the work is effectively resourced and supported, creating time and space for the training, support and regular review. In a busy school environment withdrawing teaching and support staff from frontline duties can be a complicated logistical challenge and will require considerably working through and flexibility. The absence of strong and compassionate leadership is constructed as a barrier to implementation, which aligns with findings from this evaluation. School leaders have a critical role in developing system level change, such as behaviour policy review and subsequent implementation. Without systemic transformation, TI approaches are much less likely to be effective and will give rise to inconsistent application of the approach. Furthermore, leaders are gatekeepers to resources, by identifying enough time and resource to support implementation (Vanderwegen, 2013).

Trauma Informed Approaches & School Exclusion and/or Absence

Trauma-informed approaches benefit all children and staff but have the most impact on those with additional needs, known as Special Education Needs (SEND), racially minoritised, neurodivergent and trauma experienced young people. The right to education is enshrined with the United Nations Convention on the Rights of the Child (UNCRC, 1989) with Articles 28 and 29 emphasising the quality

and content of education as a mechanism to reduce inequalities. Inequalities within the education system are well evidenced in an international and UK context via the so-called *school-to-prison pipeline*. Whilst the causal relationship between entry into the criminal justice system is complex and multi-factorial (Arnez and Condry, 2021; Timpson Review, 2019), increasingly evidence identifies a correlation between school exclusion and criminal justice involvement (Cornish and Brennan, 2025; Halsey and De Vel-Palumbo, 2020) with exclusion reproducing and re-iterating inequalities and marginalisation (Arnez and Condry, 2021; Sanders et al., 2018; YEF, 2025). Despite differences in academic perspectives on the causal relationship between exclusion and criminality, the former is regarded '*as a crucial event in some young people's lives and a critical component of their social marginalisation' (Arnez and Condry, 2021:88)* although most academics agree there is need for a more nuanced understanding of the precise mechanisms through which school exclusion is associated with entry into the criminal justice system.

Meanwhile, exclusions and suspensions in England continue to rise, with the latest Department for Education data representing the highest recorded figures for permanent and fixed term exclusions (DfE, 2024). The most significant age range for exclusion is 14 years, with the risk for boys double that of girls. Children living in economic insecurity and poverty are disproportionately represented in the data (McCluskey et al., 2019) with children in receipt of free school meals 5 times more likely to be excluded. There is an association between age of exclusion and later life offending, with McAra and McVie (2010) identifying children excluded at age 12 had a fourfold increased likelihood of being imprisoned as an adult. SEND and neurodivergent pupils are significantly overrepresented in both school exclusions and criminal justice settings, but there is little understanding of how and why this is the case (Day, 2025; Valdebenito et al. 2018). The Youth Endowment Fund (2025) identify suspension and exclusion as clear risk factors for serious violence with evidence of racial differences, arguing involvement in violence is not consistently understood or responded to as a safeguarding issue within schools, underscoring the protective role and function of education settings in this context of violence prevention. They call for Ofsted to update their assessment toolkit in terms of the capacity for education settings to support suspended and excluded children, including how young people are supported whilst out of school, alongside the transition back into school which is often neglected. Furthermore, Brennan and Cornish (2025) identify significantly elevated risk of involvement in serious violence up to a year following a period of exclusion.

The Training Offer

The offer consisted of three linked strands:

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

The Logic Model: Findings from the survey and focus groups are presented linked to change mechanisms below.

Who is the intervention aimed at	**What is the intervention**	**Outcomes: Change mechanisms** (How is the intervention meant to work)	**Outcomes: Staff & children** (What difference will it make)
All school staff	Two days training on trauma-informed approaches in education Twelve months of support & supervision to help school embed the approach Review of school policies by the training provider to help adopt TI approaches on a systemic level	Staff can define and understand trauma and the impact it has on children and young people Staff can support children who might be dealing with trauma	Staff will be more aware of how trauma impacts on YP and this will be shown in their responses Staff are more compassionate to children Staff will be more aware of the impact of dealing with trauma on themselves

Refresher Training November 2024

Refresher training (8 hours) as outlined below was attended by 36/39 staff at the school site and revisited the concepts explored during Phase 1 of the evaluation. An overview of Day One and Two training from Phase 1 is provided below:

- Recognising and understanding the impact of trauma
- Application of knowledge to practice in the classroom
- Moving from behavioural to relational responses
- Recognition of trauma responses in parents and staff
- Reflection and self-care
- Use of PACCE (playfulness, acceptance, curiosity, compassion and empathy)

Overview of Day One Training

The Power of Attachment, Connection & Relationships Training Content

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

Day one examines neuroscience and developing brain architecture, exploring the impact of trauma on brain function including the way risk and fear are processed and linked to emotion/decision making. This makes connections between early trauma and life course development examining social engagement systems and stress responses. The notion of children as inherently resilient is challenged, anchored in understanding children's brains as malleable, and influenced by their social interactions. An exploration of attachment styles is also embedded in day one. The role of shame and terror in relation to trauma, harm and abuse are examined, including how such experiences distort perception of self and the ability to trust others, particularly adults. This is contextualised to a school environment illustrating how this can lead to a range of difficulties that impact on the behaviors, academic ability, and social interactions. The concepts of PACCE and DPP underpin relational approaches to training.

Overview Day Two Training

Working Relationally within Schools

- Neuroscience (continued) exploring the role of the vagus nerve

- Defining trauma
- Social systems
- Supporting transition and change
- What traumatised children need and how educators can provide this: 'connect before correct'

Day two explored the theory and concepts of attachment with a continued focus on neuroscience and brain development. This was with specific reference to the developing brain in the face of risk, fear and trauma, examining fight, flight and freeze responses. The effects of unresolved trauma are explored highlighting the types of behaviours school staff might see and observe which originate from a basic lack of safety. Emphasis is placed on the importance of relationships, regulation and reflection underscoring the principle; '*connect before correct'*. The final part of the training examined the impact of behavioural approaches versus more trauma-informed and connected responses, offering guidance as to 'what works.' Practical exercises were used throughout to aid learning.

Evaluation Findings

Survey

Event	Numbers of Staff	Percentage
Refresher Training	36/39	92%
Survey	21/39	53%
Focus Group x 4	26/39	67%

Characteristics of Time 3 Survey Participants

Most participants identified as female and of White ethnic background. As with the first and second surveys, respondents held a variety of roles across the school, including administrative, learning support, teaching, and senior leadership positions. The majority were in teaching roles. 36 staff completed the training and 21 staff completed the survey, meaning that 57% of staff eligible to complete the survey did so. This is consistent with the response rate from the Time 1 and Time 2 surveys. All but two respondents attended the first training day, allowing for reasonably reliable comparison of the results across the different phases of this intervention.

Understanding of trauma

84% of staff already felt that they had a good understanding of trauma and its impact on pupils' behaviour when first surveyed. This increased over the course of the intervention to 100%. Notably, the proportion of staff who *strongly agreed* rose significantly, increasing from just 8% to 47.62% over the same period.

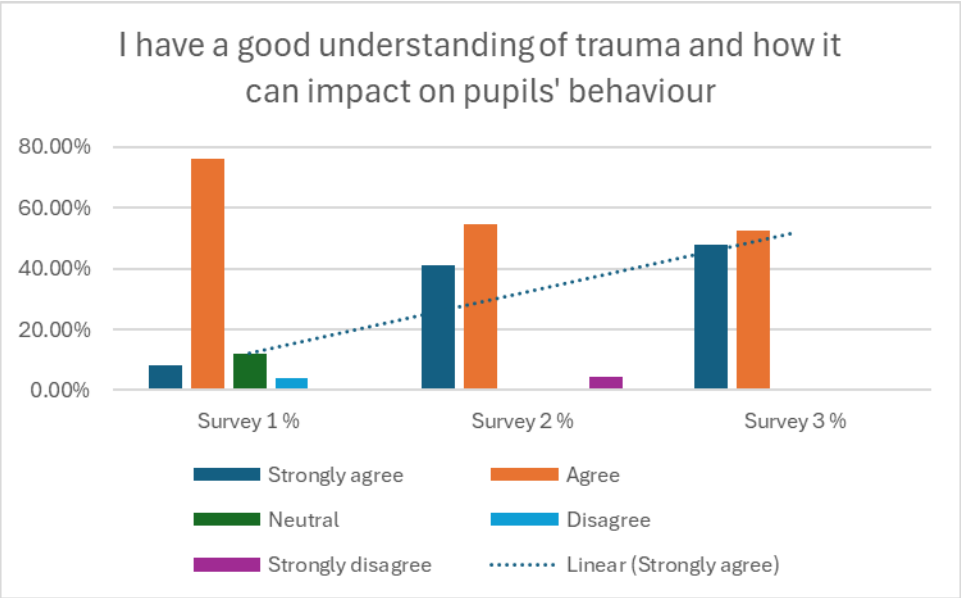

Figure 1: Percentage of respondents who report having a good understanding of trauma and how it can impact on pupils' behaviour. Similarly, the proportion of staff who feel that there is a *shared understanding* of trauma, its effect on pupils and their role in supporting pupils has risen from 36% in Survey 1 to 90.48% in Survey 3, and the proportion of staff who feel that staff consider pupil's past experiences in how they respond to pupils' behaviours has increased from 40% to 90.48% over the same period.

Belief that school staff can make a difference

Whilst the belief that school staff can make a difference to children who have experienced trauma has always been positive, it has become more firmly embedded over time, as reflected in the increase in respondents who strongly agreed with the statement – from 56% in Survey 1 up to 85.71% in Survey 3.

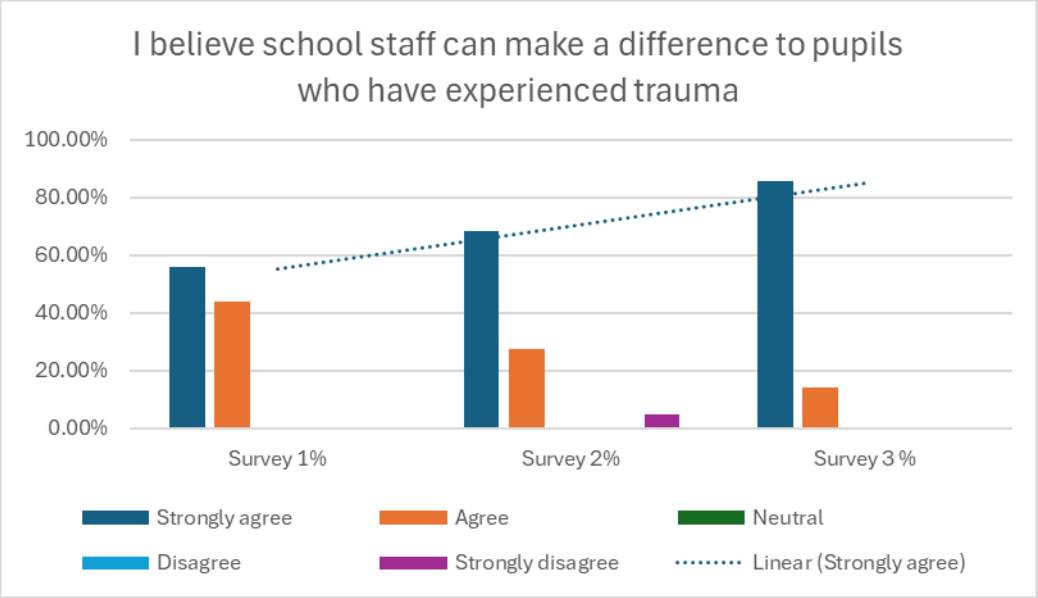

Figure 2: Percentage of respondents who believe that school staff can make a difference to pupils who have experienced trauma

Managing challenging behaviour

The proportion of respondents reporting that they feel overwhelmed when a pupil displays challenging behaviour has decreased from 28% in Survey 1 to 19.05% in Survey 3 (Figure 3). Interestingly, neutral responses to this statement have persisted over time, suggesting that there may be a need to provide ongoing support for staff managing such situations. Encouragingly, most staff feel able to manage their emotions when a pupil displays challenging behaviour, and this has stayed relatively stable over time, with a slight increase (90.4% up from 84%). There is also an increase in the proportion of respondents stating that they use a range of strategies to respond to pupils (95.24% up from 84%).

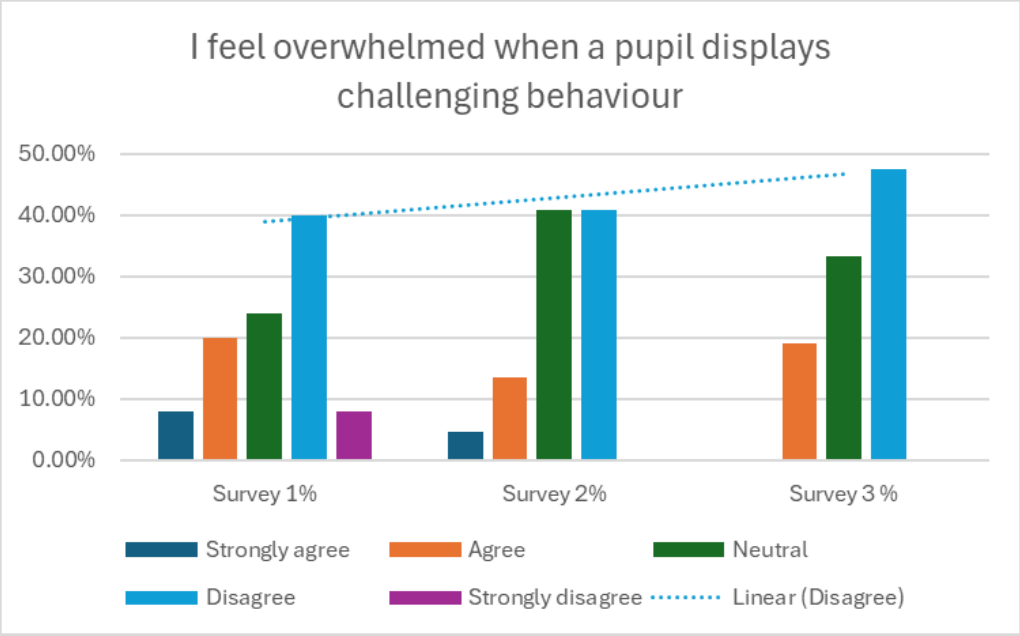

Figure 3: Percentage of respondents who feel overwhelmed when a pupil displays challenging behaviour

Staff confidence

Staff confidence has increased over time in key areas such as helping pupils manage their emotions, identifying triggers and behavioural patterns, and providing a safe environment for children who may have experienced trauma, as reflected in the growing proportion who agree or strongly agree with these statements, seen below in Figures 4, 5 and 6.

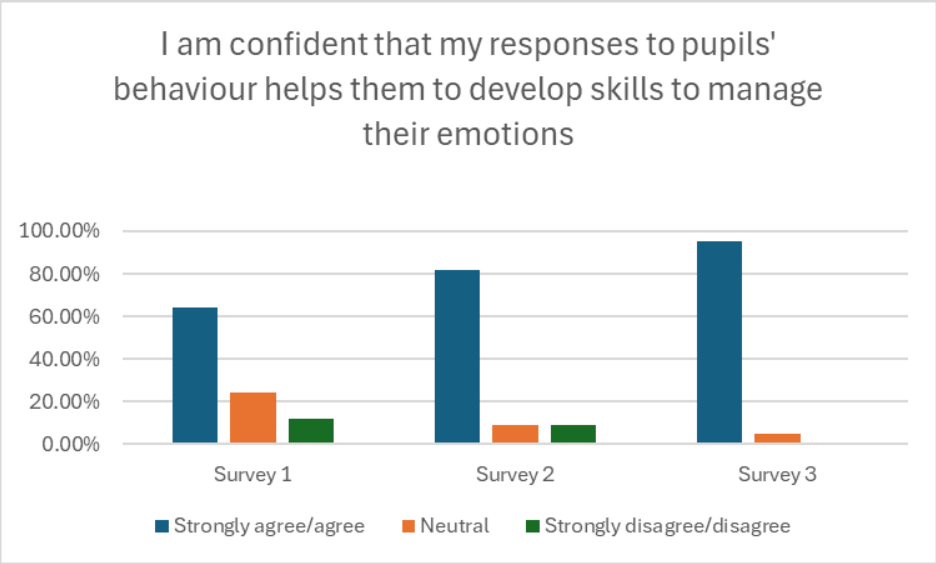

Figure 4: Percentage of respondents who are confident that their response to pupils' behaviour helps them to develop skills to manage their emotions

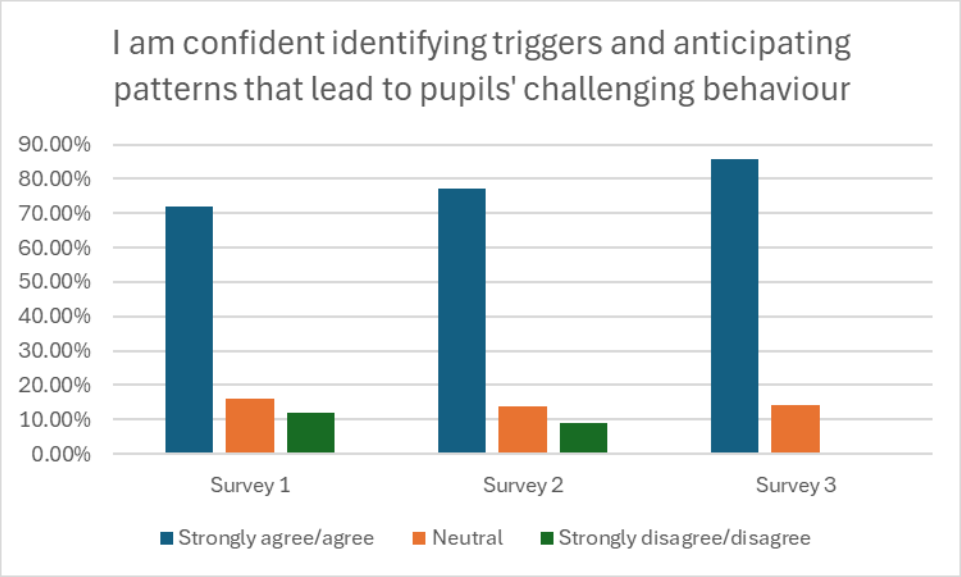

Figure 5: Percentage of respondents who are confident identifying triggers and anticipating patterns that lead to pupils' challenging behaviour

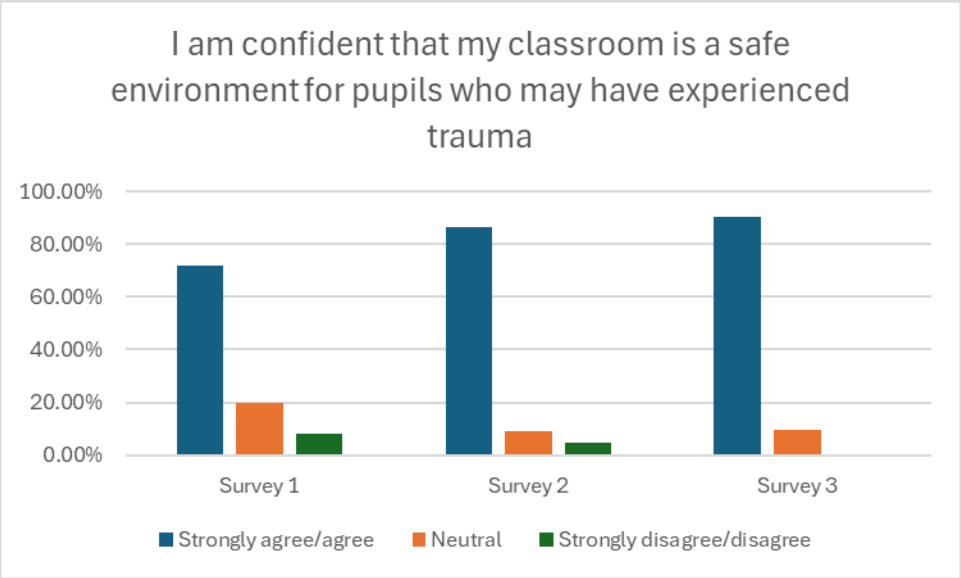

Figure 6: Percentage of respondents who are confident that their classroom is a safe environment for pupils who may have experienced trauma

Opportunities for discussion and problem solving

There has been a significant increase in the proportion of respondents who say that there are regular opportunities to discuss and problem-solve issues relating to individual children and behaviours – up from 28% in Survey 1 to 80.95% in Survey 3.

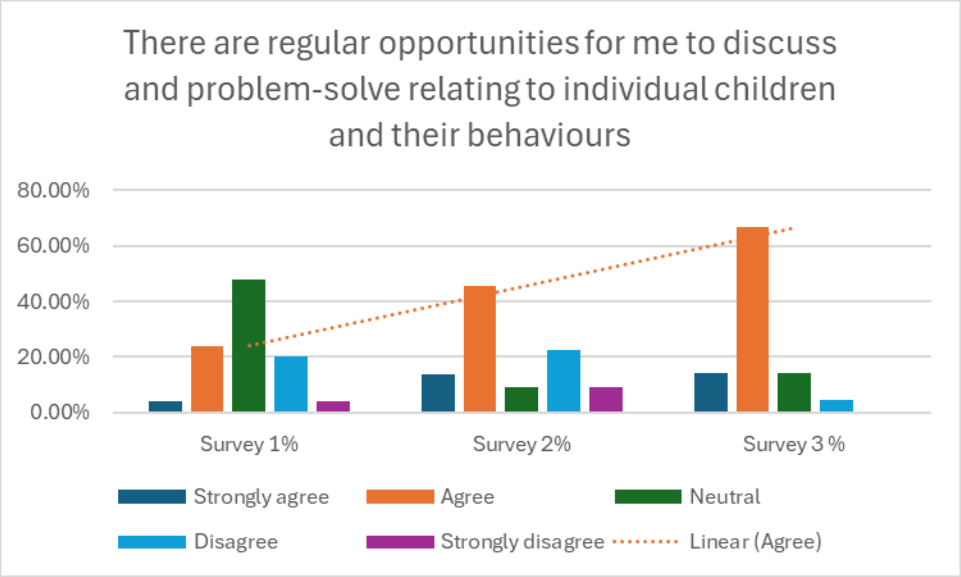

Figure 7: Percentage of respondents who say there are regular opportunities for them to discuss and problem-solve relating to individual children and their behaviours.

Finally, respondents broadly agree that the school behaviour policy allows for a differentiated response, reflecting individual pupils' needs, and this has increased over time – up from 68% in Survey one to 95.24% in Survey 3.

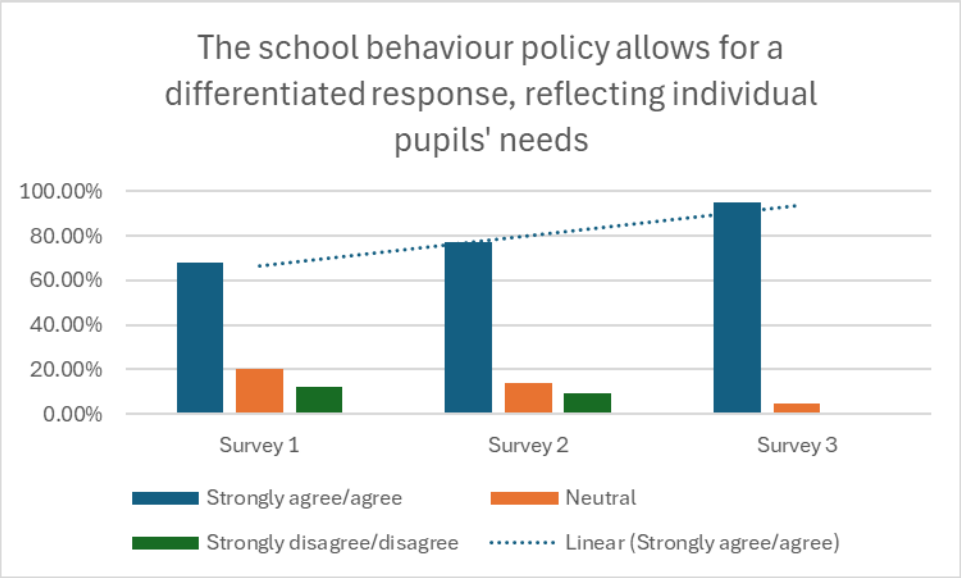

Figure 8: Percentage of respondents who say the school behaviour policy allows for a differentiated response, reflecting individual pupil needs

Overall, staff understanding and confidence in trauma-informed approaches improved significantly over the course of the intervention. There was a notable swing from neutral/negative responses to positive responses in the areas of shared understanding of trauma (+54% more positive responses from Survey 1 to Survey 3), opportunities to discuss and problem solve behavioural issues (+52.95%),

consideration of how past experiences may impact pupils' behaviour (+50.48%) and confidence in helping children to manage their emotions (+31.24%). There was also evidence that staff who had previously agreed with certain statements shifted to strongly agreeing over time, indicating a deepening of confidence and competence in adopting trauma-informed approaches.

Focus Groups

Four face-to-face focus groups were held in January/February 2025 that were very well attended (26/39 staff attended meaning an average of 67%) by a wide range of staff from administrative assistants, nursery staff, learning associates, teachers, safeguarding leads and senior leaders. All were White British and the majority were female.

The Training, Supervision & Policy Review

Whole school refresher training (8 hours) was provided to all staff by Time to Listen. Simultaneously, there were other training opportunities for staff at the school and the book/conference 'When the Adults Change' by Paul Dix was mentioned several times. The first phase of training was experienced as impactful by some, with reference to the importance of everyone having access to the training and the benefit of having an external trainer:

> *It was quite important to have an expert come in and tell you because they had a really in-depth knowledge* (FG1, Learning Associate).

The second phase of the training was described as detailed and in depth, with bespoke examples that brought the impact of trauma to life. The trainer (a qualified social worker) understood the demographic of the school alongside the needs of the children and staff, illustrating the benefit of training that is tailored to the needs of the school. The trainer was clearly skilled and knowledgeable with consistent feedback across all focus groups:

> *It's made us stop and think what else is going on to make them like that...It's a behaviour they're showing as well as the children, so I've taken a lot from that part* (FG2 SLT)

> *The examples she gave were a big eye opener. She encouraged us to reflect on how those examples would reflect in our own personal lives and in our professional. When we're in the classroom, we don't realise how much goes on, on the outside.* (FG4,Teacher)

The refresher training included discussions about trauma for parents and carers, invoking some deeper reflection about the roots of children's behaviour;

> *As you get more skilled at working like that for the children, you're automatically going to start to apply that to the family.* (FG2 SLT)

There was evidence of a maturation process whereby the training itself and impact of such was observed to be more embedded within school culture. This finding was triangulated across all staff roles which is important to create a predictable and consistent environment for children and staff, an essential element of managing trauma and aiming to avoid re-traumatisation. This is a notable shift from the first evaluation phase illustrating a more confident approach amongst the staff team characterised by collaboration and compassion:

> *There's more people using that approach now, so it's more throughout the school rather than just pockets of people who would work like that. I think that you can see it throughout the school now* (FG2 SLT).

This changed culture defined by a cohesive and consistent approach has been achieved via multiple practices at every level of staff, underpinned by strong leadership and policies that reflect trauma-informed approaches. The Senior Leadership Team discussed how they had rewritten key policies, made them simpler and more user-friendly, and positively reframed the behaviour policy. They have also standardised and simplified the rewards system to ensure that all children are treated fairly and consistently. As highlighted in our previous report, the training has provided a formal focus to name and identify trauma, but there are many informal mechanisms that support this infrastructure. Talking about trauma, children and crafting individualised, compassionate responses has become part of day-to-day business. There has been natural progression and growth since our last report, underscoring the need for a long-term approach to embedding trauma-informed approaches in any organisation:

> *It's not a quick fix. You're not going to do one training course and suddenly everything is sorted* (FG3, Learning Associate).

Creation of a transformative culture in the school had meant trauma-informed responses within the staff group had become more consistent and habitual, but the significance of trauma-informed leadership was underscored on many occasions. Leaders who can self-regulate and advocate for

children who may be displaying some very challenging behaviour, are modelling trauma-informed responses to staff and children, that can have a very positive impact on their staff teams:

> *It's from the top. She [Headteacher] lives and breathes it. She lived and breathed it before, three headteachers ago, before it was called trauma informed…she always embodied it. She sees the whole child and everything around them (FG2, SLT).*

Support & Supervision

Part of the intervention was the offer of formal (clinical) supervision by a trained psychotherapist (who was also a qualified social worker) from Time to Listen. In the previous report, formal supervision was recognised as valuable; however, it was also noted to be difficult to schedule within a busy school environment—particularly for staff who work only during the school day and are required to be face-to-face with children throughout. Furthermore, take up was low in Phase 1 as the term supervision was not well understood in education settings, whereby it was perceived as predominantly a performance management tool, indicating that a different phrase such as 'support' would be better received and understood. During this academic year, group supervision was provided by Time to Listen for four members of staff who support children with complex needs.

She reflected that her aim was to build psychological safety and ensure that participants had an opportunity to discuss the children and their needs, and themselves. Participants also discussed how situations where they may have previously experienced shame or anger (for example, when a member of staff stepped in and took over), now made them feel supported and grateful. Something about the value of external input. The headteacher confirmed that, in addition to formal supervision, there is an open-door policy with staff able to access herself and the SENCO for advice and guidance, guidance and support from outside agencies and CPD opportunities for all staff.

Staff can define and understand trauma

Powerful shifts in understanding the nature of trauma and how this might manifest in a child's behaviour were evident. Staff had developed a more nuanced understanding of trauma connecting the home environment to the school setting. This finding was consistent across the staff group at every level, from administrative/reception, learning associates, teachers and the senior leadership team:

> *... it certainly opened our eyes to what the children were coming into school with. It's not necessarily what they're here dealing with. It's what they're coming in that we don't know about that's happened before coming to school. They may have had a bad night. They may have not slept. They may well have had a bad morning. Understanding that, it's not just what*

they then are hit in school with, but knowing what they're coming with, and it could be a build up over time. (FG3 Learning Associate)

It's a bit like when you haven't been fed. If you haven't had any breakfast, that can be a trigger for you that you're being asked to read but you're absolutely starving. You've got a barrier there straightaway. (FG4, Teacher)

For us to have it as a whole school...the office staff were in, the dinner lady...everybody was there, and I think it really helped to have the whole school approach, and I think all schools should have it, I really do. (FG1, Teacher)

Staff demonstrated an understanding that children who have experienced trauma will not be ready to learn if they are dysregulated, with implications for academic attainment and behaviour. Staff understand that without emotional regulation academic ability can be significantly impaired:

...yes, SATS and tests are important, but if you don't get the emotional state right first. They're not going to learn. The SATS aren't going to be any good. It's a cycle and it keeps going round (FG1, Learning Associates)

Participants used the language of trauma and trauma-informed approaches confidently and accurately throughout the focus groups. They were able to explain, with reference to relevant theory, why children may behave in different ways in response to traumatic experiences, and a range of strategies for supporting them in the moment and over a longer period.

Staff can support children who are dealing with trauma

Greater understanding of trauma has led to changes in practice, meaning that staff are better equipped to support children who are dealing with trauma. This was demonstrated in several ways across the data but one of the key elements was the capacity to respond to a child's individual needs, whilst also reflecting the need to regulate across and within many of the school systems and policies illustrating the key role of systemic change.

There were lots of examples of a whole school approach to supporting children who are dealing with trauma. On a practical level, this included the introduction of 'Soft Start Mondays' and Sensory Circuits' at the end of the day, both of which function to regulate and sooth. The leaders and staff recognised that Monday mornings had become increasingly difficult as many children had experienced

uncertain and dysregulating weekends and simply could not concentrate on learning, requiring a different approach on Mondays to re-regulate, as described below:

> *On a Monday morning now, rather than starting with the lesson straightaway at 9am, we have a soft start throughout school where the whole school does a calming… it's usually a drawing activity, an art activity, and the children have the opportunity to do a circle and talk about their weekend or their feelings. It's a gentler way to start the school week. That Monday morning… because we don't know what's happened previously. That Monday morning you literally take a breath. They come in. they know when we're going to get into our routine, but we have just that pause, and it is something nice. It's something where they're sat and they're calm. They're together as well, part of our team, the name of our class, so they're part of that family within the school too, and it is just literally exhale and then we'll go from here. We'll have that soft start for fifteen minutes, and then we'll get into our day. (FG3 Safeguarding Lead).*

Sensory-based interventions (SBIs) are activities that are aimed at supporting children to regular their sensory input, to help improve their concentration and associated learning behaviours and participation. The school have started using SBIs such as Sensory Circuits, which typically involves children following a pattern of activities designed to help them feel alert, organised and then calm. The circuit is available all day for pupils who need a reset. Targeted children have a 1-1 or group session at the start and end of the day to support transitions in and out of school. Staff report that not only are these approaches providing children with opportunities to self-regulate, but they are also supportive for families:

> *We have some children that do it just before they go home…parents are really, really, enthusiastic about that. I have a boy in my class that goes, and his mum said most days he has them he's a lot calmer when he goes home, so it's having an impact.* (FG2, SLT)

There was also a clear understanding of the need to respond individually to children in a state of dysregulation. Staff across all levels described a myriad of ways in which they may respond to children according to individual need, demonstrating that this practice principle is well embedded across the school. Each classroom has a designated safe space to support children's self-regulation, and staff shared numerous examples of how these are used in practice, underpinned by an understanding of how and why it helps the child:

In KS2 a lot of us have areas, reflection areas that we know they can go into...It's not because they're choosing not to do the work. It's because they're not ready to work (FG1, Learning Associate).

Individualised responses included allowing children to sleep, take time out in a safe space, run on the playground (monitored from a distance), sit with a trusted adult, contact a parent or carer during times of distress, or eat their favourite food to support emotional regulation.

…in Year Three we've got quite a few children who certain things will disrupt their mood, and it may be that it upsets them. They get angry. They get physical with other children. They get physical with us, and again it could be anything that would set that off. To regulate, it depends how we can get them to come down a bit off that precipice…It's not one-size fits all. You have to adapt for each individual child.
Interviewer: Has that changed since you've had this training?
Yes. Definitely. (FG3, Learning Associate)

Where possible, children are supported to remain in the learning space:

...before they would be sent out, but now they're supported to go to the reflection area and just have some time out there, read, lie down, and then they can reset...But they are still part of the class...and that's having some positive effect because it's that feeling of shame when they're having to leave the room and sit outside (FG2 SLT).

A key element of trauma-informed approaches in education is supporting children by listening with empathy and helping them to 'name the pain'. Staff will take time to validate how children are feeling whilst still holding a boundary. Here we can see that trauma-informed approaches are not a 'free for all', rather the behaviour is gently corrected, and staff across all focus groups were able to give examples of natural, rather than punitive, consequences. For example, rather than being excluded from playtime, a child may have to miss two minutes of playtime to have a reflective discussion, with staff recognising the importance of outdoor play in helping to regulate children and prepare them for learning.

I can understand how you was [sic] angry...however we all have to be safe and you cannot push another child. (FG1, Learning Associate)

There was some resistance to the removal of more punitive approaches initially, which was resolved through further training and discussion;

... their [staff] questions was 'well, how am I going to punish them?'...But having the second lot of training, and all the CPD [continuous professional development] we're doing, their mindset has changed now, it's not about punishment anymore. [FG2 SLT].

Positive reinforcement is also being used with families;

We've got a number of children that struggle to come into schools, and they come in very heightened and you can see the parents are very stressed. I always say 'But well done for getting them here. That was amazing.' (FG2 SLT).

Several strategies were identified for dealing with more challenging physically aggressive behaviour, which were underpinned by a shared approach to supporting children. The 'change of face' approach relies on trusting working relationships, and was described as a highly effective strategy for de-escalation by all staff:

Change of face, so if the child is dysregulated, say if I've dealt with them for the past the teacher will come across. We'll just say a change of face and we'll swap. (FG3, Learning Associate)

The above examples highlight a cultural shift within the school, and a breakdown of rigid and traditional hierarchies, in favour of a more child-led and collaborative approach. Staff told us that previously issues would be escalated on the basis of seniority but now decisions are guided by "the person who's best for that job" (FG2, SLT). Learning associates, previously contained to one year group, have the flexibility to work across the school, where needed. Their contribution is valued:

We've got some amazing learning associates that are just…they're like Zen Masters, and their approach is best before we step in because we're authority figures (FG2, SLT).

When asked about the impact of these changes to policy and practice, staff were able to point to improvements in several different areas, as outlined below.

Improvements in behaviour and emotional regulation

Staff described noticeable improvements in children's behaviour and emotional regulation with a focus on inclusion and helping children remain in school settings as a priority. Crucially, it appears that staff have been able to equip children with the tools to manage difficult emotions and situations:

> *Behaviour is more settled. The children are more engaged with their learning.* (FG3 SLT).

> *They will be back to learning more quickly than they previously would have been, so that time out can be much shorter because they know it's our aim to help them to get back to learning* (FG2, SLT).

> *Children will say 'I need five minutes reset', and they'll go and sit outside for five minutes and then bring themselves back in, so they know how it works* (FG1, Learning Associates).

Positive attitudes towards learning and challenge

Staff were able to articulate how children appeared to be able to better cope with challenges in the learning environment:

> *…the teacher I work with, she's been in year six for a few years, and she is really pleased with their attitude to learning and their resilience, so not looking at numbers, but just the way they apply themselves, the way you give them a challenge and they say 'Right, okay, let's do it.' Whereas before, we'd have slamming doors and 'I'm not doing it.'* (FG2, SLT).

Improved academic outcomes, despite a high level of complex needs

We explored whether these positive behavioural changes were reflected in academic performance. Participants highlight improvements in literacy outcomes and key stage assessments, "…our KS2 results have improved. They increased dramatically…They keep improving (FG2, SLT)." Notably, progress is viewed as being significant within the context of a higher-than-average proportion of pupils with Special Educational Needs and Disabilities (SEND). This suggests that trauma-informed practices may be helping to close attainment gaps by creating supportive environments more conducive to learning.

Staff are more aware of how trauma affects young people

Evidence across the whole staff group strongly demonstrated enhanced awareness of trauma and the impact of such:

> *I feel, as a receptionist, I am around the children a lot, so you look into it a bit more and just doing the training finds out more about the children when I'm around the children at playtime and things like that* (FG3, Administrative Staff).

Staff show understanding of how trauma may lead to emotional dysregulation;

> *...they're under the table because they're scared. They're under the table because they cannot cope. They're telling us they need support* (FG1, Learning Associate).

They also recognise how measures based on behavioural approaches (such as a traffic light system) that are designed to help teachers manage behaviour, but often experienced as shaming by the child, may be counterproductive:

> *...every single time you'd use it, it would make things worse...Traffic lights have gone, so there's no shame, much more positive, green dots, green dots!* (FG1, Learning Associate).

There was a new understanding of how typical school activities, such as non-uniform days, could evoke re-traumatisation responses in children given the unpredictability this can generate especially in households of economic insecurity, leading to the whole school completely re-evaluating the frequency, usefulness and function of such days:

> *I went across to his house and knocked four times to see if I could get in touch with parents to try and collect a pair of pyjamas [for non-uniform day]. He struggled with that all day. We're seeing it from the child's point of view, not why you've not brought it. It's uncertainty for a lot of children because home is uncertain...As soon as we have something such as a non-uniform day or a theme day, that's [their]routine. It can put them in fight or flight, and that's when we have an escalation of behaviours, which is tricky.* (FG3, Learning Associate).

There was also evidence of a growing awareness of the broader impact of trauma, extending beyond individual children to include the perspectives of families, who may have a complex relationship with the education system. One teacher highlighted how parental experience of trauma can shape interactions with school staff:

> *The parents have probably gone through…they're probably feeling trauma themselves, and for some parents coming into school and talking to a teacher, no matter how lovely we are, is terrifying...It does take until…until after Christmas, the parents don't generally like you. Until they get to know you and they know you are a nice person, you're doing the best for their child, until you've had that initial parents' evening, they do see you as a threat, so it's really important to build… because you gain their trust, and they do come to you and speak to you.* (FG4, Teacher)

This quote illustrates a trauma-informed approach can lead to a clearer understanding of the time, consistency and empathy required to establish psychological safety for all members of the family, so that the school can work in partnership with the community it serves.

Staff are more compassionate to children

A changing and changed culture was evident in which the context was enhanced compassion and understanding to children and their parents. This quotation illustrates change over time, in tandem with a flexible approach couched in compassion for what children might be dealing with at home that could impact on learning:

> *We would have had a set of school rules and an expectation that those rules were for everybody, regardless, and you followed those school rules, and if you didn't, there would be a consequence, whereas now our school rules have been simplified. We just have three expectations – to be ready, respectful, safe – which are easier for children to understand and link to different aspects of the school day and school building, but there's a complete understanding that not every child is the same, and not every day is the same, so different things will happen. We don't know what the children have come from when they came to school. We don't know what they're worried about going home to, so we've got that greater awareness that our children come with baggage. They have chaotic lives. They have lots of challenges, and we've got to be aware of those and meet individual needs throughout the day, and not just assume they're being naughty or defiant. We know there's a reason for everything that they do*. (FG3, Teacher).

There is evidence that the staff team have reflected on their approaches to teaching and learning through a trauma-informed and more compassionate lens. For example, previously, a child who had not done their reading book at home would receive a text home from school to the parent/carer. Similarly, children who had not practiced their spelling at home were kept in to catch up over playtime. This stopped as there was a recognition that children need the support of their family to carry these activities out, and it was unfair to punish them because of something beyond their control (and potentially beyond the control of their families as well). Staff are also more compassionate to parents, showing an understanding of what may have happened to them, leading to a difficult interaction:

> *...if you've got a parent who comes to you in a morning and starts shouting at you because they've not changed the reading book, it makes you think about what actually might have happened in their house in the morning, and their bucket could have been full before they got to school. So, when they're responding and reacting to you, it's not over the reading book.* (FG1 Learning Associate)

This deeper understanding and ability to view parent and carer behaviour through a trauma-informed lens has helped staff feel more resilient when engaging with distressed or unhappy parents, recognising that "it's not personal." It has also encouraged the development of more relational approaches that support both families and children, such as sending home postcards or making phone calls with positive messages "we're trying to flip it, so they hear from us more for the successes" (FG2 SLT). These new ways of working are paying dividends with staff members, noting that parents are more likely to come and ask for help than they were previously. Extending this further, a trauma-informed approach has engendered a sense of enhanced curiosity in some staff which is enabling deeper and perhaps more difficult conversations to take place;

> *There is more that we are picking up on that maybe went under the radar before, so that's really important as well... the parents are definitely starting to trust us a little bit more, and I've had a couple of disclosures from parents about things that are happening within the home, and that is part of building those relationships and knowing that we're here for the children, but also we will have those conversations with you as parents as well, so that's been really beneficial (FG4, Teacher).*

They enjoy it [attending Maths and English with children]...Afterwards, I gave a positive note to one of the parents, and then he did a positive note back, which was really nice. (FG1, Learning Associate).

There were examples of children becoming more compassionate and inclusive to one another, recognising when they were struggling and needed additional help indicating well embedded change:

Previously, we've had situations where [children would say] 'why did he get to play with that? Why is he going out?' Whereas now I'm hearing 'Oh, they're struggling a little bit.' or 'They need help'. (FG1, Learning Associate)

I think the children know a bit more about equity…They accept that a different consequence is given for different reasons, depending on that child and what's happened…and that's a big switch. (FG2, SLT)

There's no shouting in the school. Nobody gets shouted at. Everybody goes down to the level of the child instead of looking over...You don't hear one voice rise. (FG1, Learning Associate).

Staff are more aware of the impact of dealing with trauma on themselves

Following the training, staff are more aware of their own experiences of trauma and how that may have impacted on them "It made me think about myself, my trauma growing up..." (FG1, Learning Associate). The psychological safety that has been put in place for the pupils appears to have been extended to the staff members too with participants describing a calm and consistent environment with further evidence of a changing culture. Staff said that they felt more able to open up and ask for help, without fear of judgement. Importantly, they described being able to challenge and question decisions openly, speaking to a working culture characterised by equality and transparency. Staff clearly felt valued:

The support from staff, that's changed a lot. I can go on the radio and go 'I need support'. I get members of staff coming to support. I wouldn't have got that before. I've been left to deal with it on my own (FG1, Learning Associate).

We're a really strong team. Me being quite new to the school, I felt massively supported that you could ask your colleague for advice, and that we would share those so it as well. It helped you make decisions (FG4, Teacher).

It prompted me and made me think our team is… we have to look after the wellbeing of each other as well because it's not easy sometimes to be with those children that are struggling because of trauma, and actually we do need to look after each other. It's okay if you do need to have that time out as a member of staff who's with those children. (FG4, Nursery Staff)

These are powerful protective factors to mitigate emotional overwhelm and potentially vicarious trauma. The capacity to be vulnerable without fear of judgement has a value beyond immediacy offering an emotional buffer as an outlet for dealing with difficult situations. This fosters emotional intelligence and openness amongst the staff group, which in turn is modelled to the children. Clearly, this has potential to offset burnout and staff absence because of such. Whilst we did not monitor sickness absence as part of the evaluation, we did explore this with the Senior Leadership Team. They explained that patterns of absence had changed and were generally linked to physical illness, as opposed to stress related absence.

...we deal with the sickness absences. I would say compared to the last year, I would say the reason why they're off this year is genuinely illness rather than mental health. (FG2, SLT)

As in Phase 1, there were examples of connected practice across and between groups of staff, which was more consistent across Phase 2. The culture within the school promoted a help-seeking and support approach in which all staff were encouraged to express their views, particularly when they were feeling overwhelmed or stressed. Staff talked about proactively offering support and being mindful of one another's wellbeing:

Yes, and that has helped with the absence of sickness because...it's everybody's job. Everybody is responsible in this school for every child, so I think our staff are more likely to help each other out more now. If you can see somebody is not feeling very well today, or … yes, something is going on at home, and they're like 'Not today.' Nobody is like 'It's not my job.' They're like 'Not a problem.' They'll step up for them, absolutely. (FG2, SLT)

The support staff, who sometimes are at the forefront of dealing with those children when we are having to take on the role of teaching the class, I think it's definitely

> *helped them to understand it more as well because they understand where I need to step in to support that one child rather than join in with the full class. I do think it's helped across the board with understanding, definitely* (FG4, Teacher).

These are powerful protective factors to mitigate emotional overwhelm, burnout, and potentially vicarious trauma. The connected and authentic nature of relationships in the school enables a sense of support, wellbeing and safety amongst the staff group, which translates to genuine trauma-informed practice with pupils and parents.

Limitations

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

Participants attending a focus group could be considered more motivated to share their views, in either a positive or negative way. There is a risk participants will be influenced by one another, especially if strong views are expressed thus introducing the possibility of bias.

Discussion

Over the course of 3 years the evaluation team have watched wholesale organisational change transform thinking and doing in the school when responding to trauma experienced children and staff. As reinforced in the academic literature, whole school approaches in which all staff work from a consistent approach are considered best practice (Avery et al, 2022; Golding et al., 2019). System change has been an integral element of the change process as multi-level trauma-informed responses have become consistently embedded in day-to-day life of the school across the entire staff group embodying the principles of safety, trustworthiness and transparency, peer support, collaboration and mutuality, empowerment, voice and choice (SAMHSA, 2014). This has taken considerable time, effort and planning, it has been painfully hard on occasion and has required considerable reflection and review. Leaders have held a line of accountability when staff have been unable to see children's behaviour through a trauma-informed lens which has reinforced a consistent approach. Leaders have also been able to recognise and overcome the practical obstacles of implementing TI approaches in a

busy school environment. At times this has been considerable as the challenge of training the whole school, alongside support/supervision, has stretched staff capacity. It is important to note other change mechanisms in the school (alternative training providers and significant changes in staff structure) have contributed to this overall change process; therefore, it is not possible to attribute transformation to this training alone.

Strong and compassionate leaders have driven this organisational change with their knowledge, skill and reflection but most significantly, their modelling of what trauma-informed responses look like in practice. They have successfully created a culture in which staff are able to skilfully respond to children's unique and individual needs, whilst correspondingly, staff have become more confident and compassionate over time. Leaders told us the staff group were more adept in managing children's behaviour and in turn, this was triangulated by the staff themselves via the survey and focus groups. When dealing with children in high states of dysregulation, multiple strategies were recounted by staff at all levels of seniority. There was a high level of emotional intelligence and maturity amongst the staff group who appeared to regulate and co-regulate one another. This was borne out multiple times across all focus groups where staff demonstrated the capacity to contexualise children's behaviour and resist *'taking it personally'.* This is a powerful tool to mitigate overwhelm by sharing the emotional load and reducing the potential for burnout or vicarious trauma amongst staff dealing with trauma aligned with academic findings by Maclochlainn et al. (2022). They found that trauma-informed approaches can have a positive impact on staff wellbeing, ameliorating the impact of burnout and vicarious trauma thereby supporting staff to support children. As with our previous report, we hypothesize that in an under resourced area such as HU9, with a high prevalence of domestic abuse and violence, trauma incidence may be elevated in the staff group. Put simply, this may create a double impact whereby increased levels of trauma in some staff mean they will be dealing with their own personal trauma *and* that of the children vicariously, so they may be more vulnerable to emotional overwhelm. Interestingly, neutral responses to the survey Q.3 (staff feeling overwhelmed) have persisted over time, although reduced overall. There are many reasons for a neutral response, including that staff feel neutral about responding to children, but this requires monitoring.

Furthermore, there is a culture of openness and healthy challenge within the school that speaks to both a top-down and bottom-up working environment. Staff feel heard and able to articulate their views to leaders when they disagree, illustrating a healthy distribution of power where staff are valued, speaking to a culture of inclusion, openness and challenge in which power hierarchies have

been levelled off. Our data analysis and triangulation would suggest this is a psychologically safe environment for staff and children.

Whilst creating consistency and compassionate responses have been a priority, the evaluation has demonstrated that a wide range of creative approaches are utilised whereby individual responses aligned with a child's needs are priority. There were many examples of strategies used to help regulate and de-escalate children. Evidence demonstrates this extends to parents, families and the community as relationships are transforming. Recognising the potential for trauma in parents and the need to avoid re-traumatising to engage children has influenced how the staff team engage with and respond to parents. Using strengths-based approaches when contacting parents to reinforce positive achievements and managing behaviour in school wherever possible have been key shifts in thinking and doing.

What has been achieved over 3 years of the evaluation lifespan has been transformative for the school, staff, and pupils. Cautious findings in Phase 1 have grown into consistent data evidencing change processes, as commitment to the approach has strengthened with time and experience. The school can confidently assert they are trauma-informed, whilst their next challenge will be sustaining such a position. This will require continual review and reflection with ongoing training opportunities.

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