

The future of pastoral care in schools: exploring whole-school trauma-informed approaches.

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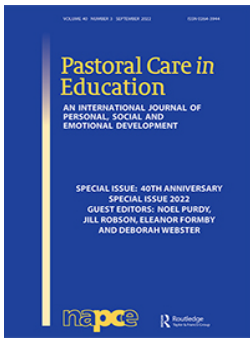
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The future of pastoral care in schools: exploring whole-school trauma-informed approaches

Eleanor Long 

ABSTRACT

It is estimated that trauma and adverse childhood experiences (ACEs) such as exposure to violence, abuse and neglect affect approximately a third of school-aged children in England and Wales. There is strong and growing evidence for the devastating impact of trauma across the lifespan, with psychological and biological effects indicated by neuroscientific research. Prolonged exposure to chronic stress can affect brain development leading to behavioural changes and problems regulating emotions. Children exposed to trauma may experience difficulties accessing and engaging with learning and a reduced ability to form trusting relationships. The scale of the problem has major implications for the provision of pastoral care, as school staff often lack sufficient training and resources to support the complex needs of children and young people affected by trauma. Drawing on my experience working as a learning mentor in the primary sector, this article considers a whole-school trauma-informed approach as a potential model for the future of pastoral care in schools.

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Pastoral care in English primary and secondary schools has changed significantly over the last two decades, with pastoral roles increasingly undertaken by non-teaching staff (Edmond & Price, 2009; Rice O'Toole & Soan, 2021). Ostensibly this is to reduce the pastoral burden on teachers, enabling them to focus on teaching and learning, however non-teaching pastoral roles are often poorly defined, and staff frequently lack the training and resources to effectively support the increasingly complex pastoral needs of children and young people (Edmond & Price, 2009). In addition, this overlooks the importance of teacher-pupil relationships, which are often well-established (Marland & Rogers, 1997; Roffey, 2010).

The increasingly complex mental health needs of children and young people require a whole-school culture change in which challenging behaviours are understood within the wider context of adverse childhood experiences (ACEs) (Felitti & Anda, 1998). Recent research suggests almost a third of children and young people in schools in England and Wales have experienced traumatic or adverse childhood experiences such as violence, abuse or neglect (Lewis et al., 2019). We now know that this can have a negative impact on psychological and

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physiological health across the lifespan (Felitti & Anda, 1998; Norman et al., 2012). Research increasingly indicates the importance of trusting relationships with 'emotionally available' adults in supporting children and young people affected by trauma, with adults in schools ideally placed to meet this need (Bellis et al., 2017; Chafouleas et al., 2016). Arguably the biggest challenge facing pastoral care in education today, supporting the complex emotional and behavioural needs of children affected by trauma is essential in order to improve engagement with learning (Chafouleas et al., 2016; Frieze, 2015; Malchiodi & Perry, 2014).

Research into childhood trauma has increased significantly in recent years, fueled by the publication of a landmark study into the negative impact of adverse childhood experiences (ACEs) in the late 1990s (Felitti & Anda, 1998), and a strengths-based approach has emerged which has come to be known as 'trauma informed practice'. Various defined in the literature, trauma-informed practice seeks to realise the pervasiveness and impact of trauma, recognise and respond appropriately, whilst mitigating the risks of re-traumatization (Substance Abuse and Mental Health Services Administration, National Center for Trauma-Informed Care, 2014). In English schools trauma-informed practice is increasingly advocated to support children and young people, including in the government guidance 'Mental Health and Behaviour in Schools' (Department for Education, 2018), which recommends a whole-school, trauma-informed and attachment-aware approach (Department for Education, 2018, p. 18).

Not without issues in terms of practice and research, trauma-informed approaches have only filtered into education in the last decade, and as such have a limited (though increasing) evidence-base in the research literature (Perfect et al., 2016; Purtle, 2020; Sparling et al., 2022). Neurobiological evidence and established research from psychology and attachment theory forms the theoretical basis for trauma-informed approaches, indicating the importance of early relational intervention for the mitigation of the negative effects of trauma exposure (Cross et al., 2017; Sciaraffa et al., 2017). This article seeks to explore the role of whole-school trauma-informed approaches in pastoral care, considering some of the criticisms of these approaches, as well as potential factors affecting the success of embedding trauma informed change in our schools.

My interest in pastoral care began 20 years ago while undertaking graduate teacher training in a large, challenging secondary school. Many of the students were unable to engage with learning as they were so dysregulated emotionally (Cross et al., 2017; Dvir et al., 2014). This often presented as aggressive or withdrawn behaviour and my lack of experience left me ill-equipped to respond appropriately. Desperately seeking answers, I began researching attachment and relational trauma and found similar patterns of behaviour emerging in the literature (Bowlby, 1998; Hughes, 2004; Lyons-Ruth, 1996). Discovering that my professional interests lay in children and young people's mental health, I started a new job as a learning mentor and safeguarding lead in a primary school the

following year. Working with children and families newly arrived in the UK from war-torn countries, (many of whom were suffering from Post-Traumatic Stress Disorder), as well as those affected by domestic abuse, mental health issues, poverty and neglect, I developed a specific interest in the impact of trauma. Applying this knowledge, I was able to recognise and better understand how to respond to the emotional difficulties presenting in my students (B. D. Perry & Szalavitz, 2006; Hughes, 2004; Van der Kolk, 2005).

Research indicates that children and young people exposed to trauma and adverse childhood experiences can show reduced engagement with school, lower test scores and increased levels of school suspension and exclusion (Blodgett & Lanigan, 2018; Perfect et al., 2016; Shonk & Cicchetti, 2001). In addition, children's ability to self-regulate may be affected as well as comprehension, memory and executive functions such as organisation, planning and time management (Wolpow et al., 2009). We know that children's responses to traumatic events vary according to individual personality and protective factors such as access to positive relationships with adults (Ashton et al., 2021; Bellis et al., 2017; Chafouleas et al., 2016). However, changes in the brain can occur in response to chronic exposure to stress and repeated or prolonged activation of threat responses can leave children hypervigilant and more easily triggered into 'fight, flight, freeze' behaviours (aggression, running away or withdrawal; Cross et al., 2017). These survival responses can prove challenging in a classroom environment, further complicated by the fact that traumatised children may not respond predictably to traditional pastoral approaches (Baylin & Hughes, 2016). Research indicates that this may be due to 'blocked trust' and a reduced ability to form social connections resulting from repeated abuse at the hands of trusted adults (Baylin, 2017; Baylin & Hughes, 2016). Encouragingly, research also suggests that the impact of trauma can be mitigated and potentially reversed with appropriate support from emotionally available adults inside and/or outside the home, including those in schools (Phillips, 2020; Ashton et al., 2021; Wall, 2021).

A whole-school trauma-informed approach seeks to increase knowledge and understanding of the psychological and physiological impact of trauma. This has been shown to induce compassionate and restorative attitudes and responses to trauma behaviours, in turn facilitating more positive relationships between adults and children (Oehlberg, 2008). Emerging research suggests this may also benefit education staff by reducing work-related stress and burnout (MacLochlainn et al., 2022). In practice, this approach requires far more than the implementation of strategies and interventions, and a whole-school culture shift may be needed in order to move from punitive to non-punitive practice (Avery et al., 2020; Wall, 2021). High quality professional development is required to increase adult knowledge of the impact of trauma, enabling school staff to reframe the challenging behaviours of traumatised children and young people.

Without this understanding, traumatised children are at risk of being viewed by adults as having problem behaviours, rather than as needing their help and support (Dorado et al., 2016).

Despite increased knowledge on the effects of childhood trauma, the need for trauma-informed professional development for school staff has been slow to filter into government policy in England. The government green paper 'Transforming Children and Young People's Mental Health Provision,' (DHSC & DfE, 2017), acknowledges the role of appropriately trained education staff in supporting children and young people's mental health, and suggests the need for a mental health lead in every school. Also highlighted is the role schools and education staff have to play in the recognition, support and referral of mental health difficulties in children and young people: 'There is evidence that appropriately-trained and supported staff such as teachers, school nurses, counsellors, and teaching assistants can achieve results comparable to those achieved by trained therapists in delivering a number of interventions addressing mild to moderate mental health problems.' (DfE, 2017 p. 41). While this may be viewed as a positive development, the details of appropriate training and support for education staff (and how this is to be structured and resourced) are less clearly defined.

Schools are increasingly recognised by policy makers as ideally placed to support the mental health of children and young people (Herrenkohl et al., 2019). However appropriate guidance, resources and access to professional development are not always readily available. In England, there are significant disparities between individual schools, sectors, local authorities and areas of the country in terms of provision. Funding cuts and over a decade of austerity have left schools struggling to meet the increasing demand for mental health support, intensified by long waiting lists for external mental health services such as Child and Adolescent Mental Health Teams (CAMHS). Such services are forced to prioritise children with the most severe mental health needs, leaving those with less immediate needs without support (Stafford et al., 2020). Similarly, despite the increasing enthusiasm for trauma-informed approaches in schools, there is little guidance or unified consensus as to how these should be employed or evaluated and limited research on factors affecting successful implementation (McIntyre et al., 2019). In addition to practical factors such as lack of funding and resources, schools face more nuanced issues relating to whole-school culture, system fit and school leadership priorities (Chafouleas et al., 2016).

Key to the success of trauma-informed approaches in education is the need for an appropriate level of training for staff. Adequate professional development is essential for anyone supporting children (or adults) affected by trauma in order to safeguard and protect both parties (Berger et al., 2021; Substance Abuse and Mental Health Services Administration, National Center for Trauma-Informed Care, 2014). We know that attempting to employ a trauma-informed approach for children and young people without the appropriate level of

training can be potentially dangerous, as this can pose a genuine risk of re-traumatisation in which a child's memory is triggered, effectively reliving the original trauma (Substance Abuse and Mental Health Services Administration, National Center for Trauma-Informed Care, 2014). It is also possible for supporting adults to experience secondary trauma, in which the adult is traumatised by the child's retelling of their traumatic experiences (Vang et al., 2020). Appropriate mental health supervision and emotional support for staff is also essential as part of a whole-school approach, though this is not yet recognised or readily available in the field of education (Berger & Quiros, 2014; Lucas, 2020). Mental health or clinical supervision is a model of support acknowledged as essential to safe practice in the fields of psychology, health and social care, which provides practitioners with the opportunity for debriefing and regular emotional support from a qualified professional (Bearman, Schneiderman & Zoloth, 2017). Given the increasing push for school staff to support the mental health needs of children and young people, it could be argued as imperative that they be offered the same mental health support afforded to social workers, psychologists and other mental health workers (Berger & Quiros, 2014).

Whole-school trauma-informed training does not seek to create 'trauma specialists' out of education staff but aims to 'create a shared understanding of the impact of trauma exposure, build consensus for trauma-informed approaches and engender attitudes, beliefs and behaviours conducive to the adoption of system-wide trauma-informed approaches' (Overstreet & Chafouleas, 2016, p. 2). The aim is for all adults to understand that any child may have experienced trauma, and to ensure that every adult has the capacity to provide trauma-informed emotional support if and when needed (Substance Abuse and Mental Health Services Administration, National Center for Trauma-Informed Care, 2014).

Generally speaking, current trauma-informed professional development providers in the UK offer levels of training which can reasonably be undertaken by school staff. These range from one-off sessions for whole-school professional development, to in-depth diplomas to be completed by selected staff (TISUK, 2022; Trauma Informed Education, 2022). This level of training, even at diploma level, is not sufficient to make education staff into 'trauma experts', and it is essential that schools and practitioners understand its limitations (TISUK, 2022). Information on how and when to signpost to specialist services should form an integral part of any trauma-informed training package, as research indicates that education staff can often feel overwhelmed or lack confidence in dealing with the increasing mental health needs of children and young people (Early Intervention Foundation, 2021).

A lack of empirical evidence and robust tools for the evaluation of trauma-informed practice in schools have been highlighted by critics, particularly in the United States with recent reviews calling for a more rigorous, collaborative and interdisciplinary research agenda (Avery et al., 2020; Berger, 2019; Thomas et al.,

2019). The lack of a dominant, unified approach to trauma-informed practice in schools poses problems for researchers in terms of meeting inclusion criteria (Maynard et al., 2019) and the strength of empirical evidence is low (Avery et al., 2020; Howard, 2019; Thomas et al., 2019). There is a clear message that more rigorous, collaborative research is needed to determine which approaches are most effective and to identify and evaluate outcomes (Avery et al., 2020). Encouragingly, we know that this is a rapidly changing picture, with ongoing research and successful trauma-informed collaborative projects happening across the UK (Headstart Kernow, 2022; NHS Education for Scotland and Scottish Government, 2019). One such project, a collaboration between the Sheffield Institute of Education (SloE) at Sheffield Hallam University and Trauma Informed Schools UK (TISUK) has included a compulsory module of trauma-informed training as part of their initial teacher training offer since 2014 (early years) and 2019 (Primary to post-16) and researchers hope that other institutions will also adopt this model (*1000 Qualified "Trauma Informed" Teachers to Support Mental Health in Schools in Wake of Pandemic*, 2021).

Achieving whole-school trauma-informed change is a challenging and complex task. Key to its successful implementation, is system-wide investment in terms of attitudes, beliefs, resources and practice which includes embedding the approach in whole-school policy (Greig et al., 2021; Thomas et al., 2019). The danger is that schools, invariably under financial pressure, time-constraints, and target-meeting, attempt to address this need in a half-hearted, potentially dangerous, and ultimately ineffective manner. Successful trauma-informed change relies on organisational as well as practice change, and it is essential that calls for cross-sector collaboration are acted upon to develop a co-ordinated and well-defined approach in schools (Avery et al., 2020; Chafouleas et al., 2016).

Whilst we can be hopeful that whole-school trauma-informed change is achievable, it is imperative that the mental health support needs of adults are taken into account when implementing such approaches, particularly given the level of stress experienced by many working within the education sector (Madigan & Kim, 2021; Wettstein et al., 2021). High-quality professional development is key, (including information on how and when to signpost to specialist services), as is appropriate mental health supervision and emotional support for staff. Senior leader support is also crucial if trauma-informed approaches are to be truly embedded in whole school policy and practice.

We can look forward to the findings of current and ongoing research projects to inform the improvement and development of trauma-informed approaches, however we must heed the call for more robust research in this emerging area of practice if we are to enable education staff to competently and safely provide evidence-based, trauma-informed care as part of a new and improved pastoral model and improve outcomes for children and young people.

Disclosure statement

No potential conflict of interest was reported by the author(s).

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