Guidelines for becoming a trauma-informed school

This guide provides a framework for staff on how to implement a trauma-informed approach within schools. It focusses on recognising and responding to trauma and supporting families and staff.

The guide aims to share the science about the impact of trauma in an accessible format and provide some clear and practical tips for changes that can be made both by individual staff members, but also as a collective.

Centre for **Early Child Development**

Trigger warning

The content within this guide could be triggering to read; please ensure that you are in a safe place when reading the guide and take time to be kind to yourself.

Acknowledgements

Introduction

This guide is universal and applies to all staff working within a school setting. Everyone can play a part in ensuring children feel safe and secure in school, and this includes senior leadership teams, teachers, teaching assistants, support staff, welfare officers, administrative, domestic, and building maintenance staff.

The guide is a culmination of work that has been developed over several years with healthcare, police, and education professionals to produce and deliver trauma-informed approaches training. It integrates theoretical knowledge with research learning from five pilot schools in Blackpool and offers practical tips that you can implement in your school.

The quotes used throughout this guide were gathered from interviews with 573 administrative staff, heads of departments, heads of year, pastoral staff, senior team leaders, teachers, and teaching assistants working in Blackpool schools.

Aims of the guide

This guide aims to help staff understand the impact of psychological trauma on children and offer advice on how to respond in a sensitive and compassionate way.

It will help you:

- Recognise and understand the impact of psychological trauma

- Recognise how trauma may present during the school day

- Utilise practical advice to support the needs of children

- Support the school in becoming trauma-informed

Implementing a trauma-informed approach in schools ensures the whole school is aware of adversity, trauma, and resilience. It ensures there is a commitment to creating a safe, welcoming, and nurturing environment through policies, procedures, and practice.

96% of staff agreed that is it important for schools to apply a Trauma-informed Approach.

What is psychological trauma?

Many children will experience events that can have harmful effects on their mental and physical health and wellbeing. When these adverse events occur, they are commonly described as 'adverse childhood experiences' (ACEs). There are many different types of ACEs that can occur, and these are listed in table 1 below. Studies show that around 50% of the UK population have experienced a minimum of one type of adversity in their childhood, and around 10% report experiencing four or more (Bellis et al., 2014).

There is a significant link between childhood adversity and a range of negative health and social outcomes throughout childhood and later life (Felitti et al., 1998; 2010). There is a growing understanding of how ACEs negatively affect the developing brain and the nervous system (Di Lemma et al., 2019). However, positive relationships in safe and consistent settings provide opportunities to build resilience.

Types of Childhood Adversity:

- Bullying
- Physical abuse
- Sexual abuse
- Emotional abuse
- Living with someone who abused drugs or alcohol
- Living with someone who has been sent to prison
- Living with someone with serious mental health difficulties
- Parental loss through divorce, death, or abandonment
- Racism or prejudice
- Public health crises (e.g., Covid-19 pandemic)

Table 1

"Understanding more that you can actually retrain how the brain can be - not reprogrammed, but it's not just 'in that first two years of life, that is now going to affect them forever'. There is something that we can do at 11 and 12, to hopefully, make things a lot better to support them moving forward."

School Staff Member

Trauma is very common, and children of all backgrounds can experience it.
Evidence shows that those who experience more ACEs will have much higher rates of mental health difficulties, poor physical health and social and emotional problems compared to their unaffected peers. Trauma takes place when a person feels scared, worried, threatened, and unable to cope with an event or situation. When children and young people experience severe and prolonged adversity, it is more likely to cause long-term harm if there is no support or intervention available.

Very young children are reliant on their caregivers to provide nurture, love, and care, and it is through these early interactions that babies and young children learn how to recognise and regulate their own emotions and build the foundations for positive and healthy relationships (Brewin et al., 2000). The effects of trauma can lead to a wide range of physical, social, and emotional delays which can have significant implications on child development and the ability to form secure attachments.
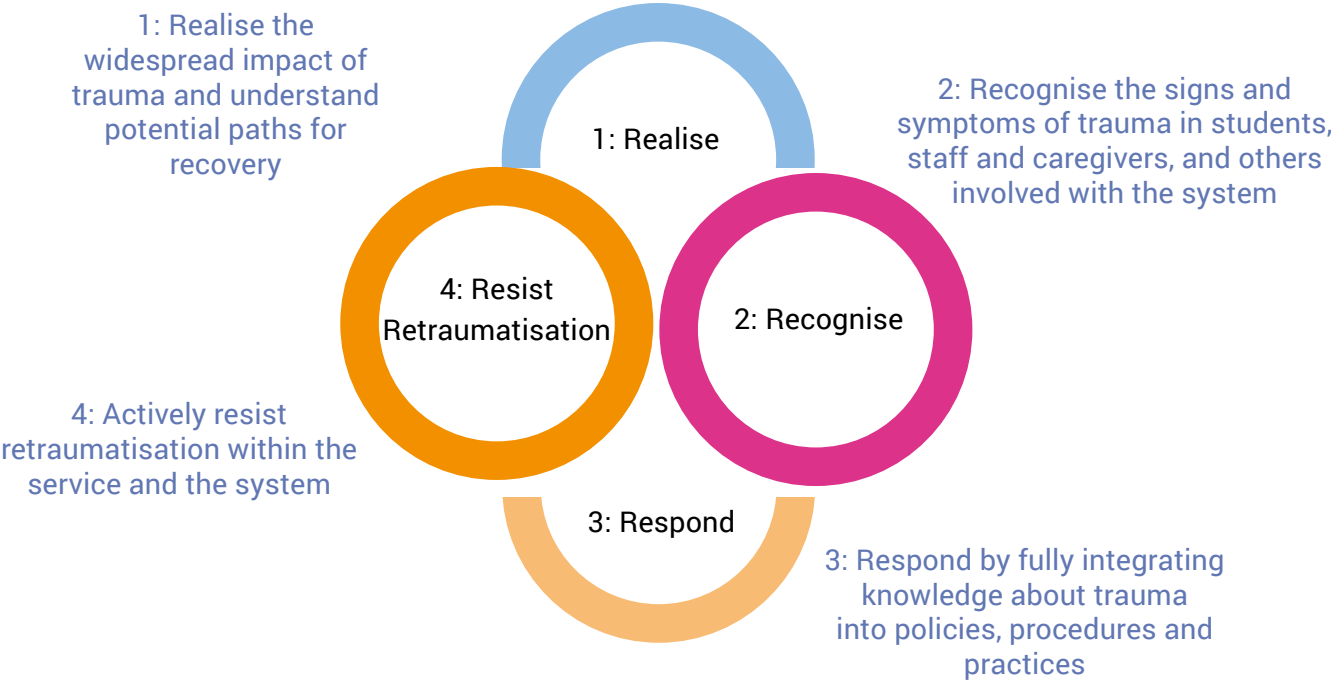
Severe and prolonged trauma can lead to chronic stress and post-traumatic stress symptoms (PTSS). These symptoms can include emotional and psychological difficulties, physical changes and trouble managing relationships with peers and adults. A child or young person's response to traumatic events can vary depending on characteristics such as age, developmental stage, personality, IQ and if they've experienced trauma before. Their environment (e.g., support within home, school, or other setting) and the traumatic event itself (e.g., if a perpetrator is a trusted caregiver, single incident events, chronic and prolonged trauma) will also have an impact.

What is trauma-informed care?

Trauma-informed care aims to promote feelings of psychological safety, choice, and control. Every contact with a student and their caregiver(s) matters. It is important that staff put the child at the centre of their care – this can be done by ensuring all individuals feel seen, heard, and cared for.

By realising and recognising the impact and symptoms of trauma, schools can create welcoming, safe, and nurturing environments that support trauma-informed approaches to practice and avoid re-traumatisation of children, staff, and caregivers. This can be demonstrated by the 4 R's model below:
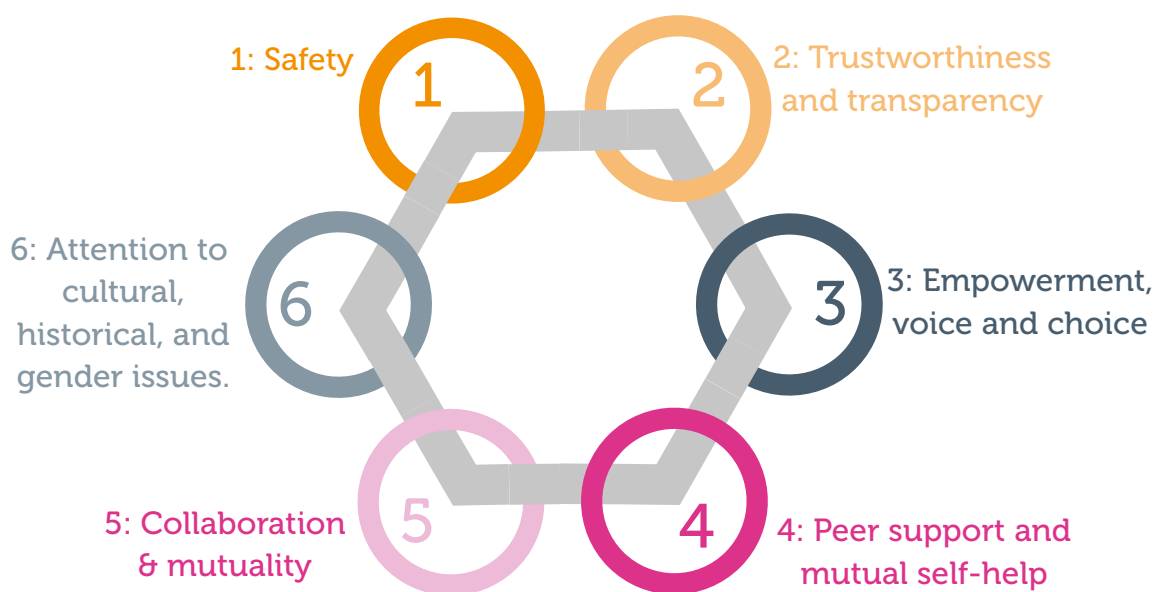
"Trauma-informed care means that somebody understands the impact of my experiences on me…How and why I feel, act and think is impacted by it. Staff can make sure I feel safe and secure"
Caregiver

1: Realise the widespread impact of trauma and understand potential paths for recovery

2: Recognise the signs and symptoms of trauma in students, staff and caregivers, and others involved with the system

4: Actively resist retraumatisation within the service and the system

3: Respond by fully integrating knowledge about trauma into policies, procedures and practices

1: Realise

4: Resist Retraumatisation

2: Recognise

3: Respond

Adapted from SAMHSA (2014)

Six Principles of Trauma-informed Care

There are six principles that guide a trauma-informed response. These serve as a framework for how schools can work to reduce the likelihood of re-traumatisation.

1: Safety

2: Trustworthiness and transparency

6: Attention to cultural, historical, and gender issues.

3: Empowerment, voice and choice

5: Collaboration & mutuality

4: Peer support and mutual self-help

How trauma affects brain development

Early childhood trauma occurs from birth to six years of age. Cognitive brain imaging shows that peak times of brain development occur in the early years and adolescence (Andersen & Teicher, 2008). The effects of trauma can alter brain structure and functioning and interfere with necessary physiological changes that take place into adolescence (Romano et al., 2015). These changes take place due to the activation of our bodies stress response system which causes 'fight, flight, freeze, flop' behavioural responses in the form of defensive reactions to help survive traumatic situations and experiences. This form of defensive pattern causes the bodies stress system to become over reactive and in a heightened state of alert, even when danger is not present. Without protective factors and healthy relationships to buffer this effect, neurological and physiological changes can have long-lasting consequences for all aspects of health and wellbeing. Cognitive deficits are more likely to occur because of neurodevelopmental changes following childhood adversity. Impairments in memory, language, concentration, and behaviour regulation can be impaired.

The interruption of healthy brain development and processes can lead to a range of difficulties in learning, behaviour, and relationships throughout a child's time in education.

Whilst understanding brain science can seem like a job for specially trained professionals, there are some really easy ways that help us understand the impact of trauma and adversity on children and young people. Resources that translate and explain the science well can be found at: www.albertafamilywellness.org/brain-story-toolkit

How to recognise symptoms and trauma responses for primary and secondary aged students

Behaviour is communication. Often students, caregivers (and staff) behave in certain ways because they do not have the ability to tell you how they are feeling or what they are thinking. It is therefore essential to try to understand the behaviour of students, staff, and caregivers. Behaviours happen for a reason and understanding and attempting to make sense of this is key to improving outcomes and forming and maintaining positive relationships. Often there can be a tendency to look at factors that appear to explain behaviours in particular situations. This can lead to increased labelling or diagnoses, which can be unhelpful when trying to understand why behaviours might be occurring and what might be happening to that child or individual for them to be behaving in a particular way.

Creating environments that are trauma-informed that ultimately promote healing, recovery, and resilience can encourage positive outcomes.

> *""Until we stand alongside children and families, understand their lives, and listen to their aspirations, we will not enable them to make meaningful changes."*
>
> Blackpool Families Rock

97% of staff agreed that it is important to recognise the signs and symptoms of trauma in students.

Further your learning

The presence and impact of adversity and trauma in the school environment:

"How Our Early Experiences Shape Our Emotional Health" youtu.be/CS-xmINyfok

"The Impact of Trauma on Learning Part 1: Academic Performance" youtu.be/UPwdWLWYqBI

"The Impact of Trauma on Learning Part 2: Classroom Behaviour" youtu.be/dw1R_tIWE04

"The Impact of Trauma on Learning: Relationships" youtu.be/UPwdWLWYqBI

TED Talk: "How Childhood Trauma Affects Health Across the Lifetime"

www.ted.com/talks/nadine_burke_harris_how_childhood_trauma_affects_health_across_a_lifetime

Protective factors and resilience:

 "In Brief: The Science of Resilience" https://youtu.be/1r8hj72bfGo

Trauma symptoms

Below is a list of common ways in which trauma symptoms can manifest for children and young people, however, there will always be variability in how trauma presents itself for each student. For secondary school students, there are additional changes in mental and physical health, behaviours, and relationships and these are shown in blue:

Mental and physical health

Symptoms of anxiety, worry about safety of self and others, fears (difficulties separating from caregiver(s) or other staff)

Worry about recurrence of violence

Symptoms of depression, difficulty sleeping, lack of focusing, loss of appetite and increased distress

Increased somatic symptoms (e.g., unexplained aches and pains, headaches, stomach aches, body pains, sensitivity or overreaction to minor bumps and bruises)

Re-experiencing the trauma (e.g., nightmares or disturbing memories during the day)

Hyperarousal (e.g., sleep disturbance, tendency to be easily startled) and hypervigilance

Avoidance behaviours (e.g., resisting going to places that remind them of the event)

Emotional numbing (e.g., seeming to have no feeling about the event)

Worry about the consequences of violence

Behaviour

Change or regression of previously acquired skills

Difficulties controlling behaviour

Decrease in attention, concentration or keeping up with school work

Withdrawal from others or activities

Dissociative states

Increase in activity level

Defiance, angry outbursts, or aggression

School avoidance or refusal

Changes in school performance

Lack of motivation or interest

Recreating the event (e.g., repeatedly talking about, "playing" out, or drawing the event)

Repeated discussion of event and focus on specific details of the event

Increase in irritability with friends, staff, or situations

Risk taking behaviours and impulsivity

Reflecting on events leading to troubling thoughts

Increased use of unhealthy coping responses such as the use of alcohol and other drugs

Relationships

Poor self-regulation

Struggle to form or maintain relationships with peers or staff

Difficulty with authority, redirection, or criticism

Distrust of others, affecting how children interact with both adults and peers

A change in ability to interpret and respond appropriately to social cues

Over or underreacting to bells, physical contact, doors slamming, sirens, lighting, sudden movements

Statements and questions about death and dying

Negative view of self and others which impacts the ability to trust others

Repetitive thoughts and/ or comments about death or dying (including suicidal thoughts, writing, drawings, or notebook covers about violent or morbid topics and internet searches)

Heightened difficulty with authority, redirection, or criticism

*Adapted from the Child Trauma Toolkit by the National Child Traumatic Stress Network

What is a trauma-informed school?

"A school that is trauma-informed **realises** the widespread impact of trauma and understands potential paths for recovery; **recognises** the signs and symptoms of trauma in students and families and staff; and **responds** by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively **resist** re-traumatisation."
(SAMSHA, 2014; Law et al., 2021)

Trauma-informed care aims to promote feelings of psychological safety, choice, and control by making sure children and families feel seen, heard, and cared for.

"Being "trauma-informed" means to me being able to recognise when someone may be affected by trauma, collaboratively adjusting how we work to take this into account and responding in a way that supports recovery, does no harm and recognises and supports people's resilience."

Creating a trauma-informed system

To create a trauma-informed school, we need a trauma-informed system.
In this guide, there are four areas of focus to consider:

Area 1 – The Importance of Staff Wellbeing

Area 2 – Valuing Lived Experiences

Area 3 – The Importance of Working with Families

Area 4 – A Whole School Approach

Area 1 - The importance of staff wellbeing

40% of staff did not feel that procedures are in place that recognise the importance of support for staff wellbeing.

Trauma is likely to take its toll on leaders, educators, and support staff, many of whom may be offered little or no training on understanding trauma and its long-lasting effects. Many staff acknowledge the trauma they experience while working through witnessing or supporting students who have experienced trauma, as well as their own trauma histories.

Providing time and resources for staff wellbeing is an essential aspect in being trauma-informed. There is a responsibility from leadership and management to provide staff with opportunities to develop coping strategies and skills through self-care, but also through organisational support such as supervision, structural changes, and dedicated time and space.

Ensure staff have access to private, safe spaces and ensure they have regular opportunities to discuss their mental health and wellbeing in a protected space.

Staff can go on to develop burnout, vicarious trauma, compassion stress and secondary traumatic stress.

"I've had to deal with male rape, and I've dealt with female rape, so I don't think there's anything really that I've not dealt with."

School Staff Member

"I've had to deal with children whose parents have died of alcohol poisoning."

School Staff Member

"Staff wellbeing and mental health is something that I think we pay lip service to. We don't really give it – we don't think through sometimes what we're doing and when we're doing it."

School Staff Member

Burnout
The cumulative psychological strain of working with a range of stressors. You can feel physical and emotional exhaustion.

Vicarious trauma
The cumulative effects from working with people who have experienced trauma and is due to empathetic engagement.

Compassion stress
The stress of helping or wanting to help people who have experienced trauma. This can be a natural outcome for anyone.

Secondary traumatic stress
This can be the clinical or sub-clinical signs and symptoms of professionals experiences of PTSD or similar difficulties.

Provide staff with organisational support such as supervision to discuss difficult or triggering experiences. Many staff will be trauma survivors and they deserve to be treated compassionately by leadership teams and peers.

It is important to ensure that staff have access to private areas when experiencing stress/anxiety. If this is not feasible, provide staff with additional psychological time for self-care and wellbeing. It is also important for staff to be able to discuss private and personal issues in a protected space.

Support for staff wellbeing should be included in policies and procedures in an accessible format and staff should be aware of how and where to access the documents.

55% of staff felt that procedures are not in place to support staff who have experienced trauma.

Only **half** of staff questioned agreed that they can discuss experiences that have been difficult or traumatising for them in supervision.

"You know, he is communicating, although it is rude, pushing chairs, he's insulting towards staff member, he's swearing. I find it so hard that they just can't step back and go, "This is just communication, it's not right but it's just communication."

School Staff Member

"In the last week I have seen two different staff members crying with other staff on the corridor space. I'm not sure what the staff were upset about but the fact that these staff are having to cry on the corridor rather than in a private and protected space is not appropriate. I think a space needs to be secured to allow staff that space."

Blackpool Families Rock

"How familiar they are with the policies itself is to be questioned, I'm not sure- You know, that just depends on each individual staff member, doesn't it- Whether they've read up on that or not."

School Staff Member

Resources for self-care strategies

www.bma.org.uk/advice-and-support/your-wellbeing

www.educationsupport.org.uk/resources/

www.routledge.com/rsc/downloads/The_Teacher_Self_Care_Toolkit_Final.pdf

Area 2 – Valuing lived experiences

Families, children and young people should be at the heart of everything we do. Therefore, it's really important that in developing trauma-informed approaches within school, that the children and young people accessing the school setting have a voice in what that should look like. Being trauma-informed ultimately means that people should feel seen, heard and cared for, but it's important that we really understand what this means. Without co-producing new ways of working and really valuing the lived of experience of children, young people and also their families, there is a risk that any changes will not make the difference that they could. Power imbalances can be triggering for many; working 'with' and not 'to' can not only help get better outcomes but also be hugely transformative.

Working with caregivers and young people with lived experience of trauma therefore, could be integral to becoming a truly trauma-informed setting.

Learning from caregivers and young people with 'lived experience' of trauma is integral to becoming a trauma-informed setting. This includes what and why certain aspects of policies or procedures take place, what works well and what areas are difficult or damaging to someone who has experienced trauma.

A whole school approach may offer opportunities for the development of co-production caregiver and student groups to give a platform for trauma survivors to feel valued, heard and acknowledged in relation to policy, practice, and ideas of how to better support students. Schools that are interested in setting up co-production groups with lived experience students and caregivers may wish to consider:

- **Offer clarity about the role students and caregivers have in co-production in your setting. The focus should be on engagement, shared power, and what aspects of support need adapting to be more trauma-informed.**

- **Be clear about the support they will receive during the process. For example; offer a call in advance to discuss any apprehensions or worries; advise them that they can bring a support person with them who they trust and feel safe with; offer a follow-up call to de-brief and explain the next steps.**

Area 3 - The importance of working with families

Many parents or caregivers will also have experiences of trauma. When working with families who are vulnerable and experiencing difficulties due to their trauma histories, it is essential that caregivers feel a sense of equal partnership, have opportunities to focus on what is going well, and have their feelings validated. Schools will form positive relationships with families if they:

Make it accessible for caregivers to enter and be involved at school to facilitate change. Recognise that many parents may have had negative experiences of school themselves and just being in the building could be re-traumatising. Simply smiling and being welcoming is so simple yet can really help reduce anxiety and worry.

Take the time to listen to the needs of caregivers and establish expectations together.

Work collaboratively with the services that may be working alongside families and remain open, and solution focused when doing so.

Acknowledge with parents the challenge of sharing their child's difficult moments in class and create action plans together. This will facilitate understanding of school-home connection and challenges.

Simplify language both in written form and in verbal communication.

Produce caregiver information packs in ways that can be understood that introduce school policies, programmes and opportunities for caregiver and students.

Supply caregivers with tools and ideas that they can utilise at home to create a streamlined approach in school and at home.

Be equipped to refer caregivers to local and community resources that work with families who might be experiencing difficulties.

Welcome caregiver input about their child, provide opportunities to acknowledge the challenges and create action plans for change.

"We work restoratively, balancing a family's strengths with our worries; We help families develop the right solutions for them; We work with children and families, we do not do things to them."

Blackpool Families ROCK

"We can make a difference, but we need support from home, or it takes longer. And when you don't have support from home and when you've really got hardly any time you can't do what you need to do."

School Staff Member

Area 4 - Whole school approach

Creating a trauma-informed school will require a change in culture and practice at multiple levels. Whilst this responsibility often falls to those working directly with children and young people, staff are not exempt from experiences of trauma and need support to put into practice trauma-informed ways of working. Here are five areas that schools should consider to become a truly trauma-informed setting.

1. Leadership

To become trauma-informed, key attributes from leadership and management are required to create, drive, and maintain change. For a whole school system-led approach to create and sustain change, it is critical that a sense of community and togetherness is adopted. Having leadership that ensures a trauma-informed approach remains a key feature in the change agenda and school improvement plans (SIPs), shows a level of dedication, prioritisation, and commitment. This will facilitate enthusiasm, further buy-in from staff at all levels, and will reduce potential trauma exposure.

"…changes in school culture are broadly a result of committed leadership, identifying and meeting staff and student needs, and building organisational improvement developmentally through sharing knowledge across the school and evaluating impact." (Chafouleas et al., 2016; Stokes & Brunzell, 2019).

2. School infrastructure, including policies and procedures

Adapt policies, protocols and procedures within your school setting so they are aligned to the core trauma-informed principles. Ensure that you critically reflect on your existing policies and procedures and assess how trauma-informed care and approaches can be built into your school improvement plan (SIP).

School policies need to have a built-in commitment to acknowledge and address trauma. This includes ensuring that the very foundations of the school's mission statement are embedded with language and meaning regarding trauma and resilience, hiring processes are inclusive of trauma awareness, and all staff in school understand trauma, the living legacy, the developing brain, and how schools can promote growth and healing.

"The trauma-informed approach will impact a whole school of children…So it will have far-reaching impact, which our kids deserve."
School Staff Member

After receiving the training, 71% of those interviewed indicated that their school had conducted a review of their behaviour policy.

64% of participants stated they were having more discussions about vulnerable students in staff meetings.

"I know that the current behaviour policy is being rewritten around the trauma-informed approach, so we're kind of in between at the moment from a previous behaviour policy to one that's going to be more trauma-informed."
School Staff Member

Adapting or re-creating school policies and procedures should be undertaken alongside the core staff team who are championing your commitment to becoming trauma-informed and the caregiver and young person co-production group. There should also be opportunities for staff to feedback once plans are ready to be implemented.

A regular review process and pathway should also be implemented to ensure that there is a continued agreement based on the changes that are being made, along with training to ensure staff understand the adaptations to the policy or procedure and are also able to implement it.

3. Training and development
Offer all staff regular, basic trauma training to recognise the signs and symptoms of trauma in students and colleagues. It should include information about signposting for support and give classroom-based strategies for managing trauma.

Often trauma-informed training is implemented in schools without much thought about what staff really need in order to enable them to put their knowledge into action.

What could the content on training include?

- **How to promote a sense of safety every step of the way for students, caregivers and staff.**

- **To understand the impact of trauma and adversity, and how relationships can foster healthy outcomes following positive experiences (H.O.P.E).**

- **How to initiate and maintain a sense of trust for students, caregivers, and staff.**

- **Recognise the importance of staff wellbeing and self-care practices. How can staff be supported from an organisational perspective.**

- **How to implement key aspects of trauma-informed care in schools and what difference this could make.**

4. Partnerships with multidisciplinary teams working with families
Improve access to support by establishing strong partnerships with external agencies and work collaboratively to share information at the right time to get the best outcomes.

"Ensuring that all staff are trauma-informed so support is always available, and students know they can approach any member of staff who they feel comfortable."
School Staff Member

"That is the greatest opportunity that staff had that leaders can roll it out to everybody from the cleaners to the leaders in the school. And that gives a really good holistic approach to the implementation of the training."
School Staff Member

Training Course:

Blackpool Better Start provide the following training for the Blackpool Workforce:

Adversity & Trauma: The Impact, Coping Strategies, & Protective Factors

"We can say to parents, 'Well, actually new data has come out to say we can do this.' So, now instead of maybe signposting them to one agency we can now say, ' We can signpost you to a few different agencies that can interact with each other."
School Staff Member

Scenarios

A year 10 girl finds it hard to remain in class and walks out without any apparent reason. During an English class, the girl is asked to read a scene from Shakespeare's 'Titus Andronicus' that describes a rape. As the student reads, her voice begins to waver, and she stands up and asks to go to the toilet. As she leaves the other students whisper and giggle about her.

Lived experience: The girl has been subjected to a sexual assault by a boy in the year above her.

Reflective questions: Why do you think the student behaved that way?

How could you have prevented this student from re-living a possible trauma? What strategies could you use to create a trauma-informed and safe learning environment?

Traditional view:

The girl should have gone to the toilet at break

They are attention seeking

They want to get out of reading

Trauma-informed view:

What made her react this way? How might she have been feeling?

Could you have picked up any signs that showed distress or upset?

Consider the text that was being read, is support from DSL required?

A year 5 boy will not remove his hoodie in school. When he is asked, he lashes out, gets angry and runs away from staff. This results in him spending time in reflection and away from learning.

Lived experience: This is the only piece of clothing the boy owns due to extreme poverty in the family home. He is worried it will get lost and he will not have any other clothing apart from his school uniform.

Reflective questions: How could you personally respond to the boy not removing the hoodie?

What strategies and practice could you use to address and reduce the number of instances? Have you explored if he wears the hoodie at home? Have you spoken to the safeguarding lead about his home life?

Traditional view:

This is personal, they only do it to you

If they don't remove the hoodie, they won't be able to learn

The student is choosing this behaviour and he knows what he's doing

Trauma-informed view:

Why does the child feel such a strong attachment to the piece of clothing?

Develop a rapport with the child before addressing the issue

Are you the best person to work on this issue, does the boy trust another member of staff more?

A student in year 8 is consistently distracting his peers in class, keeps turning around and is not co-operating. He is made to sit as the front of the class as he has previously spent lessons turning around in his seat while the teacher is talking. He is moved to the front with his back facing the class, however he is still unable to concentrate. The student is removed from learning and placed in isolation.

Lived experience: The student is experiencing domestic violence in the family home and is in a constant heightened state of alert, with an ongoing threat response. By being placed at the front of the class for 'poor behaviour' he feels a constant need to scan the room behind him to establish a sense of safety. The seating plan is setting him up to fail daily within school.

Reflective questions: How could you respond to his behaviour in a way that does not escalate the incident? Have you spoken to the child protection officer about the boy's history?

Traditional view:

He is trying to be the class clown and stop you from teaching

Does he suffer from a medical condition such as ADHD?

Trauma-informed view:

Why does he keep turning round? What is driving this behaviour and what is he trying to communicate? Does he feel safe in his current position?

How are his experiences impacting his schooling, his social emotional development, and his behaviour?

A year 9 girl refuses to remove her coat in school, regardless of the weather. However, school rules are to remove coats inside the building, and every day she is asked to remove her coat. She refuses every day and walks away. She also refuses to take her coat off to change for PE lessons and confrontation often ends with the girl swearing at staff and being placed in isolation or exclusion, leaving her feeling marginalised and re-traumatised.

Lived experience: The girl is a child in care, and the coat has become more than a piece of clothing – it is a sense of security for her. She sleeps in the coat and only removes it to shower.

Reflective questions: How could you personally respond to the girl's repeated behaviour when they arrive in your classroom?

What strategies and practices could you use to address and reduce the number of instances? How could you ensure the girl has a safe space to share why she does not want to remove the coat? Are you the best person to have this conversation with her, or is there someone else in school she has a good relationship with? Have you contacted her home?

Traditional view:

The student is being defiant and deliberately difficult with the teacher

It's a personal attack on you

Trauma-informed view:

Why does the student not want to remove the coat?

Is there a bigger meaning to the item of clothing?

Is this behaviour being repeated at home?

Is there a key person who might be more successful at addressing the issue rather than the class teacher or PE teacher just before a lesson?

Practical tips to support the needs of children

A trauma-informed approach is not focussed on treating trauma related difficulties, but addressing the barriers that children who have experienced trauma, face every day at school. Here are some practical tips to encourage trauma-informed practice in your school.

Recognise that behaviours may be related to trauma Use this guide to help you recognise symptoms and trauma responses for primary and secondary aged students.

Always empower children and young people Children who have experienced trauma often seek to control their environment to try and protect themselves. The more helpless they feel, the more their behaviour will deteriorate, so it is critical children and young people feel they have a voice to share experiences, ideas, successes and challenges.

Have consequences that are logical not punitive Discipline is necessary in schools, but it should be done in a way that is respectful, consistent, and not punitive.

Express unconditional positive regard Consistently caring adults can help students build trust and form relationships. If a student misbehaves or expresses hatred or judgement of a staff member, the response should remain positive and show empathy. I'm sorry that you feel that way, I care about you, and I hope you can finish your work.

We have that approach of 'you can't just think that a quiet child is okay and happy in their lives'. All behaviour is communication. One of our six principles of nurture. So, people's behaviour, what they're trying to say, what they're not trying to say."

I think one of the concerns is that people misinterpret that as allowing them to get away with things - that's not what it is. Trauma-informed isn't about saying, 'Oh, these children have had a terrible life therefore their traumas allow them to do things and we let them get away with, there's no consequences.' So, we've got to ensure that our staff are still following through on things. It's just that it's done from a different angle with empathy and concern for the child, and a bit of understanding as to where they're coming from."

When you can build those relationships with students who are going through traumatic experiences, the chances are they will stay in your lesson, they're more likely to learn, they're more likely to make progress. They just give them that support system as well, which they might not have at home."

Our kids do not need to be rollicked, or shouted at, at all. Because the vast majority of them will get that at home. And those that do get that at home, when they hear somebody shout, will then affect their own emotional wellbeing because they'll be back in that place, thinking 'oh goodness, is mum going to get hit, or is dad going to smash something?'"

Check assumptions and observe
Talk to student and ask questions instead of making assumptions, as trauma can affect any student and can manifest itself in many ways. Make observations to students about their behaviours and then fully engage in listening to the response.

Set clear and firm limits If staff maintain consistent expectations and routines, it sends a message to the student that they are worthy of unconditional positive regard and attention. Consistency in the classroom helps students understand the difference between arbitrary rules that led to their abuse and purposeful ones that look after their safety and well-being.

Build trusted relationships If students trust a person in school, it creates a supportive, open and welcoming environment. Assist traumatised students of all ages to develop social skills and help them cultivate positive relationships.

Provide guided opportunities for helpful participation Offer peer tutoring and support groups to provide traumatised children with the opportunity to practice academic and social-emotional skills. Working alongside those with lived experiences can help schools better understand the behaviours of students.

Provide safe spaces Develop settings and activities that ensure the physical and emotional safety of students and staff.

Be sensitive Responding in a sensitive way to cultural, historical and gender issues can remove barriers in the form of stereotypes or prejudices.

One thing that stuck with me from the final training session was a quote of, "Empower voice and choice," and it really stuck with me and resonated with me."

If they feel as though they're kind of loved in a way, by the teacher, then that's going to help them to overcome the issues they've got."

So, a lot of the time it's having that confidence to stop and listen and not just have a conversation in the corridor- to take that time and commit to a student."

You have to have professional love for children in Blackpool in order to work in this town."

It's opportunities to develop their practice, isn't it? And to gain more understanding of the students in their care. Which ultimately should lead to improved relationships and improved outcomes.'"

School have realised there's not enough meeting space, there's not enough calm areas not on the footfall of school. Where you could have a conversation with a student safely, securely, openly instead of just a corridor."

Having an awareness of the possible background/experiences students could have experienced and approaching them in a way that is sensitive to this, nurturing a caring relationship built on trust."

Recognising that treating people with kindness and respect play key role in helping people recover from traumatic experiences."

Conclusion

A trauma-informed school can make a huge difference to children, young people and caregivers who have experienced trauma and adversity. Schools offer so many opportunities for children to grow and develop and offering trauma-informed care allows school staff to be able to truly change lives.

To do this effectively, we have explored the importance of trauma-informed care for staff as well as children and young people themselves. Many staff are trauma survivors who could be at a greater risk of further trauma, stress, and burn-out. They deserve to be treated compassionately by leadership teams and peers and provided with opportunities for self-care and self-development.

"It's not just our school, it's the PRUs, it's the hospital, it's all the other bits in-between. The structure of it now, we are going to get the knowledge and tools to support each other and what we do with that information. How do we not only help the kids, but how do we then put that in their community and their home lives."'

School Staff Member

References

Andersen, S. L., & Teicher, M. H. (2008). Stress, sensitive periods and maturational events in adolescent depression. Trends in neurosciences, 31(4), 183–191. https://doi.org/10.1016/j.tins.2008.01.004

Bellis, M.A., Hughes, K., Leckenby, N., Perkins, C. & Lowey, H. (2014).National household survey of adverse childhood experiences and their relationship with resilience to health-harming behaviours in England. BMC Medicine, 12, 72. https://doi.org/10.1186/1741-7015-12-72

Brewin, C. R., Andrews, B., & Valentine, J. D. (2000). Meta-analysis of risk factors for posttraumatic stress disorder in trauma-exposed adults. Journal of consulting and clinical psychology, 68(5), 748–766. https://doi.org/10.1037//0022-006x.68.5.748

Di Lemma L.C.G., Davies A.R., Ford K., Hughes K., Homolova L., Gray B and Richardson G. (2019). Responding to Adverse Childhood Experiences: An evidence review of interventions to prevent and address adversity across the life course. Public Health Wales, Cardiff and Bangor University, Wrexham, ISBN 978-1-78986-035-1.

Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., Koss, M. P., & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. The Adverse Childhood Experiences (ACE) Study. American journal of preventive medicine, 14(4), 245–258. https://doi.org/10.1016/s0749-3797(98)00017-8

Felitti, V. J., Jakstis, K., Pepper, V., & Ray, A. (2010). Obesity: problem, solution, or both?. The Permanente journal, 14(1), 24–30. https://doi.org/10.7812/TPP/10.996

Law, C., Wolfenden, L., Sperlich, M., & Taylor, J. (2021). A Good Practice Guide to Support Implementation of Trauma-Informed Care in the Perinatal Period. Available from: https://www.england.nhs.uk/publication/a-good-practice-guide-to-support-implementation-of-trauma-informed-care-in-the-perinatal-period/

National Child Traumatic Stress Network (NCTSN) (2008). Child Trauma Toolkit for Educators. Los Angeles, CA & Durham, NC: National Center for Child Traumatic Stress.

Substance Abuse and Mental Health Services Administration (SAMHSA; 2014). SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach. HHS Publication No. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration.

Notes

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