

"Trauma-Informed" Ideas in English Education: Discussing the Scientific Evidence Base and Exploring the Discursive and Practice Effects

The United Kingdom (UK) has been slower to adopt ACEs-driven (Adverse Childhood Experiences) and trauma-informed practices and policies than the United States (U.S.). However, there is growing recognition in areas of devolved national policy (NHS Education for Scotland, 2017; Public Health Wales, 2015; Safeguarding Board for Northern Ireland, 2018) and in the form of local initiatives in England (Manchester City Council, 2019; Stevens, 2019). The foundational “ACE study” by Felitti and colleagues (1998) led to a surge in attention towards the potential for negative long-lasting effects of childhood adversity upon health and social outcomes. The subsequent “ACE-awareness” movement has become a core aspect of many, though not all, “trauma-informed” practices and policies which have emerged across healthcare, criminal justice, and more recently, educational contexts (Hambrick et al, 2019; Maynard, Farina, Dell & Kelly, 2018).

In the United States, alongside this greater emphasis upon trauma-informed education, there is also clearer recognition of school social work as a distinct subfield within the profession, as reflected by established bodies¹ and direct employment of social workers by schools (Stone, 2015). In the UK, whilst social workers may well work within an educational remit, this is more likely to be in the context of current multi-agency working policy where school staff identify needs and refer children and families onwards (DfE, 2018a). However, a recent initiative by the Department for Education (DfE 2020a; Westlake et al, 2020), replicating historical attempts to pilot and embed stronger collaboration between social work and education (Bagley & Pritchard, 1998; Parker, Hillison & Wilson, 2003), has been rolled out in 150 English schools. This will involve the placement of social workers in schools to aid earlier identification of children “at risk” of neglect or abuse and to reduce local variations in collaborative approaches. As such, it is necessary to recognise the differences in the embeddedness of social work and trauma-informed ideas within US educational contexts and the localised nature of these practices within the UK at present. The paper will therefore focus predominantly upon “educators” including teachers and wider school support staff, alongside exploration of implications for those working in multi-agency initiatives.

This initiative echoes a policy focus upon educational settings as important contexts for supporting students and families, including more recently, with adversity and trauma (DfE, 2018b, p. 18). In the UK, given the emerging nature of trauma-informed ideas, there is less literature which directly addresses these approaches in educational settings. However, applications seem varied and often disparate across policy areas, but with a clear multi-agency focus (Adebowale et al, 2018). This is also mirrored by ACEs-specific approaches, which include public awareness campaigns, whole-service staff training, routine

¹ see, for example, the School Social Work Association of America (<https://www.sswaa.org/>) and the American Council for School Social Work (<https://www.acssw.org/>)

enquiry into ACEs in health and social care services, screening of specific sub-populations, and individual treatment where ACEs have been identified (Lacey & Minnis, 2019).

A focus upon preventing or reducing the impact of adversity and trauma may be positioned as a fitting move towards achieving social justice, given the wide-ranging implications of childhood adversity evidenced in epidemiological literature and their interwovenness with human rights issues (Mersky, Tropitzes & Britz, 2019). For example, research suggests adversity may be disproportionately experienced by children living in poverty or socioeconomic deprivation (Walsh, McCartney, Smith & Armour, 2019; Lewer et al, 2019), thus linking with wider concern regarding health and social inequalities (Marmot et al, 2020a). More specifically to education, trauma exposure has been associated with negative outcomes including impaired cognitive and academic functioning and social and behavioural issues (Blodgett & Dorado, 2016; Perfect, Turley, Carlson, Yohanna, & St Gilles, 2016). It seemingly follows, therefore, that educational justice requires the embedding of trauma-informed attitudes and practices across education systems in order to attend and respond to these impacts (Ko et al, 2008).

Burman (2018) usefully differentiates between critical analysis of the scientific adequacy of the knowledge claims of concepts or frameworks, and analysis of the discursive effects of these claims where they are accepted as truth. This paper seeks to synthesise literature that addresses the scientific adequacy of claims made in foundational research supporting “trauma-informed” educational approaches, and to explore the potential discursive or real effects where these claims are used to underpin policy and practice.

The paper begins with a discussion of the contested definitions of trauma, adversity, and trauma-informed practice, moving on to discuss the empirical evidence base for these concepts. The extent to which trauma-informed educational approaches can contribute to social justice aims, in light of different conceptualisations of “social justice”, is subsequently considered. The paper then provides specific examples of so-called “trauma-informed” applications in English educational settings and questions to what extent they adhere to some core principles of trauma-informed approaches and socially just educational practices. In doing so, the paper explores the potential and challenges for positioning equitable trauma-informed practices within English education systems. This exploration is provided in the context of the authors’ ongoing ethnographic research in relation to multi-agency ACEs-driven practices.

Adversity, Trauma, and Social Justice: Some Definitions

One of the main obstacles in navigating ACEs and trauma-informed ideas is the inconsistency of terminology used (Blodgett & Dorado, 2016). Disparities in language use and operationalisation of core concepts are likely to affect research and practice by adding complexity to navigating the evidence base. This linguistic complexity is now considered, beginning with ACEs and adversity, and moving on to discuss trauma and “trauma-informed” ideas.

The concept of ACEs tends to refer to an epidemiological study carried out by Felitti et al (1998) investigating the relationship between childhood experiences and adult health behaviours and outcomes. This study used

retrospective adult reporting of childhood exposure to seven household and parental adversities, including psychological, physical, or sexual abuse, household substance abuse, household mental illness, domestic violence, and parental imprisonment. These were assessed using questions from pre-existing surveys. The results indicated a correlational relationship between ACE exposure and poor health outcomes, with a higher ACE score being associated with poorer outcomes (Felitti et al, 1998). The concept of “ACEs” now commonly refers to a set of nine adversities in the “ACE Questionnaire”. This is assessed using 11 questions from the Centers for Disease Control and Prevention’s Behavioural Risk Factor Surveillance System (CDC, 2020). This incorporates the original seven ACEs alongside parental separation, as well as considering drug and alcohol abuse as distinct categories of substance abuse.

Bartlett & Sacks (2019) note the crucial distinction between ACEs and related conceptualisations of childhood adversity. Childhood adversity, they argue, represents a broad and potentially infinite range of disadvantageous circumstances which children may face, whereas Felitti et al’s (1998) conceptualisation only represents a subset of household adversities. Despite attempts to synthesise research on ACEs to create a clearer conceptual definition (Kalmakis & Chandler, 2014), there remains divergence across research as well as repeated calls to expand the original ACEs concept (Cronholm et al, 2015). As Hambrick et al (2019, p. 238) note, “awareness of ‘ACEs’ has been a central component of “trauma-informed” policy, program development and practice changes”, including calls for trauma-informed education (Chafouleas, Johnson, Overstreet & Santos, 2016). However, it is important to note that not all “trauma-informed” programmes make direct reference to the ACE study, with several drawing instead upon the wider literature on trauma and adversity and existing models of practice, as is explored further in the paper.

As Bartlett & Sacks (2019) highlight, trauma reflects one of many potential outcomes of adversity, although trauma is not inevitable. The Substance Abuse and Mental Health Services Administration (SAMHSA, 2014, p. 7), a leading body for the furthering of “trauma-informed” care and practice in the United States, synthesised literature in the field of trauma to create a holistic definition. Their widely adopted framework defines trauma as an individual experience which occurs as the result of an event or circumstance that is perceived as emotionally or physically threatening. This conceptualisation attends to the broad range of potentially negative effects across domains of functioning and wellbeing, including physical, mental, or social. This definition also places emphasis on the individual appraisal and experience, rather than the events or circumstances themselves.

Just as defining trauma and developing shared language and understandings of operationalised concepts is difficult, so too is conceptualising approaches which seek to tackle the impacts of trauma. Whilst there may be a similar underlying commitment to specific values, several terms including “trauma-informed practice”, “trauma aware”, or “trauma sensitive” are applied in practice and often without clear definition of their meaning (Thomas, Crosby & Vanderhaar, 2019). Blodgett and Dorado (2016) suggest whilst seemingly insignificant, the differential usage may reflect different levels of understanding or application of the research evidence base, with “trauma sensitive” suggesting

a basic and general understanding of the impacts of traumatisation, and “trauma-informed practice” suggesting a deeper, structurally embedded approach to tackling trauma.

A common framework for “trauma-informed” approaches is that proposed by SAMHSA (2014). This has been adopted in conceptual research (Bowen & Murshid, 2016), systematic and literature reviewing (Champine, Lang, Nelson, Hanson & Tebes, 2019; Thomas et al, 2019) and in the development of professional training (Mersky et al, 2019). SAMHSA’s core framework and guidance for implementing trauma-informed approaches includes six key principles which they argue should be considered and adhered to: safety; trustworthiness and transparency; peer support; collaboration and mutuality; empowerment, voice and choice; and cultural, historical, and gender issues. This guidance also differentiates “trauma-informed approaches” from trauma-specific interventions or services which may be contained within wider approaches. As such, trauma-informed practices are required to be structurally embedded and thus involve whole-staff or whole-organisation awareness and training, rather than stand-alone programmes (Maynard et al, 2018). Whilst there are of course various other definitions (see, for example, Adebowale et al, 2018 p. 123), this overarching framework provides a clear analytical tool for discussing trauma-informed practice.

The notion of social justice as *equity*, which focuses on achieving more equal outcomes through attending to different levels of need (Ruitenberg & Vokey, 2010, as cited in Smith, 2018), is well-aligned to the core aims and principles of trauma-informed practice described by SAMHSA (2014). Social justice as equity also aligns with calls for a more holistic conceptualisation of socially just education systems which should aim to reduce social and educational inequalities by attending to the different needs of students (Francis et al, 2017; Walsh, 2019; Gorard, 2010). Thus, the extent to which trauma-informed practices align with a view of social justice as equity requires an assessment of the extent to which they promote more equitable outcomes (Smith, 2018).

There has been much debate around what socially just education systems in the UK would look like (Reay, 2012; Francis & Mills, 2012; Francis et al, 2017). Of course, this depends on how social justice is conceptualised or measured (Smith, 2018). Social justice as equity, it has been argued above, is appropriately aligned to discussions of trauma-informed education. However, as will be argued, this does not align well with existing political commitment evidenced in education and wider policy. Arguably the dominant political position within the UK education system incorporates a view of social justice as *harmony* based upon principles of “meritocracy” or recognising and rewarding individual talents and strengths (Smith, 2018). Such an approach posits that inequitable educational or other such outcomes are justified by these individual differences. This mirrors neoliberal ideas of education’s role in competing in global knowledge economies and the production of “good citizens” (Holloway & Pimlott-Wilson, 2012; 2014). These are apparent in UK policy, for example, in the focus upon “character education” which posits that modifiable character traits such as “resilience” are effective targets for seeking to improve educational outcomes for disadvantaged learners (DfE, 2016;

Burman, 2018). This has manifested in an outcomes-focused, individualistic view (Neaum, 2016) which may stigmatise disadvantaged learners by neglecting to attend to structural inequalities in education (Burman, 2018). Some argue this has promoted a culture of blaming parents or children for apparent lack of “aspiration” (DfE, 2016) even where they may be unequally able to uptake opportunities provided to them (Burman, 2018; Smith, 2018; Allen & Bull, 2019).

In conclusion, though precision has been acknowledged as difficult, this paper employs the term *trauma-informed* approaches understood as those adhering to SAMHSA’s (2014) core principles, though stresses “trauma-informed” in relation to any practices described as such. Where the ACEs foundational study or conceptual framework is used, this is also emphasised. The paper takes *adversity* to mean the more broadly defined range of disadvantageous circumstances and events (Bartlett & Sacks, 2019). *Trauma* is taken to mean the broad range of negative effects upon different facets of well-being which are potentially experienced as a result of these circumstances and events (SAMHSA, 2014). These definitions are used to explore “trauma-informed” educational practices in England, assessing their empirical evidence base and their potential for promoting “social justice” as framed in ways which align with or challenge dominant political, policy, and practice narratives.

Discussing the Scientific Adequacy of the Trauma-Informed Evidence Base:

As per Burman’s (2018) distinction, the scientific adequacy of concepts and theoretical frameworks merits critical attention. As trauma-informed and ACEs-driven approaches may be resource-intensive (Maynard et al, 2019; Berliner & Kolko, 2016) and given the complex ethical issues of trauma intervention (Becker-Blease, 2017), it is considered crucial that their application is based upon rigorous scientific evidence of their effectiveness.

There is evidence, more generally, of the role which English schools can play in supporting children and families with issues relating to trauma or adversity. A recent quantitative study of English primary schools established “school climates” (relational cultures which promote a sense of belonging, safety and connectedness amongst students and staff) are effective targets for interventions seeking to improve children’s mental health (Patalay, O’Neill, Deighton & Fink, 2020). These climates accounted for 30-50% of the between-school variation in children’s mental health outcomes, depending on their operationalisation as emotional or behavioural symptoms. However, it must be noted that despite a clear policy focus on mental health in English schools (DfE, 2018b) and trauma-informed discussions (Adebowale et al, 2018), such a focus is not always well-aligned with trauma-informed principles. This discursive focus may provide further barriers to accessing appropriate support due to the reliance on diagnosis (Blodgett & Dorado, 2016). Childhood trauma itself is not a recognised diagnosis and its impacts are not fully represented in existing diagnostic criteria such as Post Traumatic Stress Disorder (van der Kolk, 2005). In the UK, access to mental health diagnosis and treatment is also geographically inconsistent due to inequalities in resources, referral processes, and waiting list times between local Children and Adolescent Mental Health Services (CAMHS) (Crenna-Jennings & Hutchinson, 2020).

Whilst school climates explained large amounts of between-school variation in mental health outcomes, only a small amount was explained by school compositional factors such as size, gender, deprivation, or ethnicity (Patalay et al, 2020). Gorard (2010) further argues that differences in attainment are largely explained by student or family-level factors such as socioeconomic status, rather than school-level factors. However, he maintains that individual schools as “mini-societies” *can* challenge inequities in education systems and wider society, where outcomes are framed more widely than through the existing focus upon attainment. Pupils’ sense of “educational justice”, he suggests, is impacted by their experiences in school. Whereas interventions to reduce variations in characteristics between schools may require political backing, the adoption of “equitable” principles in the classroom is perhaps easier to implement. This can also contribute to more positive pupil experiences, thus supporting the equalling of wider outcomes such as educational enjoyment, attitudes to continuing education, and professional aspirations (Gorard, 2010). These claims (Gorard, 2010; Patalay et al, 2020) provide a clear rationale for the implementation of trauma-informed principles within English schools as a means of contributing to more equitable outcomes for students across broader domains of wellbeing, in line with SAMHSA’s focus.

This is supported by a recent Dutch study suggesting schools potentially provide safe environments for self-reported ACEs disclosures by children as young as nine, as part of becoming more “trauma-focused” (Vink et al, 2019). The ACE framework and evidence base has recently received extensive critique, yet it is often positioned as a factual, evidence-based approach (White, Edwards, Gillies & Wastell, 2019a; MacVarish & Lee, 2019). Despite sustained critique amongst academics² and in public discussions³, the concept of ACEs has nevertheless permeated several areas of localised English policy and public attention (Edwards, Gillies & White, 2019). The concept has become a dominant framing of discussions within authoritative documents in public health (Public Health England, 2019), education (DfE, 2018b), and government-commissioned research (Allen & Donkin, 2015), though these conceptualisations often differ. Despite the limitations when applied to individuals, most researchers acknowledge the benefits of the framework for informing population-level preventive and support policies (Kelly-Irving & Delpierre, 2019; Hartas, 2019).

Although critique may discuss “misapplications” of the original ACEs research (Science and Technology Committee, 2018), there is also critical exploration of the problems and limitations of the empirical and conceptual evidence base (Hartas, 2019; Gillies, Edwards & White, 2019; White et al, 2019a). There are, for example, debates regarding the validity of retrospective reporting or self-report (Hardt & Rutter, 2004; Kalmakis & Chandler, 2014), the rigour of the method behind the selection of ACE variables (Finkelhor, 2017) and the rationale for adopting a scoring method rather than cumulative

² see the special issue in *Social Policy & Society*, 18(3) (<https://www.cambridge.org/core/journals/social-policy-and-society/issue/424134A6B7E07A64A88A0ABAE3DAE1C0>)

³ see, for example, the Twitter campaign #IAmNotMyACEs led by Dr Jessica Taylor, founder of VictimFocus (<https://www.victimfocus.org.uk/>)

statistical analyses (Lacey & Minnis, 2019). Although it is generally accepted that ACEs are correlated with some poorer outcomes, the pathways or mechanisms are less understood (Spratt, Devaney & Frederick, 2019). These issues have led to their description as a “chaotic concept” for policy (White et al, 2019a, p. 457). Therefore, as Lorenc, Lester, Sutcliffe, Stansfield & Thomas (2020) and Finkelhor (2017) conclude, far from there being a clear evidence base for interventions to target specific ACEs, evidence for the impact of most interventions is actually unclear. A recent publication by one of the original authors of the foundational ACE study acknowledged the knowledge-base for ACEs is limited, but continuously expanding (Anda, Porter & Brown, 2020).

Although epidemiological ACEs studies have addressed school-based outcomes such as attainment (Bellis, Lowey, Leckenby, Hughes & Harrison, 2014), critiques of ACEs (mis)applications in UK policy tend to focus on their alignment with existing early intervention practices or children’s policy more widely (White et al, 2019a; Davidson & Carlin, 2019). A recent collection of studies also explores the implications for the growing number of ACEs applications within Scottish policy⁴. In the United States, and more recently in Scotland, there has been critical attention towards the framework’s application specific to educational practice (Winninghoff, 2020; Goodall, Robertson & Schwannauer, 2020). For example, Winninghoff (2020) cautions against a “trauma by numbers” approach in U.S. schools, arguing the ACE framework does not provide sufficient basis for a trauma-informed approach and may reify an individualising, stigmatising narrative. Khasnabis and Goldin (2020) further highlight that the ACE framework and other “trauma-informed” models, where applied to individual students, often neglect systemic issues such as “racial trauma”, and therefore do little to address the structurally embedded roots of trauma.

Academic critique of wider trauma-informed educational approaches largely emphasises the paucity of quality empirical evidence to demonstrate their usefulness or cost-effectiveness (Thomas et al, 2019; Berliner & Kolko, 2016; Berger, 2019). Indeed, a recent systematic review found no articles which met the criteria for demonstrating the effectiveness of trauma-informed educational approaches upon academic or social outcomes (Maynard et al, 2019). This lack of appropriate evidence despite the screening of 7,173 titles and abstracts and 67 full-text articles may, as the authors note, be partially explained by the adoption of a more rigorous and systematic approach than other reviews. Whilst the “rigorous” evidence base may well be limited, researchers seem to agree that the scope of approaches being labelled as “trauma-informed” is varied. Applications range from more localised, specialist provisions focusing on student or school-level outcomes to more system-centred, population-level approaches (Thomas et al, 2019; Blodgett & Dorado, 2016), adding to difficulty in assessing the effectiveness of such programmes. Given the inconsistencies in usage of “trauma-informed” languages discussed, there is a need for a clarity of operationalisation of this term, as well as qualitative exploration of the nature of the varying programmes claiming to provide “trauma-informed” approaches to education (Maynard et al, 2019; Berliner & Kolko, 2016). There are therefore gaps in knowledge regarding to

⁴ see *Scottish Affairs*, 29(4) (<https://www.eupublishing.com/toc/scot/29/4>)

what extent these practices provide any added value in education, and importantly, whether they may lead to unintended consequences such as retraumatisation (Becker-Blease, 2017).

These limitations of the evidence base may be compounded by processes of academic or scientific knowledge production. The strong and often encouraged sense of competition for a limited pool of resources and funding in academic institutions may contribute to the siloed nature of trauma and adversity literatures and the lack of conceptual clarity or research collaboration (Steptoe et al, 2019). Similarly, institutional definitions of “impact”, which focus upon “reach and significance” (REF, 2019), encourage research projects which aim to achieve “impacts at scale” (Shonkoff, 2017, p. 2). This may discourage development or evaluation of trauma-informed approaches which are highly localised and cannot be generalised to a wider remit of practice. In the case of empirical research investigating the impacts of early childhood interventions, studies which produce “null results” may be less likely to be published and thus not made available for other researchers to learn from (Shonkoff & Fisher, 2013). Consequently, where not accounted for in systematic review processes, this has the additional potential to lead to the conclusion of positive findings, even from small samples of research (Torgerson, 2006). This is particularly relevant in the case of trauma-informed educational practices, where the robust evidence base appears to be limited (Maynard et al, 2019; Berger, 2019).

The extent to which trauma-informed approaches in education contribute towards more equitable outcomes is therefore difficult to establish from a perspective which focuses upon a rigorous, scientific evidence base to demonstrate this.

Discussing the Effects of Trauma-Informed and ACEs “Evidence” in UK Educational Settings:

Burman’s (2018) distinction acknowledges that regardless of the scientific adequacy of concepts, they may have particular discursive and thus material effects where accepted as a factual basis for policy and practice. Attention to the effects of trauma-informed and ACE-aware movements in education is increasingly timely given the growing interest in the UK, the predicted intensification of these issues due to the COVID-19 pandemic response (Marmot et al, 2020b, p. 92), and the lack of robust evidence discussed:

As these tides of awareness affect everything from research funding, to the kinds of mental health treatment available, to individuals’ very experience of trauma, this is reason enough to be vigilant about the popularity of the term trauma-informed. (Becker-Blease, 2017, p. 131)

To illustrate the range of discursive effects “trauma-informed” ideas may have in practice, we now discuss three examples labelled as such in an English educational remit. It should be noted these illustrative cases have been deliberately selected for their demonstration of the variation in potential ways academic research may be incorporated into so-called “trauma-informed” education. Whilst the following overview is by no means comprehensive, these examples address the scope of approaches labelled as “trauma-informed” in

English educational contexts, from ACEs-specific to those premised upon wider bodies of literature.

A criticism of research seeking to underpin or promote “trauma-informed” practice is a strong focus on adherence to theoretical frameworks and a neglect of the realities of practical applications (Johnson, 2017). Thus, SAMHSA’s (2014) framework is noted merely as an analytical tool for discussion rather than a strict assessment of compliance, alongside consideration of the complexities of application in practice. Similarly, the alignment of these practices with definitions of social justice as equity or harmony is discussed.

Example One:

Firstly, approaches which are premised upon the ACE framework are considered. An example is the *ACEs Recovery Toolkit*, developed by the community interest company Rock Pool Life (RPL, 2020) who work with practitioners and agencies dealing with issues of trauma. Whilst this application does not take place directly within an educational setting, it is included due to its demonstration of how educators may become involved in multi-agency practice in a context where “school social work” is less clearly embedded in the education system. Whilst the programme does not take place directly within a school setting, schools may play a key role in referral of families to the programme (Devaney, 2018; McCoy et al, 2019). As the programme also involves education of practitioners and parents in the scientific and theoretical literature behind trauma and ACEs (RPL, 2020), it can be considered within the wider context of English education. The programme is described as a “trauma informed psycho educational model” and involves a 10-week intervention programme for parents “struggling with the impact of their own ACEs”, providing them with knowledge and understanding of how this may impact upon themselves and their children (McCoy et al, 2019). The intervention is delivered by practitioners who are trained by Rock Pool, with training outcomes including a greater awareness and understanding of developmental trauma, ACEs, “toxic stress”, and neuroscientific literature relating to trauma (RPL, 2020).

Although not applied strictly for the purposes of entry criteria, this case illustrates an example of the use of the ACE questionnaire (CDC, 2020) to screen for parents’ ACEs as a precursor to the project. As reported by small pilot evaluations, most parents have four or more ACEs (McCoy et al, 2019; Devaney, 2018) which are generally accepted as being associated with a greater risk of adverse outcomes at a population level (Felitti et al, 1998)⁵. It should be noted that this application goes against the original intentions of the ACE framework for epidemiological use (Hartas, 2019; Anda et al, 2020). Whilst, as McCoy et al (2019) acknowledge, the ACEs Recovery Toolkit actively seeks to avoid retraumatisation and does not revolve around trauma disclosure as such, facilitators of the programme found that parents wanted to share sensitive issues with the group. This required extra considerations of post-disclosure follow-up

⁵ The original ACE study (Felitti et al, 1998) defined four out of seven ACEs as the threshold for significant risk of negative outcomes at the population level. The evaluation of this application references parents’ ACE scores out of a total of ten ACEs (Devaney, 2018). As Spratt et al (2019) point out, the general acceptance of four ACEs as a clinical cut-off point seems rather arbitrary.

and safeguarding referrals (McCoy et al, 2019). This mirrors recent cautions against routine ACEs enquiry, noting concerns over the availability of appropriate post-disclosure social or therapeutic support services and the lack of evidence to support positive outcomes of routine screening practices (Ford et al, 2019). Similarly, SAMHSA's (2014) trauma-informed approach highlights that screening measures should be appropriate and based upon robust evidence. Given the previously discussed issues with ACEs screening tools and the mounting evidence which cautions against their use with individuals, such applications raise additional ethical issues.

Several positive aspects of this programme are identified in a series of blogs⁶ written by a project facilitator in a single local authority, and an evaluation completed in collaboration with a local university which explored piloting of the programme in three other local authority areas (McCoy et al, 2019). The second evaluation also incorporated the voices of practitioners and parents. There is a clear focus upon collaboration between social workers, educators, and wider local authority services (Devaney, 2018) and upon providing a "safe space" (RPL, 2020). These aspects adhere to SAMHSA's core values of "collaboration and mutuality" and "safety" (SAMHSA, 2014). Similarly, in the pilot evaluation, some parents reported an overall positive impact on themselves and their children, through the project's provision of a peer support group and increased knowledge about how to act upon their adversity (McCoy et al, 2019). Whilst there is also self-reported evidence provided by some parents that children appeared happier and more engaged with school (McCoy et al, 2019), it is difficult to conclude whether these observations translated into concrete school-based outcomes such as attendance or achievement.

However, this evidence for positive outcomes must also be considered in context of the "resource intensive" nature of the approach highlighted by practitioners (McCoy et al, 2019, p. 4). The programme also relied upon existing infrastructure and resources (McCoy et al, 2019), which are increasingly unequal across local authorities under austerity (Gray & Barford, 2018). In the evaluation, parents mostly reported positive outcomes from the project, but expressed concerns about access to wider therapeutic and social support services (McCoy et al, 2019). These public services are largely outside the control of project facilitators and are again affected by geographical inequalities. More deprived local authorities tend to have been more heavily impacted by the effects of austerity-driven funding cuts upon public service provisions (Gray & Barford, 2018) and prevalence of ACEs is generally higher in areas of greater deprivation (Lewer et al, 2019). Thus, it must be cautioned that ACEs screening approaches in deprived local authorities are more likely to assess "need" which may outweigh the potential to provide appropriate support.

Furthermore, as Walsh (2019) argues, the use of an ACE framework provides little commitment to socially just aims given its narrow focus upon family-level considerations decontextualised from wider socioeconomic and political ones. Parental participation in this approach was voluntary and the ACEs scoring method was used alongside discussions of wider theory (Devaney, 2018). However, this "parenting education" approach aligns with

⁶ see <https://rockpool.life/aces-rtk-blog/>

dominant policy notions of parental, rather than state, responsibility for overcoming adversity or trauma and preventing “cycles of adversity” (Gillies, Edwards & Horsley, 2016; Crossley, 2016; Treanor, 2019). Such approaches seem to align more with a view of social justice as harmony, advocating individual responsibility for overcoming disadvantage. As such, it could be argued that any potential benefit of ACEs screening methods may be outweighed by the potential to stigmatise parents and place emphasis upon parental or community level responsibility without adequate consideration of existing social or geographical inequalities.

Example Two:

Some “trauma-informed” approaches are instead premised upon wider bodies of literature on trauma and adversity including neuroscientific studies. An example case, *Your Place Academy* (Your Place School, 2020), provides a glimpse of how “trauma-informed” ideas have the potential to enter into English education. This model is based upon a local authority trial which placed children with complex trauma histories into alternative therapeutic contexts for short periods of time, rather than embedding trauma-informed practices into existing educational provisions. Backed by several local politicians alongside a range of therapeutic specialists and educators, the model is described as “a compelling evidence-based approach” (Your Place School, 2020), and illustrates an intended application of “trauma-informed” ideas.

The Your Place Academy is part of a non-profit educational trust consisting of 11 schools in an English local authority, which claims an “attachment aware and trauma informed” core ethos (Wensum Trust, 2020). The founders of the initiative have since campaigned for the funding and embedding of specialist “trauma schools” in every English local authority to help children with complex trauma histories (Your Place School, 2020). These would expand educational provisions outside of mainstream schools for children deemed to have complex needs, referred to as “off-site alternative provision” in policy (OFSTED, 2016). These settings are disproportionately attended by boys, Looked After Children (LAC), children with Special Educational Needs (SEN) or from socioeconomically deprived backgrounds, and children from certain cultural or ethnic backgrounds including Black Caribbean, Irish Traveller, or Gypsy/Roma⁷ pupils (Malcolm, 2018). This raises concerns over the marginalisation of certain groups from mainstream schooling, particularly given the attention to “cultural, historical and gender issues” proposed by SAMHSA (2014). Again, such approaches must be given critical attention, especially in the context of cautiousness over the application of neuroscientific claims to educational policy (Billington, 2017) and the previously noted inequalities in infrastructure and resources across English local authorities (Gray & Barford, 2018; McCoy et al, 2019).

The evidence base for this approach draws upon the Neurosequential Model of Therapeutics (NMT), developed by a leading trauma researcher, Dr

⁷ These terms are adopted in line with research and UK government usage, but these institutional categories perhaps are not fully-representative of the range of identities they conceal. For a fuller description of these issues with consultation from stakeholder communities, see <https://publications.parliament.uk/pa/cm201719/cmselect/cmwomeq/360/full-report.html>

Bruce Perry (2009). Perry has previously published alongside the original ACE study authors (Anda et al, 2005) but has since argued for a need to move “beyond the ACE score” to consider the nature, timing and severity of adverse experiences alongside contextual protective factors (Hambrick et al, 2019). Rather than a prescriptive technique or intervention, the NMT promotes the embedding of a neurodevelopmental evidence-based lens into practice in child welfare and education (MacKinnon, 2012). The model provides a decision-making tool for practitioners which also incorporates a guide for the selection of appropriate interventions (Mason et al, 2020). It is noteworthy that the NMT has been adapted specifically for the purposes of educational use, in a web-based training package named the Neurosequential Model of Education (Blodgett & Dorado, 2016). However, it is unclear whether this adaptation was adopted in this initiative which simply cites the NMT as its basis (Your Place School, 2020).

Rather than a specific intervention, the NMT aims to provide practitioners with a “toolkit” and the working knowledge necessary to understand and act upon developmental trauma (Perry, 2009; Mason, Kelly & McConchie, 2020). This approach aligns with SAMHSA’s principle of “empowerment” of staff to practice in trauma-informed ways, as well as fulfilling aims of integrating appropriate knowledge into policy and practice, in that it does not advocate for an orthodox adherence to a standardised model or framework. The attention to the specifics of traumatic experiences moves beyond the limitations of ACEs framings previously discussed. The initiative encourages “working together” to address trauma, involving the setting, students, their families, their mainstream school, and wider professionals. This aligns with SAMHSA’s principle of “collaboration and mutuality”. It should be noted, however, this is often difficult to implement in practice and could potentially add to the complexity faced by educators and other front-line professionals (Hood, 2012). The extent to which students’ and families’ voices are incorporated into decision-making processes is also difficult to establish.

Thomas et al (2019) raise the concern that providing professionals with yet another initiative to implement may be met with indifference or may even overwhelm professionals, thus forcing us to ask what added value these neuroscientific knowledges provide to existing practice under a trauma-informed lens. However, a recent study reported social workers trained in the NMT found it beneficial in informing their practice, adding legitimacy to their choices, and encouraging a wider range of therapeutic interventions (Mason et al, 2020). They also noted several barriers to implementing the model including a lack of resources, institutional constraints, and a lack of enthusiasm towards its uptake from colleagues and parents, reflecting the wider issues around resourcing and capacity. It is also crucial to note that attachment theory, which also underpins the initiative, has faced similar critique to the ACE framework with relation to its potential to be appropriated for conservative political aims to underscore existing practices and thus to embed sexist, class-based and racial inequalities (Gillies et al, 2016; White, Gibson & Wastell, 2019b; Duschinsky, Greco & Solomon, 2015). Whether social workers and educators are equally knowledgeable about or receptive towards “trauma-informed” approaches and related models merits further exploratory research.

It is also necessary to study whether educators are indeed best placed to support children with certain issues. This also conflicts with guidance provided by the Department for Education (2018, p. 5) which states “school staff cannot act as mental health experts” and instead argues the role of educators is one of building “resilience” and referral to other specialists. The rise in public and policy interest in adversity and trauma has, it has been argued, led to what has been coined the “therapization” or “psychologization” of UK education whereby therapeutic discourses are now commonplace in everyday communication, leading to a blurring of professional practice boundaries (Ecclestone & Brunila, 2015, p. 488; Brown & Carr, 2018; Furedi, 2003). As the Your Place Academy model promotes integrated, co-located service delivery, this is likely to provide benefits in timely referral to specialists which can be a challenge in mainstream settings (Thomas et al, 2019). However, it may be that the return to a mainstream setting after the therapeutic stay could impede the lasting benefits of trauma-informed education. Given the lack of available discussion of this, it is difficult to argue that the potential benefits of this trauma-informed setting will be maintained in the long term without wider application of these principles to existing school cultures.

This approach should also be considered in relation to wider central government policies which claim to focus upon levelling educational outcomes for disadvantaged pupils. The Your Place Academy initiative emerged alongside Norfolk County Council (2017, p. 7) guidance suggesting that the “Pupil Premium” government grant should be used for issues including “overcoming the effects of attachment and developmental trauma where this affects learning”. The Pupil Premium grant is an additional amount of money allocated to schools for every eligible “disadvantaged” pupil, aimed at reducing the “attainment gap” between disadvantaged pupils and their peers (DfE, 2020b). Children in local authority care and current Free School Meals (FSM) eligibility are two of the indicators of disadvantageous circumstances according to this policy operationalisation. However, changes to FSM eligibility over time make comparisons difficult, and accounting for the duration of FSM eligibility or considering the role of GDP or private school attendance within regression models may in fact shift attention towards different local authorities as having greater “attainment gaps” (Gorard & Siddiqui, 2019; Gorard, Siddiqui & See, 2019). Similarly, increased financial resourcing of schools does not necessarily equalise all existing inequalities, including for example, those relating to wider public service infrastructure (McCoy et al, 2019). Ironically, despite little rigorous study of the effectiveness of Pupil Premium upon equalising attainment outcomes, schools are expected to use the spending to implement “evidence-based” interventions (Gorard et al, 2019).

This suggests the initiative was designed with a focus upon achieving impacts framed through a centralised focus on “attainment”. Whilst this may produce more equitable educational outcomes, this narrow focus neglects more learner-centred discourses such as “flourishing” or “competence” (Neaum, 2016; Hammersley-Fletcher, 2013) or the wider array of potentially negative social and health outcomes relating to trauma and adversity (Bellis et al, 2014; SAMHSA, 2014). Although it remains that the initiative could provide wider therapeutic benefits for children who have suffered “developmental trauma”, the focus in available information upon academic outcomes is evident. Though

this approach appears to be premised upon achieving more equitable outcomes for disadvantaged pupils, a focus upon trauma only where it clearly demonstrates an impact upon ability to learn or actual educational achievement may eclipse a broader focus on the range of potential needs.

Example Three:

There are also approaches which combine the application of ACEs evidence with wider bodies of literature relating to trauma and adversity. An example of this approach is that of *Trauma Informed Schools UK* (TISUK, 2020). The organisation provides a variety of trainings which combine ACEs-awareness (though not necessarily screening) with wider models, including attachment theory and physiological or neuroscientific models such as polyvagal theory (Porges, 1995; TISUK, 2020). This again highlights the multi-faceted and subjective nature of “trauma-informed” approaches in UK education.

It is noteworthy that TISUK target the Pupil Premium Plus grant (PP+) as a potential funding source for interested schools. This reinforces the influence of policy narratives of “attainment” upon local trauma-informed practices and highlights the accountability of local actors to centralised policy goals. This grant differs from the original Pupil Premium in its amount and allocation to schools specifically on the basis of pupils with historical or current “Looked After Children” status, rather than socioeconomic disadvantage (DfE, 2020b). TISUK propose that:

For the equivalent of just one Pupil Premium Plus grant, TISUK can provide a menu of training options (e.g. Whole school/Senior Leads training/Practitioner Diploma) to support a whole school understanding of mental health informed practices, all designed to benefit everyone in your school (staff and pupils), and directly attributable to the PP+ allocation/spend. Interventions are all practically based, time preserving and cost effective. (TISUK, 2020)

It also merits attention that TISUK incorporate a vast network of advisors and stakeholders including individuals with lived experience of trauma and adversity, as well as collaborations with universities, academics, and other organisations. This includes a partnership with The Centre for Child Mental Health⁸ whose president, Sir Richard Bowlby, is the son of Dr John Bowlby widely accredited with developing attachment theory (White et al, 2019b). They also have links to the WAVE Trust⁹. WAVE Trust have been heavily involved in driving the “ACE-Awareness” movement across the UK, but concerns have been raised over their questionable selection and application of evidence in line with political and marketized interests (Walsh, 2020; Gillies et al, 2017, p. 90). Similarly, as previously discussed, both the ACE framework and attachment theory have been criticised for their potential to stigmatise parents and to embed cultural, gender, racial and class-based discrimination.

⁸ see <https://www.childmentalhealthcentre.org/senior-team>

⁹ see <https://www.wavetrust.org/>

This approach, whilst highly relevant, is not given further exploration solely because it incorporates such a wide array of training courses, presentations and conferences that it would be difficult to provide a comprehensive overview of the approach. The value of these varied trainings for upholding SAMHSA's core principles or promoting equity of outcomes for disadvantaged students is therefore difficult to establish.

Are These Approaches Trauma-Informed and Equitable?

These local approaches, in the absence of an overarching national strategy, attempt to reduce the potential harms from what SAMHSA describe as “unaddressed trauma” (2014, p. 2). These cases illustrate variations in the adoption and application of scientific evidence. It is difficult, however, to fully assess the extent to which they promote SAMHSA's core values or contribute to more equitable education systems due to the limitations of available information and lack of robust evaluation of their impacts upon school-based outcomes.

Whilst the Your Place Academy involves the creation of an entirely new setting where providing trauma-informed education is the primary focus (Wensum Trust, 2020), that is not to say that the approach is immune to wider educational policy and legislation. However, existing cultures and strategies do not provide an additional barrier to its implementation (Blodgett & Dorado, 2016). Its basis in the NMT suggests a recognition of the differential needs of students and an individualised approach to addressing trauma whilst also providing a “safe space” for students and whole-staff training and awareness. The model therefore addresses workforce development, the provision of trauma-informed services and organisational practices (Maynard et al, 2019; SAMHSA, 2014). The pilot reports to have prevented exclusions in students with the highest level of needs (Your Place School, 2020), suggesting the potential to produce a measurable positive impact within its short therapeutic timespan and to secure more equitable educational outcomes for disadvantaged students. However, these beneficial aspects also mean it is likely the most resource-intensive approach. It can be assumed the model has failed to secure sufficient political and financial buy-in as there is no further information available regarding its status or that of the related campaign (Siddique, 2018).

The trainings offered by TISUK are mentioned within a UK government guidance document *Mental Health and Behaviour in Schools* (DfE, 2018b), giving further authority to their claims of providing “trauma-informed” knowledge to educators. The ACE Recovery Toolkit also gathered initial local authority resourcing and interest from a wide range of professionals and organisations (Devaney, 2018; McCoy et al, 2019) and continues to be advertised as a training package at the time of writing (RPL, 2020). However, the Your Place Academy remains an idealistic notion of what trauma-informed education provisions *could* look like. This may be partially explained by the resource-intensive nature of creating entirely new therapeutic settings as opposed to approaches which embed these principles in existing provisions.

Another challenge to successful implementation may be the alignment of these approaches with existing national policy commitment including an individualised focus which posits “parental education” or intervention as a

justifiable means of overcoming adversity (Macvarish & Lee, 2019; Holloway & Pimlott-Wilson, 2014). The Your Place Academy, whilst providing an ambitious aim for the embedding of specialised trauma schools in local authorities, has failed to garner sufficient political or financial backing, and has ultimately not been realised due to resourcing issues. This suggests a lack of commitment to adequately fund such approaches at a national level, and a strong focus on local authority funding which, given the amplified disparities in spending power and resourcing due to austerity (Gray & Barford, 2018), is perhaps only contributing to existing inequalities in provision. This illustrates the deeply political nature of trauma-informed practice in English education policy and wider service provision (Becker-Blease, 2017). These cases illustrate the ways in which existing practices and values may prevent the adoption of a more comprehensive, embedded approach to trauma-informed practice in education which is more aligned with a view of social justice as equity. Even where approaches may appear to align with such a view in the sense of equalising outcomes, these outcomes are often narrowly-framed in relation to achievement or attainment and may not account fully for the range of disadvantageous circumstances in childhood (Gorard & Siddiqui, 2019). This echoes wider criticism of trauma-informed or ACEs discussions which neglect social and structural issues (Taylor-Robinson, Straatman & Whitehead, 2018).

The analysis of these cases, although by no means comprehensive or systematic, agrees with existing research which demonstrates a selective application of evidence at national, devolved and local levels (Cairney, 2019; Cowen, 2019) accompanied by a “localisation of policy” (Holloway & Pimlott-Wilson, 2012). In the absence of a national approach to trauma-informed education in England, these approaches are likely to occur on a more localised level as evidenced in these cases. Cowen (2019) argues that the current UK focus on “Evidence Based Education” may in fact provide central government actors with the ability to delegate responsibility to local actors whilst maintaining a high level of control. Rather than attending holistically to “evidence”, this trope is often applied selectively in ways that conceal the structural aspects of policy which may underpin inequity, instead focussing on “evidence” which denotes individual or community responsibility. This is evidenced in the lack of robust evaluation of the Pupil Premium alongside emphasis on school-level implementation of “evidence” (Gorard et al, 2019). In early years provisions, centralised “best practice” guidelines relying upon circular reasoning are the basis for critiquing local practice (Wood, 2019) yet the pursuit of standardised provision may obstruct educators’ focus upon the needs of children experiencing poverty (Simpson et al, 2019). Conversely, robust evidence that selective grammar schools may promote inequity has been largely dismissed (Cowen, 2019). It is likely that local educational approaches will continue to be driven by national aims, including multi-agency working (DfE, 2018a) and a focus on attainment (DfE, 2016). This has the potential to add complexity and bureaucracy to practitioners’ workloads and to subjugate more holistic values and principles (Hood, 2012; Neaum, 2016; Hammersley-Fletcher, 2013).

This highlights that increased responsibility placed upon local actors for implementing trauma-informed values, in the absence of adequate resources or

wider preventive social policy, does not sufficiently contribute to equitable systems in education or otherwise (Taylor-Robinson et al, 2018).

Conclusion and Discussion:

Few would deny the value of being aware of and responsive towards trauma and adversity and their potential to impact upon educational outcomes. However, it is important to recognise that the range of initiatives labelled as “trauma-informed” vary greatly in their approaches. This article has provided a brief overview of the scope of these so-described practices in an English education remit. As explored, the extent to which “trauma-informed” approaches promote equitable outcomes for pupils differs according to the scientific evidence bases and discursive framings being adopted.

The scientific evidence base for the effectiveness of trauma-informed educational practices is growing, though still in its early stages and particularly in the UK education and policy context. Whilst there has been sustained critique of ACEs-specific approaches, there is still a need to assess the usefulness and potential harms of the broader remit of trauma-informed practices. This discussion partially answers, at least in the English educational context, a call for qualitative research exploring the specifics of these approaches (Maynard, 2018). Exploration of the ways in which trauma-informed ideas are combined with existing frameworks for practice as well as local or professional knowledges would also be useful, given the disparate nature of these approaches across England.

It must be noted that English education systems have no widely adopted ACEs scoring approach (at least to the authors’ knowledge) and these approaches may be used more broadly within multi-agency practice. However, this paper agrees with existing arguments that ACEs screening approaches provide limited contribution towards equitable or trauma-informed aims in schools (Winninghoff, 2020; Walsh, 2019). These applications to individuals are hardly surprising, however, given dominant individualising political narratives which position parenting intervention as the most appropriate target for tackling inequity in children’s educational and other such outcomes. The Your Place Academy initiative illustrates a potential application of evidence which may contribute towards achieving a more trauma-informed and equitable educational system through attending to the specifics of trauma as an individual experience. However, the potential benefits of creating new therapeutic settings must be balanced with considerations of the need for political backing and resources and the potential for unintended consequences such as marginalisation of children from mainstream schools. As Maynard et al (2019) note, whilst the lack of evidence for trauma-informed approaches in producing statistically significant and measurable educational outcomes is limited, that is not to say they do not have value. But encouraging discovery of “what works” locally must be balanced with the particularly sensitive nature of trauma-informed practices and the potential for unintended harm (Becker-Blease, 2017).

We would also argue that the highly subjective nature of the language and terminology within “trauma-informed” discussions makes these ideas particularly vulnerable to selective (mis)use of “evidence”. As “trauma-

informed” operates as a catch-all term often viewed as signalling universally well-intentioned aims, it risks being appropriated to conceal more harmful political agendas which back existing practices and uphold structural inequalities. Most “trauma-informed” approaches seem to be premised upon the good intentions of educators and a recognition of the different educational needs of children with traumatic and adverse experiences and may thus be assumed to promote “social justice”. However, the extent to which they attend to the structural determinants of these inequalities is open to question. A strong focus upon negating measurable school-based effects of trauma and adversity could also come at the expense of considerations of the wider impacts.

It seems futile to suggest that the movement towards trauma-informed education should be halted, instead hoping for a radical reform of structures and systems which uphold embedded social and educational inequalities or waiting for conclusive research. Indeed, the lack of a standardised application may simply reflect local community priorities. However, it seems that there is too often an individualising focus upon parents, educators, and service providers as responsible for these trauma-informed responses. Whilst localised approaches may be beneficial, they require adequate resourcing and thus need to be embedded within a wider range of preventive social policies (Murphey & Bartlett, 2018). This is particularly important in context of the highly localised nature of trauma-informed initiatives in England, giving consideration to existing local inequalities in resources and needs (Gray & Barford, 2018; Lewer et al, 2019). Whilst attention to these structural biases and dominant political narratives is necessary, discussing these alone through academic critique is insufficient to change them. However, it is hoped that acknowledgement of these structural inequities has been discussed in a context which frames them in critical but not despondent ways. If localised educational responses to adversity and trauma are to promote equity, this requires challenging dominant political, policy and practice ideas underpinned by meritocratic ideals which may justify inequities through individualising means. Well-intentioned local actors seeking to tackle “unaddressed trauma” face the challenge of opposing powerful neoliberal ideologies which, in many ways, are incompatible with trauma-informed and equitable aims.

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