

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

A Review of Research by Elaine McIntosh (Senior Manager; Education)

'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 the 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) that indicated 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?

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 on the pupils, on addressing *their* needs which is, of course, crucial but there seems to be very little intervention aimed at influencing and guiding teaching practice around *how to respond* to an individual's complex needs that surface as a result of the trauma experienced.

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).

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, committed to 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?

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 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).

Research carried out by McIntosh (2019) set out to explore if there is a direct link between training teachers and support staff in 'trauma informed methodology' and improved educational outcomes for 'care experienced' pupils.

The research was carried out in two schools. School A was a large high school with 1600 pupils and School B was a primary school with 250 pupils. Both schools were in a mixed socio-economic area. McIntosh (2019) carried out the same training in each school followed by three practice development sessions. The aim was to support teachers and ASN Support staff to build a 'toolkit' of 'trauma informed' teaching and learning strategies and support with

the application of this methodology in the classroom and explore if, as a result of the training, the educational outcomes of two 'looked after and accommodated' young people, previously dis-engaging and failing to attain could be improved. After the training McIntosh (2019) asked the teachers the following research questions:

- 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?

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'.

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.

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? The evidence highlights that 100% of class committed teachers were implementing between 80%-100% of the taught strategies every day.

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. 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).

From the evidence, 100% of teachers did feel more confident in their understanding of trauma post-training 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.

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. The evidence shows that 100% of teachers 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'. 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'.

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).

The research by McIntosh (2019) did emphasise the need for a 'whole school and whole community approach' if changes are to be embedded. 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).

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).

The educational outcomes of both 'looked after' young people did improve as a direct result of the implementation of the strategies and approach advocated within McIntosh's 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).

McIntosh (2019) acknowledges 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.

The research makes the following recommendations:

- 1) 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

To conclude, 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?

\*The full research paper can be accessed at; <https://carevisionsresidential.co.uk/publications>