

Building Teacher Knowledge, Confidence and Capacity to Improve Educational Outcomes for Pupils Affected by Trauma; The Importance of Highly Specific, Practical Training and Support

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**Introduction and Background**

Care Visions (Children’s Services) is Scotland’s largest private provider of residential and foster care and over two hundred young people from infancy to adulthood are cared for across most Scottish local authority areas. The Sanctuary model of trauma informed care underpins and guides practice, and the organisation’s core values of Safety, Compassion, Respect and Integrity are realised through developing and sustaining positive relationships with young people and across all teams.

Within the organisation, the role of the Senior Manager (Education) is to support individual carers, teams, local authority partners and schools to ensure each child or young person cared for by the organisation receives an education that meets their clearly identified needs, ensures their full academic potential is realised and eventually secures and sustains a positive post sixteen destination (higher/further education, training or employment). In addition, the role entails monitoring, mapping, tracking and reporting on school attendance, engagement, attainment and achievement and when/where required, intervening to ensure any challenges are addressed promptly.

The Senior Manager delivers training to carers across the organisation on ways to develop, build and sustain positive partnerships with schools, building knowledge of education legislation, curriculum, policies and procedures, enhancing confidence and capacity of carers to pro-actively address any barriers that may emerge within a young person’s education placement.

As part of supporting local authority partners, referrals are received from schools where young people, cared for by the organisation, are at risk of underachieving. Within these primary, secondary and/or special schools, the Senior Manager (Education) will deliver a highly specific, practical ‘trauma informed teaching and learning’ training programme and provides on-going support in the *application* of the taught methodology. Teachers also have access to email and/or telephone support.

The Senior Manager (Education) has over twenty-five years teaching experience within primary, secondary and ‘additional support for learning’ settings and was a Head Teacher of a day/residential school for pupils with complex trauma histories, where *all* policies, procedures and practice were underpinned by trauma theory.

Since 2014, the Senior Manager (Education) has carried out this specific training to over one thousand teachers and support staff across twelve Scottish local authority areas and, without exception, received 100% positive feedback from those who participated in each session.

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However, the feedback from these training sessions is anecdotal and has not, up to this point, been subject to rigorous review of impact and outcomes. Therefore, key questions arise;

* What impact has *this* specific training had on teaching and learning practice?
* To what extent are participants *applying* the training in everyday practice?
* Has ‘trauma-informed’ practice led to improved educational outcomes for the young people who are cared for by the organisation in the schools where the research was carried out?
* What conclusions, if any, can be drawn from the study?
* What recommendations, if any, can be made in light of evidence?

To answer the above questions the following hypothesis is posed; **‘**Training in the *application of specific ‘trauma-informed teaching and learning strategies’ does lead to increased teacher knowledge, confidence and capacity and does result in improved educational outcomes for young people who have experienced trauma as a result of adverse childhood experiences’*

**Structure of the Report**

Part one of the report will review and reflect upon current literature relating to the educational needs of young people affected by early years trauma, many of whom are ‘care experienced, the growing ‘ACEs-Aware’ movement (adverse childhood experiences) and the various educational interventions and approaches used to respond and support this group of learners within Scottish schools.

Part twowill highlight the data and summarise the main findings of the research.

Part threewill, based on the evidence cited in part two, analyse and reflect on the outcomes of the research.

Part four will conclude with key messages and make recommendations for both local and national policy makers.

**Methodology;** Two schools agreed to take part in the small-scale study during May and June 2019. The first school is a large high school in South Lanarkshire with a roll of approximately 1600 pupils and thirty-four teachers and support staff. It is not situated in an area of deprivation and has a mixed socio-economic catchment area. The second school is a small primary in Argyll and Bute with roll of approximately 150 pupils and twenty teaching and support staff. It is not situated in an area of deprivation and it also has a mixed socio-economic catchment area. In terms of reliability it is important to note that the same research methodology was applied. Both schools received the *same* content during an initial training session, followed by four lunch time ‘drop in’ sessions for staff to reflect and have access to ongoing support around the application of previously taught ‘trauma-informed methodology’.

**Data Collection;** In each school 1-1 interviews were carried out with four teachers including one senior manager and six questions were posed. A transcript of each can be found in Appendix 1**.**

To ensure evidence is valid and that any subsequent recommendations can be applied across both primary and secondary school settings, teachers with similar lengths of service and experience were chosen and both schools are situated in similar socio-economic catchment areas.

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**Part One; Literature Review**

‘Care experienced’ young people, although not a homogenous group, are far more likely to have experienced significant levels of early years trauma, loss, poverty, neglect and abuse which conclusive evidence has shown impacts negatively on brain development, socio-emotional development, ‘readiness to learn’ and ultimately results in poorer educational qualifications, impaired health, wellbeing and life chances’’ (Maynard, 2017). Within the Scottish context, the Government at Holyrood emphasised in 2000 that inequality within education would be eradicated and in 2015, £750 million pounds of specific funding spearheaded the ‘Attainment Challenge’.

It can be argued that despite Scottish Government’s commitment to reducing the attainment gap and address inequality through specific funding, educational outcomes for the most vulnerable young people in society, many of whom are ‘care experienced’ have not improved as we would have expected, despite the allocation of Pupil Equity Funding (PEF) directly to Head Teachers to introduce strategies they feel would make the biggest difference in their individual school contexts.

In May 2019, the ‘Children and Young People’’ newsletter cited research by Joe Hopper (2018) indicating that during the last four years of PEF Funding, ‘the proportion of care experienced pupils persistently absent from school had risen at its fastest rate’’(p14). Scottish Government (2018) statistics indicate that although rates of ‘care experienced’ pupils being excluded from school are in decline the figures are still far higher with, ‘169 per 1000 being excluded as opposed to 27 per 1000 for all pupils’’ (as cited in Holyrood Newsletter, June 2019).

Therefore, it could be argued that if ‘care experienced’ pupils are *not* attending school they cannot access the myriad of worthwhile interventions on offer through PEF funding and when challenges within schools do occur, ‘care experienced’ pupils are still far more likely to be excluded. This statistic suggests that the very structures, ethos and environment of schools are not, as yet, meeting the needs of ‘care experienced’ learners and arguably, many behaviour policies may be dis-proportionately affecting this group of learners.

Questions do need to be asked, arguably, in relation to Pupil Equity Funding; Is it effective in targeting the *reasons* for non-attendance and rates of exclusion at a local level within individual schools? Have those ‘care experienced’ pupils who are routinely refusing to attend school been asked what would make the biggest difference to them? Furthermore, is there any evidence suggesting that funded interventions already in place are making a positive impact?

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On reflection, what barriers to attendance and engagement *still* exist within our schools? Until these barriers are identified and addressed can Scotland really reduce inequality and make the headway we would expect?

It would be interesting, arguably, to see exactly what these interventions, aimed at tackling inequality and funded by PEF look like? Taking a broad sweep of Education Scotland’s most recent school inspection reports there seems to be a very wide range of worthwhile initiatives being introduced, from nurture groups, homework clubs, ‘emotions-coaching’, art therapy, home-link staff, on-site youth workers, Mindfulness programmes and coaches running after school sports clubs. What these interventions *all* have in common is that they focus, arguably*,* on the pupils, on addressing *their* needs which is, of course, crucial but there seems to be, arguably, very little intervention aimed at influencing and guiding teaching practice on *how to* *respond* to an individual’s complex needs that surface as a result of the trauma experienced, creating a barrier to learning.

It is important to note that many school inspection reports cite a ‘raised awareness’ of ‘adverse childhood experiences’ across schools but as Barrett (2018), as cited in TES (2018) points out, ‘...there is a massive difference between being ‘ACEs-aware’ and being ‘trauma-informed’. A one-off session for staff on ACEs is potentially harmful as it could further stigmatise this vulnerable group’’ (p23).

In Scotland, the ‘Curriculum for Excellence’ and the principles of ‘Inclusion’ are now well established and all teachers are aware of their responsibilities around promoting, Literacy, Numeracy and Health and Wellbeing in their lesson planning but it would be interesting to note how many primary and secondary schools have, as part of their recent School Improvement Plans and /or Professional Development Training plans, gone beyond improving Wellbeing and are actively becoming, ‘trauma-informed’, implementing for example, Education Scotland’s programme, ‘The Compassionate and Connected Classroom’ or the, ‘Readiness to Learn Approach’? How many schools are reviewing their behaviour management policies, involving their school communities and making a commitment to a move away from punitive approaches towards more restorative practice and use of ‘natural consequences’ as a response to inappropriate behaviour? It will be interesting to learn if the schools involved in this research are planning any ‘next steps’ after the training concluded and what these ‘next steps’ look like?

On reflection, can we really expect teachers, the vast majority of whom are not ‘care experienced’ themselves to really understand what it is like to grow up in care? The ‘Children and Young People’ newsletter cited, in its October 2018 edition, outcomes from the report, ‘Voices from Care’ (2017), ‘Only 48% of high school teachers in the UK expected care experienced pupils to ‘do well’ at school

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and only 24% said they had any idea of what living in care was like’’. Could it be argued that ‘raising awareness of ACEs’ is not enough to change any pre-existing perceptions that some teachers may have about the experiences of those living in care and that there must be more of a focus on teaching practice?

In essence, is there a funding mismatch between PEF interventions aimed at building the capacity and resilience of vulnerable pupils with that of funding initiatives to build the capacity of the *adults* within schools? A recent ‘You Gov’ poll of one hundred and fifty primary and secondary school teachers initiated by the charity Barnardos (Scotland), cited in TES (2018) indicated, ‘Many school staff have had ACEs training but have not been trained on the impact of trauma’’ (p55).

Dingwall and Sebba (2018) continue, ‘There is, in general, a much wider understanding of ‘attachment theory’ amongst teachers and support staff but there seems to be less evidence of direct training aimed at supporting the development of ‘trauma informed policy and practice’’ (p78).

White (2017), as cited in Smith (2019), highlights a key issue with research itself, ‘There is very little robust research into what works to support attainment and wellbeing of young people who have experienced adverse childhood experiences (ACEs). Dyson et al (2010) and Howarth (2016) both call for a ‘pause’ in the introduction of yet more ‘psycho-education strategies’ until existing programmes have been evaluated. Smith (2019) concludes that her search for literature into the link between ACEs, poor attainment and existing school intervention programmes are few and far between.

Within the Scottish context, Dodds (2017) and Fabiani (2018) as cited in the University of Glasgow’s online, ‘ACEs Hub’ both agree with Smith (2019) that there is an ‘evidence gap’ around the ‘efficacy of intervention, the relationship between poverty and ACEs’’. It would seem fitting, therefore, that this research sets out to demonstrate the direct link between interventions aimed at building adult capacity with improved educational outcomes for two young people who have experienced early years trauma.

Maynard (2017), as cited in the Campbell Collaboration Review (2017), did however, find forty four studies that examined cognitive functioning, thirty four that examined academic functioning and twenty four that examined socio-emotional- behavioural functioning and concluded that there is, ‘Overwhelming evidence from the findings that a youth who has experienced trauma is at significant risk of poor cognitive functioning. There will be significantly more behavioural problems’’ (p121).

To conclude, it could be argued that using Pupil Equity Funding to focus on the needs of pupils does not go far enough and that a deficit may exist in teacher

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confidence, capacity and skills to *respond* to these needs using appropriate methodology in the classroom and that furthermore, behaviour policies within schools may not recognise that their current, ‘zero tolerance approach’ to inappropriate behaviour may exacerbate the situation and dis-proportionately affect pupils who have experienced trauma, many of whom are ‘care experienced’. An awareness of these issues has led to the formation of the following research questions to be posed to teachers taking part in the study;

1. Can you share your experience, background and role within the school?
2. What prior knowledge did you have of trauma theory/practice, the impact of trauma on brain development and educational attainment before the training?
3. How has the training impacted on your professional and personal development?
4. Can you provide one example of a change in practice influenced by the training?
5. What improvements in educational outcomes, if any, have taken place for the identified ‘care experienced’ young person’?
6. Any additional comments or reflections?

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**Part Two; Evidence;** The following tables summarise the key findings from the 1-1 interviews carried out with the teachers who took part in the research and can be found in Appendix 1.

**Table One; Years of Teaching Experience**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Teacher** | **1-2 years** | **3-5 years** | **5-7 years** | **7-10 years** | **10 years plus** |
| 1 |  | X |  |  |  |
| 2 |  | X |  |  |  |
| 3 |  |  |  |  | X |
| 4 | X |  |  |  |  |
| 5 |  |  |  |  | X |
| 6 |  |  |  |  | X |
| 7 |  |  |  |  |  |
| 8 |  |  |  |  |  |

**Table Two; Prior knowledge of Trauma and its Impact on Teaching and Learning**

|  |  |  |  |
| --- | --- | --- | --- |
| **Teacher** | **No Knowledge** | **Very Little** | **Some** |
| 1 |  | X |  |
| 2 | X |  |  |
| 3 |  | X |  |
| 4 |  | X |  |
| 5 |  | X |  |
| 6 | X |  |  |
| 7 | X |  |  |
| 8 | X |  |  |

**Table Three; Application of Taught ‘Trauma-Informed Teaching & Leaning Strategies’ \*Please note teachers 3 and 8 are not class committed and are members of Senior Management**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Teacher** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** |
| Proximity | X | X |  | X | X | X | X |  |
| Eye contact | X | X |  | X | X | X | X |  |
| Humour | X | X |  | X | X | X | X |  |
| Brain breaks |  | X |  | X | X | X |  |  |
| Seating |  | X |  | X | X | X |  |  |
| Relationship building | X | X | X | X | X | X | X |  |
| Lesson scaffolding |  | X |  | X | X | X | X |  |
| Non-verbal gestures |  | X |  | X | X |  | X |  |
| Open body language | X | X |  | X | X | X |  |  |
| Use of observation |  | X |  | X | X |  |  |  |
| De-escalation |  | X |  | X | X |  | X |  |
| Attuning | X | X |  | X | X | X | X |  |
| Inter-Department meetings; Consistency of approach | X | X | X | X |  |  |  | X |
| Giving pupil responsibilities within the class | X | X |  | X | X |  |  |  |
| Self - awareness of own triggers |  | X |  | X | X |  |  |  |
| Restorative Meetings |  |  | X | X | X |  |  | X |

**Table Four; Improved Educational Outcomes**

|  |  |  |
| --- | --- | --- |
| Outcomes | Child A; School A | Child B; School B |
| Sustaining classroom environment | X | X |
| Improved peer relationships | X | X |
| Improved achievement | X | X |
| Will achieve expected SQA exam results | X | NA |
| Improved confidence | X | X |
| Improved peer relationships |  | X |
| Improved attendance | NA | NA |
| Improved engagement | X | X |
| Improved relationships with adults | X | X |
| Reduction in referrals to Management re; poor behaviour | X | X |

**Table 5; The Trauma-Informed Journey- Next Steps**

|  |  |  |
| --- | --- | --- |
| Plans | School A | School B |
| Reviewing behaviour policies | X | X |
| More inter-departmental meetings to ensure consistency | X | X |
| Plans for whole community involvement | X | X |
| Training for NQT/Probationer teachers | X |  |
| Mentoring | X | X |
| More ‘safe spaces’ for pupils | X |  |
| Sharing knowledge with link primary/secondary schools |  | X |

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**Table 6; Teacher Views; Required Improvements**

|  |  |  |  |
| --- | --- | --- | --- |
| Teacher | Specific University programme | Specific NQT/Probationer training | On-going PRD whole school training |
| 1 | X | X | X |
| 2 | X | X | X |
| 3 | X | X | X |
| 4 | X | X | X |
| 5 | X | X | X |
| 6 | X | X | X |
| 7 | X | X | X |
| 8 | X | X | X |

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**Part Three; Outcomes**

The initial hypothesis underpinning this research questioned if, **‘**Training in the *application of specific ‘trauma-informed teaching and learning strategies’ does lead to increased teacher knowledge, confidence and capacity and does result in improved educational outcomes for young people who have experienced trauma as a result of adverse childhood experiences’’.*

In terms of reflecting on the first part of the hypothesis around ‘knowledge’, the teachers taking part in the study had between one and approximately thirty years teaching experience and yet all had what could be termed a ‘deficit’ in terms of prior knowledge as 100% of the participants had either,‘ No knowledge or very little knowledge of trauma and how it impacts on learning’ (Table Two).

Although six out of the eight teachers mentioned receiving training in ‘attachment’, not one had received any specific training around the impact of trauma on brain development, ‘readiness to learn’ or in the application of specific ‘trauma informed teaching methodology’ and yet 100% of the teachers indicated how important it was to be knowledgeable about the impact of trauma on teaching and learning (Appendix 1).

And what about the latter part of the hypothesis? Did the teachers feel more confident and capable of applying the taught strategies after the training? Table Three highlights that 100% of class committed teachers were implementing between 80%-100% of the taught strategies every day. This high percentage, arguably, demonstrates that the hypothesis is valid; the training *did* build the capacity and confidence of teachers to apply, ‘trauma informed strategies in practice’’.

In both schools staff were very keen and enthusiastic to undertake the training and appreciative of the opportunity to develop their skills and better meet the needs of this vulnerable group, ‘This training has been invaluable...it has supported my professional development and I have a much better understanding of the ways in which I can create a classroom that is safe’’ (Teacher 7; Mrs K. Appendix 1).

Three of the teachers who took part in the research had between one-three year’s teaching experience but not one had received any information on ACEs or guidance around the impact of trauma on teaching and learning whilst at university. Furthermore, all teachers, without exception, felt strongly that this training *must* begin at University (Table Six). Teacher 1; Mr D, stated, ‘It should really be in teacher-training at university. It cannot wait until you are a teacher and it would have helped me’’. Another teacher went further, ‘We talk so much about theory but what was important about your training was that it was practical...it was invaluable’ (Teacher 6, Mr F).

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From the evidence cited in Appendix 1, 100% of teachers did feel more confident in their understanding of trauma and what specific strategies, ‘looked like’. They wholeheartedly agreed that the practical nature of the training was the key to success. From the teacher’s perspective, an overwhelming theme emerged that ‘more needs to be done in universities’ but are policy makers aware of this?

At a recent ‘Understanding ACEs and Policy Making’ cross party meeting at the Scottish Parliament, four MSPs, cited in the May 2019 edition of ‘Inside Politics’ were asked, ‘If given that two thirds of Scottish children have experienced one adverse childhood experience, is current policy failing Scotland’s children?’’ One MSP stated that, ‘teacher training’ had to include a focus on ‘inclusivity’. Arguably ‘Inclusion’ *has been* part of teacher-training since the late 1990s and what this research indicates is there is no need to focus on Inclusion, as that is now a well-established principle within Scottish education. More training on Inclusion is *not* what teachers are asking for. This research demonstrates that 100% of teachers who took part are asking for a robust, practical programme of specific ‘trauma informed’ teacher-training that begins at university and continues into the probationary year and beyond (Table Six).

One of the key questions asked was whether this specific training would lead to a change in the everyday practice of the teachers who took part and if it did, this would certainly allude to increased levels of confidence post-training. As Table Three demonstrates, 100% of teachers who participated, were implementing a range of taught strategies and seeing a positive impact in terms of their own personal and professional development, ‘I am using eye contact, looking at the environment, the seating...what the training gave us was a model to implement such as using the observation sheets’’ (Teacher 5; Mrs. R).

Teacher 2; Mr C reinforced, ‘I am much more aware of the importance of relationships, more flexible in my approach and aware of my own body language and how I am feeling. I am more attuned, using proximity and seating to create the safe classroom environment that is required’’ (Appendix 1). Head Teacher Mrs. G continued, ‘The training gave us a shared language and knowledge. It equipped us with appropriate strategies to influence and guide practice. We are more consistent in our approach’’ (Appendix 1).

This consistency of approach is key, as Maynard (2017) highlights, ‘A trauma-informed approach is designed to create a systematic model for schools to decrease the impact that trauma has had and more appropriately address academic, behavioural and socio-emotional problems by recognising and responding to a student from a trauma-informed perspective’ (p29).

On reflection, the training that was carried out did emphasise the need for a ‘whole school and whole community approach’ if changes are to be embedded.

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This ‘whole school approach’ has been a natural ‘next step’ for School B, ‘The old behaviour policy doesn’t fit now. We are moving forward with being a ‘rights-respecting school and we will be introducing a more restorative approach, embedding this ethos. Our new behaviour policy will be underpinned by relationships and looking at how to get parents and the community on board. As a leader your training and support has cemented the way forward’’ (Head Teacher; Mrs G, Appendix 1).

The whole school, whole community ‘trauma-informed’ approach that both schools are now embarking on will be challenging but it is what is required if Scotland is indeed to become an ‘ACEs -Aware nation, ‘This is a challenge that will not be resolved quickly. Addressing ACEs requires a whole-school approach and often a substantial shift in thinking. Policies and practice need to evolve to accommodate and help children rather than cause further harm by excluding and rejecting them and there needs to be a move towards restorative policies rather than punitive behaviour policies’’ Lynn Miles, writing in TES (April 2019).

If, as the research indicates, this training has indeed improved teacher confidence and capacity has it improved the educational outcomes for the young people who are cared for by the organisation? This would need to be clearly evidenced if the hypothesis were to be valid.

Table Four emphatically demonstrates that the educational outcomes of both young people have improved as a direct result of the implementation of the strategies and approach advocated within the training programme. In School A, the teachers shared the positive outcomes being realised from the changes in *their* approach to the young person, ‘L just wasn’t learning before and was so disruptive, impacting on everyone else’s learning. He is much less impulsive now and if he does need to leave the class it is done in a much calmer way. I am sure he will now attain his National 4. I am delighted because I can see how much his confidence has grown’’ (Teacher 5; Mr C).

‘L stays in class most of the time now...completing more work and will get his National 4 in the subject. I didn’t think a year ago that would be possible. I think his carer is delighted too, especially because she isn’t being called up to the school anymore’’ (Teacher 2; Mr C) and finally one teacher remarked, ‘L will attain not just National 4 in the subject but he can definitely work towards achieving National 5’’.

In School B, the teachers of the young person in question also noted the improvements in his educational outcomes, ‘...is much more confident, his friendships are more secure and there are less playground incidents and if any do occur our ASN staff, because they received the training too, are responding in a ‘trauma informed way’. He is more settled in class and will attain all that is expected of him at his age’’ (Teacher7. Mrs K).

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In short, the educational outcomes of both young people have improved as a direct result of this training and follow up support and therefore it is argued that the hypothesis is indeed valid; **‘**Training in the application of specific ‘trauma-informed teaching and learning strategies’ *does* lead to increased teacher knowledge, confidence and capacity and *does* result in improved educational outcomes for young people who have experienced trauma as a result of adverse childhood experiences’’.

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**Part Four; Conclusion**

The evidence cited in this research leads to one, albeit tentative conclusion; If you give teachers the tools to carry out the task of shaping the teaching and learning environment to become more ‘trauma informed’’, whether in a large high school or a small primary school, the educational outcomes of children and young people affected by trauma will improve and will improve in a relatively short space of time, certainly within one academic year.

It is, of course, noted that this research has its limitations in terms of size and scale but it does indicate that if the *right* training is facilitated, in the *right* way by the *right* person, who is not judgemental of existing practice, then teacher knowledge, confidence and capacity will develop. Without exception, the teachers who took part in the study were enthusiastic and eager to better meet the needs of the pupils in their class. The sense of frustration at their lack of knowledge was clear. Significantly, the evidence also demonstrates that this training led to both schools embarking on their individual, ‘trauma-informed journeys’ by looking to develop a whole school, whole community approach. In each school behaviour policies were being reviewed to be re-aligned with a trauma-informed approach.

In both schools the teachers evidenced that it was the very nature of the training and support that made the difference in terms of building knowledge, confidence and capacity. It is crucial to note that the training did have a small, theoretical element but was, in the main, highly focused on practice; on role modelling specific, practical, ‘trauma- informed teaching methodology’ that could easily be applied by both newly qualified and more experienced staff. This is what teachers felt made the biggest difference.

One of the strongest messages, voiced by all participating teachers, was the urgency with which they felt universities should respond in terms of teacher-training programmes with 100% advocating that new teachers and probationers should be better equipped. In terms of research methodology, it could be applied across a much larger sample size, perhaps within one local authority area or across a cluster of local primary and secondary schools and therefore a much greater evidence base could be created across hundreds of teachers and learners which may influence policy makers within Scottish Government and at a local level.

In theory, if a marked difference in educational outcomes can occur for two learners within a relatively short time frame, in just two schools, what impact on the educational outcomes of *all* pupils affected by trauma could be made if *this* training and approach were to be rolled out in *all* schools? Could this approach impact on *how* educators respond to learners affected by early years trauma and *could* it help eradicate the educational inequality that still exists in Scotland?

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**Recommendations**

The small-scale nature of this research has, as earlier stated, its limitations but some tentative recommendations can be made;

* All Scottish Universities where under-graduate and post-graduate teaching degrees are facilitated, could evaluate and, if necessary, re-design their courses and programmes of study to ensure that students are not only ‘ACEs-aware’ but are supported to learn about trauma, the impact on brain development, ‘readiness to learn’ and *how* to create a safe teaching and learning environment through the application of ‘trauma- informed teaching and learning methodology’
* All local authorities could design and deliver NQT Training to ensure practical support and mentoring around the application of ‘trauma-informed classroom strategies’ is offered
* As part of all School Improvement Plans, supported by local authorities, there could be evidence of a ‘trauma-informed journey’ including community engagement, review and re-design of ‘behaviour support policies and practice to be more restorative’
* More research and evidence are required around the use of PEF Funding (Pupil Equity Funding) to evaluate impact and outcomes

Finally, if this research, that specifically looks at how to build teacher knowledge, confidence and capacity could be replicated, on a much greater scale to measure improved outcomes across a far greater number of schools and socio-economic areas, it would conclusively demonstrate that change is possible and that there is a better way to deliver the commitment set out by Scottish Government to reduce inequality within Scottish education and address the poorer outcomes still being experienced by pupils affected by trauma, many of whom are ‘care experienced’.

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**Appendix One;**

**Transcripts from School A; South Lanarkshire High School**

**Teacher 1; Mr D**

1. **Can you share your background and role within the school?**

I have been teaching for five years and been a PE teacher in this school for two and a half years. I did a Sports degree and then a one year post graduate degree in secondary teaching.

1. **What prior knowledge did you have of trauma theory and the impact of trauma on brain development and educational attainment for those affected before the training I carried out?**

Very little. I had some training in attachment theory as a probationer but at university...nothing

1. **How has the training impacted on your professional and personal development?**

It has been significant. My relationship with the youngster, L, has improved because you talked about what sort of strategies were needed to build that relationship. Before the training there were always clashes in PE. L was moved three times, into different PE classes due to behaviour, disrupting the lessons, always looking for attention and then you helped me see that PE was a trigger, that he was fearful and that if I was agitated he could see it and it would escalate things even more. My behaviour changed and I used some humour. I remained calm and at times that wasn’t easy but I knew that I had to build a relationship with him. That was the key and I didn’t understand that before the training.

1. **Can you provide one example of a change in practice influenced by the training?**

You mentioned about making the learning environment ‘feel safe’ so I asked L to come a little earlier and he helped me set up for PE and during that 1-1 time we had good conversations and I was role modelling how to manage in PE. Within the school we now have regular meetings following on from the lunch time sessions you led, we talk about L (and others) and share what works. We have that professional dialogue now.

1. **What improvements in educational outcomes, if any, have taken place for L?**

It’s about equity. Before L would avoid PE, not manage a full lesson and now he has joined the football club, comes to lunchtime clubs like table tennis and uses the fitness suite. He gets on well with all the PE staff and his fitness has really improved. If he is down, he knows he can come to the PE Base and chat to me or any of the other staff. He feels safe I think. I am sure he will get a Nat 4 because he is attending and I can assess him whereas before he would storm out so his educational outcomes are improving, not just in PE. He is a happier boy and that is the most important thing.

1. **Any additional comments or ref****lections?**

The whole school is doing well with our approach. There is more understanding and the Head is looking, as you know, at out Behaviour Policies and all departments have meetings about trauma informed strategies. The training and lunch time meetings you led were very beneficial. The whole staff have a different approach to L and we can talk and help each other. Mrs A in the ASN Base is really making sure that new staff get the training you delivered. It really should be in teacher training at University though. It cannot wait till you become a teacher. I didn’t get this even as a newly qualified teacher and it would have really helped me.

**Transcript Two; South Lanarkshire High School**

**Teacher 2; Ms C**

1. **Can you share your background and role within the school?**

I have been a teacher for five years and I came as a newly qualified teacher to the school. I am a Biology teacher and did a Science degree then a one year post graduate degree in teaching.

1. **What prior knowledge did you have of trauma theory and the impact of trauma on brain development and educational attainment for those affected before the training?**

I had some training as a probationer in Attachment Theory but nothing about Trauma, not enough of understanding is given at university. I first came to your session in 2018 at the In-service Day when it was one of the choices and then attended your full day session with the whole staff in 2019.

1. **How has the training impacted on your professional and personal development?**

I have an awareness of who is in front of me. I have an extra understanding and I am more flexible. I want L to know I am ‘there for him’ so I spend more time chatting to him, using proximity, smiling, all those things you mentioned about body language and tone of voice. I know I have got to build rapport and I am using observation much more, being more attuned and putting in those strategies you outlined. It helps to keep L settled as well as the other pupils I know have had a difficult time, not just ‘looked after pupils’ but anyone who has had a difficult time.

1. **Can you provide one example of a change in practice influenced by the training?**

I have a student teacher and I have made sure he has read your training booklet and is observing how I teach, and we discuss why I teach the way I do. This is working well and this male student has a good relationship with L and the others so when L, in particular, comes in and is very loud and anxious I make sure we are both patient, proximity really works with L, that eye contact and placing a hand gently on his desk, so he knows I am there. I am calm. I think I am starting to do these things in an unconscious way now (laughs) I know you said that would happen.

1. **What improvements in educational outcomes, if any, have taken place for L?**

L has been able to stay in the class most of the time now. He is completing more work and I am sure he will get his National 4. I didn’t think that would have been possible a year ago. I think the school also has a much better relationship with the foster carer. L tells us that she isn’t coming up to the school nearly as often and she is so relieved.

1. **Any additional comments or reflection?**

We are a more restorative school, I think. The school has more ‘safe spaces’ and I know that was one of your recommendations to Mr C (Depute Head). Our Behaviour Policies are being reviewed so there is more understanding of trauma, of pupil background. Guidance teams make sure we know what we need to know. We have tried to make sure pupils who are not managing can leave the class safely and who to see and where to go to be safe. I had a very sheltered upbringing and I didn’t know how bad things could be for kids. I want kids to thrive and get qualifications. This training really must be given at university – it must be addressed...I mean why isn’t it? It was a real eye opener, all your training. We need help to recognise the signs of trauma much sooner.

**Transcript Three; South Lanarkshire High School**

**Depute Head Teacher; Mr McC (teacher 3)**

1. **Can you share your background and role within the school?**

I was Principal Teacher in South Lanarkshire for eight or nine years in Pupil Support. I then moved to a SEDN Base and a Special School as a Depute Head. Overall, I have been teaching for fifteen years and came to this school as Depute Head of Pupil Support a year ago. I have always had an interest in Special Needs and had a fair bit of ACEs (Adverse Childhood Experiences Study) training but not really about strategies, more raising awareness.

1. **What prior knowledge did you have of trauma theory and the impact of trauma on brain development and educational attainment for those affected before the training?**

I have had, over the years, training on Attachment, on various diagnosed conditions such as Autism. When I came to the school you had already carried out an In-service to most staff, organised by Mrs A in the ASN Base. I came to the second session in 2019 and in my role as a Manager, was very keen to get those practical strategies ‘on the ground’. It was really the first time we looked really closely at strategies, the teaching environment, moving from class to class, triggers. It was understanding the ‘why’ that has helped. The link to brain development that I think you really helped us to ‘get’.

1. **How has the training impacted on your professional and personal development?**

Well I guess it was about ‘what next?’ We need to see those values in our policies. Since your training we have made sure all staff have seen the ‘Resilience video’, have had input around ACEs, more information goes to staff, so they know what has happened to a pupil. Practice is improving. As a Depute Head, I am involved in policy review, so we frame it around a ‘trauma informed approach’. I hope in time we will have less ‘blaming’ of children and more targeted intervention. It should be at the ‘heart of what we do’...that individual approach to each child, working with parents and carers more. Relationships are key. We are moving away from detention to 1-1 restorative meetings and we all need to ‘buy in’’.

1. **Can you provide one example of a change in practice influenced by the training?**

We have more meetings across departments to share good practice and I want to meet our primaries to get a better awareness of needs before pupils arrive in S1. I want to look at better transitions, enhanced transitions so we are ready to help in a practical way from day one. We have more designated ‘safe spaces’ for pupils who are not managing, and we want to help not blame. I think when we get our Mental Health Counsellor that is also going to improve wellbeing across the school.

1. **What improvements in educational outcomes, if any, have taken place for L?**

L is more involved. He remains in classes for longer and when he is struggling, we have a plan that works to keep him safe. I get much fewer ‘referrals’ about poor behaviour which is a very good sign. Teachers, in the main, are applying the strategies you shared, and one important change has been inter-department meetings to share good practice and help each other more if we are struggling.

1. **Any additional comments or reflection?**

Whole staff training that you delivered as well as the smaller drop-in sessions at lunch time gave us a model to use and we are running with it. We also make sure that student teachers on placement, and newly qualified teachers have access to this information and are shown what ‘it looks like in practice’. We have some excellent teachers who have really run with the approach and we need to ensure they can ‘role model it’ to less experienced teachers. I know, from talking to student teachers, this knowledge isn’t being shared within universities and that is where it needs to begin.

**Transcript Four; South Lanarkshire High School**

**Teacher 4; Mr C**

1. **Can you share your background and role within the school?**

I am a newly qualified teacher at this school, and I am in the Computing Department. I have been teaching for two years. I have a Computing degree and did the one year Post Graduate degree in teaching.

1. **What prior knowledge did you have of trauma theory and the impact of trauma on brain development and educational attainment for those affected before the training?**

I had no training at university, nothing previously. I took part in your 2018 and 2019 sessions and all of the lunchtime sessions you delivered as I taught L in both his 1st and 2nd year. I don’t have him in 3rd year but there are many pupils that I know are struggling.

1. **How has the training impacted on your professional and personal development?**

I just don’t lose my cool. It is the worst thing you can do. I used all the strategies you suggested. I met him at the door, welcomed him in, made eye contact, looked at where he was sitting. Built a good relationship with L. It really worked!

1. **Can you provide one example of a change in practice influenced by the training?**

Yes, I give him jobs to do, give him real responsibility and I make sure all computing tasks are broken down and he has those ‘brain breaks’ you suggested. He is even a ‘buddy’ to help others who get stuck as he is good at computing. It is a strength and I want him to achieve.

1. **What improvements in educational outcomes, if any, have taken place for L?**

Before L’s behaviour really had a negative impact on the behaviour of most of the others in the class. It was so hard going. He just wasn’t achieving and would cause an uproar and storm out before. He just wasn’t learning. Now his behaviour is much less impulsive, and I am trying so hard to make sure he stays in class. Sometimes it doesn’t work, and he needs to leave but it’s in a more measured, less confrontational way now and I make sure we restore things quickly. The Principal Teacher, Mrs A in the ASN Base is a good help as she can help me to restore things. Educationally, L will get his Nat 4 and I am so pleased about that. L sees he can get qualifications, so it is making an impact on his confidence. He is trying.

1. **Any additional comments or reflection?**

The whole school has a better approach. More teachers are willing to understand L, what he has been through. I am sure we will get more of this type of training as we really need it. As a newly qualified teacher you feel you don’t have the skills or knowledge and that really has to change.

**Transcript Five; South Lanarkshire High School**

**Teacher 5 Mrs R**

1. **Can you share your background and role within the school?**

I have been teaching for thirty-six years and been at this school for twelve years in Pupil Support.

1. **What prior knowledge did you have of trauma theory and the impact of trauma on brain development and educational attainment for those affected before the training?**

I have had Nurture Training and several training courses throughout the years about Autism, ADHD, Dyslexia and more recently ACEs training (Adverse Childhood Experiences) although it was awareness raising and not really about teaching strategies as such.

1. **How has the training impacted on your professional and personal development?**

I think your training and follow up meetings have had really helped us to create a model. The drop-in sessions for L’s teachers were so helpful and the staff said afterwards it was the sort of thing we needed for all our vulnerable pupils and not just L. That is true. We plan better now in Pupil Support, make sure we meet the teachers of a child and look at their individual needs. The staff have all had your in-service training, so they know how to use the observation sheets and tailor their approaches in a consistent way across all departments and we help with that in Pupil Support. We do the liaison work as it were.

1. **Can you provide one example of a change in practice influenced by the training?**

I ask teachers to look, in particular, at where kids sit. I think that is so important and really make sure teachers understand hyper-vigilance and reasons for that. I do more monitoring and checking in with teachers and with pupils, making sure they have ‘safe places’ to use if they are overwhelmed and need to leave a class. I am seeing a big difference across the school and *now it’s about the child.... not the staff.* There has been a cultural shift and what ‘is right for the child’.

1. **What improvements in educational outcomes, if any, have taken place for L?**

L is more settled. He still has days that are difficult, but he has ‘safe places’ and people he can go to and talk. It all helps. L is going to get a fair number of National 4 qualifications and that is great. I don’t think we could have hoped for that a year ago.

1. **Any additional comments or reflection?**

There are still so many kids we just don’t know about...We can see the behaviours but now we know there is a reason for that anger and under that anger is a child we must help. I think in this school we have made big strides forward but there is still so much to do. Your help and support have been invaluable, and I only hope more of this training is given to all teachers. I do wish I had it sooner and that all universities do something about it. I ask all our student teachers and we get a lot of them in this school and no one knows what ‘trauma informed teaching and learning’ means. It is a real concern. The theory isn’t enough. It is the practical strategies that are so important. That is what has made the difference with your training and support. That is what everyone says. It is in all the feedback questionnaires after your sessions.

**Appendix Two;**

**Transcripts from School B- Argyll and Bute Primary School**

**Transcript Six; Argyll and Bute Primary School**

**Teacher 6; Mr F**

1. **Can you share your background and role within the school?**

I have been teaching for twelve years and ten of those at this schools. I have a main degree in Politics and Sociology, a post graduate degree in primary education and I’m finishing my Masters Degree in Education. I am an Acting Principal Teacher in the school.

1. **What prior knowledge did you have of trauma theory and the impact of trauma on brain development and educational attainment for those affected before the training?**

Before your training I had a good understanding of deprivation from my own reading but no training specifically in trauma, the impact on learning and the strategies to use.

1. **How has the training impacted on your professional and personal development?**

Some of the strategies, it was trial and error but part of the training. It helped me focus on the other needs within the class, the dynamics at work and was able to have better conversations with children.

1. **Can you provide one example of a change in practice influenced by the training?**

The use of ‘scripts’ so that there was a consistency of language and messages. The Educational Psychologist also helped with an assessment for A. I now have a much wider knowledge and understanding of strategies and techniques. I have been teaching for twelve years and only getting this training now. This school is very caring, but I think specific training about ‘trauma’ is needed as part of the training you receive as a probationer in your local authority, in that first year. We do so much talking about theory and that is important but *this* training, that you have delivered, it is invaluable.

1. **What improvements in educational outcomes, if any, have taken place for A?**

I moved his seat after the training and took more time to scaffold the learning, building my relationship with him. Now we have time during football to have informal chats. He knows he is listened to and is understood. The main thing has been how settled he is and relationships with other pupils are better.

1. **Any additional comments or reflection?**

I think we need to get parents involved so they understand the concepts and understand our approach. It has been, this training, the *best we’ve ever had* at this school and not just to help A but to help the whole school.

**Transcript Seven; Argyll and Bute Primary**

**Teacher 7; Ms K**

1. **Can you share your background and role within the school?**

I have been teaching for fifteen years in several schools and I am a Principal Teacher in this school. I have a particular interest in special needs and the ways learning can be interrupted. I did the four-year Bachelor of Education degree in Primary Teaching.

1. **What prior knowledge did you have of trauma theory and the impact of trauma on brain development and educational attainment for those affected before the training?**

In my four years at University I had no training in trauma and although I completed a module in Special Needs teaching it focused on ASD/Dyslexia. No training by the local authority either, no Inservice although there was an ‘awareness raising day for school leaders’ not that long ago about ACEs (Adverse Childhood Experiences). As you know it’s so difficult for teachers to get out to training now during the day, but I have been reading about Trauma on Twitter and social media where there is a lot of growing interest.

1. **How has the training impacted on your professional and personal development?**

The specific help and guidance were so helpful. I felt I was doing what was needed, being nurturing and the youngster has a very strong attachment to me, but I was helped to understand the behaviour, to realise how much fear the child was living with. The strategies are so practical, do-able and will help with other pupils, for sure.

1. **Can you provide one example of a change in practice influenced by the training?**

I understand that as the child moves into P7, we may see responses that tell us he is fearful of this change. It also highlights the importance of working asap with the high school so A can manage the S1 transition next year. That is key. I will also be looking out for more training opportunities and if I can go I will.

1. **What improvements in educational outcomes, if any, have taken place for A?**

He is more confident, more settled, friendships more solid, less incidents in the playground. It is a good improvement. All the ASN Staff were involved in your training so that was vital. There is a more ‘trauma informed’ approach in the playground and in a very short space of time we have made improvements and we can do more, across the whole school.

1. **Any additional comments or reflection?**

Such a worthwhile training and it is vital. We are more able to recognise trauma and have grown in our capacity to respond appropriately. It has been absolutely invaluable. It really should be carried out in all schools and at university.

**Transcript Eight; Argyll And Bute Primary**

**Teacher 8 Mrs G**

1. **Can you share your background and role within the school?**

I have been teaching for fourteen years and I am currently the Head Teacher in this school. I studied the four-year Bachelor of Education in Primary Teaching at University.

1. **What prior knowledge did you have of trauma theory and the impact of trauma on brain development and educational attainment for those affected before the training?**

At university I received no training in Trauma and nothing through the Local Authority. Recently I attended an ‘awareness raising day’ about ACEs (Adverse Childhood Experiences) but nothing practical.

1. **How has the training impacted on your professional and personal development?**

This school is very nurturing anyway and that isn’t new. All staff have a good awareness of childhood development and how that can be affected by early years trauma. We knew we had these kids and that it wasn’t always the ‘big things’ we saw. We now have a shared language and are better equipped with very practical strategies to influence and guide practice, of ASN staff and teachers. We will be more consistent in our approach.

1. **Can you provide one example of a change in practice influenced by the training?**

I want to look at our Behaviour Policy as this old policy doesn’t fit now and we are getting rid of the old ‘traffic light system’ and moving more towards being a ‘rights respecting school’. I think we will be looking at more restorative approaches, embedding this ethos, ensuring our approach to Nurture is consistent. Our behaviour policy will be underpinned by relationships. We will be looking at how to get parents on board with this and it may be useful to share your booklet with them? As a leader your training has cemented the way forward for this school.

1. **What improvements in educational outcomes, if any, have taken place for A?**

He is happier, relationships much better and he was recognised at prize giving for the first time. It is such an achievement and means that next session in P7 we will continue to develop our understanding, our practice and share this with the high school. The training you provided has been invaluable and of course, the way it was delivered, in a way that supported honest reflection.

1. **Any additional comments or reflection?**

The training has had a significant impact on not just my work at Head Teacher but on all of the team here.