Attachment and trauma awareness training: analysis of pre-Covid survey data from staff in 24 primary schools

October 2020

Key findings:

- Attachment and trauma training was well-regarded by school staff across all roles
- 64% of staff reported resulting changes to their everyday practices working with vulnerable young people
- Increased emphasis on language, empathy, trust, safety and wellbeing
- 'Emotion coaching' emerged as a key practical technique
- Many schools have reviewed their behaviour policies and associated practices as a result
- Most staff felt that vulnerable young people had benefited from the changes resulting from the training
- Positivity about the training was highest among headteachers and other senior leaders – several reported transformational change in their school
- The training itself is the start of a vital wider conversation – a necessary, but not sufficient, step towards attachment and trauma awareness in the school

Report overview:

This report sets out the first published results from the Alex Timpson Attachment and Trauma Awareness in Schools Programme, hosted at the Rees Centre at the University of Oxford.

As with many other school-based research projects, the Programme has been profoundly affected by the Covid-19 pandemic. We were actively engaged in data collection in schools when the lockdown period started and consequently paused most fieldwork between March and September 2020. As explained in more detail below, this has significantly disrupted our schedule for data collection and analysis. In addition, the Covid-19 pandemic has had a huge impact on schools, bringing novel challenges in supporting vulnerable young people and placing a new emphasis on young people's wellbeing and mental health.

We have therefore adapted our research strategy and our publication plan. Rather than publishing the findings from three distinct 'waves' of schools, we are now viewing the pandemic as a watershed moment. This report therefore analyses data collected from 24 primary schools in two data collection 'sweeps' prior to the pandemic.

This pragmatic approach reflects the reality that our research strategy has been unavoidably compromised. The schools represented in this report are a small subset of those involved in the Programme and their inclusion here results from being those first in the schedule for data collection and those for which we had received good response rates prior to the lockdown period.

As a result, the findings in this report should be treated with some caution. It is possible that the schools included are atypical for some reason, although there is no indication that this is the case; indeed, there is a strong coherence in the findings across schools and local authorities. Nevertheless, we have decided to publish this report in the style of an informal 'working paper' to recognise the contingent nature of the findings.

We intend to publish further pre-Covid working papers in early 2021, focusing on (a) interviews with school staff in case study schools, and (b) survey data from pupils. The remaining data, collected either side of or after the 2020 lockdown period, will be published in a final report in mid-2022.

Executive summary:

1. This report summarises survey data from 24 primary schools across eight local authorities before the Covid-19 pandemic. Data were collected prior to the school receiving attachment and trauma awareness training (in 2018 and early 2019) and then one year later.
2. The report draws primarily on data from 494 school staff spanning senior leaders, middle managers, teachers, teaching assistants and those fulfilling other roles (e.g. administrative). It focuses on changes in school policy and practice, as well as perceptions of changing outcomes.
3. The data were collected during a period when many school staff were feeling less supported in their role, mainly due to funding reductions and a perceived increase in vulnerable young people.
4. The training was well-regarded, particularly in terms of providing new insight into the influence of attachment and trauma on behaviour and practical strategies for handling these behaviours and supporting the young person. Recall of the training was high, even after the passage of a year.
5. The majority of respondents could point to specific changes that they had made to their everyday practice as a result of the training. These included a new emphasis on relationship-building, revised responses to challenging incidents and the use of specific techniques such as 'emotion coaching'.
6. At the school level, common changes included a review of behaviour policies to reduce reliance on sanctions, an increase in the use of mentoring and counselling, greater staff involvement in discussions about individual young people and the development of new physical spaces to support safety and calm.
7. Through these mechanisms, most respondents felt that the training had been successful in terms of both aggregate outcomes (e.g. more positive relationships between staff and pupils and less use of sanctions) and at the level of the individual young person (e.g. improvements in their wellbeing and feelings of being supported).
8. The training may have resulted in improved academic progress for vulnerable and other young people, but most respondents were uncertain – perhaps reflecting difficulties in drawing a direct causal link.
9. Senior leaders tended to have the most positive assessment of the impact of the training, reflecting their 'big picture' perspective across the whole school. Several described a transformational outcome, initiated by the training and regularly reinforced through time.
10. Interestingly, despite this positivity, the confidence of respondents in working with vulnerable young people did not rise as a result of the training. In particular, there were ongoing anxieties about the variety of behaviours presented by young people and how to respond well 'in the moment' without exacerbating the situation. One possibility is that a heightened understanding of attachment and trauma leads to a more realistic assessment of the challenges and one's abilities.
11. More broadly, confidence was conceptualised by respondents as being an intersection of basal knowledge (e.g. about brain structure), direct experience (including the capacity to practice regularly), the acquisition of specific techniques (e.g. emotion coaching) and working within an ethos of shared understanding (including having the opportunity to discuss situations with knowledgeable colleagues).

1. Background

Launched in 2017, the Alex Timpson Attachment and Trauma Awareness in Schools Programme is working with 300 schools across 26 local authorities in England. Participating schools receive training in attachment and trauma organised through their virtual school or educational psychology service – the content of the training and identity of the trainer therefore varies between areas, based on the local needs identified[1].

The purpose of the Programme is to explore the impact of the training in schools, from the perspectives of staff and young people and through analysis of aggregate school-level data on attainment, progress, attendance and exclusion. More information about the Programme can be found on the website[2].

Under the original research design, the schools are split into three waves based on the date of their training: Wave 1 prior to July 2019, Wave 2 between September 2019 and July 2020, and Wave 3 planned for between September and December 2020. Staff and pupils are asked to complete online surveys prior to the training (Sweep 1), one year later (Sweep 2) and two years later (Sweep 3). The staff surveys are a mixture of tick box questions, rating scales and open text responses.

2. Covid-19 pandemic

The Programme was midway through collecting Sweep 2 survey data from our Wave 1 schools and Sweep 1 data from the Wave 2 schools when the Covid-19 pandemic struck in March 2020. We subsequently paused the collection of survey data from schools while they adapted to circumstances recommencing in September 2020.

It is important to note, therefore, that this report reflects a response to the exigencies of the Covid-19 pandemic. We had originally planned to publish a fuller report at this stage covering (a) Sweep 1 and 2 of Wave 1, and (b) Sweep 1 of Wave 2. However, feedback from schools suggests that the pandemic has radically changed the importance of attachment and trauma work and so we have taken the decision to publish an early and shorter report covering only the data for those Wave 1 schools that had completed Sweep 2 before the pandemic.

There is no particular reason to believe that the schools covered by this report were atypical (except that they had good response rates to the surveys[3]) – they were simply those coming first in the cycle of data collection.

This report therefore draws mainly on the Sweep 2 data collected from Wave 1 schools staff prior to the pandemic – i.e. one year after the schools had received attachment and trauma awareness training. Specifically, it covers 24 primary schools (including three infant schools covering Key Stage 1 only)[4] across eight local authorities who had their training (and completed their Sweep 1 surveys) prior to March 2019 and therefore completed their Sweep 2 surveys prior to March 2020.

The primary focus of the analysis in this report is on changes within the school since the training took place, whether in terms of policy and/or practice, attitudes among staff or levels of confidence in working with

[1] Examples of training from each local authority have been observed and while there are some minor differences of scope, emphasis and delivery, the training is broadly comparable between areas.
[2] http://www.education.ox.ac.uk/research/the-alex-timpson-attachment-and-trauma-programme-in-schools
[3] Schools with response rates below 30% in either Sweep 1 or Sweep 2 were excluded from the analysis. Some individual schools were themselves midway through distributing the survey when the pandemic started.
[4] Data were also collected from five secondary schools, three pupil referral units and two special schools. These have been excluded from this report as the numbers of schools are too low for meaningful analysis by school type. The findings in these other schools were similar, although reported confidence and perceptions of the effectiveness of the training were somewhat lower in the secondary schools.

vulnerable young people with unmet needs around attachment or trauma.

3. Data overview

Across the 24 schools, 794 responses were received at Sweep 1, falling to 494 responses in Sweep 2. The profile of these responses is shown in Table 1.

Table 1: sample profile (Sweeps 1 and 2)

Job role	S1	S2
Senior leadership team	12%	15%
Middle manager	4%	6%
Teacher	30%	33%
Teaching assistant	41%	35%
Other staff[5]	14%	11%
Length of service in school		
Less than 12 months	14%	9%
1 to 3 years	23%	22%
3 to 5 years	19%	16%
5 to 10 years	19%	26%
10+ years	26%	27%
Length of total service in education		
Less than 12 months	4%	3%
1 to 3 years	11%	10%
3 to 5 years	12%	10%
5 to 10 years	20%	22%
10+ years	53%	54%
Memory of training		
Wasn't at school at the time	-	9%
Was at school, but didn't attend	-	9%
Remember very well	-	15%
Remember quite a bit	-	53%
Don't remember very much	-	14%

NB: Some rows total less than 100% due to a small number of missing responses

The majority of respondents in both sweeps were teaching assistants, closely followed by classroom teachers. The largest group of respondents had more than 10 years of experience in the school, with over half having worked in the education sector for more than 10 years in total. The profile between the two sweeps was broadly similar, suggesting that the somewhat lower response in Sweep 2 did not introduce any sampling bias by role or length of service. In the Sweep 2 survey, staff were asked about their memory of the attachment and trauma awareness training. One-in-six respondents (17%) were either not at the school when the training happened or did not otherwise attend the training (e.g. off sick or on parental leave); this sub-group will be separated out in some of the subsequent analysis as a form of internal comparison group. Among those staff who did attend the training, a large majority remembered it 'well' (15%) or 'quite a bit' (53%); more senior staff and those with longer service tended to remember the training better.

4. Changes in school environment

The Sweep 2 survey contained three questions about the school environment that had been asked in an identical form in Sweep 1, focusing on whether staff felt (a) that the school environment was calm, (b) supported by their colleagues, and (c) supported in their role generally. The first and second measures showed no change between Sweep 1 and Sweep 2, with over 90% of respondents in both surveys feeling that the school was calm and that they were well supported by their colleagues.

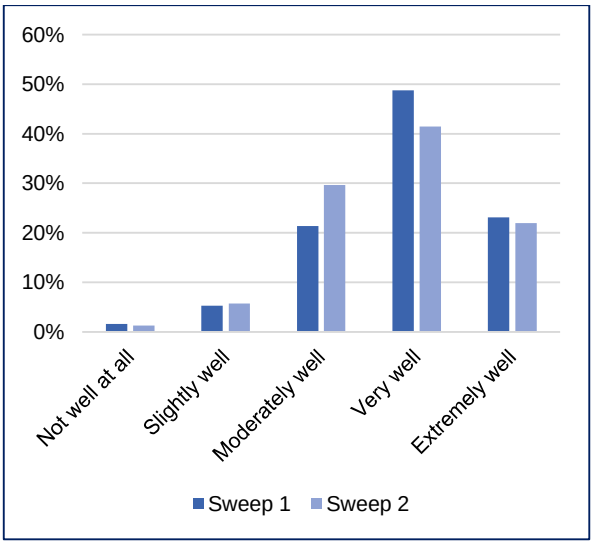
The second measure, relating to more general support within the school, showed a small fall in Sweep 2, dropping from 72% reporting feeling support 'very well' or 'extremely well' to 63% (Figure 1). This fall was mainly to be found among teachers (from 73% to 56%) and teaching assistants (from 67% to 57%). Qualitative data from interviews with staff[6] suggested that this was, at least in part, due to the knock-on effects of reductions in funding that had increased workloads and other pressures within the school. In addition, several schools reported

[5] This group includes administrative, technical and other support staff within the school.

[6] Undertaken in a sample of case study schools, some of which are represented in the survey data.

a marked increase in the number of vulnerable young people being admitted, potentially adding to challenges within the classroom since the attachment and trauma awareness training.

Figure 1: how well staff report feeling supported in their role – Sweep 1 and 2



5. Assessment of training

Respondents who attended and remembered the training were invited to provide a textual account what they found most useful: 303 (75%) did so, with responses ranging from a single word to a short paragraph.

In common with the other free text data reported herein, these responses were analysed thematically. The approach used was to undertake an open coding of the first fifty entries, then review the codes, combining and splitting as necessary to achieve coherence across a meaningful number of themes. The revised coding was then used for the next fifty responses, followed by a further round of revisions as necessary to accommodate any novel responses. This coding was then used on the remaining data. In this instance, nine themes emerged inductively; these are summarised in Table 2. Note that individual responses could be coded against multiple themes.

Table 2: what respondents felt was most useful from the training (n=303)

Theme	%	Theme	%
Strategies and techniques for working with young people	39	General positivity – all or mostly useful or helpful refresher	9
General understanding of attachment and trauma theory	32	Other (including irrelevant or unclear responses)	7
Understanding of impact on young people's emotions and behaviour	30	Understanding of impact on learning or school engagement	5
Signs to help identify young people with unmet attachment or trauma needs	14	Opportunity to reflect on or discuss specific young people or issues	3
Understanding of brain structure, chemistry and functions	12		

The most common response, mentioned by 39% of respondents, was that they felt that learning new strategies and techniques for working with young people to have been the most useful element of the training. Particular mention was given to 'emotion coaching'[7] and the specific use of de-escalating language in those schools that received this form of training. These were seen to have been successful in the period since the training took place, with one respondent explaining how a shift in questioning meant they had *'found that the children respond a lot better to situations and find it easier to understand why they may*

[7] A set of linguistic tools that focus on helping the young person to recognise, understand and regulate their emotions, without endorsing the negative behaviours that may derive from them – e.g. see Gus, L. *et al.* (2017) The introduction of emotion coaching as a whole school approach in a primary specialist social emotional and mental health setting: positive outcomes for all, *Open Family Studies Journal*, 9(1): 95-110.

have reacted in a particular way'[8], while another noted that emotion coaching *'has worked effectively and has consequently built good relationships'*.

Respondents also valued various forms of knowledge about the complex relationships between attachment, trauma, brain function, emotions, behaviour and learning as an evidence-led foundation for their practice. Several noted their intrinsic interest in the topic, as well as it having practical use in the classroom – e.g. *'I found the information about how different parts of the brain react or shut down when you are feeling stress very interesting and useful'*. The trainers' use of non-technical analogies such as the *'meerkat child'* and *'flipping the lid'* seemed to be particularly evocative and were often reflected in the respondents' comments. Another piece of knowledge frequently mentioned related how very early life experiences could shape a young person's emotional development and the long-term persistence of the legacy of trauma.

A third group of respondents (14%) noted how the training helped them to identify young people who might have particular needs around attachment or trauma through the recognition of behavioural signs highlighted by the trainer – such as the 'meerkat' who does not settle in class and is constantly on look-out. This provided an opportunity to intervene in novel ways, *'linking it to certain behaviours we have seen already and discussing what strategies we can use to help them specifically'*.

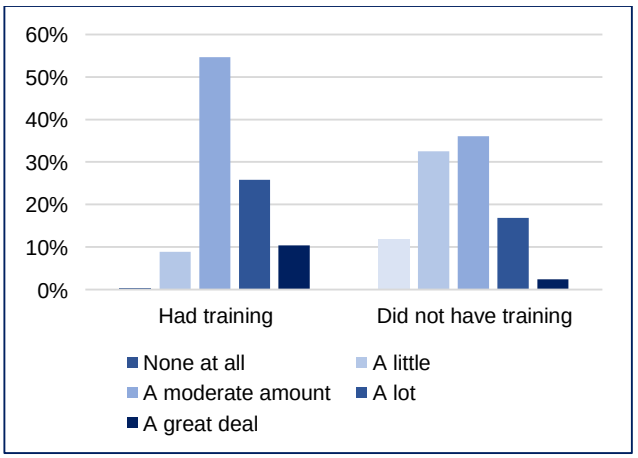
Overall, teachers, middle managers and senior leaders tended to identify more specific ways in which the training was useful to them than teaching assistants and other staff, who were more likely to report a general positivity towards the training. There were no negative responses with respect to the training and the general impression provided by the comments was that the training was useful, interesting and, for some, inspiring and transformational.

6. Changes in awareness and confidence

The Sweep 2 surveys asked staff about their levels of awareness around attachment and trauma issues. Among those who had participated in the training, 91% felt that they had 'a moderate amount' of awareness or more. Awareness was higher among more senior staff, with 67% of senior leaders reporting that they had a 'great deal' or 'a lot' of awareness, compared to 31% of classroom teachers and 24% of teaching assistants. More experienced staff also tended to report higher levels of awareness. Among the respondents who had not participated in the training, 45% reported having little or no awareness of attachment and trauma issues[9].

As can be seen in Figure 2, attendance at the training a year previously was therefore associated with higher awareness levels, suggesting that it had met its primary objective.

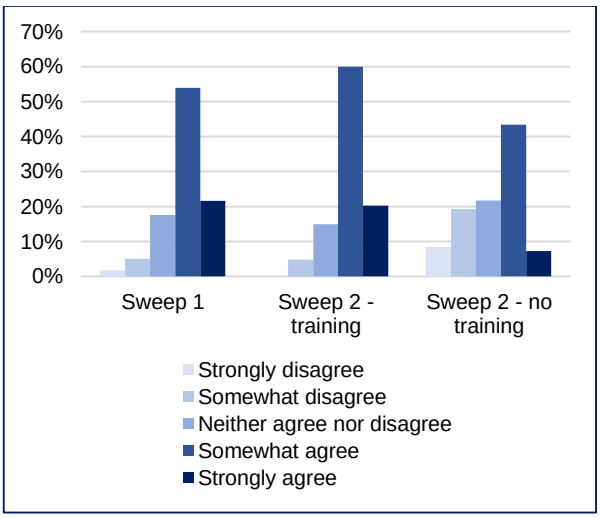
Figure 2: reported awareness of attachment and trauma issues



[8] Typographical errors in the quotes have been resolved to improve flow.

[9] It is, of course, likely that some members of this group will have had previous attachment and trauma training or to have otherwise accumulated experience through their working life.

Figure 3: reported confidence in working with vulnerable young people



A question about confidence in working with vulnerable young people was asked in both the Sweep 1 and Sweep 2 survey, allowing for comparison over time at an aggregated level[10]. As with awareness, confidence was generally higher among more senior and experienced staff, but as can be seen in Figure 3, reported confidence levels between Sweep 1 and Sweep 2 actually remained broadly constant, with only a small overall improvement in the year since the training.

However, there was a strong contrast within the Sweep 2 data between those staff who had attended the training, 80% of whom agreed or strongly agreed with the statement about confidence, and those who had not, where the equivalent figure was only 50%.

This is a slightly paradoxical set of findings. On the one hand, staff who attended the training reported notably higher levels of confidence compared to colleagues who had not, suggesting that the training had raised their confidence. On the other hand, there was little overall increase in confidence in the year since training, perhaps suggesting *prima facie* that the training had had limited effect.

Exploring this further between job roles, there was a marked improvement in confidence among senior leaders following the training, with strong agreement with the relevant statement rising from 26% to 45%. However, there were falls in reported confidence among middle managers and teachers.

One possible explanation for this is that the training had disrupted prior understanding around attachment and trauma issues and made some staff realise they knew less than they thought about supporting vulnerable young people. This could have the effect of curtailing their reported confidence, but actually creating to a more reflexive approach and a more realistic assessment of their expertise – a phenomenon known as the Dunning-Kruger effect[11].

Respondents who expressed that they were confident in working with vulnerable young people were invited to provide a textual account why they felt confident: 323 did so. These were analysed (as outlined above) and allocated to ten themes that emerged inductively which are summarised in Table 4.

Table 4: reasons given for feeling confident about working with vulnerable young people

Theme	%	Theme	%
Attendance at the training	32	Existing positive relationships with young people	12
Work experience	26	Personal skills (e.g. listening)	9
Knowledge about attachment/trauma	22	Life experiences (e.g. parenthood)	5
Supportive colleagues	17	School ethos and/or policies	2
Knowledge of specific techniques	13	Other (including irrelevant)	1

[10] Individual linking of responses has been introduced from Wave 2 onwards.
[11] See Kruger, J. and D. Dunning (1999) Unskilled and unaware of it: how difficulties in recognizing one's own incompetence lead to inflated self-assessments, Journal of Personality and Social Psychology 77(6): 1121-1134.

Similarly, 338 respondents provided a short textual explanation where they felt they were unconfident in working with vulnerable young people; the twelve emergent themes are summarised in Table 5, with an additional 3% explaining that it was not their role.

Table 5: reported areas of lower confidence when working with vulnerable young people

Theme	%	Theme	%
Dealing with variety of challenges presented by different young people	21	Dealing with vulnerable young people within a whole class – lack of resources	8
Handling situations (esp. violent or unpredictable) 'in the moment'	18	Lack of support network or routes for onward referral	8
Need for more training, especially in specific techniques or strategies	14	Ability to provide (deeper) emotional support	5
Forgotten the training and/or a lack of opportunity to practice	11	Balance between being supportive and accepting poor behaviour	3
Fears about exacerbating the situation for the young person	11	Balance between being supportive and reengaging with learning	2
Other (including irrelevant or unclear responses)	9	Handling increasing numbers of vulnerable young people	1

Attendance at the training was explicitly mentioned by just under one-third of respondents and implied by others who prioritised knowledge about attachment and trauma theory or specific techniques for working with young people; unsurprisingly, those who attended the training were most likely to refer to the importance of knowledge. The training was generally highly-regarded for its scope and rigour (e.g. *'the research and approaches shared were based on strong evidence'*), especially because it provided *'a greater awareness of why they are behaving in such a way'* and an *'understanding of the indicators that a child may have experienced trauma'*. Some reported that it enabled them to make *'small changes … to ensure [young people] feel more comfortable'*, while others that it was an opportunity for reflection: *'I have had a lot of experience to draw upon, and with my knowledge now I know I would have handled situations in the past differently'*.

In particular, the respondents valued the everyday practical strategies and techniques to which they had been introduced – largely because, as one explained, *'I can see it working'*. Emotion coaching techniques were specifically mentioned by several respondents as being a useful and confidence-building addition to their toolkit. For example, one explained *'I have recent experience of having to resolve high stress issues, where emotion coaching has resolved the situation'* and another *'I feel that the strategies that we have been shown are very effective, and my confidence has increased in this area because of them'*.

Around a quarter of respondents who felt they had issues with their confidence in dealing with vulnerable young people reported that it was due to insufficient training (14%) or that they had forgotten the earlier training (11%). Several noted the importance of follow-up sessions (e.g. *'[I have difficulty] retaining the information about attachment and trauma – needing regular review of training in order to feel up-to-date and fully informed'*) or the value of the *'ability to refer back to high quality training materials for further support'*. A small number talked about how the training had piqued their interest and that they had continued reading around attachment and trauma.

Over one-quarter of respondents referred to their work experience as the basis for their confidence, some stressing their length of service in education (e.g. *'30 years now and have taught every year group, and taught*

many children, from all walks of life') and others a more reflexive approach based on specific young people or instances (e.g. *'I am developing my skills and confidence every day in school because I am having to use what I have learnt on a regular basis'*). Around 5% also referenced experiences outside of school, including parenthood, being a foster carer or completing a psychology degree.

The other major source of confidence was supportive or more knowledgeable colleagues to whom they could turn (17%), with a small number additionally pointing to a supportive school ethos that stressed young people's wellbeing (2%). For example, one reported that *'we have a staff team who work together to agree strategies when supporting children with attachment and trauma needs'* and another that *'as a school we have always had the ethos that tries to nurture the whole child'*. These types of environment could lead to a strong sense of common purpose:

> *'I have had lots of training and feel that in school we are all talking the same language and thinking about things in a similar way. It is not easy but we are trying'.*

Even respondents who felt confident overall often referred to situations where they felt that their confidence was lower. The need to adapt their knowledge and techniques to meet the needs of a diverse group of young people was a concern for around one-in-five. This was built on a recognition that *'not every child's the same [and] you don't always have the answers'* and that *'each child is different and there needs to be a consistency'*. These challenges could be heightened with younger age groups and those with English as an additional language as they were less able to verbalise their emotions. Around one-in-ten respondents were concerned about exacerbating difficulties for young people through an inappropriate approach – *'doing or saying something that will make things worse'* – while others felt unsure whether they were equipped to provide a deep emotional connection and how to *'build relationships with children who have large barriers to making relationships'*. Another particular concern, mentioned by 18% of respondents, was how to deal effectively with young people 'in the moment', especially where they are exhibiting aggressive, violent or unpredictable behaviours:

> *'[I am worried] that when dealing with poor behaviour I am able to keep calm, making sure to communicate directly, positively, and firmly with the child. To always provide choices for the child to respond to so they always have a way to retract from a situation without losing face but still complying with what I have asked for'*.

Finally, respondents pointed to some specific challenges of integrating attachment and trauma awareness into their everyday practice. Teachers, in particular, reported concerns about *'how best to help individual children within class of 30'* and resolve *'issues within the time-frame of a lesson whilst balancing needs of other children'*, as well as achieving a balance between *'how best to support their emotional and mental health while helping them achieve academically'*.

A small number expressed concerns about *'being able to tell the difference between poor behaviour for reasons other than trauma'* and that *'you never know if it is the trauma talking or the child taking advantage'*, leading some to feel uncomfortable or sceptical about the approaches that the school was taking: *'I feel that increased tolerance may have helped on occasions but it can get to the stage where the child takes advantage and just rules the roost and there are no sanctions on place that are effective'*.

These challenges were recognised in extended comments from two senior leaders from different schools:

'It is difficult to help staff to see that children are not just being "naughty" or "uncooperative". Some staff are more open to the attachment theory than others but the climate is definitely changing. I think this is so because we have only recently had PLAC[12]/adopted children join us and so staff have not been aware of the difficulties that they can bring with them into school.'

'Every child is different and it takes considerable time to build relationships to work and support these children, it's hard for some members of staff to understand that even though a lot is being done to support a child it will not undo the trauma that these children have experienced in a relatively short amount of time, I find it difficult to empower all staff to understand this.'

In summary, confidence in working with vulnerable young people appeared to be enhanced where staff felt that they had a solid evidence-led understanding of the impact of trauma and attachment on young people's behaviour in school, coupled with specific techniques to respond to everyday situations and supportive colleagues with whom to discuss situations and strategies – and onto whom difficulties could be referred. This was strengthened where there was a sense of common purpose and a shared ethos derived from senior leaders. Staff with more experience also tended to be more confident, particularly where they were able to review their past experience in light of the training. However, staff continued to have anxieties about working with vulnerable young people even after the training, especially around the diversity and severity of cases that they might encounter. Indeed, it appears likely that the training may have reduced confidence in some staff by making them think more deeply about the serious issues involved and a perceived risk of exacerbating situations.

7. Changes resulting from training

Respondents who attended the training were asked what changes they had made to their practice as a result. A total of 278 staff answered this question, including 19 who had made no changes, with some explaining that it merely reinforced their previous practice. The responses of the remaining 259 respondents (64% of those attending the training) are summarised in Table 6.

Table 6: reported changes in practice made by respondents as a result of training (n=259)

Theme	%	Theme	%
Greater awareness underpinning everyday interactions with young people	46	Supporting colleagues, more team discussion and whole school approach	11
Relationship building, including trust, listening, empathy and patience	24	Increase in understanding young people as having individual needs	10
Changes in language and questions used, plus more thinking time	17	Other (including unclear or irrelevant responses)	7
New focus on calmness and safety – e.g. more talk, quiet spaces, theraplay	14	More effort in spotting the signs of attachment or trauma needs	6
Explicit adoption of emotion coaching or other de-escalation techniques	12	Adoption of new classroom activities or curriculum	5

Just under half of respondents gave relatively general accounts of how the training had

[12] Previously looked-after children.

transformed their understanding of how attachment and trauma impact on young people's experience of school, with this new knowledge permeating their practice, but without a specific change. This group often referred to now appreciating why young people present in certain ways or perform particular behaviours, which influenced how they viewed the young people and how they reacted to situations – the following quote from a teacher is typical:

> *'For some children, I recognise that they have a different need, which may be something as simple as holding a hand at playtime. I try to be firm with their behaviour but also recognise that at a young age, they may need a little bit more support. Some children, because of their home lives, struggle with things that others find easy, and behaviour can be an issue.'*

Staff also reported that the training had helped them to be more proactive in spotting the signs of attachment and trauma needs (6%) and in treating young people as individuals (10%) with differing experiential histories outside of school. Again, these responses tended not to refer to specific changes in practices, but to a more general change in attitudes and confidence:

> *'Although I had previously worked with children from traumatic backgrounds, the training made me recognise subtler signs and evidence of attachment difficulties. It made sense and gave a fuller picture; it fit a few more pieces of the puzzle together*'.

Of the respondents identifying a specific change that they made, the most common was a new focus on relationship-building with vulnerable young people. This was mentioned by one-quarter and expressed in a variety of ways, but the change tended to include higher degrees of empathy, a more patient approach, an emphasis on trust and/or an increased willingness to spend time with the young person and *'listen to what they have to say'*. It also included signalling micro-practices such as *'welcoming each child into the classroom individually in the morning'*. This relationship focus was often also associated with a new emphasis on promoting calmness and feelings of safety (mentioned by 14% of respondents), both through individual interactions and the use of approaches such as 'calm down' spaces and theraplay. This was particularly in response to outbursts, where staff were increasingly *'acknowledging that more often than not the demonstrated behaviour is masking an emotional need and the need should be addressed before the negative behaviour'*.

Two other adjacent themes related to a change in the use of language (17%) and the adoption of emotion coaching and similar techniques (12%); responses were only coded to the latter where there was a specific mention. Otherwise, these responses both related to the ways in which staff verbally interacted with young people. Numerous specific micro-practices were listed, including giving young people more time to talk, co-constructing solutions to problems, reflecting together on past situations and so on. Perhaps most notably, there was an emphasis on talk about the young person's emotions – especially recognising and naming them – and a shift away from questioning a young person on the rationales for their behaviour (which they probably do not know); typified by one as *'not asking "why?", but saying "help me understand"'*. One teacher explained how they had produced a reminder of how to use the questioning techniques they had learned: *'I have a set of sentence stems on a lanyard so that I have them at all times'*.

A small number of respondents described changes that they had made within the classroom and wider learning environment. These varied with the year group, but included the following examples of innovations:

'Created the fed-up area as a space for the children to take time to settle. Sensory needs are supported, cuddly toys, blankets, colouring'.

'We play games and have movement and calm-down breaks to help the children to regulate themselves'.

'Integration of principles into own teaching as part of a weekly lunchtime mindfulness club'.

'Have delivered a unit of work on Neuroscience to Year 6 as I value the importance of knowing how our brains function and how understanding this can aid learning'.

The following is an expansive example of where a teacher – in this instance – had made wide-ranging and interconnected changes both to their own practice and the physical classroom:

'I have worked on how we build relationships with children from the start of the academic year. I make sure I talk to children about how they are feeling or verbalise how my emotions might be to support them. We use the language of emotion regularly and I make sure I explain what I have noticed to support the child. I try and look for positives in a situation with a child and, if appropriate, ensure children know it's the behaviour we are upset with but not them directly. The development of 'safe spaces' within my classroom in conjunction with the child and I feel well versed in different calm down strategies that support children. I think we are better at recognising what traumas a child might have encountered'.

In the final theme, one-in-ten respondents (mainly senior leaders) talked about school-wide changes that they had been implemented since the training or in which they had participated. These included the creation of relationship policies, amendments to reward/sanction systems, the introduction of restorative justice, providing staff with feedback and the delivery of follow-on training, as well as the development of a more team-based approach to attachment and trauma using shared language and discussion of individual young people and incidents. The following two extended examples from senior leaders in different schools illustrates these efforts:

'I look at children's behaviour very differently. We have re-written our behaviour policy so it is a relationships policy, when talking with children we try to identify with them the emotion which has led to the behaviour, talk with children about not having naughty children but that there was an emotion which led to that behaviour. I am a lot happier using emotion coaching to support children who are anxious and found the online emotion coaching training very useful. Realised that a number of our children who have not been in the care system are displaying behaviours which show they are highly anxious and we believe are due to attachment and trauma. This enables us to support the children in a very different way to previously'.

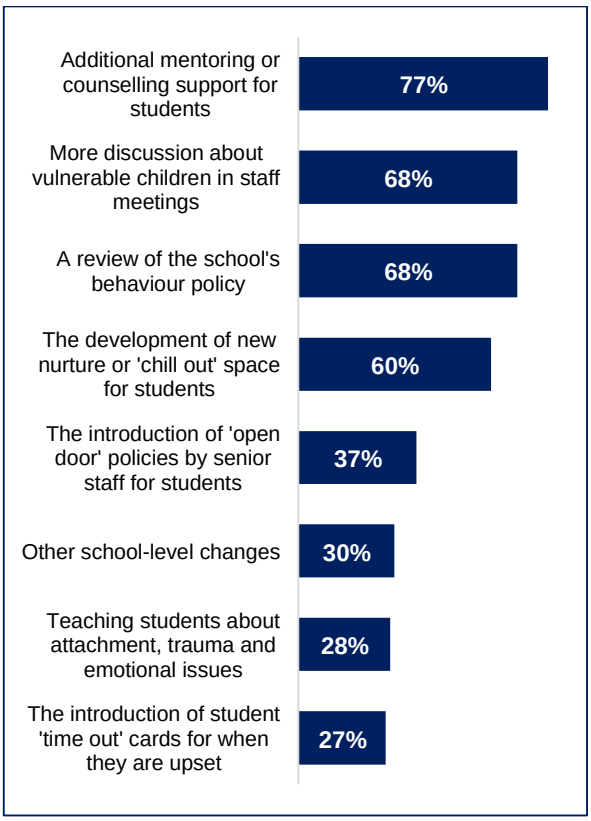
'Have presented 2 x training sessions to teachers and support staff. Staff have been encouraged to try out the techniques when dealing with a child who have shown undesirable behaviours. We have re-written our behaviour policy keeping these children in mind as needing a different approach and have declared ourselves an attachment aware school'.

Some less senior staff pointed to changes in the school that had impacted on their practice. For example, one reflected on how

they felt *'able to talk to my colleagues very openly about the effects of trauma as we have all undertaken [the training] together'*, with another feeling that the training had led to *'more open discussion surrounding these issues'*.

In addition to the open text boxes summarised above, respondents were asked what changes had been made at the school level since the training, with seven tick box responses and the opportunity to add other changes as open text. Given that school staff may not be aware of changes that have occurred if they do not impinge on their own work and practice, Figure 4 summarises the responses from the 74 senior staff (i.e. headteachers and deputy headteachers) who would be expected to have an overview across the whole school.

Figure 4: school-level changes since the training took place (n=74 senior leaders only)



The most common changes were additional mentoring/counselling for young people (77%), more discussion about vulnerable young people in staff meetings (68%), a review of behaviour policies (68%) and the development of new physical spaces to support safety and calmness (60%). Changes that were mentioned under the 'other' category included additional in-house training (including for governors and 'resistant staff'), the use of wellbeing audits and similar tools, the redevelopment of the PSHE[13] curriculum and stronger relationships with mental health services. It should be remembered that these were changes made *since* the training and some schools may have already had some of these elements in place prior to the training.

8. Perceived impact of training on young people

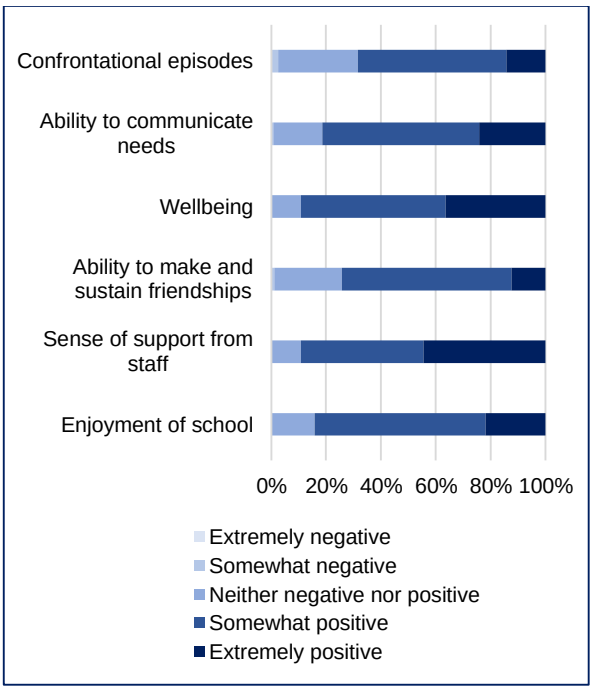
Respondents were asked about their perceptions of the impact of training on young people in their school across six dimensions, with the results shown in Figure 5 below.

All six measures showed a positive perceived impact, with only a tiny number of respondents reporting any negativity. Staff believed that the greatest impacts were on young people's sense of being supported by staff and their wellbeing, with 44% and 37% describing 'extremely positive' impacts respectively.

The areas in which staff felt there had been the smallest impact were on confrontational episodes and young people's ability to make and sustain friendships, with 32% and 26% respectively rating these as neutral or, in a few cases, worse. In general, senior leaders were more likely to think that the training had had a positive impact on young people, while teachers and teaching assistants tended to have a lower assessment.

[13] Personal, social, health and economic.

Figure 5: staff perceptions of the impact of the training on young people

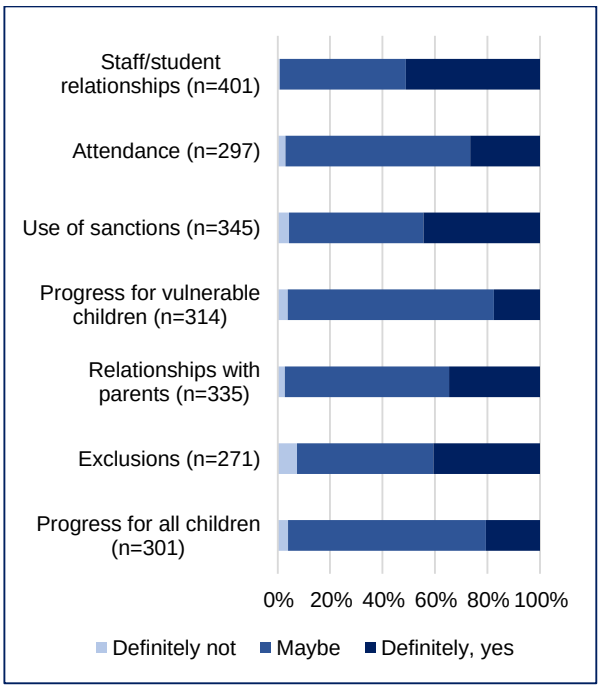


9. Perceived impact of training on school outcomes

In a similar vein to the previous section, respondents were asked to provide their perceptions about the impact of the training on outcomes within the school; these are summarised in Figure 6 below. There was a relatively high rate of non-response on these questions, presumably driven by whether the respondent felt that they were able to make a valid assessment – for example, staff in the 'other roles' category were the least likely to respond to these questions, as well as those who had not attended the training.

The attachment and trauma awareness training was considered to have most impact on staff/student relationships, the use of sanctions and exclusions, with 51%, 44% and 41% answering 'definitely, yes' to whether they had been positively impacted by the training. Conversely, confidence about impact was considerably lower with respect to progress, either for vulnerable young people (21%) or all young people (18%). Once again, perceptions of impact were highest among senior leaders and lowest among teachers.

Figure 6: staff perceptions of the impact of the training on school outcomes



10. Differences between schools and local authorities

Given that the training provided to schools varied between local authorities in terms of its organisation, content and delivery, it might be hypothesised that there could be differential impacts from that training. In addition, there were also possible differences in 'dosing', reflecting both the length of training provided[14] and other wraparound elements of support provided to the schools[15]. However, no meaningful differences could be identified within the data available. While there were

[14] The standard was a whole day, but this was split into multiple sessions for some schools, potentially with somewhat more or less than the average – some schools were also offered follow-up sessions.

[15] This might include, *inter alia*, the use of audit tools, additional access to therapeutic interventions, peer information-sharing opportunities and membership of the Attachment Research Community (www.the-arc.org.uk).

inevitably some differences – for example, with respect to average levels of reported staff confidence – these were small and could not be connected to known differences in implementation between local authorities with any confidence.

There are two possible interpretations for this. Firstly, this may be the result of the limited sample available, with some local authorities being represented by a single school that may or may not be typical. Alternatively, it may be an indication that the content and quantity of training provided is less important than the changes resulting in each school, whether in policy, school-wide practices or individual practices. Needless to say, this is not to argue that the training is irrelevant, but rather than it is an essential catalyst for wider organisational change, guided by senior leaders within their own context. There is some support for this latter interpretation within the text comments from senior leaders.

11. Conclusions

Staff in the 24 primary schools covered by this report have reported an overwhelmingly positive picture of the attachment and trauma awareness training that they received. The majority of those who participated remembered it well and could point to changes that they had made to their practices as a result.

Many felt it had improved their ability to support vulnerable young people by providing insights into the underpinning reasons for their behaviour, grounded in the latest research from neuroscience. Others particularly valued the acquisition of practical techniques such as emotion coaching. However, the training also surfaced ongoing anxieties about exacerbating difficulties for the young person and coping with the potential range of behaviours within a busy classroom. This may explain why reported confidence levels did not rise overall.

Perhaps the most significant direct outcome from the training was that staff described moving towards a more relational and empathetic approach to their work. This stressed the importance of the language used, as well as the concepts of trust and safety for young people who may not have had trusted adult relationships in the past. Time was also seen as significant – either in terms of delaying their own responses to incidents or to allow young people to regulate their emotions in times of difficulty.

However, drawing particularly on responses from senior leaders (who tended to offer the most positive assessments), the major contribution of the training appears to have been that it seeded wider conversations in the school about support for young people with unmet attachment and trauma needs. The adoption of a shared vocabulary – provided by the training – enabled senior leaders to instigate ‘whole school’ initiatives. Perhaps most notably, in several cases this included a review of the school’s behaviour policy or its replacement with a broader-based relationship policy with a greater focus on restorative approaches over sanctions. Indeed, nearly half of respondents felt that greater awareness of attachment and trauma had resulted in a fall in the use sanctions and/or exclusions. More broadly, the data gave a general sense of schools where wellbeing, enjoyment and relationships between staff and young people were improving. In due course, the Programme will be analysing aggregate school data to explore whether these changes manifest in improvements in attainment, progress, attendance or exclusion rates.

This suggests that the training is a necessary, but not sufficient, element in building a school’s awareness of attachment and trauma issues. Rather it provides a starting point for more far-reaching changes led by the senior leadership team to complement the everyday changes in practice among teachers, teaching assistants and other staff.