

research
in practice



Islington Trauma
Informed Practices
in Schools



Developing trauma- informed practices in inner London schools - the iTIPS Pilot

Dartington

www.rip.org.uk

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Summary

“Trauma- I’ve only known about it from what I’ve seen on ‘Casualty’!”

There is rising concern about the mental health and resilience of children and young people in schools and, for some children, about challenging behaviour that leads to school exclusions, alienation from mainstream education and, as a result, mounting vulnerability in adolescence. All adults in a school community can create relationships with children which can be supportive or, conversely, damaging.

The evidence suggests that whole school approaches which foster a culture of trusting and supportive relationships across the school between staff and children, and for staff with each other, and which are rooted in an understanding of behaviour as communicating needs, can help children to be more likely to thrive.

During 2017-8, five Islington primary schools, the pupil referral unit (PRU), local authority and NHS, working in partnership, implemented a pilot aiming to embed trauma-informed practice in schools. The pilot was one response to rising concern about many of Islington’s most vulnerable young people at risk, of and from, violence.

There was a shared commitment to trying to improve their trajectories and preventing harm earlier in their lives. Adverse childhood experiences of many of these young people, result in complex trauma and behavioural or emotional issues that often serve as barriers to them engaging successfully with school. This led partners to consider the challenges schools face, and the potential role they can play in ameliorating, but also potentially exacerbating, the impacts of trauma.

Based on emerging evidence from the USA, the partnership implemented the ARC (attachment, regulation and competency) framework; aiming to give school staff more knowledge to understand the way trauma manifests in behaviour, and skills - both to support children in a school setting and to be more resilient themselves.

Initial ongoing support from CAMHS clinicians aimed to help embed these insights into school policy and, through reflective practice, help teachers and other school staff to reflect these insights in their interactions with children.

Changing complex systems and professional behaviour is challenging work. However, at the end of the first year, the partnership found important changes in staff knowledge and understanding, as well as numerous examples of how this had translated into more effective working with vulnerable children and improvements in behaviour - which was evidenced in fewer exclusions and other measures.

Moreover, the desire for all but one of the pilot schools to continue with the work and a new set to begin embedding **iTIPS (Islington trauma-informed practices in schools)** indicates that schools see the approach as feasible. These are promising results and the work is now being rolled out to a third wave of primary and secondary schools, as well as garnering interest from other local authorities.

There is much still to learn about how to implement the approach most effectively in school settings and its potential impact, but also good evidence to show that it has the potential to make a real difference to how schools work with some of their most vulnerable children. iTIPS is now in the third wave, with recruitment for a fourth starting in preparation for September 2020. Just under a third of Islington’s primary and secondary schools are part of the iTIPS community including 15 primary; three secondary schools and the pupil referral unit.

Background

Islington is an inner London borough, characterised by deep inequalities. While a place of significant affluence, it is also a place where over 60 per cent of children live in social housing, where there are high levels of child poverty and it is one of the most densely populated areas in the UK. While many children and young people from all backgrounds thrive, Islington has a range of social challenges typically associated with deprived areas.

In 2014-15 a number of young people in Islington lost their lives as a result of stabbings. These predated the rise in such attacks and fatalities that have had such a damaging impact on young people, families and communities over the last couple of years across London and the UK. The fatal attacks led to considerable local thinking about what more could be done to prevent such harm and a wide range of actions have followed. Local partners posed the collective challenge; what more could have been done earlier in the lives of these children that might have positively disrupted their trajectories?

Increasingly, local professionals working across health, social care, the voluntary sector and education have recognised the prevalence of adverse childhood experiences in the lives of young people, their families and communities. It became clear how these experiences often elevated young peoples' risk of exposure to further adversity, the risk of inadvertent re-traumatisation by services and associated reluctance to access conventional offers of help or intervention. It was clear to all how significant this trajectory often proved to be on young peoples' life chances and that more universal solutions were needed that met children earlier in their lives; and to do so where they were already, rather than requiring them to participate in specific interventions.

A number of local partners began looking at the growing 'trauma-sensitive schools' movement in the US.¹ A partnership was formed between a number of Islington schools and the pupil referral unit, the local authority youth and community and school improvement services, public health, and Islington's NHS through the CCG and Child and Adolescent Mental Health Services, to explore the feasibility and potential impact of such an approach in Islington.

¹ www.traumasensitiveschools.org

Why 'trauma-informed' schools?

The trauma-informed (also called 'sensitive') schools' movement is built on a number of intersecting strands of evidence.

- > Insights from the Adverse Childhood Experiences (ACEs) literature, that childhood adversity has powerful long-term impacts on the health and wellbeing of many of those exposed (Felitti et al, 1998).
- > Emerging neuroscience evidence that is seeking to understand the physiological links between exposure to complex trauma and later life outcomes, through an understanding of children's adaptive responses to adverse experiences. Examples include the over-stimulation of the fight or flight response and the aspects of brain development that are arrested or delayed as a result of trauma exposure during these critical periods of development (Shonkoff et al, 2012).
- > Emerging psychologically-informed models of how better to support children and young people who have been exposed to complex trauma, including approaches that emphasise relationships as interventions to bring about change (Cook et al, 2017).
- > A greater focus on settings where children spend their lives, such as schools, that build connection and contexts that enable children to thrive. Including the insights from these settings can be critical; both in potentially disrupting harmful trajectories and unwittingly exacerbating the impacts of trauma (for example, Dorado et al, 2016).

The epidemiological adverse childhood experience (ACE) studies have demonstrated both the prevalence of ACEs and their link to many adverse outcomes. ACE studies typically focus on children's exposure to abuse, neglect, violence at home, parental separation, incarceration, substance misuse and parental mental ill health. A recent ACE study in Wales identified more than a quarter of adults to have been exposed to two or more ACEs (Bellis et al, 2016).

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

Analysis of all 3137 assessments by Islington Council’s children’s social services in a single year indicates the potential prevalence of ACE exposure in a population of approximately 42,000 children overall. This equates to significant concern about exposure to ACEs: about one in every fifteen children in any given year. Given that different children are assessed in different years, as well as unknown exposure, the actual prevalence will likely be far higher.

The immediate and long-term consequences of children’s exposure to maltreatment and other traumatic experiences are multi-faceted. Emotional abuse and neglect, sexual abuse, and physical abuse, as well as witnessing domestic violence, ethnic cleansing, or war, can interfere with the development of a secure attachment within the caregiving system.

Complex trauma exposure results in a loss of core capacities for self-regulation and interpersonal relatedness. Children exposed to complex trauma often experience lifelong problems that place them at risk for additional trauma exposure and cumulative impairment...These problems may extend from childhood through adolescence and into adulthood.

(Cook et al, 2017)

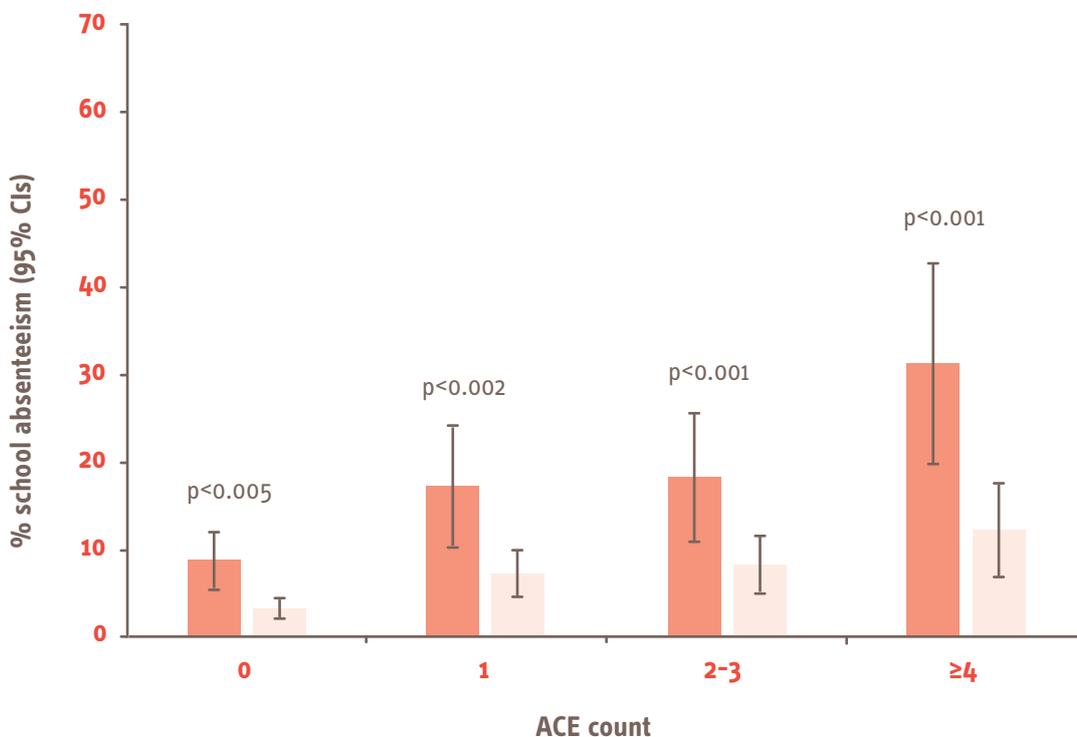
Table 1 - Major factors of concern in assessments by Islington’s children’s social care 2017-8

Domestic violence (physical/emotional/financial/sexual)	2363
Parenting capacity difficulties	1186
Physical abuse	727
Parental mental health	636
Neglect	524
Parental substance misuse	275
Emotional abuse	220
Parental criminal behaviour	149

ACEs have been shown to be strongly linked to children’s school experiences. The Wales study also looked at school absence and showed a strong relationship between exposure to ACEs and high levels of school absence. 5.5 per cent of those with no ACEs missed on average more than 20 days of school per year, compared to 32.9 per cent of those with four or more ACEs. Moreover, the strength of these associations was significantly moderated by resilience factors. Specifically, among those who said that they “had opportunities to apply my abilities in life” and that “I was treated fairly in my community,” levels of absence reduced by over 50 per cent.

Blodgett and Lannigan (2018) also found a strong relationship between number of ACEs and risk of poor school attendance, behavioural issues and failure to meet grade-level standards in mathematics, reading, or writing.

Figure 1 - School absenteeism by ACE score and resilience



(Source: Bellis et al, 2018)

Schools have a key role in supporting children who have experienced trauma. Trauma can influence children's ability to learn, the way they relate to their peers, their behaviour and attendance. How staff respond to children's behaviour can support or exacerbate the feelings children are experiencing.

When schools understand the traumatic experiences of their students, they may be more likely to ask "What has happened to this student to shape these behaviours?", which is more likely to lead to supportive interventions that avoid retraumatisation and teach the student a new repertoire of skills.

(Overstreet and Chafouleas, 2018)

Trauma-informed schools are about:

> Prevention

Creating responsive, inclusive learning environments in which all children can thrive and that recognise the profound benefit for all pupils, but particularly those impacted by trauma, of a supportive and enriching school community which explicitly attends to its members 'felt safety'. Such school communities are intentional in striving to nurture pupils' social-emotional development in a way which is sensitive to their individual needs alongside their cognitive capabilities.

> Early intervention

Understanding how trauma may lie behind difficulties a child is experiencing in school, whether related to school work, behaviour or relationships, and then having the appropriate tools to address these difficulties.

> Staff resilience

Recognising the significant challenges faced by many adults - whether teachers, assistants, school meal staff or others - working with children and young people who have experienced trauma and how crucial their response is in how these challenges escalate or deescalate; and how this, in turn, impacts on staff wellbeing over time.

The aim of a trauma informed school is well summarised by Mabie:

A safe school is one in which the total school climate allows students, teachers, administrators, staff and visitors to interact in a positive, non-threatening manner that reflects the educational mission of the school while fostering positive relationships and personal growth...providing freedom from violence, fear, and intimidation.

(Bucher and Manning, 2005, citing Mabie, 2003)

As Dorado and colleagues write, this is achieved by creating an environment based on:

...principles around safety and predictability, compassionate and dependable relationships, and resilience and social emotional learning (for example, building self-management skills) are all interrelated, and can help to create a school climate that is more conducive to teaching and to learning.

(Dorado et al, 2016)

Dorado and colleagues implemented the HEARTS programme in a number of elementary schools in San Francisco between 2009 and 2014. Their model was based on a whole school approach. The approach utilised the Attachment, Self-Regulation and Competency (ARC) framework developed by Blaustein and Kinniburgh (2018) at the Trauma Centre at the Justice Resource Institute.

The ARC framework seeks to address trauma in three core domains:

- > **Attachment** (for example, supporting adult regulation, self-care and attunement skills, providing an effective behavioural response).
- > **Self-regulation** (which ARC defines as affect/emotion identification and modulation).
- > **Competency** (for example, executive functioning, ability to connect to others, self-development and identity).

Through such an approach, adults in the schools are helped to recognise the experiences that may underpin the behaviour they are witnessing and confronting, understand its impact on them, acknowledge the lack of control a child may have, modulate their responses accordingly and actively build the skills of the child to be able to deal with the relational challenges they face.

Dorado and colleagues' model involved training and support for school staff, alongside a strong focus on leadership within the school in order to influence the school environment. They showed a positive impact on staff knowledge, child engagement with school and overall behaviour, and children's symptoms of trauma. As discussed below, this is the approach the partnership used in iTIPS.

To give greater context to the work locally a baseline pupil survey in the participating mainstream primary schools was undertaken. This provided just under three hundred Year 5 pupils' (9-10 year olds) views and feelings about school, how safe they felt and how supportive and responsive they experienced the adults to be early on in the school year.

In a class of 30 children, the results found that:

- > 4-5 children 'never' or nearly never believed they could talk to teachers about their problem.
- > 3-4 children thought there was 'never' or nearly never an adult at school who listens to them when they have something to say. A further 4 weren't sure.
- > 3-4 children said they would 'never' or nearly never believe that when they need help they will find someone to talk to.
- > 4-5 children 'never' or nearly never felt safe in school.
- > Around 10 children thought there is 'never' or nearly never an adult at school who believes they will be a success. A further 7 weren't sure.²

² While these questionnaires were repeated at the end of the academic year in terms of evaluating the pilot, it was not possible to interpret any changes in pupil reports due to the absence of comparison data to indicate what changes would normally occur during the course of an academic year without the intervention (and so they are not reported here).

The iTIPS approach – objectives and methods

iTIPS was developed in Islington to explore the feasibility and impact of trauma-informed work in schools, through a pilot project with primary schools, Islington's pupil referral unit and community partners.³ Five primary schools took part as did all four sites of the pupil referral unit. This report focuses on the experience of the mainstream schools.

The pilot's initial objectives were as follows:

- > Delivering the ARC (Attachment, Regulation and Competency) framework training programme from Blaustein and Kinniburgh to all school staff and their partners.
- > Equipping staff in Islington CAMHS in schools and PRUs teams to lead ARC in Islington schools in order to work with staff teams on an ongoing basis.
- > Supporting schools, PRU and community staff to embed trauma-informed approaches in their work through regular staff reflection and consultation.

The partnership developed a logic model (see Figure 2) for the work which closely matched that used by Dorado et al in the San Francisco HEARTS programme. The aim was to test the feasibility of implementing iTIPS in Islington schools but with a long-term view to achieving the following outcomes:

- > School, PRU and community staff are better equipped to support children who may be dealing with underlying trauma.
 - a) They can define trauma and understand the impact it can have on children and young people.
 - b) They understand the ARC framework and how they can apply it in their work with children and young people.
 - c) They know ways to respond to children and young people to support their attachment, regulation and competency.
 - d) They feel better able to respond to vulnerability.
- > Children and young people see their school as being a sensitive and caring environment and one in which there is an adult who they feel comfortable talking to.
- > Schools experience improvements in school behaviour and attendance.

The pilot aimed to build on some existing approaches in local schools such as use of restorative practices, the Solihull approach to understanding attachment, the iMHARS framework (see www.islingtoncs.org/iMHARS) for whole school approaches to mental health and resilience or particular behaviour management approaches such as Pivotal (Dix, 2017).

³ Community partners include those within the voluntary and community sector as well as organisations within the 'team around the school'



Figure 2 - iTIPS Logic Model

Implementation

At the start of the project the plan was to provide:

- > Whole school (teaching and non-teaching staff) two-day training facilitated by the licensed ARC trainer or trained local CAMHS clinicians, and attended by CAMHS clinicians and community partners.

Followed by:

- > CAMHS clinician time of half a day a fortnight to provide support for senior leaders in planning and implementing trauma-informed practices and supporting consultation and reflective practice for all staff. CAMHS clinicians were supported by monthly consultation from the licensed ARC trainer.

The nature of complex whole school interventions is that they are unlikely to be delivered in a strictly uniform way. Each school operates in a different way, in terms of internal leadership and different ranges of constraints, while balancing multiple priorities at any given time. A flexible approach to the intervention recognises it is likely to be delivered in different ways, in different settings. Indeed, since one of the core tenants of trauma-informed practice is empowerment, it is crucial that each school should be actively encouraged to implement the approach to suit their community, their staff group and their challenges whilst using ARC to frame developments and pre-existing work consistently with a trauma-informed approach.

Training

Schools are allocated five INSET (in-service training) days a year; using two of these days for iTIPS training demonstrates significant commitment to working towards becoming trauma-informed. Given this, one of the core acceptability questions was “Would whole school staff teams, comprising a range of roles and from the context of different schools, experience the training on trauma-informed practice as relevant to their busy roles as educators and school support staff?”

Schools were able to accommodate the training in a variety of ways, some completing the training as planned over two days early in the school year and others needing to spread the training out over two or three terms - including holding shorter, after-school training sessions (twilights).

The training was facilitated by the licensed ARC trainer in the PRU and three primary schools, and by CAMHS clinicians in two primary schools.

Support across the year: Work with the iTIPS CAMHS clinician

Schools and their iTIPS clinicians used their consultation time in a range of different ways, and through the course of the year their thinking evolved on how to use it effectively. It was agreed at the outset that the iTIPS worker role was specifically to offer consultation and systems level support, **not** to work directly with individual children. This proved an important boundary to hold, and a valuable distinction to make, as schools and clinicians navigated their way through this new way of working and thinking.

Work with the schools included:

- > Consultation for school staff, to think about how the ideas from the training and the ARC framework related to their work. A strong theme across all schools was the challenge of how staff might attend to their own emotional wellbeing in order to be able to remain responsive, attuned and self-regulated in the face of trauma-impacted behaviours. This consultation was organised in a variety of ways:
 1. A rolling programme of class-team (teachers and teaching assistants). consultation with staff released from lessons.
 2. Consultation held after school so staff did not need to be released from class.
 3. Consultation groups with teachers and teaching assistants.
 4. Individual consultation for teachers to think about how to apply the ideas with particular classes or pupils.
- > Running workshops for staff to reconnect with, or further explore, certain aspects of the original training.
- > Review of individual children's support plans as illustrations of trauma-informed practice.
- > All schools' leadership teams were supported to consider how to integrate ARC into everyday practice - either through planning meetings, individual consultation or leadership team reflective practice groups.
- > In some schools CAMHS clinicians were invited to Team Around the School (TAS) meetings, in others this was challenging due to the timing of these meetings.
- > Some CAMHS clinicians were asked to review the schools' existing practices: identifying what was working well from a trauma-informed practice perspective and what might benefit from further development through discussions with staff and lesson observations - for example, how effectively was affect identification and regulation being supported in classrooms?

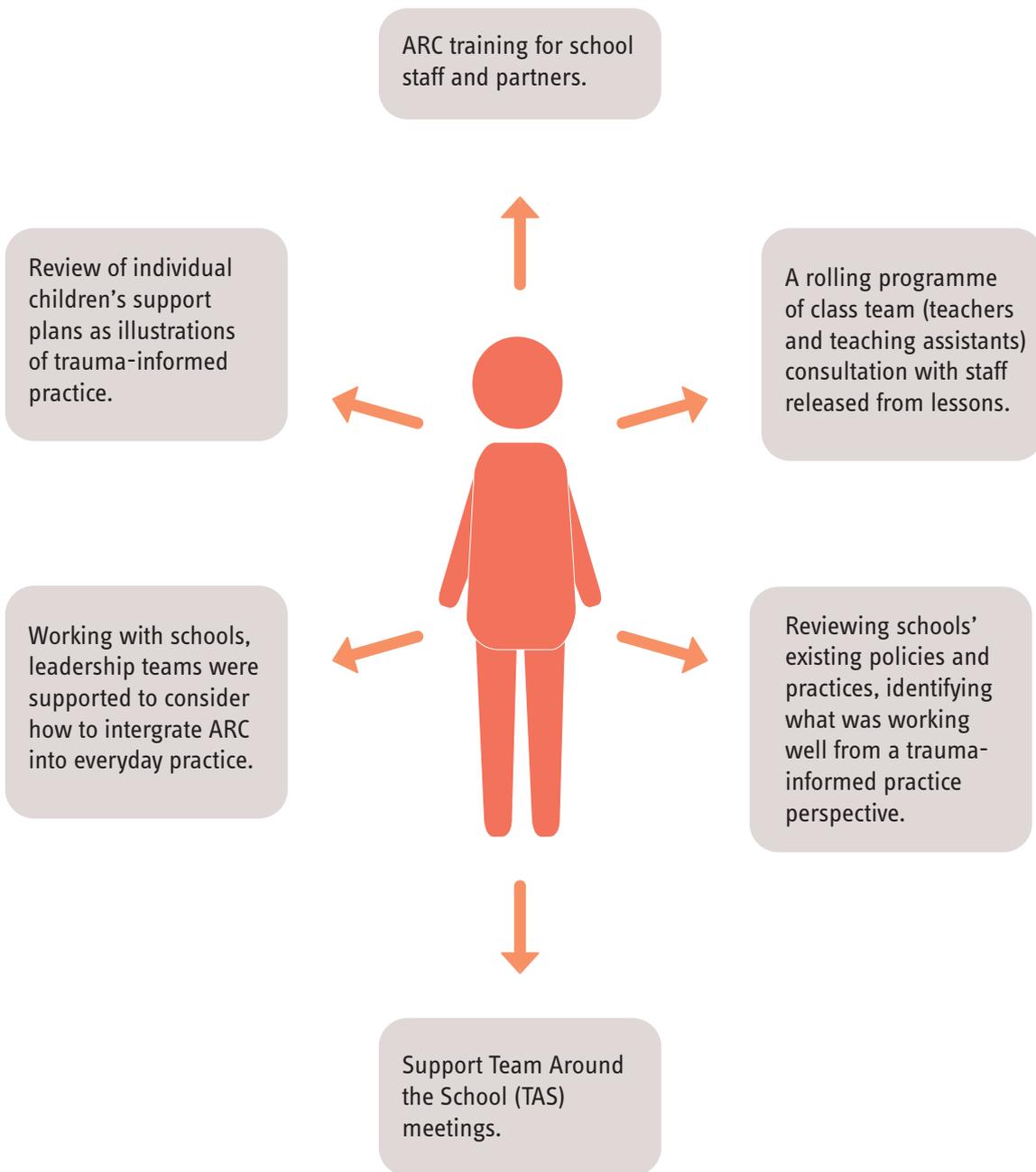


Figure 3 - The role of the iTIPS clinician

At the outset schools were asked to establish a working group to oversee and drive forward the work alongside the iTIPS CAMHS clinician. However, convening this group proved to be challenging for all schools; some schools had one or two main staff members meeting with the iTIPS CAMHS clinician, whilst others did establish a group in the later stages of the year. In part this seemed to be due to practical challenges of coordinating and releasing staff and uncertainty as to how to make best use of this time.

Self-care toolkit - www.arcframework.org

1. Prepare yourself

- > Self talk
- > Have a plan
- > Bring a support team
- > Get a good night's sleep

2. In the moment

- > Deep breathing
- > Count to ten
- > Walk away for a moment
- > Self-affirmation statements

3. Recovery

- > Call a friend
- > Make a cup of tea or coffee
- > Do some exercise
- > Do something you enjoy
- > Try to remember one good thing that happened today

4. Ongoing self-care

- > Have and use a team
- > Make time for yourself
- > Find something that is about you (not as a professional)
- > Basic self-care e.g. sleep, food, health

Figure 4 - Examples of external resources utilised with schools

A tool for staff to work with children around the 'Flight, fight, freeze/flop' stress response
 (Source: www.innerworldwork.co.uk)



What Survival Looks Like In Primary School

 <p>Freeze</p>	 <p>Flight</p>	 <p>Fight</p>	 <p>Submit</p>
<ul style="list-style-type: none"> - Not interested, bored - Confused - Forgetful - Talking about something else - Hard to move through a task - Not listening - Staring into space - Day dreaming - Clumsy - Distracted 	<ul style="list-style-type: none"> - Running away - Keeping SUPER busy - Not coping in free time - Need to be first or at the front - Bumping into people - Avoiding tasks and activities - Baby talk or silly voices - Hyperactive - Giddy and silly - Hiding under tables 	<ul style="list-style-type: none"> - Hot and bothered - Angry and aggressive - Controlling - Lie or blaming - Shouty and argumentative - Pushing away friends - Lonely - Demanding - Inflexible - Unable to follow 'rules' - Disrespectful 	<ul style="list-style-type: none"> - Socially withdrawn - Compliant - Quiet - Unable to think, just yes or no answers - Passive - Resigned - Neutral expression - Alone - Low mood - Head down on the table
<p>If you spend a small amount of time activating the calm part of my brain, you will help me feel safe. Then, you can teach me and I can learn. Help me by...</p>			
<ul style="list-style-type: none"> - Do the task with me - Deep breathing - Tell me I'm safe and ok - Ask me to push my hands down under my seat and lift myself off the chair - Gently wonder where I've gone and welcome me back to the room - Make the task smaller and more predictable - Tell me kindly who I am and what I'm doing - Kindly tell me what you want me to do 1:1 	<ul style="list-style-type: none"> - Keep me close by - Deep breathing - Give me a easy and familiar task - Make things predictable - Tell me I'm safe, show me a safe place or person I can go to when I need to - Kindly talk through what might be tricky - Remind me what I'm meant to be doing alongside my friends rather than singling me out 	<ul style="list-style-type: none"> - Give me a role - Support me socially - Match my energy - Make things predictable - Deep breathing - Connect and show empathy before exploring the consequences of my behaviour - Tell me about changes to the daily routine, especially strangers visiting the school - Accept I might not remember what happened, I was trying to survive what felt dangerous 	<ul style="list-style-type: none"> - Repetitive simple tasks - Weighted blanket - Building with Lego or play-dough - Tell me I'm safe - Deep breathing - Spending time with a trusted adult - Do the task with me - Tell me what to do without showing frustration - I can't cope with being the centre of attention, let me blend in

Evaluating the Wave 1 pilot

The aim for the Wave 1 pilot was to test the feasibility of introducing trauma-informed practice in schools and to begin to explore the potential impact. Evaluating a project running across nine different sites - with different leadership, philosophies, vision and values and supported by eight different people - presented challenges.

An outcomes framework was established at the outset of the project and a range of potential evaluation tools was identified. However, without control schools, other than on widely available behavioural measures, it was decided that some of the approaches would not add value. There was also a commitment to a test and learn approach - gathering feedback from sites refining the approach and developing new tools - as the pilot progressed.

The main components of the evaluation in year one were:

- > Staff survey evaluating the training.
- > Staff survey at the beginning and end of the year.
- > Focus groups with staff members.
- > Workshops with iTIPS clinicians and staff members.
- > iTIPS clinician diaries.
- > Behavioural outcome measures.

Whole validated scales which genuinely tested what it was anticipated iTIPS may influence could not be identified. Therefore a number of questions from different pre-existing scales were used, as well as a range of qualitative approaches and routinely collected schools' data to aid understanding of both the implementation and impact.

This questionnaire (see Table 2 on page 23) was developed by the project leads to capture impact in relation to the theory of change model, since other suitable measures were not found. The twelve questions fell broadly into the three key areas of understanding, application and school systems. Questions were scored on a Likert scales of 1-5 and were completed by school staff prior to training, and at end of the year across all five participating primaries and the PRU sites.

Findings

The findings are discussed below in terms of the logic model:

- > The impact of training
- > Embedding learning into practice: system changes
- > Impact on school staff
- > Impact on pupils

The impact of training

Following the ARC training, evaluation forms were completed by 233 school staff and indicated that the training was very positively received:

- > 77 per cent rating the training as 'very relevant to their work'.
- > A further 20 per cent rated it as 'fairly relevant'.

For many staff the training provided a significant opportunity to consider pupils' behaviour in a different way and to develop a further understanding of the reasons for children's 'behaviours' - supporting a shift from the need to control 'poor behaviour' to considering what pupils may be communicating by their behaviour.

"I need to take a step back to think about what all the other factors are that could be influencing their behaviour. Where pupils are flipping out, it really made me think that's their life and it's my job to help them make sense of their emotions."

In later focus groups there was general unanimity that the training was helpful and informative and that participants felt more knowledgeable about trauma following the sessions.

"I thought it was really informative at the start, to see the examples of it was good. I had never even heard of trauma-informed before. It was really good to see some of the theory behind the behaviours and learn about the way some of the children are treated"

"It's opened people's eyes to what the reason is behind this behaviour. Understanding that the reason for some children's behaviour and the things they do was because of trauma - it was eye opening. Helpful to be able to talk and discuss."

Other themes from the qualitative feedback included staff reporting that they valued being given a single framework to think about their work with children, they valued senior leaders being present at the training and they said it gave them a different way of understanding children's behaviours and of thinking about their own responses.

"The need to look after ourselves and regulate our own behavioural reactions."

Some reported learning different ways of responding to challenging behaviour and the importance of how language is used with vulnerable pupils. Staff frequently commented that they found hearing other staff's experiences to be helpful, and used the training opportunities to reflect on their own practice.

Some participants felt the content had too much jargon, while others felt the information was not readily applicable to their school setting and were keen for more school-specific examples.

Embedding learning into practice: Systemic changes

One of the important impacts of iTIPS has been schools' recognition that to embed and sustain this approach across the school means changing how they approach policy and practice in relation to behaviour. Two schools in year one of the pilot reviewed their behaviour policies to take account of some the trauma-informed principles within the training and the ARC framework. CAMHS clinicians were invited to contribute to this review process.

Despite longstanding positive relationships with schools locally, CAMHS clinicians had not been asked before to contribute to schools' behaviour policies - despite the clear link between behaviour and wellbeing. This indicated the importance of the iTIPS clinicians occupying a different position in relation to the schools in the pilot. This position invited and enabled different kinds of conversations; for example relating to whole school systems and practices, compared to when mental health professionals are invited into schools primarily to provide a clinical service.

Examples of changes to the way schools support behaviour included:

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

Further development of routines and rituals:

Senior member of staff who greets every pupil every morning and evening, by name at the gate; teachers checking in with all pupils in the morning.

Changes in the environment: Providing a space during playtime for pupils to regulate and reflect; increasing pupils' sense of safety by changing fencing in the playground so passers-by cannot see in; changing staffing structures at lunchtime so teaching assistants are engaging with the pupils.

"Our working team, which is formed of teachers, regularly meet the ARC clinician to discuss how best to apply the model and link it to case studies in the school."

"There have been some tweaks. For example, an adult giving a child the desired amount of time and space before dealing with a situation, rather than dealing with it at the time (most adults already did this, but the few who didn't, now do)."

“Behaviour policy has changed - now a consistent system in place for stepped actions and sanctions, all based in restorative justice. These are recorded and followed up by the senior leadership team.”

Two of the schools in the pilot decided to review their behaviour policy and it was encouraging that both of these schools’ staff reported within the iTIPS questionnaire a significant increase in their belief that their school’s behaviour policy allowed for a differentiated response that reflects individual pupils’ needs.

Interestingly, in contrast, staff from those participating schools who did not review their behaviour policies during the course of the year showed the opposite pattern, rating less agreement with the belief that their school’s policy allowed for a differentiated response by the end of the year; perhaps indicating an increased recognition that standard behaviour policies are not typically responsive to the needs of trauma-impacted young people due to their ‘one-size-fits-all’ approach.

Impact on school staff

Impact on staff was evaluated through a pre and post staff survey and through staff focus groups held in all schools during the third term of the pilot. Teaching and non-teaching staff fed into the evaluation.

School, PRU and community staff are better equipped to support children who may be dealing with underlying trauma:

- a. They can define trauma and understand the impact it can have on children and young people.
The survey showed statistically significant improvements in school staffs’ self-rated understanding of trauma and its impact, on their sense that staff in their school have a shared understanding of trauma and their role in supporting pupils.⁴
- b. They understand the ARC framework and how they can apply it in their work with children and young people.
- c. They know ways to respond to children and young people to support their attachment, regulation and competency.
- d. They feel better able to respond to vulnerability.

⁴ A 2 x 6 Anova (Time of testing and schools as between subject variables) was completed. Due to staff turnover in the year, which is often the case in schools, a between subject analysis was used to help identify changes in the staff body as a group.

Across all six schools, staff also reported a significant increase in their sense of having a range of strategies to respond to pupils' challenging behaviour, and in their confidence that their responses help pupils to manage their emotions.

Staff from five out of six of the schools reported feeling significantly more confident in identifying triggers and anticipating patterns that lead to pupils' challenging behaviour and all schools showed a significant improvement in their belief that their classroom is a safe environment for pupils who may have experienced trauma.

During the focus groups, staff described being better able to self-regulate and respond with empathy. While all staff were able to describe the benefits of the training and support, the impact was particularly striking for support staff.

“In the playground, I was always in fight, flight or freeze mode. Now I think before a situation. My colleagues have noticed it. I walk away sometimes when I have to.”

“If there's a scenario where pupils are being difficult, the way they approach the scenario is different. They're thinking more as caregivers now, which underpins the ethos of the school.”

“A few adults have found it difficult in the past to take their own emotions out of the equation and not take personally what is happening when a child is angry, etc. This has definitely improved, however there is still some way to go.”

“They are more likely to consider why a child is behaving in such a way and showing more empathy in light of this.”

A significant improvement was also seen across sites in staff's belief that staff in their school consider pupils' past experiences in how they respond to pupils' behaviours.

Supporting staff in their challenging work with traumatised children is an important part of iTIPS. This was an area for considerable consideration and developments in schools, including how staff support each other:

“It's interesting how we're developing a team approach towards vulnerable pupils in terms of actually entering into a situation to assist another staff member - rather than leaving it to an individual, they're working as a team within the class. I'm noticing it happening more now - staff thinking 'What can I do to step in here?'”

Figure 5 - iTIPS staff questionnaire results by item for all schools combined before training and at end of academic year

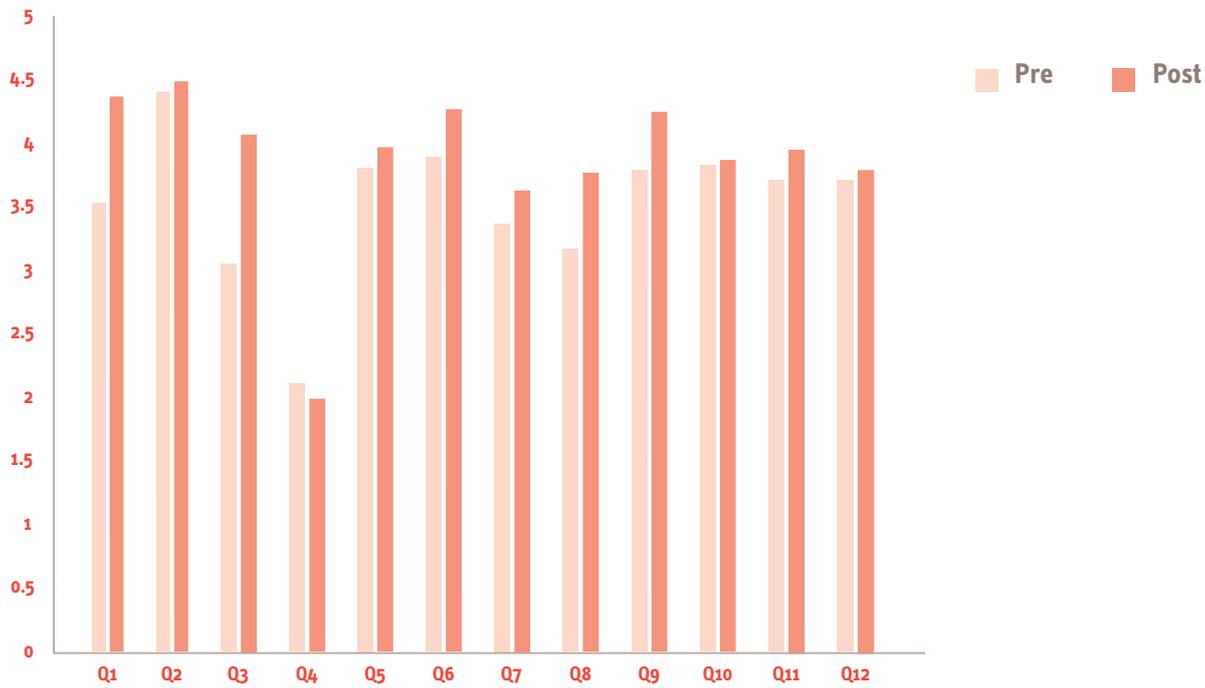


Table 2 - iTIPS staff questionnaire questions

Qs

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

Impact on pupils

If iTIPS is having a positive impact in schools, this should be evident in measures of behaviour; better-supported children would begin to improve their self-regulation; unfolding incidents would not escalate as frequently and schools would feel able to use alternative approaches in dealing with situations as they arise.

Successful embedding of trauma-informed practice in school life should positively impact on a range of measures over time - including the rate of exclusions, both permanent and fixed term, and lower-level behaviour incidents (measured in different ways in different schools).

Work with staff to understand trauma and how it plays out for individual children appears to have increased staff empathy for individuals and led to a more relational response to pupils who struggle in school.

Staff report being able to have more reflective conversations with pupils.

“I now have a method to talk to him, whereas I didn't know what to do before.”

“What I'm noticing in the school is people having trauma-informed conversations with pupils.”

This, in turn, has led to pupils reflecting more on their own feelings and developing more skills relating to regulation.

“We are trying hard to establish the vocabulary within pupils so they are better able to reflect and express themselves.”

“Child A was going into shut-down regularly and not talking; now he's reflecting more, and even talking about the amygdala and the thinking brain. He's been having lots more conversations about behaviour with the staff. He even sometimes apologises for his behaviour.”

One school had an Ofsted inspection during year one of the pilot, and approaches the school had put in place were recognised by inspectors:

“I have seen a change in children. An inspector that came in was told by a child about the dialogue before sanctions were put in place - this felt impressive.”

In year one of the pilot the majority of schools changed their system and policy for recording behaviour incidents. These changes were precipitated by iTIPS and the amendments to school behaviour policy.

In one school where the systems remained the same, behaviour incidents had reduced by a third in comparison to the previous year. The school also reported a reduction in classroom incidents, and fewer children being sent out of class.

“I am definitely noticing, from walking around the school, that more pupils are taking a minute outside of the class to self-regulate, and then returning to learning.”

“One child came to me after an incident in the playground at lunch and said ‘I’ve come to talk to you because I’m really angry about what happened, and I wanted to hit him but I didn’t. I just wanted to talk to you’. The child said he would sit there and wait and talk once I was ready. This child can be very aggressive when he can’t regulate. He’s now telling staff regularly that he wanted to hit people but didn’t.”

“Four children who found following instructions, getting on with their peers, seeing beyond their point of view and dealing with any last minute changes in routine challenging, have all made huge leaps forward.”

Schools experience improvements in school behaviour and attendance

“I’m quite surprised at the difference we’re already seeing. It’s more effective with children who have experienced trauma - it’s reducing conflict in the school.”

“Some children’s behaviours have moved from being dangerous to being brilliant.”

“Generally there is a tangible improvement in overall behaviour for a small group of pupils.”

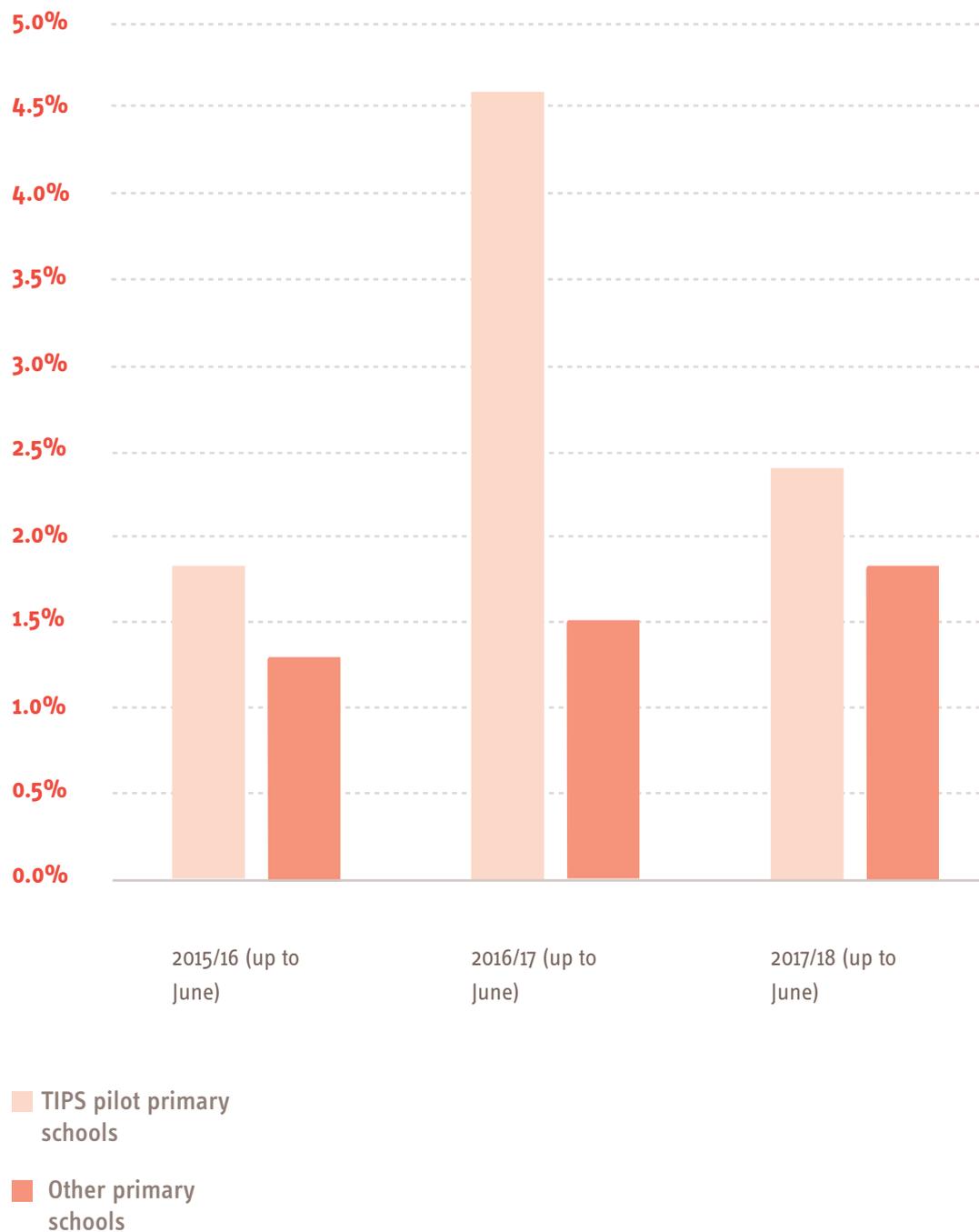
“There have been fewer occasions where pupils’ behaviour has fallen below the expected standard.”

“There have been no internal or external exclusions in the past year.”

Exclusions

- > Looking at the fixed-term exclusion rate, number of days excluded per pupil on roll and the proportion of the school roll who were excluded, the figures for the iTIPS primary schools were, as a group, higher than the average for other Islington primary schools in 2016/17, but in 2017/18 this fell, in contrast to other Islington primary schools.
- > The proportion of pupils who were excluded at least once during each year did not fall by as much as the fixed-term exclusion rates amongst the iTIPS schools. This may indicate that the project is having a more significant impact on preventing children having *multiple* exclusions than on having *any* exclusions.
- > The fixed-term exclusion rate of the iTIPS schools more than doubled between 2015/16 and 2016/17, but then almost halved, year-on-year, in 2017/18. The fixed-term exclusion rate for other Islington primary schools increased slightly each year over the same period (figure 6 on next page)

Figure 6 - Fixed term exclusion rate, iTIPS primary schools vs. other Islington primaries, 2015/6-2017/8 (to end June)



Implementation challenges and dilemmas

Through year one, the professionals involved identified a number of challenges. Some of these were intrinsic to the work (it is hard by nature and presents a professional challenge). Some related to practical challenges of implementation. The former set need practicing and embedding over time. The second set require further development of the model and approach to ensure it is being given the best chance to succeed within the context of the schools.

Implementation dilemmas raised by school staff

Challenges to implementation raised by staff in the focus group included:

- > Frustration at information-sharing protocols meaning staff often did not know crucial information about pupils' experiences, which might help them be more attuned to pupils' struggles.
- > Finding it somewhat overwhelming to think of the extent of the need.

"I feel like I'm finding it harder to set firm boundaries because I'm aware of what they've been through."

- > The need for sustained investment in this approach.

"It takes time to implement things, it takes time to develop the culture and learn, ourselves, how to deal with the emotions...we have too much to do in our job."

- > How to support particular children while maintaining teaching and learning in a class of 30 children.

"They talked in the training about sitting with the children – but there is no time...there are so many needs, a broad spectrum of needs, and you're by yourself with lots of responsibilities."

"It's really hard to have that time to calm down one child, when you have to teach."

- > Lack of time and opportunities for staff to observe each other or share good practice, or meet to discuss and plan how to respond to different children.

"In order to be a trauma-informed school we need to have more time and space."

iTIPS CAMHS clinicians' practice reflections

Due to the complex processes the pilot was attempting to influence, it was interesting to note how feasible and appropriate the iTIPS CAMHS clinicians found the work – as well as what struggles they understood the schools to be experiencing. The iTIPS CAMHS clinicians were asked to complete monthly reflective logs. Analysis of these after the pilot identified the following implementation challenges and dilemmas experienced by them:

- > How best to continue to develop their own knowledge of how to apply the ARC framework in a UK school setting.
- > How best to use their available time if schools struggled to release staff or were unable to meet the iTIPS clinician as planned.
- > How to support the whole school staff teams' development of trauma-informed practices when only meeting with a few key people.
- > How most helpfully to position themselves when staff share experiences of feeling unsupported or not 'listened to' by senior staff or feeling uncontained by current school systems.
- > How to keep headteachers connected and invested in the change process when iTIPS work has been delegated to other senior leaders.

- > How to support school staff to weather the understandable anxiety and resistance created by asking them to make such a significant paradigm shift. The paradigmatic shift was away from considering behaviour as a choice, to understanding difficulties as a lack of skills, *not* motivation. This was challenging and understandably unsettling for some staff, since it led to them questioning familiar structures and processes that offered them containment and a sense of certainty - despite them often not being effective for a significant number of the most vulnerable pupils.

Implementation dilemmas for the project team

- > Making a commitment of two full days out of five for foundational training on the ARC approach proved challenging for several schools. Some schools addressed this through small sessions over the course of the year and this appeared to weaken the impact of the training. Where there is strong existing commitment to the approach this can be addressed through planning early. However, it remains a barrier where school leadership may be more tentative about the approach. Wave 2 and Wave 3 are exploring alternative approaches which still ensure the core training needs can be met.

- > School leadership is vital to making this approach work. The time that needs to be allowed for training and staff consultation, the commitment to reflecting on their school's behaviour policy and thinking critically, will only happen if head teachers believe the approach and framework may have something positive to contribute to their school. Over time for the approach to embed, school leadership need to become strong internal advocates and experts for the work, increasingly taking the mantle over from clinicians who had initially led the development of trauma-informed practice in their setting.
- > For some staff the language of the ARC framework got in the way of accessing some of the concepts, which then required some adaptations. For school staff to really take leadership and ownership there is a need for the approach to be communicated in language that works for education staff. For Wave 2 an iTIPS ARC-informed approach to address was developed, which is rooted in the ARC evidence base and conceptual framework but adopts a language that makes more sense to UK school staff.

- > When the work began there were relatively few practical resources to help staff implement the approach in a mainstream school setting. Over time a growing bank of resources was built, created both by schools in the pilot as well as from elsewhere (see Figure 4) - or co-created to meet particular needs.

Inevitably, raising the importance of staff wellbeing and the need for staff to feel equipped and enabled to contribute to whole school changes brought forth emotive responses. These included challenges that were beyond staff and leaders' sphere of influence, which put the whole organisation 'in survival mode' and created challenges for particular staff groups, such as teaching assistants, who hold crucial but often less powerful positions within the staff body.

With themes connecting to resourcing and pressures facing senior leaders in terms of how 'available' they were able to be, there were no easy solutions but staff reported valuing the space to give voice to their struggles - although at times it left clinicians with dilemmas as to how to most usefully position themselves within the system to bring about meaningful change.

Conclusions and next steps

5 tips for getting started:

1. Understand and communicate how the benefits of this approach can contribute to meeting local challenges (such as youth violence, childhood adversity, mental health).
2. Bring different partners together - providing a range of expertise, perspective, support and reach across the local system.
3. Find school leaders who are committed to trying this work in their school.
4. Recognise the tension between action-oriented and busy schools, and the need to find time for reflection.
5. Find a small amount of funding. It is not expensive but it does require some resources for training and for the ongoing consultation support, which is vital to embed policy and practice change.

There is rising concern about the mental health and resilience of children and young people in schools and, for some children, about challenging behaviour that leads to school exclusions, alienation from mainstream education and, as a result, mounting vulnerability in adolescence. All adults in a school community can create relationships with children which can be supportive or, conversely, damaging.

The evidence suggests that whole school approaches which foster a culture of trusting and supportive relationships across the school between staff and children, and for staff with each other, and which are rooted in an understanding of behaviour as communicating needs, can help children to be more likely to thrive.

All participating school sites, except one, continued implementing iTIPS in year 2. This indicated the acceptability of the approach and is a sign that the approach is contributing positively to school outcomes, despite challenges such as the significant time investment for staff. Again, given the huge and competing demands on school staff, this reflects a considerable commitment by Islington schools and recognition of the unmet need this project is aiming to address - with 97 per cent of school personnel, at all levels, experiencing the training as relevant to their work. Indeed, even the school who chose not to continue, reported remaining highly committed to continuing to develop trauma-informed practices in its own way.

iTIPS has moved into its third year, working with two new sets of schools as well as continuing to work with the Wave 1 sites. In Wave 2 (starting September 2018) six primary schools and two secondary schools started iTIPS; in Wave 3 (September 2019) a further five primary and one more secondary school joined the community. Currently, just under a third of Islington's primary and secondary schools are part of the iTIPS community: 15 primary; three secondary schools and the pupil referral unit; more have requested to join in September 2020.

Both the qualitative and quantitative data discussed above represent promising evidence of the impact this approach can have. Such changes to professional behaviour, teachers' beliefs and perceived knowledge and confidence, and school culture, are hard to establish. That there is, more broadly, already evidence of the positive impact on children and school systems is very encouraging.

While schools in Wave 1 had a raft of existing, relevant practice that contributed to their whole school trauma-informed response (such as restorative practices and a pivotal approach to behaviour management) there seemed to be a benefit in the coherence of a whole school framework offered by iTIPS, both within schools but also in working with partner agencies. The ARC framework helped the pilot to build strategies which support children (and staff) better, rooted in a more comprehensive understanding of their needs.

Moving forward through Wave 2 and beyond, the priorities for iTIPS are to:

- > Continue to develop the evidence base in order to understand what is making the biggest difference in schools and how to maximise its impact, both at a whole school level and for particularly vulnerable pupils.
- > Continue to adapt the model so educational leaders in schools feel confident to embed these approaches into day-to-day leadership and are, therefore, less reliant on specialist psychology-trained support (while recognising that this is likely to continue to play an important role).
- > Develop the model of reflective practice in schools so that staff are able to share their experiences, success and challenges with each other.
- > Form a network of schools developing these approaches so they can learn from each other.
- > Incorporate more opportunities to develop social and emotional literacy in the curriculum, including further developing pupils' ability to understand and regulate their own emotions and behaviour.
- > Consider how to engage parents meaningfully in these approaches, particularly those who face similar challenges at home - including those who may have experienced complex trauma themselves.

References

- Bellis MA, Ashton K, Hughes K, Ford K, Bishop J and Paranjothy S (2016) 'Adverse Childhood Experiences (ACEs) in Wales and their Impact on Health in the Adult Population'. *European Journal of Public Health* 26 (1).
- Bellis MA, Hughes K, Ford K, Hardcastle KA, Sharp CA, Wood S, Homolova L and Davies A (2018) 'Adverse childhood experiences and sources of childhood resilience: A retrospective study of their combined relationships with child health and educational attendance'. *BMC Public Health* 18(1), 792.
- Blaustein ME and Kinniburgh KM (2018) *Treating traumatic stress in children and adolescents: How to foster resilience through attachment, self-regulation, and competency*. New York: Guilford Press.
- Blodgett C and Lanigan JD (2018) 'The association between adverse childhood experience (ACE) and school success in elementary school children'. *School Psychology Quarterly* 33(1), 137-146.
- Bucher KT and Manning ML (2005) 'Creating safe schools'. *The Clearing House: A Journal of Educational Strategies, Issues and Ideas* 79(1), 55-60.
- Cook A, Spinazzola J, Ford J, Lanktree C, Blaustein M, Cloitre M, DeRosa R, Hubbard R, Kagan R, Liataud J and Mallah K (2017) 'Complex trauma in children and adolescents'. *Psychiatric annals* 35(5), 390-398.
- Dix P (2017) *When the Adults Change, Everything Changes: Seismic shifts in school behaviour*. Carmarthen: Independent Thinking Press.
- Dorado JS, Martinez M, McArthur LE and Leibovitz T (2016) 'Healthy Environments and Response to Trauma in Schools (HEARTS): A whole-school, multi-level, prevention and intervention program for creating trauma-informed, safe and supportive schools'. *School Mental Health* 8(1), 163-176.
- Felitti VJ, Anda RF, Nordenberg D, Williamson DF, Spitz AM, Edwards V and Marks JS (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 Preventive Medicine* 14(4), 245-258.
- Overstreet S and Chafouleas SM (2016) 'Trauma-informed schools: Introduction to the special issue'. *School Mental Health* 8, 1-6.
- Shonkoff JP, Garner AS, Siegel BS, Dobbins MI, Earls MF, McGuinn L, Pascoe J and Wood DL (Committee on Psychosocial Aspects of Child and Family Health and Committee on Early Childhood, Adoption, and Dependent Care) (2012) 'The lifelong effects of early childhood adversity and toxic stress'. *Pediatrics* 129(1), 232-246.

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