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Doctoral Thesis:

The Psychological Processes Underlying a Trauma-Informed Approach in Primary Schools: The Perspectives of Leaders.

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Thesis Section	Main Text	Appendices (including tables, figures and references)	Total
Abstract	282	0	282
Literature review	7984	10719	18703
Research paper	7994	9449	17443
Critical appraisal	3949	0	3949
Ethics section	5735	8350	14085
Total	25944	28518	54462

Thesis Abstract

This thesis comprises a literature review, a research paper and a critical review of the research process.

In the literature review, meta-ethnography was used to identify and synthesise 13 qualitative studies that explored teachers' experiences of supporting student mental health. A conceptual model was developed, highlighting: (1) the pressures on teachers to adopt this role despite limited training, (2) a choice around whether to accept this responsibility, (3) the use of personal resources and judgement, (4) facilitators and barriers to this process and (5) the personal impact that this had on teachers. Teachers' readiness to support students' mental health is highlighted, however their ability to accomplish this is dependent on the support of the system around them.

The study presented in the research paper utilised a grounded theory methodology. Fourteen participants, including external advisors in trauma-informed education and members of senior leadership teams were interviewed to explore their experiences of developing and implementing a trauma-informed approach in primary schools. The findings present a preliminary model outlining the relational processes at each level of the school system that underlie trauma-informed change. These processes were underpinned by the principles of safety, trust, collaboration, compassion, belonging, regulation, and attunement to needs. The findings suggest a need to shift attention within this field from program content to system-wide relational processes.

The critical appraisal explores the psychological theory underlying the relational processes found within the research paper and draws the findings of the literature review and empirical papers together. Reflections on the research process are offered, followed by wider considerations of the importance of context, and of insuring credibility of the approach. Finally, a case for the role of clinical psychology within this work is proposed.

Declaration

This thesis records work undertaken for the Doctorate in Clinical Psychology at Lancaster University's Division of Health Research. The work presented in this thesis is the author's own and has not been submitted to support an application for another degree or other academic reward.

Name: Rosie Austin

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I would like to thank the participants who took part in the research project. Your enthusiasm, knowledge and compassion were truly inspiring - it was a privilege to hear about the amazing work being carried out in your schools. I hope this paper helps to shine a light on all that you do.

I would also like to express my gratitude to Suzanne Hodge, my research tutor. Thank you for your wisdom, patience, and belief in me. I couldn't have asked for a more supportive mentor. Thank you to my field supervisors, Jenny Mullineaux and Sue Knowles- your passion for this area is palpable and I have learnt so much from your insights.

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To Matthew, for being with me every step of the way. Thank you for being my rock. You have always known what I have needed, whether that be motivation, distraction, laughter, or refuge. I truly could not have done this without you (or your unlimited supply of pasta).

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Section One: Systematic Literature Review

Teachers' Experiences of Supporting Student Mental Health and Wellbeing:

A Meta-Ethnography

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Abstract

Aim: There is an increasing expectation on teachers to play a role in supporting students' mental health. More information is needed to understand how they experience this on a day-to-day basis. This review aimed to synthesise evidence from qualitative studies across a range of countries and settings to explore teachers' experiences of supporting student mental health.

Methods: A systematic search of PsychINFO, ERIC, CINAHL, MEDLINE and SCOPUS databases was completed. This resulted in 13 qualitative studies being identified for inclusion. Studies were synthesised using a meta-ethnographic approach.

Results: A conceptual model was developed, highlighting: (1) the pressures that teachers feel under to attend to their students' mental health, (2) a requirement to make a choice to accept this responsibility despite limited training, (3) the use of personal resources and intuition to carry this role out, (4) facilitators and barriers to this process and (5) the personal impact that supporting students' mental health had on teachers.

Conclusion*:* As a profession, teachers are ready and willing to support students' holistic needs. Their ability to accomplish this, however, is entirely dependent on the support offered by the system around them.

Declaration of Interests: None

Keywords: meta-ethnography, student, teacher, mental health, wellbeing.

According to the World Health Organisation (WHO), 1 in 7 children and adolescents meet the criteria for a mental health condition (WHO, 2021). This situation only appears to have been exacerbated by the COVID- 19 pandemic; a meta-analysis suggests that globally, 1 in 4 youth experienced clinically elevated symptoms of depression, and 1 in 5 experienced clinically elevated symptoms of anxiety (Racine et al., 2021). These impacts disproportionately affect young people from minority backgrounds (MIND, 2021), those who have experienced trauma and those already disadvantaged through poverty (Cortina, 2012).

Despite this high level of need, only a small proportion of these children currently have access to appropriate support. Within the UK, only a third of children with a mental health condition have access to the Child & Adolescent Mental Health Service (CAMHS; Crenna-Jennings & Hutchinson, 2020). Mounting pressures on services mean that access differs widely across Trusts, however is impeded by lengthy waiting lists and stringent eligibility criteria (Bell, 2022; Crenna-Jennings & Hutchinson, 2020). Within the USA, only a fifth of children with a mental health difficulty access services, highlighting disparities in socioeconomic status and a lack of federal funding for health care (American Academy of Child & Adolescent Psychiatry, 2012). Minimal support is likely to be experienced in lower-income, less developed countries where there are fewer mental health professionals and provisions (Juengsiragulwit, 2015).

With the constraints on mental health services, there is increasing recognition that schools can play a crucial role in supporting young people's mental health. Most young people attend school and spend a significant proportion of their time there. During any school day, a young person will have contact with multiple staff members, providing numerous opportunities for difficulties to be observed and followed up (Eklund et al., 2009). Positive relationships between young people and their teachers support them to feel safe to share details of their mental health (Halladay et al., 2020). Schools also harbour fewer of the

structural and systemic issues that can act as barriers to young people seeking support, including the stigma of being witnessed in such a setting (Radez et al., 2021).

The WHO has long recognised the potential for schools to play a central role in safeguarding young people's health and wellbeing. The *Health Promoting Schools Framework*, developed in 1996, includes a set of guiding principles for schools to adhere to, including adopting a "safe, supportive social–emotional environment", and providing access to "school-based or school-linked health services that meet emotional and psychosocial needs" (WHO, 2021). Though this approach continues to this day, the level of implementation across countries varies significantly (Turunen et al., 2017). Challenges include a lack of systemic support and limited resources, differing political agendas and cultural understandings of mental health. In an effort to address these continuing challenges, the School Mental Health International Leadership Exchange (SMHILE) was established in 2014. A review of research undertaken through SMHILE highlights the passion and drive to meet the mental health needs of young people, yet also the obstacles to implementing consistent, evidence-based practices, including lack of resources (staff time, funds) and training (Weist et al., 2017).

In the UK, a similar pattern has been observed. The *Future in Mind* report (Department of Health, 2015) highlights a clear role for schools in supporting young people's mental health using a whole-school approach. A Green Paper released in 2017 (Department of Health & Department of Education, 2017) stressed the need for designated senior leads for mental health in schools, however concerns were raised that the timeline for implementation failed to address the urgency of the matter (House of Commons Health & Social Care Committee, 2021), especially with the additional impact of Covid-19. Within this report, young people strongly voiced that training would be beneficial for all school staff, not only the designated senior lead.

Despite the growing expectation for teachers to identify and manage mental health difficulties, this is not currently a requirement of initial teacher training (Council for Accreditation of Educator Preparation, 2015). A recent survey found that only 22% of teachers felt well prepared to approach mental health and emotional wellbeing upon qualification (Education Business, 2021). Research has explored teachers' perceptions of their role in relation to student mental health, finding that teachers acknowledge the importance of this aspect of their job however describe a lack of skills, knowledge and resources to enable them to respond effectively (Cohall et al., 2007; Kidger et al., 2009; Reinke et al., 2011).

The Current Review

Considering the growing prevalence of child mental health difficulties and the emphasis on the school setting to support these needs, more information is required about how teachers experience this on a day-to-day basis. Various qualitative studies across different countries have explored teachers' experiences of supporting student mental health, however thus far no study has comprehensively integrated the existing evidence into a review. By undertaking a systematic literature review, teachers' experiences across different types of school settings with different populations can be combined and contrasted.

A meta-ethnographic approach (Noblit & Hare, 1988) was utilised, as this inductive, interpretative methodology enables new interpretations to be produced from existing data, culminating in a conceptual model to facilitate understanding of the phenomenon of interest (France et al., 2019). This has allowed for inferences to be made about the conditions that support or hinder teachers in this endeavour and recommendations for schools moving forwards. To direct the literature search, the broad research question was: "what are teachers' experiences of supporting pupils with their mental health?"

Method

The review used the seven-step approach to meta-ethnography outlined by Noblit and Hare (1988) (Table 1). The reporting of this process follows the eMERGE guidelines (France et al., 2019).

Table 1

Noblit & Hare's (1988) 7- Stage Process for Meta-ethnography.

Phase 1: Getting started
Phase 2: Deciding what is relevant to the initial interest
Phase 3: Reading the studies
Phase 4. Determining how studies are related
Phase 5. Translating studies into one another
Phase 6. Synthesising translations
Phase 7. Expressing the synthesis

Phase 1

Search Strategy

Five electronic databases (PsychINFO, ERIC, CINAHL, MEDLINE, SCOPUS) were utilised to conduct a comprehensive search. Databases with a focus on healthcare, psychology and education were selected to increase the scope of the search in relation to the research question. Only papers in English were included, as this study did not have funding for translation.

Search Process

The author consulted with a faculty librarian when designing the search strategy to ensure that it was highly sensitive and replicable. Each database was searched using the 'PICO' framework, a model used for structuring research questions (Higgins et al., 2022) (Table 2). The search included studies published until 16th September 2022. The reliability of each search was checked by ensuring that they included 5 papers that had been previously identified as meeting the aims of the research question. From this initial search, 11,225 unique

papers were retrieved (Figure 1).

When reading through this sample of papers, it became clear that many older articles were not relevant to the purpose of the study. The concept of mental health is constantly changing and evolving, and in a similar way, many school structures have changed over time to place greater emphasis on supporting students' holistic wellbeing. As such, in order to ensure that the findings were relevant to school systems now, it felt useful to limit the date range of the search.

Within the UK, the onset of the coalition government in 2010 marked a turning point for these issues, advocating for the role of schools in promoting resilience, tackling health inequalities and initiating early intervention for mental health problems (Department of Health, 2010). At a more global level, although the WHO *Health Promoting Schools Framework* was developed as early as 1996, and several initiatives were developed by international organisation in the years following, these tended to focus more on promoting child health in general. In 2010, however, the WHO released an intervention guide for supporting mental health in non-healthcare settings, including schools (WHO, 2010).

Based on this information, a scoping search was conducted to ascertain whether limiting the date range from 2010 onwards would omit any relevant papers – none were found. On this basis, papers were screened using a date filter to only include research from 2010.

Phase 2

Selecting Primary Studies

8,338 studies were screened by abstract by the author. Studies were included if they investigated the experiences, perspective, views or attitudes of teachers in supporting student mental health. Teachers were required to be qualified and to work with children of primary or secondary school age (elementary, middle and high school in US). Other school staff could

also be included, providing that teachers were also included in the sample. As this review is interested in teachers' experiences of supporting mental health across the general population of children and adolescents, studies that focused on the mental health of specific groups (e.g. children with special educational needs, refugees) were not included. Studies were required to adopt a qualitative methodology utilising interviews or focus groups. Articles that only reported survey data or failed to report participant quotes were not included (see Table 3 for further details). Eighty-one studies that appeared to meet the inclusion criteria were sought for retrieval and screened again in full.

During this process, it became clear that the criterion relating to "teachers' experiences of supporting student mental health" was too vague. Following extensive reading and familiarisation with the literature, this was further operationalised into five key indicators (Table 4).

Table 4

Operationalisation of Inclusion Criterion: 'Experiences of Supporting Student Mental Health'

	Indicators
1	Examples of student mental health problems that staff encounter
2	Identification of mental health problems in students
3	Actions that staff take to support students
4	Barriers to staff supporting students with mental health
5	Personal impact of this work

Outcome of Study Selection

This system was used to give the remaining studies a score out of 5, with studies being required to score at least 2/5 to be eligible for inclusion (so as to contain multiple indicators). The reviewed utilised regular supervision with their research tutor to support this process. Any papers that were ambiguous were discussed, and a decision was made collaboratively as

to whether they should be included. Thirteen studies remained at the end of this process. Of these, three were conducted in the UK, three in the USA, two in Australia and one in each of the following countries: Saudi Arabia, Canada, Norway, Nicaragua, China. A full description of the characteristics of each study including school context, methodology and themes can be found in Table 5.

Studies whose findings are conceptually rich or contain rich descriptions are best suited to the meta-ethnographic approach, as this allows for the data to be further interpreted (Flemming, 2022). The study accounts were organised based on their relevance to the research question – those that were more relevant contained more detailed information, and therefore descriptions that were more conceptually 'rich'. This approach is described by France et al. (2019) and has been adopted by others (Nye et al., 2016; Strick et al., 2021). The nine studies that scored 3/5 or above made up the core papers for analysis. The four papers that scored 2/5 were seen as additional papers and only to be included if they furthered or refuted the synthesised concepts developed from the initial nine studies.

All thirteen studies were assessed using the CASP Qualitative Appraisal Tool (Critical Appraisal Skills Programme, 2018), as this measure is widely used and accepted (Noyes et al., 2018). The three-point rating system described by Duggleby et al. (2010), was used to rate each study's attention to the eight questions presented in the CASP, ranging from 1 point (weak) to 3 points (strong). Significant variability was found in methodological quality across studies, particularly on domains such as reflexivity and ethical issues. Though papers were not excluded based on this, these factors were considered when interpreting the first and second order constructs (see Table 6).

Phase 3

Reading and Data Extraction

Each study was read and re-read systematically to draw out the first and second order

constructs. Malpass et al. (2009) define first order constructs as the participants' "views, accounts and interpretations of their experiences", whereas second order constructs describe "the author's views and interpretations of the participants' views" (Malpass et al., 2009). These constructs were compiled into a separate excel spreadsheet for each paper. Data was extracted across the full primary study, including the results, discussion, and conclusion (see appendix 1-A for an example of this process). The author noted additional ideas that emerged as the papers were read, which informed the development of third order constructs. The formation of third order constructs grounded in primary data is the aim of meta-ethnography (Britten et al., 2002). They are described as "the views and interpretations of the synthesis team, expressed in terms of themes and key concepts" (Malpass et al., 2009).

Phases 4 & 5

Determining How Studies are Related, Translating Studies into One Another

Phases 4 and 5 were completed simultaneously. Systematic reading and re-reading of the papers allowed for an understanding of the key second order constructs in each. The key second order constructs within the conceptually detailed papers were entered into an Excel spreadsheet, beginning with those that scored most highly and working down to those with lower scores. Each time a second order construct was added that was similar to another, a decision was made as to whether this could be *translated* into the existing construct to form one which encompassed both ideas, or whether this was a separate construct. Studies were compared based on their findings and on contextual factors, such as geographic location and demographics of student population. A summary definition was given in the researcher's own words to capture the meaning of second order constructs across studies, and a column added to indicate the papers that included this construct (see appendix 1-B).

Phase 6

Synthesising Translations

The final stage of the meta-ethnography followed an iterative process, whereby the concepts were compared to establish how the studies related to each other. Supervision was used at this stage to assist with further refinement of the concepts and the development of third order constructs. From this, a line of argument could then be developed which tied together concepts across studies. Noblit (2016) describes this element of the synthesis as the "storyline" or overarching explanation of the phenomenon of interest. Once this had been completed, the additional four studies that were classed as conceptually less detailed were compared against the findings to further synthesise the concepts.

Results

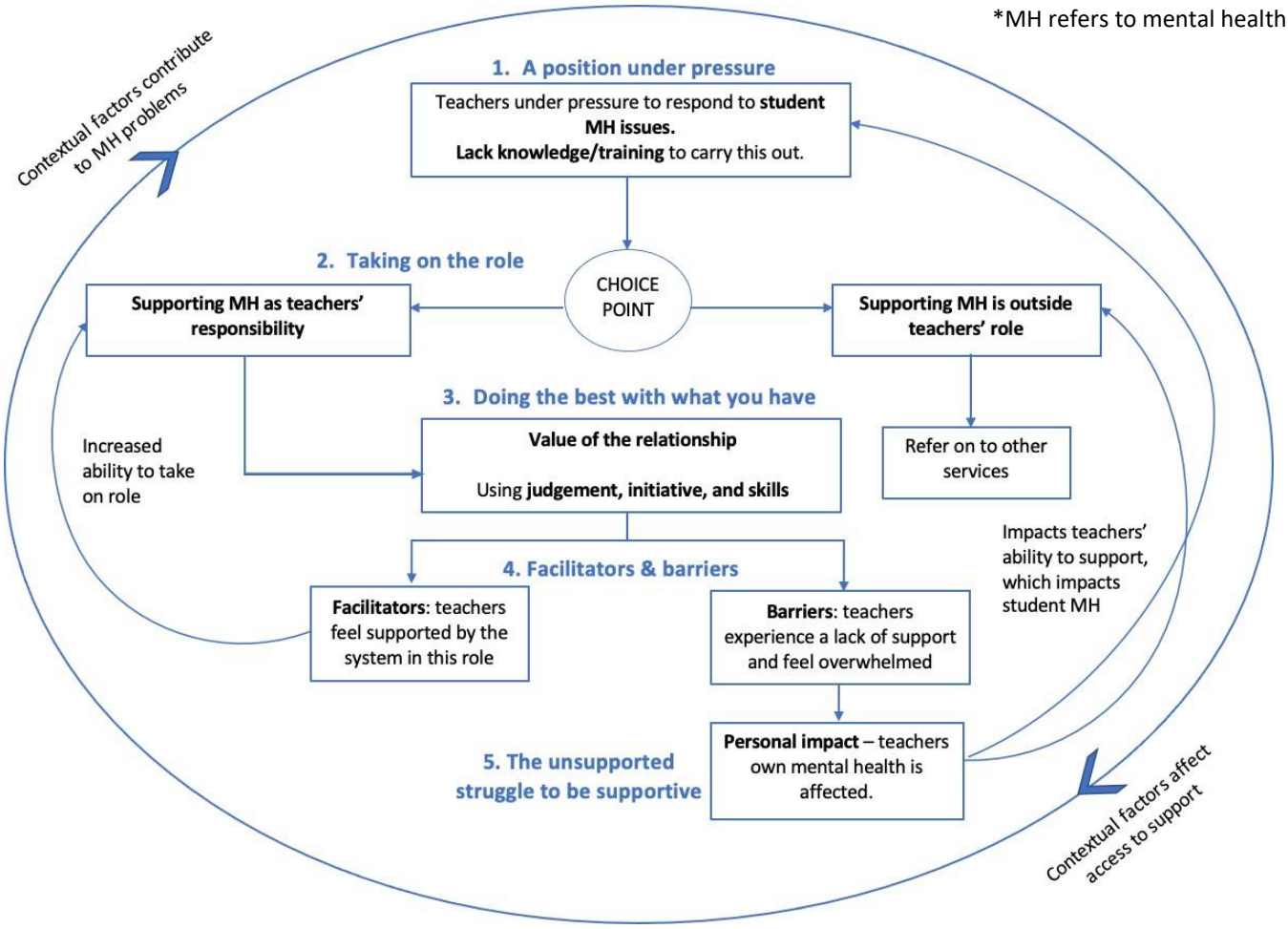
Phase 7

Expressing the synthesis

The following section describes the final conceptual categories in turn, illustrated using quotations from the primary studies. Figure 2 provides a visual representation of the synthesis, demonstrating (1) the pressures that teachers felt under to attend to their students' mental health, (2) a requirement to make a choice to accept this responsibility despite limited training, (3) the use of personal resources and intuition to carry this role out, (4) facilitators and barriers to this process and (5) the personal impact that supporting students' mental health had on teachers.

Figure 2

Outcome of the Synthesis



A Position Under Pressure

Teachers described the increasing prevalence of student mental health issues, which placed significant pressures on students' academic and social lives; "they are dealing with a lot more than they used to…so I think they need…a lot more support" (Mazzer & Rickwood, 2015). Teachers were confronted with the challenges of this on a regular basis (Mazzer & Rickwood, 2015; Ormiston et al., 2021; Yao et al., 2021); "I deal a lot more with students who are suffering from anxiety and depression… it seems like every year more and more students are suffering with a high level of anxiety" (Deaton et al., 2022).

In order to support students, teachers spoke of a requirement to go beyond the scope of

their educational role, wearing different “hats” depending on their student’s needs (Nygaard et al., 2022). Despite this, many were strongly opposed to the idea of being seen as proficient in mental health due to inadequate training (Deaton et al., 2022; Giles-Kaye et al., 2022; Mælan et al., 2018; Mazzer & Rickwood, 2015; Ormiston et al., 2021; Shelemy et al., 2019; Stoll & McLeod, 2020); “it’s very frustrating when I don’t have the expertise or knowledge to respond appropriately and don’t know what to do or how to help" (Dimitropoulos et al., 2021).

In the majority of cases, specialist mental health training had not been offered to teachers; “I wish I had a training… [specifically] for a teacher. Here is what to look for and if you notice this, here is what to do, or here is what to say” (Deaton et al., 2022). Where it had, it was described as not fit for purpose due to being too general, inaccessible or lacking classroom application. Consequently, teachers felt ill-equipped to manage student mental health concerns effectively; "It was a case of trying to make a square fit a circle so with the training we had and with the resources we had trying to support them, it just felt very inadequate" (Shelemy et al., 2019).

Taking on the Role

Choice: Supporting Mental Health is Outside Teachers’ Role

Recognition of the increasing prevalence of mental health issues, coupled with the mounting pressure on teachers to adapt their role to support this brought with it a form of ‘choice point’. Teachers had to decide whether they were willing, or able, to support students’ mental health. A small number of participants within three studies (Dimitropoulos et al., 2021; Ormiston et al., 2021; Shelemy et al., 2019) felt that it was not their responsibility to directly support student mental health. For some, this was due to the perception that they did not encounter mental health difficulties within their role, so did not see this as relevant to them; “My role does not include, uh, a lot of mental health. Um, honestly, the only mental

health issues I really deal with are kids with ADD or ADHD" (Ormiston et al., 2021). In line with the previous concept, this suggests a lack of knowledge and awareness of students' mental health needs, rather than reluctance to support these.

Others argued against this as a teacher's role, feeling that mental health lay beyond the sphere of their competence; "It's not our responsibility. I think we're not trained to be counsellors we should […] send them off, refer them to someone else cause we can't take responsibility" (Shelemy et al., 2019). These teachers enforced boundaries around their role and saw it as their responsibility only to refer students on to services that were better placed to meet these needs.

Choice: Supporting Mental Health as Teachers' Responsibility

The vast majority of teachers, however, were passionate about supporting their students' mental health. Across all thirteen studies, teachers recognised that in order to meet students' needs, mental health must be prioritised in line with academic achievement:

> Our overarching mission is stated in the core curriculum, which points out that we shall foster whole persons; that's the school's mandate. So if we take that into consideration, then of course we must adapt … we must work with mental health, we are supposed to work with the whole person, we've got a tutoring responsibility and we can't just focus on learning. (Mælan et al., 2018)

The level of responsibility that teachers accepted for student mental health varied widely across studies and appeared to be dependent on the systems of support available. In schools with clearly defined pastoral support and access to specialist staff, teachers were clear that they were not a 'counsellor' or mental health professional and felt able to be more boundaried in their role (Deaton et al., 2022; Giles-Kaye et al., 2022; Mælan et al., 2018; Mazzer & Rickwood, 2015):

> There is a clear boundary between being a teacher and being a therapist, because I'm not a therapist, I do not have the background and expertise, and I do not think I should aim to be one either… but I can naturally be compassionate and I tell my pupils that they can come to me at any time and talk if they need to, I will always listen to them. (Mazzer & Rickwood, 2015)

In contrast, in schools where teachers perceived limited support for students other than themselves, their role was far less defined; "I'm there to be a caregiver but like to a certain degree. I don't know what the degree is yet" (Shelemy et al., 2019*).* These participants referred to the need to be a 'coach', 'mediator, 'mom', 'therapist' or 'psychologist', as well as a teacher (Gajaria et al., 2020; Nygaard et al., 2022; Ormiston et al., 2021; Shelemy et al., 2019). This affected how boundaried they felt able to be - in Stoll and McLeod (2020), one teacher described feeling so fearful for a student's mental health that they gave them their number; "I am very reluctant to give out my mobile number but when you have that state of, when there's a crisis how I could not be there…". Similarly, others highlighted actions they took such as being in regular contact with child services (Ormiston et al., 2021) and providing direct counselling (Gajaria et al., 2020).

Doing the Best With What You Have

Value of the Relationship

The student-teacher relationship was described in eleven studies as crucial to teachers' ability to support students' mental health (Aggad et al., 2021; Deaton et al., 2022; Dimitropoulos et al., 2021; Gajaria et al., 2020; Giles-Kaye et al., 2022; Mælan et al., 2018; Nygaard et al., 2022; Ormiston et al., 2021; Shelemy et al., 2019; Stoll & McLeod, 2020; Yao et al., 2021). As the member of staff that saw students most regularly, teachers developed in-depth knowledge about individuals, enabling them to notice when something felt 'off' (Giles-

Kaye et al., 2022) and to identify potential difficulties proactively. Teachers described acting as “detectives” to seek out students in need; “he or she doesn’t say 'help me' directly, but through their attitude, their behaviour” (Gajaria et al., 2020).

Though teachers valued this relational knowledge in identifying difficulties, they were often concerned about solely relying on their own judgement. Some teachers feared that they may miss something; “it's basically up to me… I basically have to guess who it is” (Deaton et al., 2022). In contrast, another study spoke of the risks of teachers over-identifying mental health problems, due to a lack of knowledge or differing cultural beliefs (Yao et al., 2021). Teachers advocated for wider use of objective measures to assist them in assessing and monitoring mental health and for additional training in this area (Aggad et al., 2021; Nygaard et al., 2022; Stoll & McLeod, 2020); “I think we are aware there's a problem but not always able to identify what the problem is or what steps to take, and yeah, just, yeah, lack of knowledge” (Ormiston et al., 2021).

The importance of having a trusting relationship with students was emphasised in facilitating disclosure of difficulties; “if they don’t trust you they’re not going to tell you anything” (Gajaria et al., 2020). Trust was developed over time, through empathy, compassion, connection and being available (Dimitropoulos et al., 2021; Gajaria et al., 2020; Mælan et al., 2018; Nygaard et al., 2022; Shelemy et al., 2019; Yao et al., 2021); “fostering a safe environment for students to talk about anything that bothers them is a must!” (Aggad et al., 2021). A strong student-teacher relationship also meant that students were more likely to accept their teachers’ support in managing difficulties; “once you establish that trusting, authentic relationship, almost anything after that, kids will jump through hoops for you. So, I think that’s important" (Dimitropoulos et al., 2021).

Using Own Judgment, Initiative and Skills to Respond

In the absence of sufficient training, teachers took matters into their own hands when

responding to student mental health concerns, relying upon their judgement and resources. Some teachers drew upon a degree of knowledge in this area, either gained from training opportunities, personal interest or personal experience; “I've actually received counselling for anxiety myself… I was doing my best job to teach them strategies that I learned” (Deaton et al., 2022). This resulted in methods including adapting teaching, providing breaks and check-ins, informing others around the student, collaborating with professionals, using interpersonal skills, teaching socioemotional strategies in classroom, normalising mental health problems and modelling coping strategies (Aggad et al., 2021; Dimitropoulos et al., 2021; Gajaria et al., 2020; Giles-Kaye et al., 2022; Mælan et al., 2018; Mazzer & Rickwood, 2015; Nygaard et al., 2022; Yao et al., 2021):

> We do a lot of typical [socioemotional learning] type lessons. Giving them strategies that they can use if they ever need them. And then there are always those students that need a little extra support, and one-on-one time. So I try to do that when I can. (Nygaard et al., 2022)

Others relied on approaches that were completely intuitive, such as noticing themes in students’ artwork (Aggad et al., 2021) or spending quality time with them:

> Occasionally, I will take students to the playground in the evening, and they lie on the ground to see the evening sky. But I don’t know if this helps. I don’t know enough about psychology. So, I tend to talk to the students about my own experience. (Yao et al., 2021)

Facilitators and Barriers

A number of different factors were identified by teachers as fundamental to their ability to take on this role:

Supportive School Environment

Teachers highlighted the role of a supportive school environment in allowing a positive, safe, non-stigmatising culture to flourish. An important aspect of this was a sense of responsibility for student wellbeing across the entire staff base; “Everybody is just kind of willing to step up and do whatever is needed… when… there's a need… they don't just ignore it and say ‘well not my kid, not my job’ you know, everybody jumps in” (Ormiston et al., 2021). Teachers felt strongly that a whole-school approach was necessary to ensure that mental health was prioritised throughout the system (Giles-Kaye et al., 2022; Stoll & McLeod, 2020). This granted teachers permission to focus on relationships and skill building, alleviating some of the pressure on academic attainment; "sometimes you would’ve read your class and gone, you know what, I was going to do maths today, we can’t do maths today because you just are not going to be able to cope with that" (Giles-Kaye et al., 2022). Teachers in these schools were more likely to feel supported with their own wellbeing (Ormiston, 2021). Teachers spoke of school as a 'safe base' when other aspects of the students’ lives may be less stable (Aggad et al., 2021; Shelemy et al., 2019). An emphasis on mental health and facilitation of conversations on this topic also helped to reduce stigma (Aggad et al., 2021; Dimitropoulos et al., 2021; Mælan et al., 2018):

> The classroom climate is one of the most important things. It can both promote and undermine mental health… there is, for example, zero tolerance for negative comments, so that everyone can be who they are and feel safe. (Mælan et al., 2018)

In contrast, throughout many studies, school environments were described that were not conducive to supporting student mental health. A key contributing factor here was limited resources. Teachers in four studies (Aggad et al., 2021; Deaton et al., 2022; Giles-Kaye et al., 2022; Ormiston, 2021) discussed the need for more specialist mental health staff to provide

more intensive support to students; “Psychologists and professionals with such capabilities are desperately needed here!” (Aggad et al., 2021) . More generally, a pattern of large class sizes and staff being stretched too thinly across competing roles meant that teachers had less time to focus on their relationships with individual students. This impacted on teachers’ ability to pick up on difficulties and to provide individualised support:

> The academic requirements are strenuous, the class sizes are large, so the teacher — classroom teacher, the person that the students feel more comfortable with—has the least amount of time to connect with them daily, one-on-one. (Nygaard et al., 2022)

Students’ Social and Personal Circumstances

This factor was highlighted in seven studies as both a key contributor to the development and maintenance of student mental health difficulties, and one which affected the likelihood of students seeking support (Aggad et al., 2021; Danby & Hamilton, 2016; Deaton et al., 2022; Gajaria et al., 2020; Mazzer & Rickwood, 2015; Ormiston et al., 2021; Stoll & McLeod, 2020). Teachers described students coming to them from situations of poverty, abuse, trauma, parental mental health difficulties, substance misuse and family relationship breakdown:

> To have some of the things these kids are dealing with, it blows my mind every day…and I don't know how to help 'em… every day I still see something come up that is like 'oh my word' [sigh] and it's not academics, that's the thing… it's these other home issues and such. (Ormiston et al., 2021)

Though the effects of this were present across different settings, they appeared to be amplified in contexts of higher deprivation. For example, in Deaton et al. (2022), where much of the data was collected from schools facing significant deprivation, one teacher commented “I

can't even count the amount of kids I've taught who have seen their parents be shot and killed. [You] know, that's traumatizing and can lead to PTSD". A teacher in another study spoke of the impact of poverty on families; "I feel that in Guatemala we filled the fridge up because my mom worked. Now it's impossible, Miss. We don't have the economic situation here" (Gajaria et al., 2020).

Stigmatisation was also named as a significant factor in the studies located in Saudi Arabia (Aggad et al., 2021), China (Yao et al., 2021) and Australia (Giles-Kaye et al., 2022). This was referred to as a 'vicious cycle', in that it both contributed to mental health issues and acted as a barrier to seeking help (Aggad et al., 2021). Taken together, these factors highlight the temporary nature of the safe base that a school may provide, offering students a "relief valve, an escape to freedom for a little while, only to fall back into the family problems in their homes" (Gajaria et al., 2020). Teachers saw the importance of addressing these systemic issues before any meaningful change could be seen in school.

Family Engagement

Collaboration with parents was seen to be important in facilitating access to timely support for students, and to ensure consistency in approach. Teachers highlighted the need for a positive relationship between the school and parents which involved them in conversations around mental health and drew upon their expertise:

> The parents need to feel that, that the school is there as a support and that the people in the building too; it's about a relationship, they need to trust that the information that they share is going to help their child. (Dimitropoulos et al., 2021)

Despite this, seven studies spoke of the challenges of engaging with parents (Aggad et al., 2021; Deaton et al., 2022; Gajaria et al., 2020; Giles-Kaye et al., 2022; Ormiston et al., 2021; Shelemy et al., 2019; Yao et al., 2021). A lack of understanding and different cultural beliefs

around mental health were often mentioned as barriers, meaning that teacher and parent views were not aligned. Alternatively, some parents were described as putting school at the “bottom of the list” due to other challenges (Ormiston, 2021). The effects of this were that parents were either not engaged in conversation with the school, or actively opposed the schools’ efforts to provide them with mental health support; “I mean they [student] really needed it so badly and one of the parents would absolutely refuse because they thought nothing was wrong. Even though this kid would run out of my classroom and lock himself in the men's bathroom” (Deaton et al., 2022).

Interdisciplinary Support

Teachers described some positive experiences of collaborating with other professionals. Here, what was valued appeared to be space to share concerns and consider different ideas, rather than ‘passing the baton’ to others or following stringent reporting policies (Deaton et al., 2022; Ormiston et al., 2021). Teachers accessed support through sessions with mental health professionals, or in regular team meetings; "So, each week we have a professional learning meeting... and one of the agenda items is always student welfare. And so, we talk about how kids are going and if anyone else needs to be added and discussed" (Giles-Kaye et al., 2022). Teachers saw connecting students to specialist services as a key part of their role, helping them to bridge the gap between school provision and external resources (Gajaria et al., 2020; Ormiston et al., 2021). In this way, strong relationships were seen to be key not only within the student-teacher relationship, but across the system; “we work pretty closely with student services and the psychologist to develop pretty efficient systems” (Dimitropoulos et al., 2021).

Absent or insufficient interdisciplinary support hindered teachers’ efforts to support students. One of the most significant barriers was the inaccessibility of external support

services (Danby & Hamilton, 2016; Giles-Kaye et al., 2022; Shelemy et al., 2019; Stoll & McLeod, 2020). Long waiting lists, distance and stringent referral criteria often prevented timely access to services, leaving teachers feeling frustrated and at a loss at how best to proceed:

> I want action immediately. I understand that CAMHS and other professional agencies have longer waiting lists. I understand the cuts that they've gone through and I understand the frustrations they have but it doesn't stop still when you've got a young person in front of you crying out for help. (Shelemy et al., 2019)

Though many spoke of their eagerness to connect students to services, teachers in Yao et al. (2021) expressed fears that referring students for professional assessment may result in stigmatisation and shame. Similarly, Gajaria et al. (2020) highlighted a case in which a school was told to stop pursuing support for a child due to the potential risk to their own safety; "in the end the psychologist was told at school, 'Drop the case because your life may be in danger'. And there was no follow up on those children". This highlights the complexities of interdisciplinary support within different contexts.

The Unsupported Struggle to be Supportive

Personal Impact

When teachers did not feel supported, either directly by the school environment or by the wider system, this had a significant effect on their own mental wellbeing. Ten papers directly referred to this personal impact (Aggad et al., 2021; Deaton et al., 2022; Gajaria et al., 2020; Giles-Kaye et al., 2022; Mælan et al., 2018; Mazzer & Rickwood, 2015; Nygaard et al., 2022; Ormiston et al., 2021; Shelemy et al., 2019; Stoll & McLeod, 2020). Attending to students' mental health had an impact on teaching, leading teachers to feel that they were not able to carry out any of their roles as effectively as they would like (Deaton et al., 2022;

Ormiston, 2021; Stoll & McLeod, 2020). Teachers felt a high level of responsibility for supporting students with their mental health, bringing pressure to get these conversations 'right' for fear of negative consequences; "you just really feel like, a 14 year old if you say the wrong thing you can stuff up their whole life" (Mazzer & Rickwood, 2015). They were troubled by worries that they had not done enough to support their students, or else feared that they may have made things inadvertently worse:

> I can't deliver I think, the support that certain young people need and I really struggle…and I worry I can make it worse…I do have a fear that we say the wrong thing I don't want to say the wrong thing, or be unable to identify where something is becoming more serious or more alarming because I've not picked up on triggers. (Stoll & McLeod, 2020)

The experiences that students shared, and complexities of their situations had a lasting effect on teachers (Deaton et al., 2022; Gajaria et al., 2020; Nygaard et al., 2022; Ormiston et al., 2021; Shelemy et al., 2019; Stoll & McLeod, 2020). This, combined with the obstacles to support that were often present gave rise to feelings of hopelessness, sadness, powerlessness, and failure; "How do we feel? You do feel helpless […] you feel that you're losing a child" (Shelemy et al., 2019). Teachers described a lack of support from their schools for their own emotional wellbeing, which resulted in them taking much of this home with them: "And the unhappiness that they're suffering, we also end up taking that with us back home. And we capture all that on us" (Gajaria et al., 2020). Multiple studies described teachers' desire for additional staff support and supervision (Gajaria et al., 2020; Nygaard et al., 2022; Ormiston, 2021; Stoll & McLeod, 2020).

Discussion

Summary of Results

This meta-ethnography has demonstrated how teachers experience student mental health problems and the factors that affect their ability to support them. In response to an alarming increase in mental health issues in young people, teachers recognise a need to support students. In order to do this however, they must go beyond the scope of their educational role. The vast majority of teachers are passionate about supporting student mental health and so take on this responsibility, but are challenged by insufficient training in mental health and lack of clarity around the boundaries of their role. In the absence of formal guidance about how to manage these concerns, teachers rely on the relationship with their students to facilitate identification and disclosure of issues, and their own judgement in deciding how best to respond. There are a number of factors that can support or hinder teachers in these endeavors; the school environment and the level of priority that is placed on mental health, students' home and social circumstances, engagement with families and level of interdisciplinary support received. When teachers feel supported by the systems around them, they are able to continue to support student mental health. When they do not however, this has a significant impact on their own mental wellbeing. Over time, and in the absence of support for their own mental health, this is likely to affect teachers' ability to continue to take on this role.

Implications for Practice

These findings illustrate an emerging global emphasis on mental health promotion in schools, and a cross-cultural commitment from teachers to support students with their mental health. This is in line with previous research (Weist et al., 2017) and the aims of international initiatives such as the *Health Promoting Schools Framework* (WHO, 2021). Despite this passion, teachers consistently report a lack of training in student mental health - within this review there was no setting in which teachers felt confident that they had the knowledge and

skill to carry out this complex task. This adds to existing literature (Cohall et al., 2007; Kidger et al., 2021; Reinke et al., 2011) and highlights a clear need for in-depth, applicable training, both at the point of initial teacher training and as an ongoing aspect of career development.

In the UK, a survey found that 44% of teachers planned to leave the profession within the next 5 years (National Education Union, 2022). The main reason cited for this was heavy workload, with 52% labelling this as "unmanageable". This fits with the findings of this review, as teachers described ever-mounting workloads and pressures to focus on academic achievement, meaning that supporting students' emotional wellbeing became a subjugated task. Similar statistics have been found in the USA (National Education Association, 2022). This situation has only been worsened by the COVID-19 pandemic. Though data collection for many of the studies in this review took place prior to the pandemic, the impact of this on teachers was so significant that it feels crucial to include.

The pandemic disproportionately affected young people from disadvantaged backgrounds, highlighting existing inequalities and removing many of the protective factors that may have sustained their mental health (Drane et al., 2020). Teachers were required to urgently adapt to online working, meaning that they needed to support students with increasing levels of need from a distance, in the context of reduced support from colleagues. This contributed to isolation, loneliness (Karakose et al., 2022) and reduced quality of life (Lizana et al., 2021). Beames et al. (2021) describe teachers as "the forgotten frontline workers of Covid-19" and highlight the lasting emotional impact, leaving many with no other option than to leave the profession. Moving forwards, every effort should be made to support teachers, so that in turn they can continue to support vulnerable students.

One way that teachers within this review felt supported was through a whole-school approach. This is in line with the UK report released by the Department of Health & Department of Education (2017) and with schools that are already using frameworks such as

multi-tiered systems of support (Braun et al., 2020). When mental health is prioritised throughout the whole system, teachers feel that responsibility is shared, reducing the strain on their own mental wellbeing (Giles-Kaye et al., 2022). Furthermore, teachers have the permission and flexibility to adapt their teaching to meet students' needs, rather than being governed by often unattainable academic standards (Mælan et al., 2018). This is likely to make teachers feel both empowered and supported.

Though these factors certainly contribute to conditions for success, the capacity of teachers to support students' mental health is determined by the existence of clearly defined networks of support and referral pathways (Rickwood, 2005). Without these, even those schools with a supportive school culture are likely to face considerable challenges (Giles-Kaye et al., 2022; Ormiston et al., 2021). In settings with embedded pastoral care systems (Dimitropoulos et al., 2021; Mælan et al., 2018; Mazzer & Rickwood, 2015), teachers felt more confident in their role and were reassured that they could pass their concerns on to others if they felt out of their depth. A clear focus on relationships is needed, both within and between different systems.

Role of Clinical Psychology & Avenues for Future Research

Though this review was conducted using research from education settings, a response from mental health professions, including clinical psychology is likely to be useful. There is a clearly defined role for clinical psychologists working *within* schools offering direct interventions to those students most in need, however, there is also a role for the profession working *with* schools. Clinical psychologists are trained in child development and so are well positioned to work with schools to provide ongoing packages of training around how best to support students. Similarly, clinical psychologists may work alongside providers of teacher training to establish how to embed this as a core aspect of the curriculum. This would increase teacher's knowledge of mental health upon entering the profession, meaning that they feel

more prepared around how best to support students. Future research may focus on developing and evaluating the effectiveness of such a program. Longitudinal measures of teachers' knowledge and confidence in supporting student mental health could then be ascertained, both immediately following training and further into their career when they have had more exposure to these difficulties.

As the adoption of a whole-school approach has been found to be supportive of both student and staff wellbeing, clinical psychologists may support schools in the development of such a framework. Different programs related to wellbeing in schools have been developed over the last decade, including the Social and Emotional Aspects of Learning programe (SEAL) in the UK (Wigelsworth et al., 2012), and KidsMatter approach in Australia (Dix et al., 2012). Such approaches have been found to have positive effects on student wellbeing (Goldberg et al., 2019), however research highlights the importance of approaches being adapted to meet the needs of each contexts. This is in line with this review, which emphasized the different considerations of schools depending on cultural context and geographic location. Local clinical psychologists may therefore work alongside schools to develop an approach that meets the psychological needs of the whole system, using skills in research to facilitate ongoing evaluation of efficacy.

Strengths and Limitations

This meta-ethnography included research from a range of different countries, representing a variety of different customs and cultural beliefs. As such, though it is not representative of all teachers across the globe, it goes some way in attempting to capture the scope of their experiences. The scaling system that was devised to operationalise 'teachers' experiences of supporting student mental health' meant that this process was particularly methodical, increasing the homogeneity of the sample of papers. Finally, papers were synthesised based on their relevance. This increased the contribution of those that were more

conceptually rich, grounding the synthesis in the most significant data.

In terms of limitations, although this meta-ethnography was cross-cultural, it is recognised that there are significant disparities in research funding across the world (Petersen, 2021). This is likely to have affected how representative the sample of papers is. Though critical appraisal was carried out for each of the included papers, these were only used as a consideration for the researcher rather than as a reason to exclude studies. Consequently, the methodological quality of several included papers was poor, suggesting that their findings may not be reliable.

Reflexivity

This review formed part of a thesis. Though regular supervision was provided over the course of the work, the review was undertaken by a sole researcher. Qualitative meta-synthesis of any form requires interpretation of existing data and therefore is subject to the researchers' own biases (Lee et al., 2015). It is recognised therefore that the same review, completed by other researchers may have produced a different conceptual model.

This review contains research conducted in a range of different countries, incorporating multiple cultural backgrounds and beliefs about mental health. As a doctoral candidate in clinical psychology within the UK, it is understood that the researchers' perceptions of mental health will be significantly influenced by their context. It therefore felt imperative that they were able to reflect on their own cultural background and position throughout the review process to remain mindful of the 'lens' through which such information was considered.

Whilst carrying out the review, several opportunities presented themselves that required the reviewer to examine their own feelings and reactions, in order to reduce the impact of potential biases over the results of the meta-ethnography. A diary was kept by the researcher as a reflective log to capture these insights note during the course of this work. See

Appendix 1-C for examples of these reflections.

Conclusion

This meta-ethnography has gone some way to conceptualise the experiences of teachers supporting student mental health, including drivers and factors that influence their ability to respond. Clear recommendations have been made for school systems moving forwards, including ensuring that the workforce is trained and feels supported, that a whole-school approach to supporting mental health is in place, and that there are clearly defined networks for support, both within and outside the school. In order for schools across the world to carry out this important work, backing at the local and governmental level will be imperative. The urgency of this mission is clear, as are the consequences should this fail to be addressed.

References

Aggad, R., Hennink, M., & McNabb, S. (2021). School staff perceptions of mental health among elementary students: A qualitative study in the Kingdom of Saudi Arabia. *International Journal of School & Educational Psychology*, *10*(4), 496–509. https://doi.org/10.1080/21683603.2021.1900002

American Academy of Child & Adolescent Psychiatry. (2012). *Best Principles for Integration of Child Psychiatry into the Pediatric Health Home*. https://www.aacap.org/App_Themes/AACAP/docs/clinical_practice_center/systems_of_care/best_principles_for_integration_of_child_psychiatry_into_the_pediatric_health_home_2012.pdf

Beames, J. R., Christensen, H., & Werner-Seidler, A. (2021). School teachers: the forgotten frontline workers of Covid-19. *Australasian Psychiatry*, *29*(4), 420-422. https://doi.org/10.1177/10398562211006145

Bell, A. (2022, 19.12). Children's mental health services: the data behind the headlines. *Centre for Mental Health*. https://www.centreformentalhealth.org.uk/blogs/childrens-mental-health-services-data-behind-headlines

Braun, G., Kumm, S., Brown, C., Walte, S., Hughes, M. T., & Maggin, D. M. (2018). Living in tier 2: Educators' perceptions of MTSS in urban schools. *International Journal of Inclusive Education*, *24*(10), 1114–1128. https://doi.org/10.1080/13603116.2018.1511758

Britten, N., Campbell, R., Pope, C., Donovan, J., Morgan, M., & Pill, R. (2002). Using meta ethnography to synthesise qualitative research: a worked example. *J Health Serv Res Policy*, *7*(4), 209-215. https://doi.org/10.1258/135581902320432732

Cohall, A. T., Cohall, R., Dye, B., Dini, S., Vaughan, R. D., & Coots, S. (2007). Overheard in the Halls: What Adolescents Are Saying, and What Teachers Are Hearing, About

Health Issues. *Journal of School Health*, *77*(7), 344-350. https://doi.org/10.1111/j.1746-1561.2007.00218.x

Cortina, M. A. (2012). Prevalence of Child Mental Health Problems in Sub-Saharan Africa. *Archives of Pediatrics & Adolescent Medicine, 166*(3), 276. https://doi.org/10.1001/archpediatrics.2011.592

Council for Accreditation of Educator Preparation. (2015). *CAEP Accreditation Standards* (Standard 1: Content and Pedagogical Knowledge Issue.) http://caepnet.org/~/media/Files/caep/standards/caep-2013-accreditation-standards.pdf

Crenna-Jennings, W., & Hutchinson, J. (2020). *Access to child and adolescent mental health services in 2019*. https://epi.org.uk/wp-content/uploads/2020/01/Access-to-CAMHS-in-2019_EPI.pdf

Critical Appraisal Skills Programme. (2018). *CASP Qualitative Studies Checklist*. Retrieved 09.10.22 from https://casp-uk.net/images/checklist/documents/CASP-Qualitative-Studies-Checklist/CASP-Qualitative-Checklist-2018.pdf

Danby, G., & Hamilton, P. (2016). Addressing the ‘elephant in the room’. The role of the primary school practitioner in supporting children’s mental well-being. *Pastoral Care in Education*, *34*(2), 90-103. https://doi.org/10.1080/02643944.2016.1167110

Deaton, J. D., Ohrt, J. H., Linich, K., Wymer, B., Toomey, M., Lewis, O., Guest, J. D., & Newton, T. (2022). Teachers' experiences with K-12 students' mental health [Article]. *Psychology in the Schools*, *59*(5), 932-949. https://doi.org/10.1002/pits.22658

Department of Health. (2010). *Healthy lives, healthy people: Our strategy for public health in England* (Vol. 7985). The Stationery Office. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/216096/dh_127424.pdf

Department of Health. (2015). *Future in mind: Promoting, protecting and improving our children and young people's mental health and well-being.* https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf

Department of Health & Department of Education. (2017). *Transforming Children's and Young People's Mental Health Provision: A Green Paper.* https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/664855/Transforming_children_and_young_people_s_mental_health_provision.pdf

Dimitropoulos, G., Cullen, E., Cullen, O., Pawluk, C., McLuckie, A., Patten, S., Bulloch, A., Wilcox, G., & Arnold, P. D. (2021). "Teachers Often See the Red Flags First": Perceptions of School Staff Regarding Their Roles in Supporting Students with Mental Health Concerns. *School Mental Health, 14*(2), 402-415. https://doi.org/10.1007/s12310-021-09475-1

Dix, K. L., Slee, P. T., Lawson, M. J., & Keeves, J. P. (2012). Implementation quality of whole-school mental health promotion and students' academic performance. *Child and Adolescent Mental Health, 17*(1), 45-51. https://doi.org/10.1111/j.1475-3588.2011.00608.x

Drane, C., Vernon, L., & O'Shea, S. (2020). The impact of 'learning at home' on the educational outcomes of vulnerable children in Australia during the COVID-19 pandemic. *Literature Review Prepared by the National Centre for Student Equity in Higher Education. Curtin University, Australia*. https://www.ncsehe.edu.au/wp-content/uploads/2020/04/NCSEHE_V2_Final_literaturereview-learningathome-covid19-final_30042020.pdf

Duggleby, W., Holtslander, L., Kylma, J., Duncan, V., Hammond, C., & Williams, A. (2010).

Metasynthesis of the hope experience of family caregivers of persons with chronic illness. *Qual Health Res, 20*(2), 148-158. https://doi.org/10.1177/1049732309358329

Education Business. (2021). Teacher training needs more focus on mental health. *Education Business. https://www.nasbtt.org.uk/education-business-teacher-training-needs-more-focus-on-mental-health/*

Eklund, K., Renshaw, T. L., Dowdy, E., Jimerson, S. R., Hart, S. R., Jones, C. N., & Earhart, J. (2009). Early Identification of Behavioral and Emotional Problems in Youth: Universal Screening versus Teacher-Referral Identification. *The California School Psychologist, 14*(1), 89-95. https://doi.org/10.1007/bf03340954

Flemming, K. (2022). *Cochraine Training: Meta-ethnography [YouTube]*. Retrieved 21.11 from https://www.youtube.com/watch?v=JZGWXs9ry18

France, E. F., Cunningham, M., Ring, N., Uny, I., Duncan, E. A., Jepson, R. G., Maxwell, M., Roberts, R. J., Turley, R. L., Booth, A., Britten, N., Flemming, K., Gallagher, I., Garside, R., Hannes, K., Lewin, S., Noblit, G. W., Pope, C., Thomas, J., … Noyes, J. (2019). Improving reporting of meta-ethnography: The emerge reporting guidance. *BMC Medical Research Methodology, 19*(1). https://doi.org/10.1186/s12874-018-0600-0

France, E. F., Uny, I., Ring, N., Turley, R., Maxwell, M., Duncan, E. A. S., Jepson, R. G., Roberts, R. J., & Noyes, J. (2019). A methodological systematic review of meta-ethnography conduct to articulate the complex analytical phases. *BMC Medical Research Methodology, 19*(1). https://doi.org/10.1186/s12874-019-0670-7

Gajaria, A., Ravindran, A. V., Castrillo, M. E., Herrera Rodríguez, A., & Zaheer, J. (2020). Mental health of transitional aged youth in Nicaragua: Perceptions and experiences of educators. *Global Public Health, 15*(1), 151-160. https://doi.org/10.1080/17441692.2019.1648535

Geneva: World Health Organization and the United Nations Educational, S. a. C. O. (2021). *Making every school a health-promoting school: global standards and indicators*.

Giles-Kaye, A., Quach, J., Oberklaid, F., O'Connor, M., Darling, S., Dawson, G., & Connolly, A.-S. (2022). Supporting children's mental health in primary schools: a qualitative exploration of educator perspectives. *The Australian Educational Researcher*. https://doi.org/10.1007/s13384-022-00558-9

Goldberg, J. M., Sklad, M., Elfrink, T. R., Schreurs, K. M. G., Bohlmeijer, E. T., & Clarke, A. M. (2019). Effectiveness of interventions adopting a whole school approach to enhancing social and emotional development: a meta-analysis. *European Journal of Psychology of Education, 34*(4), 755-782. https://doi.org/10.1007/s10212-018-0406-9

Halladay, J., Bennett, K., Weist, M., Boyle, M., Manion, I., Campo, M., & Georgiades, K. (2020). Teacher-student relationships and mental health help seeking behaviors among elementary and secondary students in Ontario Canada. *Journal of School Psychology, 81*, 1-10. https://doi.org/https://doi.org/10.1016/j.jsp.2020.05.003

Higgins, J., Thomas, J., Chandler, J., Cumpston, M., Li, T., Page, M., & Welch, V. e. (2022). *Cochrane Handbook for Systematic Reviews of Interventions (version 6.3)*. www.training.cochrane.org/handbook

Juengsiragulwit, D. (2015). Opportunities and obstacles in child and adolescent mental health services in low- and middle-income countries: A review of the literature. *WHO South-East Asia Journal of Public Health, 4*(2), 110. https://doi.org/10.4103/2224-3151.206680

Karakose, T., Ozdemir, T. Y., Papadakis, S., Yirci, R., Ozkayran, S. E., & Polat, H. (2022). Investigating the Relationships between COVID-19 Quality of Life, Loneliness, Happiness, and Internet Addiction among K-12 Teachers and School Administrators—

A Structural Equation Modeling Approach. *International Journal of Environmental Research and Public Health*, *19*(3), 1052. https://doi.org/10.3390/ijerph19031052

Kidger, J., Gunnell, D., Biddle, L., Campbell, R., & Donovan, J. (2009). Part and parcel of teaching? Secondary school staff's views on supporting student emotional health and well-being. *British Educational Research Journal*, *36*(6), 919-935. https://doi.org/10.1080/01411920903249308

Kidger, J., Turner, N., Hollingworth, W., Evans, R., Bell, S., Brockman, R., Copeland, L., Fisher, H., Harding, S., Powell, J., Araya, R., Campbell, R., Ford, T., Gunnell, D., Murphy, S., & Morris, R. (2021). An intervention to improve teacher well-being support and training to support students in UK high schools (the WISE study): A cluster randomised controlled trial [Article]. *PLoS Medicine*, *18*(11), Article e1003847. https://doi.org/10.1371/journal.pmed.1003847

Lee, R. P., Hart, R. I., Watson, R. M., & Rapley, T. (2015). Qualitative synthesis in practice: some pragmatics of meta-ethnography. *Qualitative Research*, *15*(3), 334-350. https://doi.org/10.1177/1468794114524221

Lizana, P. A., Vega-Fernadez, G., Gomez-Bruton, A., Leyton, B., & Lera, L. (2021). Impact of the COVID-19 pandemic on teacher quality of life: A longitudinal study from before and during the health crisis. *International Journal of Environmental Research and Public Health*, *18*(7), 3764. https://doi.org/10.3390/ijerph18073764

Mælan, E. N., Tjomsland, H. E., Baklien, B., Samdal, O., & Thurston, M. (2018). Supporting pupils' mental health through everyday practices: a qualitative study of teachers and head teachers. *Pastoral Care in Education*, *36*(1), 16-28. https://doi.org/10.1080/02643944.2017.1422005

Malpass, A., Shaw, A., Sharp, D., Walter, F., Feder, G., Ridd, M., & Kessler, D. (2009).

"Medication career" or "Moral career"? The two sides of managing antidepressants: A meta-ethnography of patients' experience of antidepressants. *Social Science & Medicine*, *68*(1), 154-168. https://doi.org/https://doi.org/10.1016/j.socscimed.2008.09.068

Mazzer, K. R., & Rickwood, D. J. (2014). Teachers' role breadth and perceived efficacy in supporting student mental health. *Advances in School Mental Health Promotion*, *8*(1), 29–41. https://doi.org/10.1080/1754730x.2014.978119

MIND. (2021). *Not making the grade: why our approach to mental health at secondary school is failing young people*. https://www.mind.org.uk/media/8852/not-making-the-grade.pdf

National Education Association. (2022). *Survey: Alarming Number of Educators May Soon Leave the Profession* https://www.nea.org/advocating-for-change/new-from-nea/survey-alarming-number-educators-may-soon-leave-profession

National Education Union. (2022). *State of Education: The Profession.* https://neu.org.uk/media/20846/view

Noblit, G. W. (2016). How qualitative (or interpretive or critical) is qualitative synthesis and what we can do about this. *A public lecture by Professor George W. Noblit, University of North Carolina at Chapel Hill, 2018*. https://emergeproject.org/wp-content/uploads/2016/09/How-qualitative.pdf

Noblit, G. W., Hare, R. D., & Hare, R. D. (1988). *Meta-ethnography: Synthesizing qualitative studies* (Vol. 11). Sage.

Noyes, J., Booth, A., Flemming, K., Garside, R., Harden, A., Lewin, S., Pantoja, T., Hannes, K., Cargo, M., & Thomas, J. (2018). Cochrane qualitative and implementation methods group guidance series—paper 3: Methods for assessing methodological

limitations, data extraction and synthesis, and confidence in synthesized qualitative findings. *Journal of Clinical Epidemiology*, *97*, 49–58. https://doi.org/10.1016/j.jclinepi.2017.06.020

Nye, E., Melendez-Torres, G. J., & Bonell, C. (2016). Origins, methods and advances in qualitative meta-synthesis. *Review of Education*, *4*(1), 57-79. https://doi.org/10.1002/rev3.3065

Nygaard, M. A., Ormiston, H. E., Heck, O. C., Apgar, S., & Wood, M. (2022). Educator Perspectives on Mental Health Supports at the Primary Level. *Early Childhood Education Journal*. https://doi.org/10.1007/s10643-022-01346-x

Ormiston, H. E., Nygaard, M. A., Heck, O. C., Wood, M., Rodriguez, N., Maze, M., Asomani-Adem, A. A., Ingmire, K., Burgess, B., & Shriberg, D. (2021). Educator perspectives on mental health resources and practices in their school [Article]. *Psychology in the Schools*, *58*(11), 2148-2174. https://doi.org/10.1002/pits.22582

Petersen, O. H. (2021). Inequality of research funding between different countries and regions is a serious problem for global science. *Function*, *2*(6). https://doi.org/10.1093/function/zqab060

Racine, N., McArthur, B. A., Cooke, J. E., Eirich, R., Zhu, J., & Madigan, S. (2021). Global Prevalence of Depressive and Anxiety Symptoms in Children and Adolescents During COVID-19. *JAMA Pediatrics*, *175*(11), 1142. https://doi.org/10.1001/jamapediatrics.2021.2482

Radez, J., Reardon, T., Creswell, C., Lawrence, P. J., Evdoka-Burton, G., & Waite, P. (2021). Why do children and adolescents (not) seek and access professional help for their mental health problems? A systematic review of quantitative and qualitative studies. *European Child & Adolescent Psychiatry*, *30*(2), 183-211. https://doi.org/10.1007/s00787-019-01469-4

Reinke, W. M., Stormont, M., Herman, K. C., Puri, R., & Goel, N. (2011). Supporting children's mental health in schools: Teacher perceptions of needs, roles, and barriers. *School Psychology Quarterly*, *26*(1), 1-13. https://doi.org/https://doi.org/10.1037/a0022714

Rickwood, D. (2005). Supporting Young People at School With High Mental Health Needs. *Australian Journal of Guidance and Counselling - AUST J GUID COUNS*, *15*, 137-155. https://doi.org/10.1375/ajgc.15.2.137

Shelemy, L., Harvey, K., & Waite, P. (2019). Secondary school teachers' experiences of supporting mental health. *The Journal of Mental Health Training, Education and Practice*, *14*(5), 372-383. https://doi.org/10.1108/jmhtep-10-2018-0056

Stoll, M., & McLeod, J. (2020). Guidance teachers' and support staff's experience of working with pupils with mental health difficulties in two secondary schools: an IPA study [Article]. *British Journal of Guidance and Counselling*, *48*(6), 815-825. https://doi.org/10.1080/03069885.2020.1785391

Strick, K., Abbott, R., Thompson Coon, J., & Garside, R. (2021). Meta-ethnography of the purpose of meaningful occupation for people living with dementia. *International Journal of Older People Nursing*, *16*(5). https://doi.org/10.1111/opn.12391

Turunen, H., Sormunen, M., Jourdan, D., Von Seelen, J., & Buijs, G. (2017). Health Promoting Schools—a complex approach and a major means to health improvement. *Health Promotion International*, *32*(2), 177-184. https://doi.org/10.1093/heapro/dax001

Weist, M. D., Bruns, E. J., Whitaker, K., Wei, Y., Kutcher, S., Larsen, T., Holsen, I., Cooper, J. L., Geroski, A., & Short, K. H. (2017). School mental health promotion and intervention: Experiences from four nations. *School Psychology International*, *38*(4), 343-362. https://doi.org/10.1177/0143034317695379

Wigelsworth, M., Humphrey, N., & Lendrum, A. (2012). A national evaluation of the impact of the secondary social and emotional aspects of learning (SEAL) programme. *Educational Psychology*, *32*(2), 213-238. https://doi.org/10.1080/01443410.2011.640308

World Health Organization. (2010). mhGAP intervention guide for mental, neurological and substance use disorders in non-specialized health settings: mental health Gap Action Programme (mhGAP). World Health Organization.

World Health Organisation (WHO). (2021). *Adolescent mental health*. Retrieved 24/6 from https://www.who.int/news-room/fact-sheets/detail/adolescent-mental-health

Yao, M., Kadetz, P. I., Sidibe, A. M., Wu, Y., Li, J., Lyu, J., Ma, C., & Hesketh, T. (2021). Teachers' Perceptions of Student Mental Health in Eastern China: A Qualitative Study. *International Journal of Environmental Research and Public Health*, *18*(14), 7271. https://doi.org/10.3390/ijerph18147271

Tables & Figures

Figure 1

PRISMA Diagram Illustrating Search Outcome

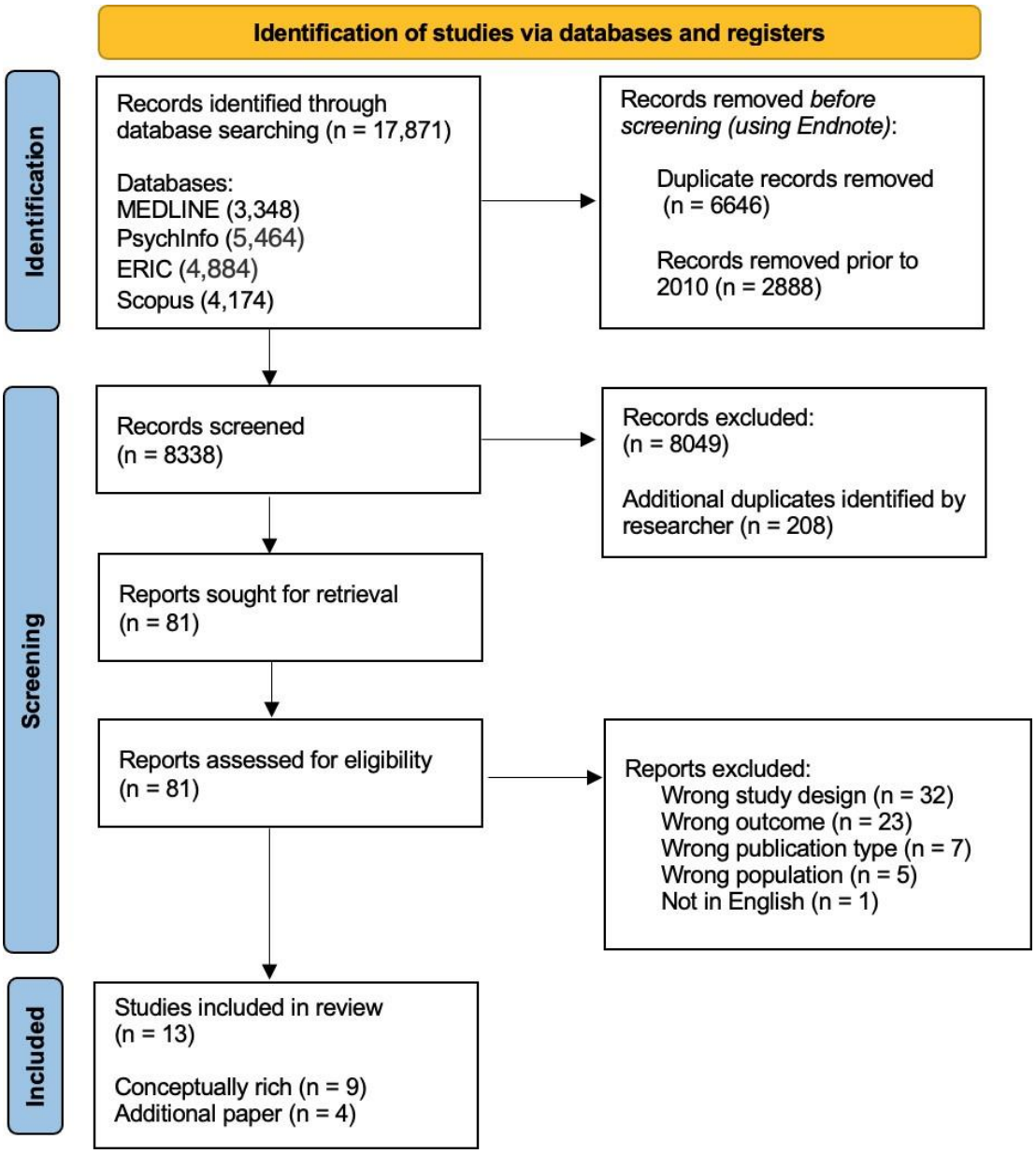


Table 2

Search Terms by Database

Database	Population[1]	Population[2]	Intervention	Outcome
ERIC	**Subject terms:** DE "Teachers" OR DE "African American Teachers" OR DE "Art Teachers" OR DE "Elementary School Teachers" OR DE "Experienced Teachers" OR DE "Middle School Teachers" OR DE "Public School Teachers" OR DE "Secondary School Teachers" OR DE "Special Education Teachers" OR DE "Tutors" OR (DE "School Personnel" OR DE "Admissions Officers" OR DE "Assistant Principals" OR DE "Faculty" OR DE "Principals" OR DE "Pupil Personnel Workers" OR DE "School Nurses" OR DE "Student Personnel Workers	**Subject terms:** (DE "Students" OR DE "Elementary School Students" OR DE "Middle School Students" OR DE "Secondary School Students") **Free text terms:** (student* OR pupil* OR learner* OR ("school child*))	**Subject terms** :((DE "Mental Health" OR DE "Mental Disorders" OR DE "Wellness") OR (DE "Well Being")) OR (DE "Psychological Needs")) OR (DE "Emotional Problems") **Free text terms:** ((mental OR psych* OR emotional) N3 (health OR wellbeing OR well- being OR "well being" OR needs OR wellness OR stigma)	**Subject terms** : (DE "Attitudes" OR DE "Beliefs" OR DE "Educational Attitudes" OR DE "Employee Attitudes" OR DE "Opinions" OR DE "Positive Attitudes" OR DE "School Attitudes" OR DE "Teacher Attitudes" OR DE "Work Attitudes" OR DE "World Views") AND (DE "Experience" OR DE "Work Experience") **Free text terms:** (perception* OR perceive OR experience* OR attitude* OR perspective* OR view* OR opinion* OR belief*)

	Free text terms: Teacher* OR educator* OR ((school*) N3 (staff* OR employee* OR support OR practitioner OR teaching Or personnel)))			
PsychInfo	**Subject terms:** (DE "Teachers" OR DE "Cooperating Teachers" OR DE "Elementary School Teachers" OR DE "High School Teachers" OR DE "Junior High School Teachers" OR DE "Middle School Teachers" OR DE "Resource Teachers" OR DE "Special Education Teachers" OR DE "Teacher Characteristics" OR DE "Vocational Education Teachers") **Free text terms:** Teacher* OR educator* OR ((school*) N3 (staff* OR employee* OR support OR practitioner OR teaching Or personnel)))	**Subject terms:** DE "Students" OR DE "Classmates" OR DE "Elementary School Students" OR DE "High School Students" OR DE "International Students" OR DE "Junior High School Students" OR DE "Middle School Students" OR DE "Student Characteristics" **Free text terms:** (student* OR pupil* OR learner* OR ("school child*)	**Subject terms:** (DE "Mental Health" OR DE "Mental Health Disparities" OR DE "Mental Status" OR DE "Emotional Adjustment" OR DE "Emotional Control" OR DE "Identity Crisis" OR DE "Emotional Health" OR DE "Mental Health Stigma" OR DE "Mental Illness (Attitudes Toward)" OR DE "Well Being" OR DE "Subjective Well Being") **Free text terms:** ((mental OR psych* OR emotional) N3 (health OR wellbeing OR well- being OR “well being” OR needs OR wellness OR stigma))	**Subject terms:** (DE "Attitudes" OR DE "Adult Attitudes" OR DE "Attitude Change" OR DE "Attitude Formation" OR DE "Attitude Similarity" OR DE "Counselor Attitudes" OR DE "Cultural Attitudes" OR DE "Employee Attitudes" OR DE "Employer Attitudes" OR DE "Explicit Attitudes" OR DE "Female Attitudes" OR DE "Health Attitudes" OR DE "Ideology" OR DE "Implicit Attitudes" OR DE "Male Attitudes" OR DE "Occupational Attitudes" OR DE "Preferences" OR DE "Stereotyped Attitudes" OR DE "Teacher Attitudes" OR DE "Work (Attitudes Toward)" OR DE "World View" OR DE "Teacher Attitudes" OR DE

				"Teacher Expectations" OR DE "Experiences (Events)") **Free text terms:** (perception* OR experience* OR attitude* OR perspective* OR view* OR opinion* OR belief*)
CINAHL	**Subject terms:** (MH "School Administrators+") OR (MH "Teachers") **Free text terms:** Teacher* OR educator* OR ((school*) N3 (staff* OR employee* OR support OR practitioner OR teaching Or personnel)))	**Subject terms:** (MH "Students+") OR (MH "Students with Disabilities") OR (MH "Students, Foreign") OR (MH "Students, High School") OR (MH "Students, Middle School") OR (MH "Students, Minority") OR (MH "Students, Elementary") **Free text terms:** (student* OR pupil* OR learner* OR ("school child*))	**Subject terms:** (MM "Mental Health") OR (MH Psychological Well-Being") OR (MH "Well-Being (Iowa NOC)") OR (MH "Psychological Well-Being (Iowa NOC)") OR (MH "Wellness") OR (MH "Mental Disorders") OR (MH "Psychological Distress") OR (MH "Stigma") **Free text terms:** ((mental OR psych* OR emotional) N3 (health OR wellbeing OR well-being OR “well being” OR needs OR wellness OR stigma))	**Subject terms:** (MH "Attitude+") OR (MH "Employee Attitudes") OR (MH "Faculty Attitudes") OR (MH "Job Experience") OR (MH "Life Experiences") OR (MH "Work Experiences") OR (MH "Knowledge") OR (MH "Professional Knowledge") **Free text terms:** (perception* OR perceive OR experience* OR attitude* OR perspective* OR view* OR opinion* OR belief*)
MEDLINE	**Subject terms:** (MH "School Teachers") OR (MH "Educational Personnel+")	**Subject terms:** (MH "Students+")	**Subject terms:** (MH "Mental Health") OR (MH "Mental Disorders+") OR (MH "Child	**Subject terms:** (MH "Attitude+") OR (MH "Knowledge")

	Free text terms: Teacher* OR educator* OR ((school*) N3 (staff* OR employee* OR support OR practitioner OR teaching Or personnel)))	**Free text terms:** (student* OR pupil* OR learner* OR ("school child*))	Health") OR (MH "Adolescent Health") OR (MH "Holistic Health+") **Free text terms:** ((mental OR psych* OR emotional) N3 (health OR wellbeing OR well- being OR "well being" OR needs OR wellness OR stigma))	**Free text terms:** (perception* OR perceive OR experience* OR attitude* OR perspective* OR view* OR opinion* OR belief*)
SCOPUS	**Free text terms:** (TITLE-ABS-KEY (teacher OR educator OR "school staff" OR "school employee" OR "school personnel" OR "teaching staff" OR "school practitioner"))	**Free text terms:** (TITLE-ABS-KEY (student OR pupil OR learner OR "school W/5 child"))	**Free text terms:** (TITLE- ABS-KEY ("mental health" OR "mental disorder" OR "emotional health" OR "psychological health" OR "psychological needs" OR "wellbeing" OR "well being" OR "wellness" OR "well- being" OR "emotional needs" OR "stigma"	**Free text terms:** (TITLE-ABS-KEY (perception OR perceive OR experience OR attitude OR perspective OR view OR opinion OR belief))

Table 3

Eligibility Criteria

PICO	Inclusion criteria	Exclusion criteria
Population	• School staff, including teachers, working with primary or secondary school-age children (elementary, middle and secondary/high school in US) • Other school staff that work with this age group	• College/ University teachers • Preschool teachers • Studies solely capturing views of school counsellors/mental health staff • Pre-service teachers • Studies only reporting on teacher experiences of students with special educational needs (SEN)
Intervention/ phenomenon of interest	• Experiences of supporting student mental health	• Teacher/educator mental health or wellbeing • Student behaviour/attainment • Effectiveness of different teaching methods (not related to MH) • Mental health service needs • Teacher views on importance of socio-emotional health curriculum (theory), rather than experiences supporting individuals
Outcomes	• Qualitative data from interviews and focus groups • Attitudes/Experiences/ Perspectives/Views/ Opinions	• Studies that only report quantitative outcomes • Evaluations of teaching training in mental health or school-wide interventions • Conference papers or review papers. • Articles only reporting survey data results • Articles without/ with limited direct quotes of data • Articles in language other than English

Table 5

Characteristics of Included Studies

Authors & Researcher discipline	Location	Participants	Aims	Methodology & Analysis	Major themes
Aggad et al. (2021) Health researchers	Jeddah, Saudi Arabia **School context:** 1x low income area, 1x high income area, 1x average income area, 1 x school with large immigrant population	16 school staff from 4 all-female public elementary schools. 8 teachers, 4 principals, and 4 counsellors.	To explore how public elementary school staff members perceive, assess, and respond to MHPs of students in Jeddah, KSA.	Cross-sectional, qualitative study consisting of in-depth interviews Thematic analysis	(1) Causes of MHP (2)Identifying MHP, (3)Approaches to managing (4)Barriers
Danby & Hamilton (2016)* Health reseachers	2 primary schools in North Wales **School context:** 'considered to neither be advantaged or disadvantaged' (according to Estyn – independent quality body)	9 teachers, 7 teaching assistants and 2 additional learning needs co-ordinators	To explore perceptions school practitioners have of mental health and raising awareness of issues among children; to identify some of the mental health issues experienced by pupils and to; examine the role school practitioners believe they should play in addressing the mental health needs of children.	Questionnaires with follow-up interviews General inductive analysis (Thomas, 2006)	(1)mental health discourse (2)mental health issues faced by children (3) the role of the school practitioner.

Deaton et al. (2022) Doctoral students and faculty members within counsellor education	USA – unclear where geographically **School context:** Range of different settings and student demographics – 9 public schools (8 of which had >50% of student population eligible for free school meals) and 1 private school.	12 teachers from Kindergarten to 12th grade	To explore teachers' experiences of student mental health concerns (SMHC) in the classroom	Consensual qualitative research (CQR) methods Consensual qualitative research data analysis	(1) Teachers' Responses to Student Mental Health Concerns, (2) Teachers' Perceptions of Preparedness in Addressing Student Mental Health (3) Teacher Identified Preparation Needs to Addressing Student Mental Health (4) Divergent Experiences of Support for Student Mental Health (5) Student Mental Health Influences.
Dimitropoulos et al (2021) Department of social work, mental health research in education, psychiatry, school of education	Two secondary schools in southern Alberta, Canada **School context:** no information available	School staff (n = 48) including classroom teachers, school counsellors, psychologists, administrators, and various support staff members	To identify and describe the practicable roles school staff perceive of themselves to hold with respect to promoting mental health, challenging stigma, and responding to student mental health problems	Interpretive qualitative approach Framework method (subset of thematic analysis)	(1) Relationships matter (2) Empathetic and receptive communication is an antidote to stigma (3) Connecting and facilitating timely access to the right person is key for students experiencing emotional crises; and (4) Facilitators and barriers to address student mental health concerns.

Gajaria et al. (2020) Centre for Addiction and Mental Health, Demographics & Health, Medicine, Institute for Mental Health Policy Research, Toronto, Canada	High schools in León, Nicaragua **School context:** **"**high schools in different geographical areas of León, representing …different socioeconomic backgrounds"	43 teachers	To better understand the mental health needs of transitional aged youth (age 13–19) in Nicaragua	Interpretivist paradigm (Zaheer et al., 2016). Constructivist grounded theory (Mills, Bonner, & Francis, 2006)	(1)'And I try to guide them'– Educator's roles in student mental health. (2)A problem that affects all teachers'–Barriers to care (3)'A network: All linked:' How can the system be improved?
Giles-Kaye et al. (2022) Social worker/primary school teacher, researcher in child health. Educational and developmental psychologist. Public health researchers	Victoria, Australia **School context:** One school located in the inner city, two suburban metropolitan and one semi-rural	17 primary school educators from 4 schools	To generate insights into the professional perspectives of primary school educators in Victoria, Australia, regarding how schools can support the mental health of their students.	Qualitative inquiry using interviews and focus groups Thematic analysis	(1)complexities of the educator role (2)partnership with families (3)school culture that prioritises mental health (4)external factors that influence school capacity

Mælan et al. (2018) Health researchers	10 lower secondary schools in Norway **School context:** Five schools located in/outside a city in western Norway, and five schools located in different districts in eastern Norway. Schools were selected to reflect diversity	10 headteachers, 36 teachers	To explore teachers' and head teachers' understandings of how they work to support pupils' mental health through their everyday practices	"Qualitative approach" Semi-structured interviews Focus groups Qualitative analysis inspired by Saldaña's (2013) process of first and second cycle coding.	(1) Working with individual pupils through everyday practice, (2) Working with the school context.
Mazzer & Rickwood (2014)* Health researchers	6 different co-educational schools in Canberra, Australia **School context:** The majority of teachers taught at public secondary schools (n . 16), with the	21 teachers	To investigate teachers' perceived role breadth and perceived self- efficacy in supporting students' mental health.	Combination of inductive and deductive approaches (Fereday & Muir-Cochrane, 2006). Text was organized into repeating ideas, then general	(1) Role breadth - MH as part of the job - Boundaries of role breadth - Expectations of role breadth (2) Self-efficacy - Confidence - Fear of saying the 'wrong' thing - Knowledge and skills

	remaining five participants teaching at private or independent schools			themes. Themes were organized into theoretical constructs.	
Nygaard, Ormiston, Heck, Apgar & Wood (2022)* Psychology faculty member (also a school & clinical psychologist), four doctoral graduate students, and one educational specialist student	A large primary school in a Midwestern US school district **School context: 600 students, 90% white,** 5.6% Multiracial, and 2.8% Hispanic.	38 school staff members in a large primary school (18 grade teachers, 1 related arts teacher, 4 special education teachers, 2 special education staff members, 1 school administrator, 11 assistants, 1 interventionist)	To explore educator perspectives related to current perceptions of student mental health as well as the perception of existing resources to address student mental health needs at the primary school level.	Qualitative approach using crystallisation Inductive thematic analysis	(1) Educators indicate supporting primary students' mental health is within their role; (2) Systems-level constraints prevent effective mental health supports (3) Staff desire increased mental health resources
Ormiston et al. (2021) School psychology professors,	Intermediate elementary school in a small, Midwestern school district.	13 classroom teachers, 4 related arts teachers, 7 specialist education staff	To understand: 1. What are school staff perceptions related to student mental health? 2. What procedures are in place for the school to	Inductive thematic analysis design	(1)Staff roles and knowledge impact their perspectives on and understanding of student mental health

school psychology graduate students, and one undergraduate psychology student	**School context:** 632 students, 89.7% White, 43.5% described as "economically disadvantaged" according to the state Department of Education.	members, 3 building support personnel, 2 office staff and 4 support staff members.	address student mental health? 3. How has the school staff addressed student mental health?	Thematic analysis (Braun &Clarke, 2006)	(2)The school has limited mental health resources to meet student and staff needs (3)Home and school environments affect student mental health (4)School staff express desire for additional support and training.
Shelemy et al (2019) School of Psychology and Clinical Language Sciences. One clinical psychologist.	South East of England **School context:** 7 different secondary state schools in the South-East and London regions of the UK	7 secondary school teachers	To investigate secondary school teachers' experiences of supporting the mental health of their students	IPA	(1) Perceived role of teacher (2) Nature of relationship (3) Barriers to helping the child (4) Amount of training and resource (5) Helplessness and satisfaction
Stoll & McLeod (2020) Counsellor/ lecturer and support worker in the Further Education. Lecturer in	Dundee, Scotland **School context:** Two mixed-sex comprehensive secondary schools	3 guidance teachers (also teaching role), 1 support-for-learning teacher, 1 community school worker and 1 pupil	To explore the experiences of school staff tasked with providing pastoral care and support to pupils with mental health difficulties.	IPA Semi-structured interviews	(1) The personal emotional impact of the work (2) Awareness of time pressures (3) Openness to new solutions

counselling/qualitative researcher		support worker.			
Yao et al. (2021) Health researchers	Zhejiang and Anhui provinces, China **School context:** 9 Middle schools (ages 12 to 15). 6 from Anhui province, a poorer area and 3 from Zhejuang province, a wealthier area. Range of different locations within province e.g. capital, city county, township.	27 *ban zhu ren*	To identify how *ban zhu ren* perceive the mental health of their students, and how they have acted on these perceptions	In-depth semi-structured interviews Content analysis	(1) Informant perception of the prevalence of mental illness among adolescents (2) Informant classification of student mental health issues (3) Informant under-standing and labelling of student behavioural issues (4) Ways that informants determine mental health issues among their students (5) Informant interventions for students they believe to have mental health issues (6) Informants' perceived ability to intervene with student mental health issues (7) training informants received on intervening with student mental health issues

*Note: * indicates additional papers used at the final stage of the synthesis.*

Table 6

Scores on the CASP|qualitative appraisal tool

Critical appraisal of study quality using the CASP qualitative appraisal tool									
Study	Research design	Sampling	Data collection	Reflexivity	Ethical issues	Data analysis	Findings	Value of research	Total score (/24)
Aggad et al. (2021)	1	3	3	1	1	2	3	2	16
Danby & Hamilton (2016)*	1	1	2	1	1	1	2	2	11
Deaton et al. (2022)	2	1	2	3	1	3	2	2	16
Dimitropoulos et al (2021)	1	3	3	1	2	3	3	3	19
Gajaria et al. (2020)	3	3	2	2	1	2	2	3	18
Giles-Kaye et al. (2022)	3	3	3	1	1	2	2	2	17
Mælan et al. (2018)*	1	3	2	1	3	2	3	3	18
Mazzer & Rickwood (2015)*	1	1	2	1	1	2	2	3	13
Nygaard et al. (2022)*	1	2	3	2	2	2	2	2	16
Ormiston et al. (2021)	3	2	3	3	2	3	3	3	22

Shelemy et al (2019)	3	3	3	1	1	3	2	2	18
Stoll & McLeod (2020)	3	3	2	2	2	2	3	2	19
Yao et al. (2021)	1	2	3	1	2	3	2	3	17

**Additional studies used to develop provisional model*

Appendices

Appendix 1-A: Examples of first, second and third order constructs (extracted from Deaton et al., 2022)

Context: USA - economically developed country. However 8/10 schools that teachers are from appear to face significant deprivation. Researcher disciplines - all within counsellor education and multiple licensed MH professionals. Acknowledge the influence that working in this area with schools may have over process - expectation that participants would feel that they didn't have enough training to identify and address MH problems.

Theme	Subtheme	1st order	2nd order	3rd order
Teacher's responses to student mental health concerns	(1) attempted strategies;	Two participants described relying on "trial and error" within their experiences to attempt addressing SMHC in the classroom with evidence-based practices, suggestions from other teachers and staff, or ideas they developed themselves	• Attempts and strategies used to support MH, despite limited training. •Teachers took matters into their own hands in terms of using strategies to support mental health, resulting in a trial and error of classroom interventions	Figuring things out as they go Using personal resources and initiative to problem solve, rather than being able to draw on any training received. Feeling of being on own/ throw in deep end.
		"I'm figuring it out as I go, and I think the rest of us around me are kind of figuring it out as we go"		
		"It's just so much uncertainty. It's like you're trying things, you're trying things, and that's fine because that's how you get at least one on the right road."		
		"I've done a lot of research on my own, professional development and...just reaching out to the community in general."	• Doing own research to navigate SMHC	
		"I think it starts with me having compassion to get a breakthrough to say, 'Okay. It's okay that there's an issue'."	• Showing compassion as a method of collaboration and modelling of coping strategies	
		"They'll just tell me what they need today and as long as its nothing crazy, I usually permit it."	• Collaborating with students to learn about needs	Trusting students to be able to say/show what they need
		"I just talk to them about something else or try to just keep the conversation going so they didn't go do whatever. Then they'll get mad when I report them. But at the same time, I'm like, 'I know I need to do this, you needed to do this.'	• Following protocol can result in damaged rapport and trust	When guidance is followed about how to manage difficulties, this can be problematic in itself, at times making things worse. Something about teachers knowing students and being better placed to be person-cetred than strict policy approach? Or about school policies/procedures lacking nuance/sensitivity?
			• Teachers used alternatice exercises (yoga, meditation, stretching), added social-emotional wellbeing content to lessons and wrote grants for support programmes.	
	(2) emotional responses	"I've actually received counselling for anxiety myself. I went for eight months or so... and learned a bunch of strategies for dealing with my own anxiety and issues... That's how I was able to, a lot of the time, recognize these things when they manifest in the classroom. Then I gave them strategies for dealing with these things. I was doing my best job to teach them strategies that I learned."	• Using own experiences of counselling to adjust behaviour in classroom and model coping skills	Lived experience as a useful tool for teachers to empathise with student experience and teach skills that they themselves have found useful
			• Concern both about students' mental health and whether they handled concerns correctly	
		"I have 24 other kids that I'm trying to help as well so sometimes it's like being stretched too thin especially if you have more than one child that's having big issues. I sometimes feel like there's just not enough of me or not enough time to really give them the support that they deserve."	• Difficulties balancing managing classroom, student needs and own mental health	
		"It makes it harder for me to teach afterwards because I'm a bit scattered. I always go through my head 'Did I handle it right?', 'Did I do what I should've done?', 'What did I do this time that set him off?' You know, my mind's racing and here I'm supposed to be teaching a math lesson, it kind of affects me."	• Impact of emotional response on teaching - saddness, confusion, helplessness	Decisions made/conversation with students around MH stay with teachers long after event. Associated with self-doubt and anxiety
		"What's going on in my head is part of me feels helpless and part of me feels like, you know, I'm within the boundaries that I can't be their counselor."	• Impact of student's struggles on teacher, difficulty knowing where professional boundaries are	uncertainty about whether said/did the right thing – effect on teaching and professional identity?
		"Honestly, it makes me sad more than anything that I just feel like kids have so much to deal with now and they don't have the resources to help them."		
		"The biggest thing is the worry... I still have worries about kids from previous years that I feel like I didn't do enough for."	• Lasting implications of teacher's own MH even after years of teaching	Huge sense of personal investment in each student. Teachers are committed to this even after years of teaching, sense of responsibilty does not ease

Appendix 1-B: Translating Studies into One Another

Key concepts	Second order constructs	Summary definition (translation)	Papers that included	Contrasting views
MH difficulties in schools	Increasing prevalence of MH issues	Recognition that student MH concerns are increasing in frequency.	Deaton et al. (2022); Ormiston et al. (2021); Yao et al. (2021); Mazzer & Rickwood (2015)	
An important yet challenging role	Multiple roles	Teachers saw their role to include supporting students' holistic development, not just academically. Teachers must go beyond the traditional scope of their role to do this.	Ormiston et al. (2021); Gajaria et al. (2020); Giles-Kaye et al. (2022); Shelemy et al. (2019); Stoll & McLeod (2020); Dimitropoulis et al. (2021); Mazzer & Rickwood (2015); Danby & Hamilton (2016); Mælan et al. (2018); Nygaard et al. (2022); Aggad et al. (2021); Yao et al. (2021)	Supporting MH not within role. Do not come into contact with these students (Ormiston et al., 2021), only responsibility to refer on (Shelemy et al., 2019), insufficient training and lack of expertise (Dimitropoulis et al., 2021)
	Prioritising MH	Recognition that student MH needs must be addressed in order for learning to take place.	Ormiston et al. (2021); Giles-Kaye et al. (2022); Yao et al. (2021); Dimitropoulis et al. (2021); Mælan et al. (2018); Nygaard et al. (2022)	
	Lack of clarity around role	Expectations/pressure around supporting student MH despite lack of training. Difficulties knowing where boundaries are and what is within role. Balancing act of this with teaching.	Deaton et al. (2022); Gajaria et al. (2020); Giles-Kaye et al. (2022); Shelemy et al. (2019); Dimitropoulis et al. (2021): Aggad et al. (2021)	More clarity around boundaries of role when professional support more readily available (Mazzer & Rickwood, 2015). Able to draw line between teacher and therapist role (Mælan et al., 2018)
	Student-teacher relationship	Valuable resource for disclosure and seeking support. Teachers spend most time with students, can form close relationship and notice changes. Building trust as key, responding with compassion and empathy.	Ormiston et al. (2021); Deaton et al. (2022); Gajaria et al. (2020); Yao et al. (2021); Shelemy et al. (2019); Aggad et al. (2021); Dimitropoulis et al. (2021); Giles-Kaye et al. (2022); Stoll & McLeod (2020); Mælan et al. (2018); Nygaard et al. (2022)	Some felt that students generally unwilling to communicate with them - Yao et al. (2021)

Value of student-teacher relationship	Identifying MH difficulties	First person to notice and respond. Relying on range of informal strategies. Using knowledge of students and observation to pick up on signs that distressed. Proactively seeking out students that concerned about.	Ormiston et al. (2021); Gajaria et al. (2020); Giles-Kaye et al. (2022); Yao et al. (2021); Aggad et al. (2021); Dimitropoulis et al. (2021); Danby & Hamilton (2016)	Teachers may not be identifying correctly due to cultural beliefs and lack of knowledge - Yao et al. (2021)
	Lack of objective measures	Lack of objective measures, meaning that teachers have to rely on own observations.	Ormiston et al. (2021); Stoll & McLeod (2020); Aggad et al. (2021); Nygaard et al. (2022)	
	Insufficient training in MH	Wanting to help but impeded by lack of knowledge. Lack of training opportunities offered, or else not fit for purpose.	Deaton et al. (2022); Ormiston et al. (2021); Gajaria et al. (2020); Yao et al. (2021); Shelemy et al. (2019); Dimitropoulis et al. (2021); Stoll & McLeod (2020); Mazzer & Rickwood (2015); Danby & Hamilton (2016)	Some instances of adequate MH (Deaton et al., 2022; Mazzer & Rickwood, 2015)
Using own judgement and skill to respond	Using own judgement to recognise and respond to MH concerns	Teachers must take matters in their own hands and use own judgement to respond. This included providing space to talk, being flexible and responsive in lesson plans, being more lenient with school work, following up regularly, educating students about mental health/socio emotional skills, using counselling skills, being available to listen and advise, using storybooks to reduce stigma, encouraging participation with others, giving responsibility to boost confidence, encouraging spirituality, modelling healthy behaviours, intentionally sharing own lived experiences of MH difficulties.	Gajaria et al. (2020); Giles-Kaye et al. (2022); Yao et al. (2021); Aggad et al. (2021); Dimitropoulis et al. (2021); Mazzer & Rickwood (2015); Mælan et al. (2018); Nygaard et al. (2022)	Punishing behaviours by reducing recess time and giving additional schoolwork (Aggad et al., 2021)
	Student MH affects staff MH	Emotional impact. Worries about whether they responded in the right way. Concerns that not done enough/may make worse. Affects teachers' ability to carry out job and to support students. Staff take this home with them.	Deaton et al. (2022); Ormiston et al. (2021); Shelemy et al. (2019); Stoll & McLeod (2020); Mazzer & Rickwood (2015); Nygaard et al. (2022); Mælan et al. (2018); Yao et al. (2021);	
Personal impact of this work	Feelings of hopelessness/ burnout	Wanting to support students but feeling burned out by competing demands. Hopelessness at lack of power to change situation.	Gajaria et al. (2020); Shelemy et al. (2019); Stoll & McLeod (2020); Nygaard et al. (2022)	

	Lack of support for own MH	Feeling left alone to manage without support for own wellbeing. Compounds pressures and difficulties, affects ability to support students.	Gajaria et al. (2020); Giles-Kaye et al. (2022); Ormiston et al. (2021); Stoll & McLeod (2020)	Feelings of satisfaction/hope when believe that did help student – Shelemy et al. (2019)
Barriers & Facilitators	Importance of interdisciplinary support	Importance of working with others around the student. Positive experiences when able to collaborate with professionals and there being availability of resources. Allows for better coordination and access. When this is not present, it makes role a lot more difficult for teachers.	Deaton et al. (2022); Ormiston et al. (2021); Giles-Kaye et al. (2022); Yao et al. (2021); Aggad et al. (2021); Dimitropoulis et al. (2021); Gajaria et al. (2020); Mazzer & Rickwood (2015); Nygaard et al. (2022); Danby & Hamilton (2016)	
	Connecting students to external services	Key part of teacher role. Lack of integration and communication between services and difficulties with access as barrier.	Ormiston et al. (2021); Gajaria et al. (2020); Giles-Kaye et al. (2022); Shelemy et al. (2019); Dimitropoulis et al. (2021); Danby & Hamilton (2016)	Risks highlighted in some contexts. Having to balance desire to support students while also needing to maintain their own safety - Gajaria et al. (2020). Concerns about stigma/shame that may come with referral, wanting to protect students from this - (Yao et al. (2021)
	Importance of positive school environment	Caring and supportive environment allows for a positive, safe, non-stimatising culture to flourish. Important that a whole-school approach is adopted so that MH is prioritised throughout the system. Allows teachers the room to focus on the relationship and support.	Ormiston et al. (2021); Giles – Kaye et al. (2022); Shelemy et al. (2019); Stoll & McLeod (2020); Dimitropoulis et al. (2021), Mazzer & Rickwood (2015); Mælan et al. (2018); Nygaard et al. (2022); Danby & Hamilton (2016)	When school is not supportive of this, teachers feel stretched too thinly (Stoll & McLeod. 2020)
	Impact of home life on MH	Impact of factors such as poverty, abuse, trauma, parental MH difficulties, substance use, and family systems on MH.	Deaton et al. (2022); Ormiston et al. (2021); Gajaria et al. (2020); Giles-Kaye et al. (2022); Stoll & McLeod (2020); Aggad et al. (2021); Danby & Hamilton (2016)	

	Parental influences	Importance of collaborating with parents to facilitate access to timely support and ensure consistency. Challenge when teacher and parent's views on MH are not aligned or when parents are not engaged.	Deaton et al. (2022); Gajaria et al. (2020); Giles-Kaye et al. (2022); Yao et al. (2021); Shelemy et al. (2019); Aggad et al. (2021); Dimitropoulis et al. (2021); Danby & Hamilton (2016)	Recognition that SES not the only important variable, students from various backgrounds can experience MH problems - Ormiston et al. (2021); Aggad et al. (2021).
	Impact of stigmatization on MH	Stigma as a vicious cycle, meaning that students are more likely to experience MH problems find it difficult to access support.	Aggad et al. (2021); Giles-Kaye et al. (2022); Yao et al. (2021)	Teacher role is not to prescribe how and when parents/ caregivers intervene to support their child (Dimitropoulis et al. (2021)
	Limited resources	Limited resources such as school staff, mental health professionals in school, time and energy makes it difficult for teachers to give individualised attention and support.	Deaton et al. (2022); Ormiston et al. (2021); Giles-Kaye et al. (2022); Yao et al. (2021); Shelemy et al. (2019); Stoll & McLeod (2020); Aggad et al. (2021); Dimitropoulis et al. (2021); Mazzer & Rickwood (2015); Mælan et al. (2018); Nygaard et al. (2022)	

Appendix 1-C: Reflective Log

Yao et al. – reflections

Notice feelings of discomfort/shock at some of the behaviours that teachers in this study interpreted as being indicative of mental health problems. Teachers named behaviours such as falling in love at a young age, surfing the internet, rebelliousness and being tired of learning as mental health problems. Notice a feeling of concern for these students that behaviours that may be considered as 'normal' teenage behaviours were being pathologized. Also, some behaviours that may be seen as indicative of mental distress seen as 'behavioural issues' such as self-harm, showing no enthusiasm for life and having suicidal ideation. Seems to be a lack of curiosity about where behaviours were coming from or what they may mean in context of child's story.

Important for me to consider these views in relation to Chinese culture. I understand that there is less open discussion about mental health in China than there is in the UK, meaning that more likely to be stigmatization around this. Less opportunities for individuals to have mental health issues normalised and to learn more about these. As such, less likely to have same understanding that I do around these issues, especially in role as CP. Cultural perceptions around what is 'normal' behaviour also likely to influence. Non-conformist behaviours appear here to be medicalised – is this because China has longstanding customs and values around respecting elders? May mean that teachers are interpreting these behaviours as indicative of mental illness, rather than seeing them on spectrum of adolescent behaviour.

These thoughts have made me consider how my initial reaction to this may influence data analysis. Will be important to make sure that ideas are not over/under represented, and that I do not leave out more neutral or positive aspects of paper to be overshadowed by this. Need to ensure stays balance in representation of study. I think that the fact that I have reflected on these feelings will help me to look at it more objectively.

Differences in home circumstances – reflections

Although difficulties within pupils home environments were found across the studies, the types of situations that students faced seemed to vary significantly across different contexts. For example, some of the studies conducted in the USA and South America described situations in which significant trauma or deprivation was experienced by the students, such as by seeing their parents be "shot and killed" (Deaton et al., 2022) or not having enough money to eat (Gajaria et al., 2020). Others described differing cultural beliefs around things such as corporal

punishment, meaning that this abuse was another significant factors in named in the development of mental health difficulties (Aggad et al., 2021).

Reflecting on these examples, I was struck by the spectrum of adversity that young people experience and by the enormity of the task that many teachers will face in trying to manage these risks, and support their students through such situations. I wondered whether many may feel helpless in the face of these significant social and cultural challenges and at a loss as to how to offer any meaningful support. I was conscious that this may push me into a position where I am more aware of the barriers that teachers face and therefore emphasise these factors and the impossibility of this role, rather than focusing on the many ways that teachers do manage to support students successfully. As such, I was mindful of this as I synthesised the data and actively tried to identify examples of when teachers had felt that they made a positive difference despite these challenges.

Using context in analysis

Doing phase 4/5 – translating studies into one another. Need to ensure that each studies unique context is preserved if possible.

The researchers in each study have intentionally tried to capture a wide range of different backgrounds and experiences – most talk about recruiting from schools in urban and rural settings, trying to represent range of socio economic backgrounds. Studies in Canada and one in UK didn't report on SES – but thought likely to be higher given location

Themes that are different depending on context:

- Research conducted in Middle East, Australia and China – more stigma around MH which was both a cause of difficulties and a barrier to students' seeking help e.g. parents didn't understand, teachers fearful about contacting external services
- Schools in Europe and Australia more likely to have systems of support in place for students in schools – meant that teachers' felt more supported and like responsibility wasn't all theirs
- Schools in areas of more significant deprivation – more likely to report even greater problems in students' home lives relating to poverty, trauma and violence (USA, Central A)

How may this impact data analysis? I don't think that these differing contexts will affect **how** I approach data analysis, but they are likely to affect the richness of each concept. I will be able to talk about the contextual factors that affect each e.g. when talking about stigma, pastoral

support systems in different locations, approaches to responding to student MH concerns and how students' home lives will inevitably impact their wellbeing. Try to ensure that the comparison of these different contexts are given space within themes that are applicable across all.

Appendix 1-D: Authors' notes for the Journal of School Psychology

Types of contributions

The Journal of School Psychology publishes research on assessment; consultation; intervention mechanisms and approaches; and schooling effects on social, cognitive, mental health, and achievement-related outcomes. The vast majority of its articles focus on issues directly relevant to children, adolescents, or families in school and related settings. *The Journal of School Psychology* editorial team is striving to publish the most methodologically and statistically sophisticated research in the pages of the journal in order to contribute to the science of school psychology. Full-length manuscripts presenting original quantitative and qualitative research are ideal to meet this goal. Scholarly narrative reviews of the literature on research and practices relevant to psychological and behavioral processes in school settings may also be appropriate. The *Journal of School Psychology* does not typically test reviews, book reviews, obituaries, or comments.

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Section Two: Empirical Paper

The Psychological Processes Underlying a Trauma-Informed Approach in Primary Schools: The Perspectives of Leaders.

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Abstract

Aim: A developing research base has explored the impact of trauma-informed approaches within education. To date, however, relatively little is known about the processes that underlie implementation. The aim of the research paper was to understand the process that primary schools go through in developing and implementing a trauma-informed approach.

Design: Grounded theory was used to inform data collection and analysis.

Methods: Fourteen participants, including external advisors on trauma-informed education and members of senior leadership teams took part in semi-structured interviews.

Results: Relational processes at each level of the school were found to facilitate trauma-informed change. Leaders within the system provided the conditions for others to be able to thrive, through embodying the values and practices that they hoped to see within the adult-child dyad. These processes were distinct for each stakeholder group; however, all were underpinned by the principles of safety, trust, collaboration, compassion, belonging, regulation, and attunement to needs.

Conclusions: These findings help to elucidate the lack of progress in some settings compared to others. A shift in focus is needed within trauma-informed education from program content to system-wide relational processes.

Clinical Impact Statement: This study highlights the importance of leadership commitment and drive in trauma-informed school approaches, as relational processes, working from the top-down were seen to facilitate system-wide change. Additional work needs to be carried out to ascertain the role of external advisors in supporting leadership with this task.

Declaration of Interests: None

Keywords: trauma-informed, attachment-focused, school, relationships, development

A growing understanding of the detrimental impact of childhood adversity and trauma has necessitated this to be viewed as a wider public health issue. For educational settings, the challenges have been particularly apparent, prompting schools to consider how they may mitigate the effects of adversity on the young people they serve.

The term 'Adverse Childhood Experiences' (ACE) refers to a number of highly stressful events occurring in childhood and/or adolescence, including experiencing or witnessing abuse, neglect, having a close family member who misused substances, had mental health problems or served time in prison, and having parents that separated or divorced (Felitti et al., 1998). A UK study found that 47% of individuals report at least one ACE, with 9% of the population experiencing four or more ACEs in childhood (Bellis et al., 2014). The early nature of this interpersonal trauma, in the context of inadequate caregiving systems has been found to have enduring effects on epigenetic markers associated with neurological, biological, and relational development (Anda et al., 2006; DePrince et al., 2009). In response to these findings, the term 'Developmental Trauma' has been introduced, which specifically relates to trauma resulting from ACEs (Van der Kolk, 2005). These effects understandably interfere with children's ability to excel at school; a systematic review over 25 years found negative effects of ACEs on cognitive functioning, attendance and dropout rates, academic achievement, behaviour and mental health (Perfect et al., 2016).

Increasing universal awareness of the impact of early adversity has prompted educational settings to consider how the system of adults around a child may support their recovery. Schools across the US, and more recently within the UK have begun to develop school-wide 'trauma-informed' approaches. Different language has been used to describe these, including 'psychologically informed/responsive' and 'attachment-aware/focused' approaches - for the purposes of this paper the term 'trauma-informed' will be used. Rather than being a stand-alone intervention, a trauma-informed approach is a systemic framework to

guide systems in promoting a physically and psychologically safe environment for all. Key areas of focus include: (1) organisational culture and understanding, (2) trauma-sensitive polices, practices and procedures, (3) staff training, (4) consultation, supervision and reflective practice, (5) increasing staff wellbeing and (6) community level intervention (Avery et al., 2021; Maynard et al., 2019). These interventions are applied flexibly to meet the unique needs of each context, maintaining the principles of safety, trustworthiness, peer support, collaboration, empowerment and cultural consideration (SAMHSA, 2014).

A trauma-informed approach aims to equip settings with the resources to *realise* the widespread impact of trauma, *recognise* the signs and symptoms, *respond* to trauma in a helpful way and to actively *resist re-traumatisation* (SAMHSA, 2014). This understanding is not only applied to children, but broadened out to the experiences and needs of the whole school community. One of the criticisms of the term 'trauma-informed' is that it suggests relevancy only to children who have experienced trauma. In contrast, a trauma-informed, whole-school approach uses a biopsychosocial understanding of human development, recognising that safety and healthy relationships across the whole system creates the optimal conditions for wellbeing and learning (Perry & Daniels, 2016).

The last 10 years has seen a surge in research seeking to evaluate trauma-informed approaches within educational settings, predominantly undertaken in the United States. Though many positive effects have been demonstrated, a number of issues have dominated discussion. One relates to the level of empirical rigor necessary to demonstrate outcomes. A systematic review by Maynard et al. (2019) concluded that no study met the inclusion criteria for their review, as none of the previous research had adopted a randomised or quasi-experimental study design (RCT/QED). RCTs have long been considered to be the “gold standard” methodology for quantitative research, however many question their feasibility and suitability in a setting as complex as a school (Goodman, Epstein, & Sullivan, 2017). Trauma-

informed approaches should be tailored to the unique school context, meaning that the generalisability of results from RCTs is questionable. Moreover, relational outcomes such as safety and trust are highly subjective, and likely to take time to be established - particularly for children who have experienced trauma. With this understanding, other reviews have adopted more flexible, mixed methods approaches, finding encouraging outcomes in relation to student wellbeing, behaviour and learning, and teacher knowledge and confidence (Avery et al., 2021; Berger et al., 2020; Fondren et al., 2020).

In the UK, research into trauma-informed schools is still in its infancy, however similar findings have been established. A large-scale evaluation in over 300 schools found that training in attachment and trauma increased staff knowledge and resulted in practice change (Harrison, 2020), consistent with previous research (Dingwall & Sebba, 2018; Fancourt & Sebba, 2018). Headteachers also report improvements in engagement, attendance, learning and attainment as a result of the approach, with reduced use of sanctions (Harrison, 2022). This is supported by Rose et al. (2019), who found significant improvements in academic achievement and pupil behaviour.

Although these findings are encouraging, the research to date has tended to focus on discreet outcomes such as teacher ratings of knowledge, or quantitative measures in specific areas such as attendance and attainment. Trauma-informed approaches are complex and systemic, affecting change at multiple layers of the school system and across all within it. As such, the validity of using outcomes in isolated areas as indicators of system-wide change could be questioned. A more holistic approach that considers how these different elements interact and affect the whole system may be needed.

Finally, though some settings have seen positive effects, many continue to have difficulties with implementation. Reasons for this include a lack of drive at the leadership level and ambiguity about how to implement the approach across the school (Hyde-Dryden et

al., 2022). Others have highlighted barriers relating to "buy in" from staff and parents (Champine et al., 2022) and lack of prioritisation of the approach (Doonan & Stephens, 2021).

Rationale

In an effort to contribute towards a shift in educational practice, establishing efficacy of these programmes has clearly been a research priority. Though this provides a useful rationale for developing trauma-informed approaches in schools, continuing to only focus here may hinder progress in other areas. In order to fully understand how a school becomes trauma-informed, we must not only consider *if* such an approach works, but *why* this is the case. Many settings continue to find adoption of a trauma-informed approach challenging – it is useful therefore to examine the processes underlying policy and practice changes to understand what it is that leaders and teachers are doing that is driving these effects. Doing so is likely to assist schools in not only focusing on the content of programs, but on how these are delivered. To date, no study has explored the mechanisms of change that underlie a school's ability to embed the approach, and whether there are factors that support or hinder these efforts.

As such, this study aimed to understand the process that schools go through in developing and implementing a trauma-informed approach. As primary and secondary schools in the UK operate using different structures, to narrow the focus of the study, the experiences of staff specifically working in primary schools were explored.

Methods

Design

The research utilised grounded theory (Glaser & Strauss, 1967) to inform data collection and analysis for a number of reasons. Firstly, as a qualitative approach, grounded

theory allows for rich descriptions of participants' experiences to be captured and combined, facilitating a deeper understanding of how individuals are implementing a trauma-informed approach. Secondly, as an interpretive approach, grounded theory seeks not only to identify patterns in data, but to understand the causal mechanisms underlying phenomena (Charmaz, 2007). This lends itself well to research that aims to understand *how* trauma-informed approaches are being carried out in schools, rather than *what* such programs contain. Similarly, it was essential that the methodology helped to capture system-wide trauma-informed change, rather than change in discreet areas. Grounded theory has been found to be effective for exploring different 'social worlds' (Clarke & Star, 2008), seeking to examine meaning-making across all elements of system and how these relate to one another. Finally, grounded theory is an exploratory method that is well suited to investigating social processes that have received little attention, or where a new point of view is sought (Milliken, 2010).

The specific process followed Charmaz's (2006) approach, which places emphasis on flexibility rather than "methodological rules, recipes and requirements". Whereas Charmaz (2006) adopts a social constructivist position however, this research is underpinned by a critical realist epistemology. Critical realism presupposes an objective reality independent of human thought, however, one which is "mediated through the filters of language, meaning and social context" (Oliver, 2012). As a position that seeks to understand the unseen causal mechanisms and structures that underlie phenomena, critical realism can be seen to be highly compatible with the grounded theory approach, and with the aims of this study.

Ethical Approval

The research was approved by the Faculty of Health and Medicine at Lancaster University (see ethics section for approval letter).

Participants

Participants were eligible for inclusion if they were members of staff employed by primary schools currently implementing a trauma-informed approach e.g. members of the senior leadership team (SLT), teachers, teaching assistants and staff with specific roles such as family liaison. Other professionals involved in some capacity were also eligible e.g. Educational Psychologist. Participants were excluded based on limited ability to converse and understand English.

Participants were recruited in two different ways. The researcher's field supervisors work for an organisation that supports the development of trauma-informed approaches, both at the local authority and school level. They shared the flyer and information sheet with contacts in these schools, either by email or when they attended the schools to provide training/consultation. These resources outlined the key details of the study and asked staff to contact the researcher to participate. The study flyer was also shared on the researchers' Twitter profile. This post was shared by a number of well-known people in the field, including a provider of trauma-informed training.

Fourteen participants were recruited (see Table 1 for demographic information). The study aimed to use theoretical sampling (Glaser & Strauss, 1967), a process by which decisions around data collection are informed by the evolving theory in an effort to test and develop emerging categories (Charmaz, 2006). The intention was that staff members with different roles would be selected for different rounds of interview; however, this was not possible due to the small number of participants that expressed interest and the time limitations of the study. Consequently, focus remained on the perspectives of leaders. This included external professionals that worked with schools in an advisory role, and members of SLTs. Having said this, many of the participants discussed the direct role that they had with children and parents, with some leaders continuing to teach lessons, or having had a teaching role when the approach was first developed. This was particularly the case in smaller schools.

Similarly, almost all of the SLT participants described working directly with parents. One participant was not officially on the SLT, however as her role encompassed leadership in pastoral care, she will be identified as such for the purposes of this study.

Data Collection

Data collection followed an iterative process in line with the grounded theory approach. The first round of interviews targeted advisors in trauma-informed education, followed by members of SLTs.

Following participants' expression of interest, they were asked where they would prefer the interview to take place (Microsoft Teams or in person) and a date was agreed. Fourteen participants took part in ten interviews; for three of the schools, multiple members of staff wished to participate in the interview together. Nine of the interviews took place on Microsoft Teams, one in person. Participants were sent a consent form to sign and complete prior to the interview.

At the start of the interview, participants were provided with a brief overview of the interview procedure and the research question was reiterated. They were given an opportunity to ask any questions and then asked to verbally complete an optional demographic questionnaire – all consented. The details of this can be found in Table 1. Interviews flexibly utilised an interview schedule, which changed as the study progressed based on the emerging theory. Interviews ranged from 50 to 90 minutes (average = 69 minutes) and were recorded using Microsoft Teams. Upon conclusion, participants were given the opportunity to ask questions and were sent a debrief document via email (see ethics section for study materials).

Data Analysis

In line with the grounded theory approach, data analysis was conducted alongside data collection. Interviews were analysed in groups (5 interviews, 4 interviews, final interview).

After each interview was completed, the data was transcribed and split into line-by-line segments. Each segment was then labelled with an *initial code* summarising the essence of what was captured within it (Charmaz, 2006). These initial codes gave insight into important concepts to pursue in later interviews.

The second phase of coding, *focused coding* was then used to condense and synthesise the data by selecting the most significant or frequent initial codes. Focused codes were used to begin to make sense of the data as a whole, organising it into the most salient aspects. Focused codes were either directly related to the content of what participants shared, or else encompassed concepts emerging from common themes within several codes. As each interview transcript was analysed, a method of constant comparison was employed between previously coded and raw data to refine the development of theoretical categories.

Following this, the final stage of *theoretical coding* took place to conceptualise how different codes may relate to each other, and therefore be integrated within a theory (Glaser, 1978). Data analysis was based on the principles of theoretical sufficiency (Dey, 1999), whereby sufficient depth of understanding of the data had been reached to allow the researcher to build a theory that suitably addressed the research question.

Enhancing Methodological Quality

Various steps were taken to enhance the quality of the research (Yardley, 2017). To increase transparency, an audit trail of the process of data collection and analysis was captured using memos. These highlight the emergence and integration of important codes, decisions made and the researchers' consideration of their own influence over the research (Yardley, 2008; Appendix 2-A). Transparency is also demonstrated in the inclusion of tables that capture the coding process (Appendix 2-B).

To increase trustworthiness, supervision was utilised frequently by the researcher as an opportunity to share codes from interviews and consider how this fit with existing data and

emerging hypotheses. Evidence that links core constructs to participant data can be seen in the inclusion of participant quotes (Appendix 2-C).

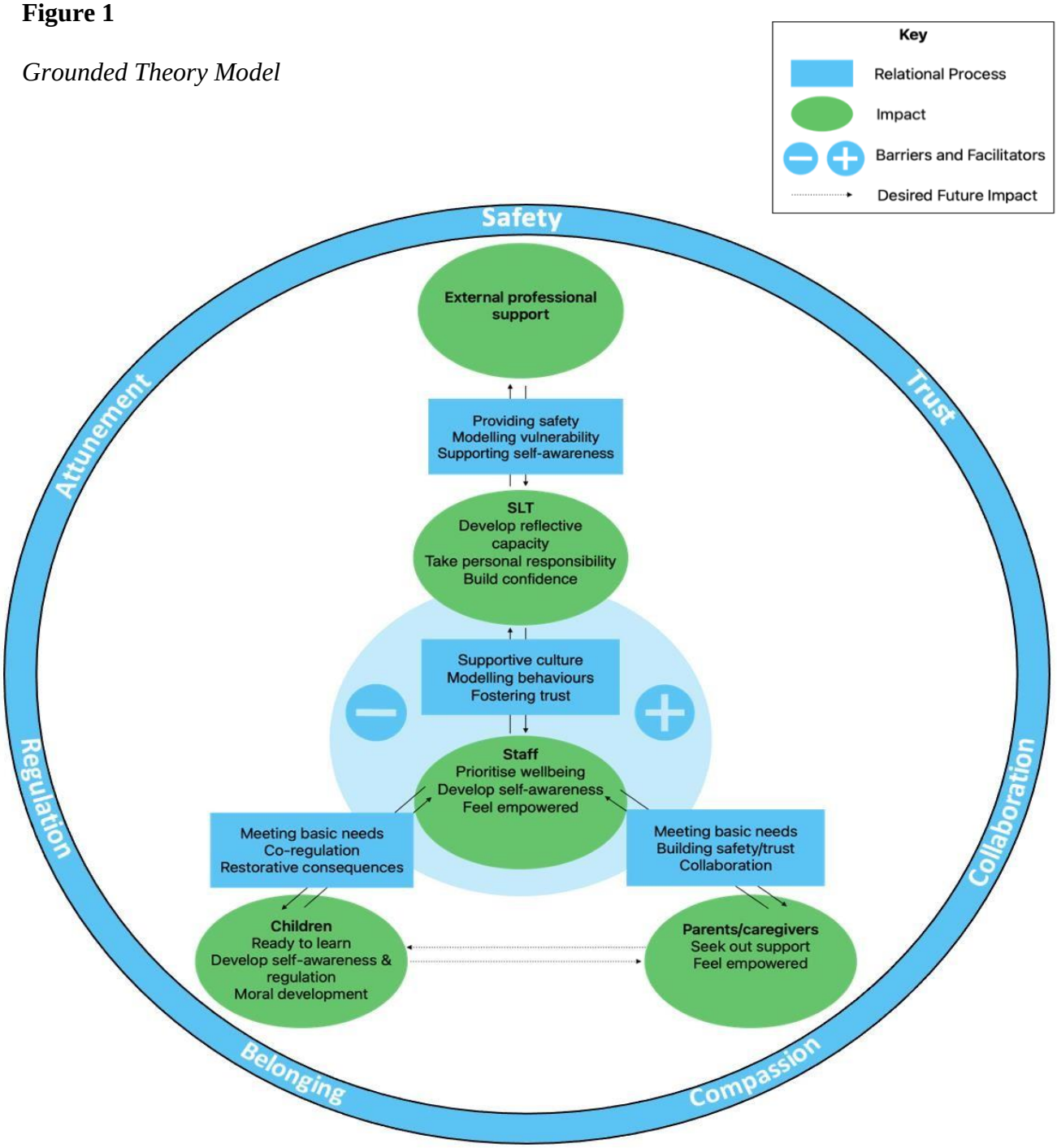
Supervision with the researchers' field and research supervisors was also utilised to increase credibility of the findings. Supervision with the research supervisor was sought during the initial stages of data analysis, as they were able to remain detached from the data and open to multiple interpretations. In contrast, supervision with one of the field supervisors, who currently works within trauma-informed schools, was sought out more frequently at the later stages of analysis. This meant that risk of bias was reduced and that their expertise could be drawn upon when integrating the results into the final model.

Results

A theoretical model was developed during data analysis (Figure 1). This model describes the interpersonal processes that occur at each layer of the school system during the development and implementation of a trauma-informed approach. Though each participant described practical interventions, it was the relational processes and subsequent impact of these that appeared to embed the approach within the system. These processes were distinct for each stakeholder group; however, all were underpinned by the principles of safety, trust, collaboration, compassion, belonging, regulation, and attunement to one another's needs. Participant quotations are provided, identifying participants by both role and number (e.g. participant one, an external professional, is represented by the identifier EP1). Some participants had dual roles and so are represented using both (e.g. EP3/SLT1).

Figure 1

Grounded Theory Model



External Professional to SLT

Four of the participants were external professionals acting as advisors to schools in trauma-informed ways of working. It is important to note that many of the schools did not necessarily work with an external professional, instead developing the approach from within the SLT.

Process: Providing Safety, Modelling Vulnerability, Supporting Self-Awareness

External professionals understood that the approach was likely to present challenges for the SLT. Two participants referred to Ofsted inspections and the pressures that schools were under to evidence progress; “the progress measure is the one that everybody gets squeaky about… people's jobs and the school’s reputation rely on it” (EP3/SLT1). Asking leadership to shift the school’s focus from prioritising behavioural techniques to relational processes was therefore understood to feel threatening; “they're frightened… they don't want to make changes until Ofsted have been in and graded them ‘Good’ “(EP1). EP1 described barriers within education to being professionally vulnerable; “there’s like a development in the profession where the mask is so thick that they're scared to take it off”. This was seen to conflict with a key requirement of the approach - for educators to personally connect with the work, understanding their own responses and the impact of this on others; “one of the steps in the process is somehow helping people to see that this is a piece of work that involves them as an individual human being and their own emotional state…that's what makes it difficult because it's personal practice rather than just theory” (EP2).

With these challenges in mind, advisors viewed the main function of their role as to provide safety and containment for the SLT. This was key in enabling leaders to engage with new knowledge around the need for a trauma-informed approach and to contemplate change - “you’re always trying to break down barriers, and help people feel safe enough to take this on board" (EP2). Advisors facilitated this by offering SLTs a “safe space” (EP1) to talk about the development of the approach in their school. Advisors modelled professional vulnerability by demonstrating that they were not all-knowing; “I never turn up and think 'listen to me. I've got all the right answers'" (EP3/SLT1), presenting this as not only an acceptable part of leadership, but a strength. Using the space for schools to be able to share difficulties was seen to be particularly important, both in order to greater understanding of these and to receive support; “they’re having some kind of formulation around it... so you know where its feeling

like it's going wrong, that actually there's a whole team here and they're being supported" (EP1). Two of the consultants (EP1, EP4/SLT2) offered this space to leadership in multiple schools at once. This was seen to facilitate relationship building and to develop a shared sense of safety, with the hope that this would continue to benefit the schools into the future; "that's the purpose of why we're doing it as a group because what we're saying is, this group of 10 schools are gonna be self-containing" (EP4/SLT2). These processes were described as "supervision".

Impact: Reflective Capacity, Personal Responsibility, Increased Confidence

The sense of safety and opportunities for reflection that the SLTs gained through these practices led to a greater understanding of the need for a personal investment in the approach; "they were like, 'you know what, when we've seen it on paper and thought about it, it's actually us that need to change, not the children'" (EP1). Leaders were seen to be able to reflect on past situations and accept personal responsibility for their role in these without fear of being judged; "people shared some really deep stuff about …kids who've gone missing from education in their first years of teaching. Now they were like, 'did I miss something? What was my role in that?'" (EP4/SLT2). This was seen to be a real positive by the advisors, understanding that this would have a positive effect on their leadership of the school; "those conversations are really healthy because actually talking about it and addressing it and speaking about it is supporting their well-being and taking some stress away" (EP1).

Engaging in this work over time was seen to increase the SLT's confidence in driving the approach forwards, thereby "training experts in the schools" (EP1).

SLT to Staff

Process: Building a Supportive Culture, Modelling Behaviours

Building a supportive staff culture was seen as a journey, with different schools at different stages. One way of facilitating this was through intentional modelling of behaviours to normalise those typically seen as less acceptable. SLT9 shared the importance of modelling fallibility; "I'm very much one to lead by example...I mean, I've apologized to a child many times". Another participant described fostering a learning culture; “you’ve got to be prepared to be the lead learner as well as the lead teacher" (SLT12). Modelling from the SLT around prioritising wellbeing conveyed the importance of staff being able to regulate themselves. Participants spoke of needing to “put your own oxygen mask on first” (EP3/SLT11), acknowledging that this is an often difficult, yet important task; "it is sometimes an impossible task cos of the enormity… but you've got to be kind to yourself. And I think it’s modelling that” (SLT5). Caring for their own wellbeing included modelling “personal boundaries”; "when I'm not at work, I'm not answering emails or looking at emails" (SLT3), and stepping away from situations that felt overwhelming; “we might say ‘I might have to step out for this one today’. There is no judgment on that at all” (SLT5).

Many participants understood that their work could be personally triggering; “everybody's got their own lived experience and their own history and things trigger…that is now starting to come into the staff side of it as well" (SLT4). They recognised that this could have consequences for the teacher-pupil relationship, such as “locking horns with a child” (SLT6), highlighting that a key part of the approach must be for staff to be able to regulate themselves; “we have to be regulated as adults to then stand a chance of kind of co-regulating the children. So recognizing that need in us as well” (SLT3). Some SLTs offered supervision to staff to support them through this process and encourage self-awareness; "it's that self-reflection" (EP4/SLT2). This did not seem to happen in every school; SLTs were more likely to offer supervision if they themselves had experienced its value; “I don’t care how much it costs me, if you want supervision, I'll find a way of giving it you” (EP3/SLT1). Some

participants acknowledged the need for supervision to be more of a focus; “we've had some difficult situations that pupils have been through, and it must be difficult and sometimes triggering for some members of staff. So, we do need to do more on that" (SLT6).

Impact: Staff Prioritise Wellbeing, Develop Self-Awareness

SLT modelling of these behaviours seemed to reduce the sense of threat that staff felt around asking for support. Staff felt more able to come to other members of the team and share difficulties; “it's a team now. There's more of us that are in that same position…just to chat or ‘has a child you're working with ever done this? Because I'm really struggling with this’” (SLT7). Staff were also more likely to seek out emotional support from others (“the number of people that will just come in and say, ‘can I just come and talk to you?’” -SLT4) and to express what they needed (“staff, you know, will call up and say, ‘I'm just having a really poor day with my mental health. I need to take some time’” - EP4/SLT2). Crucially, staff recognising their personal responses to situations and taking time out to regulate themselves enabled them to remain open and engaged with children that they would have previously disengaged from; “they do move on now. Before they wouldn't have done. They would have held that child to account… now, our adults are so brilliant at coming in and going, ‘right, I'm back. I'm ready’” (SLT8).

Process: Fostering Trust

Many participants spoke of trusting their staff. This can be seen in SLT5’s explanation of allowing teachers to carry out their preparation time at home flexibly, recognising other needs and commitments; “if on that day you use that time to go and pick kids up from school that's fine, because we trust that you'll do your PPA [planning, preparation, and assessment] time at another time that suits you”. The SLT valued the relationship that the teachers had with the children and had “confidence that they know that child” (SLT7). This meant that

they created the conditions for staff to be able to respond to the children's needs, however they saw best; "leadership is so invested in going, 'it's OK for if those children are not doing work right now because they're not ready to do work. When they are ready, it will all work out.'" (SLT8)

Impact: Staff Feel Empowered

When leadership clearly communicated their trust in staff, teacher had permission to think about the children's broader relational needs without being so heavily pressured by academic expectations; "now the adults have got the confidence to know they're doing it for them, and no one's gonna question why that certain child is not sat doing his math work" (SLT7). Teachers felt empowered to use their own judgement to lead the classroom; "before, it was very much SLT were having to tell staff of how to manage that child, whereas now they will come to us with a plan already and go … 'why don't I try this with them?'" (SLT8). This effectively took "pressure away from leadership" (EP1) and meant that the SLT were called upon less frequently for assistance. This can be seen in SLT9's description of the signs that the approach was truly embedded "sitting in my office and actually been able to do some work was a big sign for me!... but that again came to staff dealing with issues themselves and having the confidence to deal with issues".

Barriers and Facilitators

Every participant shared challenges that affected staff 'buy-in'. One barrier was misconceptions around the approach, seeing it as accepting of 'bad behaviour'; "It's been a bit of a battle...some people are quite old school about behaviour and, you know, see behaviour as being something that needs to be punished" (SLT3). This affected how willing staff were to invest in the approach. The SLT sought to address this by building understanding though training and increasing empathy for the children's experiences; "we suggested recently that

new staff maybe just come on that walking bus. Because I think you need an understanding of where these children are coming from…when they reach me at 9 o'clock and they're acting like that, it might be because this has just happened" (SLT7). The SLT were also explicit that consequences for unacceptable behaviour would still be in place, but in a different way; "at no point we're saying he doesn't have to do his homework and it's OK for them to come in late. We're saying there's a different way of addressing it instead of punishment it's actually just making that child feel worse" (EP1).

Another barrier was the approach not being prioritized; "I think we didn't do enough implementation… I think we introduced it and then it was off the agenda. " (SLT9). It was seen as imperative that the approach ran through every element of the school and that staff could translate this meaningfully into their day-to-day practice with children"; "our weekly meeting time, it was a regular part of that we looked at the theory, but then it was a lot of talking about specific children. Does this make you think of anyone in your class? What can we do?" (SLT7).

High workload and pressures meant that staff felt exhausted, and the approach was sometimes seen as yet another task to complete; "they're on low reserves and then they're dealing with heightened needs from children and families" (SLT5). Opening themselves up to understanding the children's lived experiences also had an emotional toll on staff; "information I got on a kid last night has crippled me" (EP3/SLT1). The SLT supported staff through this by creating a culture where difficulties could be shared, as discussed above. Participants also described opportunities for staff to learn how to embed the approach into practice through "role play" (EP4/SLT2) and teaching "strategies" (SLT8). Staff felt motivated when they saw the positive impact of this; "they'd say...'I tried doing that and I couldn't believe it!'…And that's really powerful to do that because all of a sudden other people go 'oh right I might try that'" (SLT9).

Finally, lack of clear systems around managing behaviour seemed to evoke uncertainty in staff who had grown accustomed to the safety of clearly defined policies; “I think the lack of that structure [is challenging] because it is very much about your relationship, which you have to build with the child that nobody else can do for you” (EP4/SLT2). Though participants highlighted that the approach cannot be prescriptive, some used these structures more rigidly at the start (“you need to have consistency and almost a black and white-ness to start with, so that all staff understood” - SLT9), understanding that once these principles were internalized and staff confidence had grown, they would no longer be required.

Staff to Children

This category reflects participants’ views regarding the impact of the teacher-pupil relationship on child development.

Function: Meeting Basic Needs

All participants made reference to the importance of children having their basic physical and relational needs met in order to learn; “we've always had...Maslow's hierarchy at the sort of centre of our approach. So that, you know, if the children are tired, they're hungry, they're not in a regulated place, they're not gonna get to that point of being able to learn" (SLT3). Children needed to be in the “right space” for learning (SLT9), including feeling safe (“they often have very extreme behaviours, but that's because…they felt like the adults around them haven't been able to keep them safe” - EP4/SLT2) and to have trusting relationships (“it's solely down to that. That they trust us, and we start trying to build a relationship with them” - SLT8).

Impact: Readiness to Learn

When these needs were understood and addressed more effectively, children were

more physically and emotionally regulated within the classroom and therefore more able to engage with learning; “the progress was really good, but actually it wasn't because we were doing an ace job and we were teaching and learning was spot on. It's because they were here, and they were having other needs met" (EP3/SLT1). SLT9 discussed the shift to teaching and learning as the “main focus” since the approach had become embedded; “behaviour was really hindering the teaching and learning because it was so disruptive. Now, that’s not a problem... there just aren't the major behavioural issues that I had to deal with in my first year.” Learning that was previously out of reach for children became “fully accessible" (EP4/SLT2). Others spoke of the difference that they had noticed in individual children; “we took a child from literally nowhere near age-related expectation, completely not progressing...to a child that left reaching age-related expectations in every area. And had gone through the trauma of everything that went on in the middle part” (SLT5).

Function: Co-regulation

Supporting children’s emotional regulation was another process that many participants discussed as being important, with emphasis on ‘doing with’ rather than ‘to’. This can be seen in both EP4/SLT2’s description - “we don't want a whole group of informed adults around children who are doing it to them. We need to be educating them to understand”, and from SLT4 - “it was important that the children had some ownership of what was happening with their own emotional brains.” Teachers first supported children to manage their emotions through co-regulation. This meant being physically present alongside them in a containing way; "if a child’s dysregulated, I can walk in and say, ‘let's go for a walk’…because we've got that relationship" (SLT6). Over time, the aim was that this would lead to an increased capacity for self-regulation in children. Schools facilitated access to different interventions to assist them to meet their physical and emotional needs, including “sensory circuits” (EP4/SLT2), “cool-down areas” (SLT11) and “movement breaks” (SLT7).

Impact: Self-Awareness and Regulation

Over time, children developed self-awareness around what might be going on for them emotionally and physically and what they needed in different situations; “they understand who they are. They're like, well I’m autistic… when it's loud, I find it really tricky. So I have to use ear defenders" (EP4/SLT2). Children also understood the process of “how to calm their bodies down” (SLT4) and to respond to their needs, which appeared to deepen children’s sense of agency. This can be seen in SLT6’s description of the change in a child that had previously struggled to regulate their emotions; “she understood what she needed because she came up with her own personalised regulation strategies. And you'd see her using them and you’d just see this flash of sort of, pride in her eyes because she was so much calmer and happier."

Function: Restorative Consequences

Participants discussed the importance of clear boundaries and consequences for children's behaviour. Some schools cited a lack of clear repercussions (“there was no consequence, no follow up”- SLT9), or misunderstandings around this (“it appeared to certain people that there was a reward in place for that behaviour” - SLT4) as the reason why the approach had initially experienced resistance. This suggests that some staff saw a more relational way of working as potentially reinforcing of negative behaviours. How consequences were given, however, was seen to be key. Schools had moved away from punitive measures, recognising that for a group of children, these could cause further harm; “that punitive way ...for our complex needs children, they would see that as toxic shame" (SLT8). EP4/SLT2 discussed the importance of linking consequences to the behaviour for learning to be internalised; “if I damage something, I've got to pay for that...because that's what happens in life… so there are rewards and sanctions, but... they're organic.” Participants made reference to “restorative” consequences or “reflection time” (SLT3), which aimed to

help children to learn from mistakes; “we will talk about the incident…what the triggers were and how we could look at that differently and how we might do that better next time" (SLT4).

Impact: Moral Development

Trusting this response in adults and having time to reflect helped children to take ownership over their actions and consider how to make amends; “we ask them what their punishment, they feel their punishment should be. And actually they're very fair and they're very good to say, actually it should be this or actually I need to go straight to reflection, don’t I?” (SLT10). SLT9 described the change in the children’s ability to do this as the approach became embedded; “3 years ago, ‘no I haven’t done it. I haven't done it. I'm not gonna apologize.’ It would have been that, whereas now…all those things that you're plugging together is just creating that culture of ‘we look after one another”. This suggests that increased relational safety and trust allowed children to be more accepting of restorative consequences, rather than feeling ashamed and defensive.

Staff to Parents/Caregivers

Process: Meeting Basic Needs, Building Safety and Trust

Just as participants saw meeting children’s basic needs as an essential part of the approach, attunement to parents’ needs was also key. Providing support to parents in practical ways such as through a “food bank”, “baby bank” (SLT3) and education courses (SLT9, SLT4) was seen to serve the dual purpose of meeting unmet needs and building trust in the relationship with the school. SLT9 described how, during covid, the staff prioritized meeting families’ holistic needs; “we just went out every day delivering lunches, checking in on people, calling people. We had a list of people that we just knew were struggling". Many participants spoke of finding this difficult due to resource or time constraints; “We need to do probably more work in in the home, with the actual family, but we don't have capacity to do

that" (SLT4).

Participants believed that investing time and effort into their relationship with parents was the best way to ensure consistency across home and school environments, so that its positive effects were not "watered down" (SLT4). Relationships were developed through having visible and available staff ("on the playground every morning...anyone I see not happy I'm like 'you alright? Come on, let's have a chat'" - SLT9), and focusing on being seen as a human, rather than a professional ("you know I'm a friendly person hopefully, accessible. So, when you have a meeting with me, you're not on edge because you're meeting with the SENCo or deputy head" - SLT5).

Impact: Seek-Out Support

Building a connection with parents at times of calm facilitated their engagement with the school in periods of difficulty. This was exemplified by SLT4; "if they have already got that feeling of acceptance and trust in you as a person, then that helps to cement a professional relationship if that's needed." A positive relationship grounded in trust also meant that parents were more likely to seek out support; "parents would never come and talk to us about other parents or concerns they had… now we get a lot of parents that will pull me to one side" (SLT9). Engaging with the school and accessing support also acted as a protective factor for families that were seen as at-risk; "very rarely do we see families going back onto a social care involvement once they've been on. We then monitor and keep that sort of at bay in a way" (SLT10).

Process: Collaboration

Schools collaborated with parents to help them to develop more positive relationships with their children. Schools engaged parents most effectively when they recognised the impact of parents' own experiences ("there's an awful lot of our parents who have had

childhood trauma" - SLT9) and brought compassion to this, rather than blame ("we don't want to shame parents... we want to engage with them. We're not against them" - SLT8). These schools worked on the basis that parents were doing the best with what they had, "the last thing that person needs is judgement...it needs kindness, it needs empathy, it needs respect, and that's how you're gonna make a change" (SLT5). This did not mean that schools shied away from challenge when needed, however how this was carried out was key; "yes, you challenge, but you do it in a way that the parents feel supported still. You know, it's about 'we know you're struggling at the minute. We know you find this hard. So, we're here to help" (SLT9).

Impact: Parents Feel Empowered

Participants felt that working with parents from a standpoint of collaboration meant that parents felt less judged and were empowered in their relationship with their child. SLT4 described this as a more sustainable process than being prescriptive; "I think we're very much moving away from that into empowering them to understand what's going on for them. And giving them the tools to facilitate that change themselves". This also meant that parents were more likely to want to engage in support offered by the school, seeing these as less threatening; "we then say, 'well actually we run this training course, is this something you'd be interested in?' And more often than not, because they've come to us and I suppose, looking for that support that they want any support that we can offer them" (SLT10).

Discussion

Summary of Results

This study sought to understand the process of developing and implementing a trauma-informed approach in primary schools. Although many participants shared details of the practical changes that their school adopted (in line with previous research: Avery et al.,

2021; Maynard et al., 2019), it was the interpersonal processes underlying these that were the mechanisms of change. Participants spoke of the importance of fostering a culture built on key tenets: safety, trust, collaboration, compassion, belonging, regulation, and attunement to needs. This is in line with our understanding of psychological safety (Newman et al., 2017) and attachment theory (Bowlby, 1969), highlighting a need for relational safety for development to take place (Siegel, 2020).

These findings also fit with an understanding of parallel process within organisations (Bloom & Farragher, 2010). Just as stress and trauma at the individual level can be reflected in the organisational environment, a culture of psychological safety fostered by leadership can have a powerful impact on others throughout the system (Rivard et al., 2005). Advisors acknowledged the sense of threat experienced by educators, both in relation to meeting high academic expectations and opening themselves up to engage with their own, and others' adverse experiences. A core function therefore was to create a sense of safety in order for the SLT to be able to express vulnerability and to connect. This experience facilitated a parallel process between the SLT and their staff. When the SLT created a supportive culture built on relational safety and trust, staff felt more supported, regulated, and empowered. Meeting the staffs' relational needs meant that they were more able to remain regulated and engaged in relationships with the children. Over time, the experience of a containing and responsive adult coming alongside them increased the children's capacity for self-regulation. This also enabled them to feel safe to accept responsibility for their actions. Safe, trusting relationships with school staff meant that parents were more likely to seek out support in times of need, which facilitated regulation. The aim of this was that gradually, this experience would support them to coregulate their child. The psychological theory underlying these processes will be explored further within the critical appraisal.

Practical Implications

Moving forwards, it is important that leadership within schools wishing to adopt a whole-school trauma-informed approach take time to consider how their school's cultural climate may impact upon progress, and therefore how they may cultivate the optimal conditions for growth. For many schools, new knowledge around the impact of trauma and adversity may result in a drive to implement interventions that will most quickly benefit the children that they serve. This model, advocates for the structuring of interventions to first focus on leadership, school culture, staff wellbeing and development, with a view that this will facilitate meaningful and sustainable change for all within the system.

These findings also highlight the importance of schools working closely with parents. Supporting families to replicate the principles of the approach within the home environment was seen to be essential in ensuring that the positive effects were not "watered down". Socioeconomic disadvantage has long been understood to contribute towards mental health difficulties (Belle, 1990), which in turn has been found to relate to parental stress and parenting behaviours (Ho et al., 2022). Moreover, parents may themselves have experienced ACEs (Lange et al., 2019) and with additional stressors such as the cost-of-living crisis, families are particularly in need (Office for National Statistics, 2023). Participants suggested that the school could act as a local community hub, offering offers health-related and practical provision as well as emotional support. To break cyclical patterns of deprivation and adversity, it is imperative that systemic inequalities such as poverty are also considered within the approach.

As a trauma-informed approach must be tailored to each unique context, there is a role for clinical psychology in working with SLTs to formulate the needs of a school. Formulation is a characteristic element of a psychologists' role and can be defined as "a practice that aims to generate a shared understanding of a particular issue" (Johnstone & Dallos, 2013). This process can be carried out both with individuals and in teams. Formulation could be used to

guide implementation by identifying the schools' existing strengths, potential barriers, and solutions for these. Many participants spoke of the value of considering the needs of individual children during staff meetings. Clinical psychologists could offer consultation as opportunities to formulate the needs of individual children due to their understanding of child development, the impact of trauma, human behaviour in its relational context and of systemic processes. In order to support schools across a variety of different elements of the approach, it may be that clinical psychologists adopt more of a leadership position when embedding trauma-informed practice in schools – this is discussed further in the critical appraisal section of the thesis.

Limitations & Future Research

This study should be considered in light of a number of limitations. Firstly, the aspects of the model relating to school staff, children and parents represent the perceptions of the participants, who were members of SLTs or external advisors. Leadership teams are likely to be passionate about the approach and to have a vested interest in this being seen in a positive light within their school. Though many of the participants took on multiple roles and therefore could comment directly on processes relating to children and parents, it is of the utmost importance that the views of these other parties are gained, to establish whether the findings mirror their experience. Until this is achieved, the conclusions can only be offered tentatively. These issues are discussed further in the critical appraisal. It is recommended that similar research is carried out with school staff and parents to clarify their views on these relational processes. It is also important to establish children's perspectives – creative methods will be needed to ascertain their perceptions of changes to relationships over time and measure of wellbeing.

Another limitation of the study is that most of the SLTs had carried out the approach without support from an external advisor, and so could not comment on this process. Again, it

will be important to establish whether the advisors' perceptions of how their role supported SLTs matches up to SLT's experiences. This also poses the question as to whether trauma-informed schools that work with advisors are more successful than those that do not. Further research is needed to fully establish the role of an advisor in this process.

Conclusion

This research paper offers a tentative explanation of the psychological processes underlying trauma-informed approaches in primary schools. Relational processes at each level of the school underpinned by principles of safety, trust, collaboration, compassion, belonging, regulation, and attunement to one another's needs were found to facilitate change throughout the system. Taken together, these findings suggest a need for a shift in focus within trauma-informed education from program content to system-wide relational processes.

References

Anda, R. F., Felitti, V. J., Bremner, J. D., Walker, J. D., Whitfield, Ch., Perry, B. D., Dube, Sh. R., & Giles, W. H. (2006). The enduring effects of abuse and related adverse experiences in childhood. European Archives of Psychiatry and Clinical Neuroscience, 256(3), 174–186. https://doi.org/10.1007/s00406-005-0624-4

Avery, J. C., Morris, H., Galvin, E., Misso, M., Savaglio, M., & Skouteris, H. (2021). Systematic review of school-wide trauma-informed approaches. Journal of Child & Adolescent Trauma, 14(3), 381–397. https://doi.org/10.1007/s40653-020-00321-1

Belle, D. (1990). Poverty and women's mental health. American Psychologist, 45(3), 385–389. https://doi.org/10.1037/0003-066x.45.3.385

Bellis, M. A., Lowey, H., Leckenby, N., Hughes, K., & Harrison, D. (2014). Adverse childhood experiences: retrospective study to determine their impact on adult health behaviours and health outcomes in a UK population. Journal of Public Health, 36(1), 81-91. https://doi.org/10.1093/pubmed/fdt038

Berger, E. (2019). Multi-tiered approaches to trauma-informed care in schools: A systematic review. School Mental Health, 11(4), 650–664. https://doi.org/10.1007/s12310-019-09326-0

Bloom, S. L., & Farragher, B. (2010). Parallel Processes and Trauma-Organized Systems. In S. L. Bloom & B. Farragher (Eds.), Destroying Sanctuary: The Crisis in Human Service Delivery Systems (pp. 130–154). Oxford University Press. https://doi.org/10.1093/acprof:oso/9780195374803.003.0005

Bowlby, J. (1969). Attachment and Loss: Volume 1. Basic Books.

Brown, A., & Roberts, J. M. (2014). An Appraisal of the Contribution of Critical Realism to Qualitative and Quantitative Research Methodology: Is Dialectics the Way Forward? In Studying Organizations Using Critical Realism: A Practical Guide (pp. 0). Oxford

University Press. https://doi.org/10.1093/acprof:oso/9780199665525.003.0016

Champine, R. B., Hoffman, E. E., Matlin, S. L., Strambler, M. J., & Tebes, J. K. (2022). "what does it mean to be trauma-informed?": A mixed-methods study of a trauma-informed community initiative. Journal of Child and Family Studies, 31(2), 459–472. https://doi.org/10.1007/s10826-021-02195-9

Charmaz, K. (2006). Constructing grounded theory: A practical guide through qualitative analysis. sage.

Clarke, A. E., & Star, S. L. (2008). The social worlds framework: A theory/methods package. *The handbook of science and technology studies*, *3*(0), 113-137. https://doi.org/10.1002/9780470377994.ch6

DePrince, A. P., Weinzierl, K. M., & Combs, M. D. (2009). Executive function performance and trauma exposure in a community sample of children. Child Abuse & Neglect, 33(6), 353–361. https://doi.org/10.1016/j.chiabu.2008.08.002

Dey, I. (1999). Grounding grounded theory. Grounding Grounded Theory, 249–269. https://doi.org/10.1016/b978-012214640-4/50011-5

Dingwall, N., & Sebba, J. (2018). Evaluation of the attachment aware schools programme: Final Report. https://www.education.ox.ac.uk/wp-content/uploads/2019/05/Stoke-on-Trent-Attachment-Aware-Schools-Programme-Evaluation-Report.pdf

Doonan, M., & Stephens, C. (2021). North Yorkshire Virtual School Attachment & Trauma Aware Schools Project: developing trauma responsive practice. https://the-arc.org.uk/Media/Research%20Documents/01.02.20%20Exec%20Summary%20NYCC%20VS%20AASP.pdf

Fancourt, N., & Sebba, J. (2018). Evaluation of the Leicestershire virtual school's attachment aware schools programme: Final Report. https://www.education.ox.ac.uk/wp-

content/uploads/2019/05/Key-Messages-Leicestershire-Attachment-Aware-Schools-Programme-Evaluation.pdf

Fondren, K., Lawson, M., Speidel, R., McDonnell, C. G., & Valentino, K. (2020). Buffering the effects of childhood trauma within the school setting: A systematic review of trauma-informed and trauma-responsive interventions among trauma-affected youth. Children and Youth Services Review, 109, 104691. https://doi.org/10.1016/j.childyouth.2019.104691

Glaser, B. (1978). Theoretical sensitivity: Advances in the methodology of grounded theory. New York: Sociology Pr.

Glaser, B. G., & Strauss, A. L. (1967). The Discovery of Grounded Theory: Strategies for Qualitative Research. . Aldine.

Goodman, L. A., Epstein, D., & Sullivan, C. M. (2017). Beyond the RCT. American Journal of Evaluation, 39(1), 58–70. https://doi.org/10.1177/1098214017721008

Harrison, N. (2020). Attachment and trauma awareness training: analysis of pre-Covid survey data from staff in 24 primary schools (Alex Timpson Attachment and Trauma Awareness in School Programme - Working Paper 5 Issue). https://www.dcu.ie/sites/default/files/inline-files/timpson-working-paper-1.pdf

Harrison, N. (2022). Attachment and trauma awareness training: Headteachers' perspectives on the impact on vulnerable children, staff and the school (Alex Timpson Attachment and Trauma Awareness in School Programme - Working Paper 5 Issue). https://www.education.ox.ac.uk/wp-content/uploads/2019/05/Timpson-working-paper-5.pdf

Ho, L. L., Li, W. H., Cheung, A. T., Luo, Y., Xia, W., & Chung, J. O. (2022). Impact of poverty on parent–child relationships, parental stress, and parenting practices. Frontiers in Public Health, 10. https://doi.org/10.3389/fpubh.2022.849408

Huang, N. L., Flatow, R, Biggs, T., Afayee, S., Smith, K., Clark, T., & Blake, M. (2014). SAMHSA's concept of trauma and guidance for a trauma-informed approach. https://www.samhsa.gov/resource/dbhis/samhsas-concept-trauma-guidance-trauma-informed-approach

Hyde- Dryden, G., Brown, A., Trivedi, H., Tah, P., Sebba, J., & Harrison, H. (2022). Attachment and trauma awareness training: analysis of staff interviews and pupil focus groups in 26 case study schools (Alex Timpson Attachment and Trauma Awareness in Schools Programme – Working Paper 6, Issue. https://www.education.ox.ac.uk/wp-content/uploads/2019/05/Timpson-working- paper-6.pdf

Johnstone, L., & Dallos, R. (2013). Introduction to formulation. In Formulation in psychology and psychotherapy (pp. 21-37). Routledge. https://doi.org/10.4324/9780203087268

Lange, B. C. L., Callinan, L. S., & Smith, M. V. (2019). Adverse Childhood Experiences and Their Relation to Parenting Stress and Parenting Practices. Community Mental Health Journal, 55(4), 651-662. https://doi.org/10.1007/s10597-018-0331-z

Maynard, B. R., Farina, A., Dell, N. A., & Kelly, M. S. (2019). Effects of trauma-informed approaches in schools: A systematic review. Campbell Systematic Reviews, 15(1–2). https://doi.org/10.1002/cl2.1018

Milliken, P. (2010). Grounded theory. In: Salkind, N. J. (Ed.). (2010). Encyclopaedia of research design (Vol. 1). Sage.

Office for National Statistics. (2023). Cost of living latest insights. https://www.ons.gov.uk/economy/inflationandpriceindices/articles/costofliving/latestinsights#:~:text=The%20prices%20of%20food%20and,the%20year%20to%20February%202023.

Oliver, C. (2012). Critical Realist Grounded Theory: A New Approach for Social Work Research. The British Journal of Social Work, 42(2), 371-387.

https://doi.org/10.1093/bjsw/bcr064

Perfect, M. M., Turley, M. R., Carlson, J. S., Yohanna, J., & Saint Gilles, M. P. (2016). School-related outcomes of traumatic event exposure and traumatic stress symptoms in students: A systematic review of Research from 1990 to 2015. School Mental Health, 8(1), 7–43. https://doi.org/10.1007/s12310-016-9175-2

Perry, D. L., & Daniels, M. L. (2016). Implementing Trauma—Informed Practices in the School Setting: A Pilot Study. School Mental Health, 8(1), 177-188. https://doi.org/10.1007/s12310-016-9182-3

Rivard, J. C., McCorkle, D., Duncan, M. E., Pasquale, L. E., Bloom, S. L., & Abramovitz, R. (2005). Implementing a trauma recovery framework for youths in residential treatment. Child and Adolescent Social Work Journal, 21(5), 529–550. https://doi.org/10.1023/b:casw.0000043363.14978.e6

Rose, J., McGuire-Snieckus, R., Gilbert, L., & McInnes, K. (2019). Attachment aware schools: The impact of a targeted and collaborative intervention. Pastoral Care in Education, 37(2), 162–184. https://doi.org/10.1080/02643944.2019.1625429

Siegel, D. J. (2020). The developing mind: How relationships and the brain interact to shape who we are. Guilford Publications.

Van der Kolk, B. A. (2005). Developmental trauma disorder: Toward a rational diagnosis for children with complex trauma histories. Psychiatric Annals, 35(5), 401–408. https://doi.org/10.3928/00485713-20050501-06

Yardley, L. (2008). Demonstrating validity in qualitative psychology. Qualitative psychology: A practical guide to research methods, 2, 235–251.

Yardley, L. (2017). Demonstrating the validity of qualitative research. The Journal of Positive Psychology, 12(3), 295–296. https://doi.org/10.1080/17439760.2016.12626

Tables and Figures

Table 1

Participants' Demographic Information

Ppt ID	Gender	Age	Ethnic group	Job title	Years in school	Number of pupils*
EP1	Female	43	White British	Virtual School Head	n/a	n/a
EP2	Male	64	White British	Consultant	n/a	n/a
EP3/SLT1	Male	46	White British	Headteacher	7	45
EP4/SLT2	Female	34	Mixed ethnic groups	Deputy Headteacher	11	52
SLT3	Female	47	White British	SENCo	6	415
SLT4	Female	54	White British	Safeguarding & Welfare Officer	15	331
SLT5	Female	37	White British	Deputy Headteacher/ SENCo[1]	10	331
SLT6	Female	41	White British	Pastoral Lead	4	201
SLT7	Female	39	White British	Inclusion & Wellbeing Coordinator	15	439
SLT8	Female	35	White British	Assistant Principal	13	439
SLT9	Female	46	White British	Headteacher	10	220
SLT10	Female	44	White British	Deputy Headteacher	13	545
SLT11	Female	40	White British	Assistant Headteacher/ SENCo[1]	17	545
SLT12	Male	58	White British	Headteacher	20	545

Note: ʻEP’ refers to external professional advising schools on the approach, ‘SLT’ refers to senior leadership team member, ʻSENCo’ refers to special educational needs coordinator.

*Number of pupils obtained from government website – accurate as of June/July 2023

Appendices
Appendix 2-A – Example Memos

1. **Memo: decision making**

   Changing direction – 14.2.23

   Noticing that the analysis so far is still quite focused on program content/the journey to becoming a trauma-informed school, rather than the processes underlying this. Made me a little concerned that I am not answering the RQ – falling into a similar trap as previous research? Wondered about whether this was because of reading I had already done – shaping findings to fit what I know happens? But returned to codes and not the case.
   Supervision with Suzanne & Sue -thought a bit about why this more. Reflected on interview process – all participants so far have been so passionate about what they do and excited to tell me about it. Leaders were coming to the interview understandably wanting to highlight all of the good that they were doing – but meant that they had a lot to tell me about all of the changes that they had made in their school, and there was less room at times to think about how a change had happened, and processes between people.
   Plan: next interviews – be more direct at the start about how process will be e.g. "I have some key questions that I want to ask you more about." Being clear that want to understand nuance of what going on, not just changes made. Try to make sure that questions prompt reflection on relational processes e.g. what did you do that helped staff to feel comfortable? How receptive were the staff team? What helped them to come on board? How was it that children were able to reflect on what had happened? What helped them to do this?
   Go back over coding already done – think about processes underlying certain parts of program

2. **Memo: coding**
   P11 interview coding - 15.2.23

   We weren't getting it right

   Something about needing to commit to whole school approach for it to work. Just 'dipping' into principles as insufficient. Response: consistency across ALL staff

   Experiencing resistance

Difficulties getting staff on board. Recognising adverse experiences however belief that trauma does not excuse behaviour. Seeing behaviour as intentional (?) Emphasis on punishment as learning opportunity.
Response: Validating concerns – consequences as important but how this is done as key. Training around confrontation – focus on de-escalation, connection and restorative conversations. Emphasis on building relationships at times when no conflict to help in times where there is more **(**link to P6/P7 building relationships with parents). Built on joy/laughter

Impact on moral development – skills for life
Now children are much more likely to admit to mistakes and come up with solutions for how to repair. Whereas before would have denied/ excused. What are the mechanisms underlying this process? Is it because the consequences are always predictable and linked to issue e.g. the thinking room, space to reflect. Also spoken about by P4

Being able to challenge but still being supportive – link to P6/P7

Relationship with parents
Having enough strength in the relationship to be able to challenge when necessary. Not about letting people off the hook or not being clear. Expectations need to be very clear, however approach can be different. Need to show people respect and ask how they can be supported to meet expectations.
Recognising parents' own trauma as a contributor and own experiences of school
Really not about blame – understandable difficulties. But how can we break cycle? Wanting to upskill parents too e.g. learning hub. Approach to change whole community.
**Would be interesting to look at role of blame in perpetuating trauma and in attachment.

Sense of right and wrong
Children have ownership over mistakes when they can trust how others will respond? Fear makes people feel defensive. Need to trust that won't change others' opinion of you. Recognizing that all children have different needs at different times and that this is not a reflection on who they are as a person/ how able they are to conform. Not blaming/shaming around this, making small changes to increase chances of success. Opening mind, being creative about this.

3. Memo – personal reflections

P2 interview – 8.1.23

I ended up really liking P2 and valuing this interview, however at the time I found many parts of it challenging. P2 presented himself as someone who was highly experienced in this field and quite powerful (older, white male). I found him highlighting problems with my understanding as quite challenging and critical. Reminder of Dad almost? Very interesting due to subject content that my own attachment relationship was triggered here. I thought it was particularly interesting when he was talking about how, when we feel threatened this shut down thinking, as that was exactly what I could see was playing out between us. I think that this may have interrupted the flow of the interview and meant was got 'stuck' as I was drawn into trying to prove that I did know what I was talking about. I also notice at times I interrupt (perhaps in a desperate attempt to regain control!), which is something I need to be very conscious of. Watching the interview back however, I see that we develop a positive synchrony as it progresses and there is lots of useful information included.

Notes for analysis: need to try and remain as neutral as possible when coding parts of interview that felt uncomfortable – potential for me to shy away from aspects that felt more uncomfortable. Also wonder whether P2 feeling so strongly about the terminology of 'attachment-focused' could change how I approach future interviews e.g. to only call the approach this. Will try to be mindful to ask participants about what their preferred terminology for the approach is – this will help to reduce bias in how it is discussed and check out whether P2's feelings are replicated elsewhere.

Appendix 2-B: Transcript Extract with Coding (EP1)

Data	Initial coding	*Focused coding*	Theoretical coding
Participant (P): If you think about… if you think about teacher appraisal down to the root, that's a behaviourist approach, because under the teacher terms and conditions, if you're not performing, you can literally go on an action plan and be out your job in six weeks. That's a behaviourist approach. **Interviewer (I):** So there's a lot of anxiety, perhaps around completely changing the way that a teacher works, everything they know? **P:** one of the things we've explored with the teachers that we've worked with and the staff and the heads is like, you know. You could be, you know. Teachers are obviously the worse for their well-being. They'll be in school day in, day out, unless they're literally hanging of something. So there might have been something like something really sad happened in the family, or it might be like, you know, aunties really sick with cancer and hospital or something and they come in and they mask that they're normal and it's fine because you can't let the children see you're upset. And there's this whole performance. It's almost like acting, but actually they're not OK and we're, well, I think there's a development and they all agree, there's like a development in the profession where the mask is so thick that they're scared to take it off. So we were actually really impressed by the professional vulnerability of the group and how well they engage with it. And they're just like, this is the best thing we've ever done. And it's almost like allowing them to be human and allowing them to say, you know what? It's OK to make a mistake. We've gotta learn from that mistake and acknowledge y'know, sometimes they've got it wrong with young people and they've like, apologised to the young	**Teacher appraisals** **Behaviourist approach** **Consequences of poor performance** **Lose job** **Wellbeing not prioritised** **Working when unwell** **Masking difficulties at home** **Hiding upset from children** **Putting on a performance** **Movement in profession** **"the mask is so thick that they're scared to take it off"** **Being impressed** **Group vulnerability** **Highly value approach** **Permission to be human** **Accepting mistakes** **Acknowledging when get things wrong** **Asking for feedback/advice** **Apologising to young person**	*Fears of poor performance* *Teachers don't prioritise wellbeing* *"The mask is so thick that they're scared to take it off"* *Group engagement/ vulnerability* *Mistakes as learning opportunities* *Power of admitting mistakes as a leader*	Barrier: fears failure/judgement Barrier: culture of not sharing difficulties Facilitating professional vulnerability

person at the right moment going “d’you know what? I didn't get that right”. And I think when we've got school leaders, like heads like even saying to staff “you know what I didn't get that quite right. I'm sorry about that, next time... or what do you think I should have done?” And having those conversations, it's really healthy because we're not robots and we're not perfect. And we do get things wrong. So that's been quite powerful. **I:** Yeah, it sounds like it has. And what's enabled them to take that mask down, do you think? **P:** I think the training...like obviously there's different elements, so the project that we're running. But the training's been really good because it's like the in-depth academic reading the stuff that they didn't know about, but the most powerful things being the network. So we've got the group of like... we’re almost training like experts in the schools. We’re having two doing a PG cert and then we're doing SLT. Think of it an upside-down triangle. All staff get universal training. Then there's like specialist stuff for SLT. And then there's two experts at the top. Some of them are the head teachers, some of them are deputies and whatever, they're all senior leaders anyway. And I think that has really helped because we've got primary and secondary crossing over and discussing and where it's like secondaries will bring primaries for mollycoddling and primary will say “oh, secondary is just don't care”. There's been a real kind of like understanding and empathy between the two groups. And secondary are learning loads from primary and primary are having their eyes massively opened to, you know so. Yeah, I don't know. I couldn't put my finger on it really. But I actually think sounds really cheesy, but the relationships between the staff and the other schools, that network is the key, because everything is central to relationships and having those	**Admitting mistake** **Powerful leadership action** **Training** **Gaining new knowledge** **Providing information** **Power of network** **Training ‘experts’** **‘triangle of training’** **Universal for all** **Specialist for SLT** **SLT experts** **Collaboration** **Primary and secondary** **Powerful narratives** **“mollycoddling” vs “don’t care”** **Empathy between groups** **Learning from one another** **Difficulties pinpointing key factors** **Relationships as key** **Relationships in safe space** **Likening this to group supervision** **Space to form relationships** **Outside/across schools,** **Confidentiality within group** **Chatting together**	*Asking for feedback* *Acknowledging not perfect* *Knowledge supporting self-reflection* *Power of network* *Training ‘experts’ in the schools* *Breaking down harmful narratives* *Developing empathy* *Learning from one another* *Centrality of relationships* *Providing safe space* *Similarities to group supervision*	Mistakes as learning opportunities Modelling professional vulnerability as a leader Modelling fallibility Building SLT confidence Being part of a network Relationships as key

relationships in a safe space. Cos it is, it's like group supervision almost as well. Having those relationships in a safe space outside of school cross schools. You know it is fine, it's really healthy. And what's said in the room stays in the room, you know, amongst the group. And they're all really respectful of that. So yeah, it's relationships and chatting. **I:** It sounds as well like you modelling that... I guess if you're coming in and you're the expert and you're saying "actually, I don't know it all and I don't always get it right", that's really healthy as well, isn't it? **P:** Yeah. And I keep saying, you know, I've got a lot of knowledge and I've got a lot of experience, but I'm also on a journey because I do see my career as a journey, cos I think the second as a teacher or in education you think you know it all is the day you need to leave. Because you've kind of stumped your own development. And I've seen that in staff and I've also, or sometimes you get some staff who are like "oh we've done this before", you know that and it's like.... so I always try and like find that... I never know it all. There's always more to learn. There's always something I could do differently or better. And I think they appreciate that and I think they appreciate like, they know I've walked the walk as well. Cos like sometimes like people who work in local authorities are not always understanding of the schools. Or don't have the understanding of what it's like to walk the walk in like tough areas and things. And part of just me as a person, I think in my role is I always try and keep that connection. So even though as a virtual head I, like my team are more operational and more strategic and lead them, I'll always keep an element of operation. I'll always keep a contact with the young person. I'll always keep an eye on certain things and I always say to schools "can I come in and work	**Acknowledging own journey** **Risks of complacency** **When you stop learning, you stop developing** **Provides motivation to learn** **Always more to learn and ways to develop** **Strengths of experience as teacher** **Teachers appreciate this** **Outsiders lack understanding** **"walking the walk"** **Importance of keeping connection** **Personally and professionally** **Contact with yp** **Working collaboratively** **Wanting to retain skills** **Being seen as a colleague**	*Acknowledging own journey* *Growth mindset* *"I've walked the walk"* *Connection with teachers* *We're on the same team*	Safety/containment - creating a safe base Supervision Fostering a learning culture

on that with you collectively”? Because I don't want to lose those skills. And then I stay close to heads networks and stuff so that they see me like a colleague as well as opposed to just like a senior. Like someone from the local authority who’s coming in telling them what to do.	

Appendix 2-B: Theoretical Codes Relating to Relational Processes

Relationship	Function (theoretical codes)	Impact	Underlying principles	Example quotes to support
EP to SLT	Modelling professional vulnerability as a leader	Enables SLT to feel safe to do this too	Safety	*EP1 – "I think that's the healthiest thing about working with these schools, cos it's a very open relationship and actually they're very professionally vulnerable, but they also know that I'm professionally vulnerable with them, cos I'm like 'I have not got all the answers'.* *EP4/SLT2 - "And people shared some really deep stuff ...Now they were like, did I miss something? What was my role in that? And you know, that really bonded everybody together as a group. "*
	Safety/containment - creating a safe base to share difficulties and mistakes and to learn from these	SLT feel safe enough to reflect on practice and not judged. Reduces sense of threat and fear around change	Safety Trust Collaboration	*EP2 - " You're always trying to break down barriers, and help people feel safe enough to take this on board. "* *EP1 - "you know what, when we've seen it on paper and thought about it, it's actually us that need to change, not the children."*
	Supporting self-awareness- through training/supervision. Developing understanding of own emotional responses and taking personal responsibility for of this	Staff are invested and willing to work on themselves. Taking responsibility for own part and own emotional regulation	Regulation Safety	*EP1 – "you have to coregulate them and to do that, you've gotta be able to do it yourself"* *EP2 - "One of the steps in the process is somehow helping people to see that this is a piece of work that involves them as an individual human being and their own emotional state and managing themselves and coming back to that. And that's what makes it difficult because, it's personal practice rather than just theory."*
SLT to Staff	Modelling professional vulnerability as a leader Recognising that don't have all the answers - asking for help Modelling making mistakes - seeing as learning opportunities	Reduces sense of threat around failure/ errors. Enables others to feel safe to do this too. Allows other people to see that it is okay to ask for help	Safety	*SLT9- "I'm very much one to lead by example and I'm always, if I've made a mistake with a parent or I've made a mistake with a child, I mean, I've apologized to a child many times, I've said I'm really sorry, I got that wrong."* *SLT11 - "that transparency that, you know, we're not all amazing that everything, there's always things that we can develop and it's showing, you know, that we all struggle with different things and it's about that supportive teamwork really. That it's OK to ask for help."*
	Supportive staff culture - normalising difficulties, supporting staff wellbeing	Staff feel less threatened/ anxious. Opens up reflective capacity for children. Staff feel safe to try new things. Staff feel able to ask for support when they need it = positive impact on relationship with children.	Safety Trust Attunement to needs Belonging	*SLT5- "it's knowing that they've been there all day. They're mentally fatigued, like physically fatigued, so actually, let's work as a team. Let's work collaboratively and like I say, no judgment on when and just saying 'just swap in with me for a minute'".* *EM- "we notice that with some of our adults, that they do move on now. Before they wouldn't have done. They would have held that child to account for that, for what they've done for a very long time. Whereas now, our adults are so brilliant at coming in and going "right, I'm back. I'm ready, I'm here".*
	Modelling self-care as a leader, looking after own emotions before can help others with	Staff recognise the importance of this and are	Regulation Attunement to needs	*EP3/SLT1 - "You know that what they say about the oxygen masks, put your own on first? I understand that analogy, but it's really hard when you're responsible for other people, particularly kids...but there is a massive argument about saying, in*

	theirs. Modelling sharing difficulties and saying what you need	more able to prioritise their own wellbeing		*order for me to save more of them, I've gotta make sure that I've got some"* *SLT3 - "I think trying to see... like let staff see that you know, I have my own personal boundaries now as well. I think well, I don't have emails on my phone. When I'm not at work, I'm not answering emails or looking at emails. I make sure I have my dinner break, however busy I am and I go away from my desk and I have my dinner break."*
	Trust - trusting staff to manage situations independently	Staff feel empowered to use own judgement about how to manage classroom. Have the confidence to do this. Relieves pressure on SLT	Trust	*SLT9- "it's things like me sitting in my office and actually been able to do some work was a big sign for me! Realising that I wasn't getting phone call after phone call. .. but that again came to staff dealing with issues themselves and having the confidence to deal with issues because the issues got I suppose insignificant"* *SLT7- "all the adults in our school will know those children really well. So I think they get to a point where no one's gonna question. You know, you kind of allow that adult just to deal with it and have confidence that they know that child. Everyone has that shared understanding. "*
Staff to Children	Attunement to needs Need to meet children's basic physical and relational needs before they can learn.	Children feel ready to learn	Attunement to needs	*EP3/SLT1 - "I could prove that the progress was really good, but actually it wasn't because we were doing an ace job and we were teaching and learning was spot on. It's because they were here, and they were having other needs met. "* *EP1 - is it really worth a battle on the doorstep of why you late? Or is it like, are you OK? come into school. Do you need something to eat? Because they can't learn if they're hungry. If the child is being supported in that right way and is feeling safe, then they're going to flourish."*
	Safety - anxiety impedes thinking, feeling safe fosters growth. Consistent and predictable responses. Being an available adult.	Children's sense of threat is lowered and they are able to learn.	Safety Trust Belonging	*SLT9- "I think the buy in from all staff is crucial and if you don't have that you're never, ever going to be able to have a trauma informed approach, because children will not feel safe and secure if one member of staff has a trauma informed approach, but the other one next door doesn't".* *SLT8- "they're keeping me in mind...they are there for me and I know that ... their job is for me!"*
	Supporting emotional regulation - Teaching children about causes of behaviour, link to emotions and events. Coming alongside and doing with, not to. Co-regulating to support regulation	Children develop skills to recognise different emotions. Experience of being coregulated by safe, available adult facilitates regulation. Children develop self-understanding and a sense of agency	Regulation Safety	*SLT6 - "The idea is, however our children are feeling, they are put in a position and supported so that they can deal with that emotion in the best possible way for themselves, that they feel as comfortable, as safe as possible and those around them feel as safe and comfortable as possible.'* *SLT9- "de escalate as quickly as possible. So not always face on, side on. So talking to them about what they're noticing about the child, not 'I'm really disappointed in you', 'I'm noticing you really upset this morning. What's happened this morning? Can you tell me?"*
	Clear boundaries and expectations (but compassionate) - Having consequences for actions but removing rewards and sanctions	Clear boundaries - children know where they stand and feel safe. Reduces sense of shame/threat around	Compassion Safety	*EP4/SLT2 - "if I damage something, I've got to pay for that. If, you know, if I've committed a crime, the police will be called because that's what happens in life. If I haven't done my work, I will have to catch up. So there are rewards and sanctions, but they're not... they're organic. As opposed to inflicted in this system. "* *SLT8- "now, you don't see children with complex needs getting those blue slips*

	in favour of natural/ restorative consequences.	mistakes so that children can accept responsibility. Increases children's intrinsic motivation and knowledge of rights/wrong.		*cause actually that doesn't work. That punitive way ...for our complex needs children, they would see that as toxic shame, wouldn't they? So we - I a lot of that has stopped for those children because we've found that we know that that doesn't work. They still get a consequence, they still have expectations and rules but it will be in a different way"*
	Self-reflection - through restorative consequences	Children are able to link events, feelings, actions and consequences. Develop self-awareness and capacity to choose different options next time (in combination with ER skills). Facilitates mentalisation and develops empathy	Regulation Compassion Safety Collaboration	*SLT3 - " say something's happened in class... they've tried to fight someone or they've gone out of the classroom and, you know, we don't know where they were. They've kind of absconded. Then they missed some of playtime the following day. But it's reflection time. And that's the time when they fill in that. And then the trauma informed practitioner sits with them and talks through you know what happened? How are we feeling? Where did we feel it in our body? And you know, what could we do next time?"* *SLT9- "So I just pulled them out and I said, 'girls, you're year 6. What do you think I've just heard from a year 3?' and they said ' we were messing around with the lights weren't we?' ..'is she alright?' I said 'not really'. I said 'she's upset'. 'We'll go and apologize to her now. We're really sorry, Mrs X. We shouldn't have done it' and off they went....they know that's the expectation and they know they shouldn't have done it and they're just being daft and silly. They'll go and sort it out. Whereas 3 years ago 'no I haven't done it. I haven't done it. I'm not gonna apologize.' It would have been that, whereas now, because the random acts of kindness and all those things that you're plugging together is just creating that culture of we look after one another … We've made a bit of the wrong decision there. We've been a bit silly. Let's go and sort it out and make amends for it. "*
	Belonging - being welcomed in each day, starting each day fresh. Celebrating children – focusing on successes, acts of kindness, fun	Develop sense of belonging and self-esteem	Belonging	*SLT8- "I think coming into that is where the child feels that they are safe and belong. Belonging is such a huge part of this. That they do feel part of our team. "* *SLT9- "even if we get to the summer term and they finally get on to the bronze you know it's only 25 reads at home but we make a massive thing of it. So we put dance music on and all the teachers have to get up and dance and we say to the parents 'come on, the parents have to get us and dance too!'"*
Staff to Parents/Carers	Safety/trust - need to build relationship where parent sees you as human in order to be able to work effectively with them as a professional.	Facilitates connection in times of crisis. Parents are more likely to say they need help, and to work with you when they do.	Safety Trust	SLT5- " I go out, not every day, but most days I'm there in the morning or after school. I will see the family - 'hi, how you doing?' It's just that informal chat. You know I'm there, you know I'm a friendly person hopefully, accessible. So when you have a meeting with me, you're not on edge because you're meeting with the SENCo or deputy head. It's - I'm X" SLT9- "I also have parents now where we didn't so much before, I'll say, you know, I can't discuss, I know you're worried about this situation, you've heard something, but I can't discuss that. They're like, we totally trust you Mrs X. We know you'll be dealing with it."
	Attunement to needs – meeting	Parents have experience of being supported by secure	Attunement to needs	SLT3 - "we've got a Hub building now that's been built and that's kind of on the edges of school grounds and that's a bit of a link between. So the community can

	parents' basic needs. Seeing this as the best way to be able to support family.	other - model. More able to do this in their relationship with their child. Longer term aim that parents' mental health improves = more able to be present with child.	Regulation	come into the hub building without coming into school and it will be somewhere where we can kind of do food bank things and maybe we might be able to get a dentist to come every so often and – you know it's got like a medical slant to it as well as like a social slant to it and a community slant to it." SLT9- "While COVID was a nightmare, there were a lot of things that really helped us as a school because, you know were really worried about our families. So I had a core group of teachers that came in when they didn't have to be in. We delivered lunches every single day. We went out to see our vulnerable families every single day. I mean, we wore masks, but we helped out because we knew there were people really struggling. So we saw our families, every child, every week".
	Compassion - recognising that parents are doing best with what they know. Recognising impact of parents' own trauma. School as threatening place - rewriting associations	Reduces parents sense of blame/shame, which facilitates engagement	Compassion Safety	SLT5- "I just think the last thing that person needs is judgement or to feel.... yeah to feel judged. It needs kindness, it needs empathy, it needs respect, and that's how you're gonna make a change." SLT9- "what we've got to remember, there's an awful lot of our parents who have had childhood trauma. Some of the behaviours we see in our children, they've got those behaviours as well. So their, their fuse can be lit quite quickly".
	Collaboration, coming alongside - teaching parents and empowering them to change, rather than telling. Can't be prescriptive, need to understand principles.	Changes are internalised, parents don't feel judged and are empowered to make changes	Collaboration Safety	SLT4 - "what's happened in the past when that was a thing is once you pull back out, then they've just been doing as they're told, they haven't actually understood and facilitated a change and seeing the positives for themselves. So then when professionals step back out, there's no facilitated change. It's just been pleasing you and doing the things that you have said need to happen and I think we're very much moving away from that into empowering them to understand what's going on for them. And giving them the tools to facilitate that change themselves." SLT8- "We don't want to shame the parents. We want to build a – again, it's back to relationships. We want to build a relationship with our parents and we want to engage with them. We're not against them "
	Clear boundaries/ expectations - not compromising standards or expectations but coming alongside parents to get there e.g. this needs to happen - how can we support you to do it?	Parents feel safe but supported	Safety Trust Collaboration	SLT4 - "I find open conversation really works, so don't shy away from it. You know what? We're at this point, I will be here for you. But if there's a disclosure, if something kind of come up that we have a duty of care to act upon, I will always come to you and say this has been said and I have to take this further now. But you know it has been said." SLT9- "So it's when you're having core group or strategy meetings or whatever, that is TAF meetings, it's not, it's not.... yes, you challenge, but you do it in a way that the parents feel supported still. You know, it's about 'we know you're struggling at the minute. We know you find this hard. So we're here to help. But you have got to get their school uniform on or you have got to make sure.... what can we do to help you and support that?'"

Appendix 2-C: Authors' Notes for Journal: Psychological Trauma: Theory, Research, Practice, and Policy

Journal scope statement

Psychological Trauma: Theory, Research, Practice, and Policy® publishes empirical research on the psychological effects of trauma. The journal is intended to be a forum for an interdisciplinary discussion on trauma, blending science, theory, practice, and policy.
The journal publishes empirical research on a wide range of trauma-related topics, including:

- Psychological treatments and effects
- Promotion of education about effects of and treatment for trauma
- Assessment and diagnosis of trauma
- Pathophysiology of trauma reactions
- Health services (delivery of services to trauma populations)
- Epidemiological studies and risk factor studies
- Neuroimaging studies
- Trauma and cultural competence

The journal publishes articles that use experimental and correlational methods and qualitative analyses, if applicable.
All research reports should reflect methodologically rigorous designs that aim to significantly enhance the field's understanding of trauma. Such reports should be based on good theoretical foundations and integrate theory and data. Manuscripts should be of sufficient length to ensure theoretical and methodological competence.

Equity, diversity, and inclusion

Psychological Trauma: Theory, Research, Practice, and Policy supports equity, diversity, and inclusion (EDI) in its practices. More information on these initiatives is available under EDI Efforts.

Submission

To submit to the editorial office of Kathleen Kendall-Tackett, please submit manuscripts electronically through the Manuscript Submission Portal in Microsoft Word or Open Office format.
Prepare manuscripts according to the Publication Manual of the American Psychological Association using the 7th edition. Manuscripts may be copyedited for bias-free language (see Chapter 5 of the Publication Manual). APA Style and Grammar Guidelines for the 7th edition are available.

Kathleen Kendall-Tackett, PhD
Praeclarus Press, LLC
General correspondence may be directed to the editor's office.
Authors must indicate in their cover letter whether they prefer masked or unmasked peer review. If anonymous review is requested, all author's names, their affiliations, and contact information should be removed from the manuscript. Note that the Open Science Framework provides instructions for creating anonymized links to data sets, codebooks relevant scripts or materials, and preregistrations to protect the integrity of the masked review process.

In addition to addresses and phone numbers, please supply email addresses and fax numbers for use by the editorial office and later by the production office. Most

correspondence between the editorial office and authors is handled by email, so a valid email address is important to the timely flow of communication during the editorial process. Keep a copy of the manuscript to guard against loss.

Length

Manuscripts for Psychological Trauma: Theory, Research, Practice, and Policy can vary in length, but may not exceed 28 double-spaced manuscript pages (including title page, abstract, manuscript body, references, and tables/figures.) Manuscripts that exceed this length may be returned without review. Authors do have the option of electronically archiving supplemental material, such as tables and figures, in order to assist them in keeping their articles to the required length (see below).

While Psychological Trauma primarily publishes original empirical studies, we are also open to reviewing high-quality literature reviews and clinical, qualitative, theoretical, and policy articles. Replication studies are welcome if they provide conclusive results.

Manuscript preparation

Prepare manuscripts according to the Publication Manual of the American Psychological Association using the 7th edition. Manuscripts may be copyedited for bias-free language (see Chapter 5 of the Publication Manual).

Review APA's Journal Manuscript Preparation Guidelines before submitting your article. Double-space all copy. Other formatting instructions, as well as instructions on preparing tables, figures, references, metrics, and abstracts, appear in the Manual. Additional guidance on APA Style is available on the APA Style website.

If your manuscript was mask reviewed, please ensure that the final version for production includes a byline and full author note for typesetting.

Below are additional instructions regarding the preparation of tables.

Tables

Use Word's insert table function when you create tables. Using spaces or tabs in your table will create problems when the table is typeset and may result in errors.

Author contributions statements using CRediT

The APA Publication Manual (7th ed.) stipulates that “authorship encompasses…not only persons who do the writing but also those who have made substantial scientific contributions to a study.” In the spirit of transparency and openness, Psychological Trauma has adopted the Contributor Roles Taxonomy (CRediT) to describe each author’s individual contributions to the work. CRediT offers authors the opportunity to share an accurate and detailed description of their diverse contributions to a manuscript. Submitting authors will be asked to identify the contributions of all authors at initial submission according to this taxonomy. If the manuscript is accepted for publication, the CRediT designations will be published as an author contributions statement in the author note of the final article. All authors should have reviewed and agreed to their individual contribution(s) before submission.

CRediT includes 14 contributor roles, as described below:

• Conceptualization—Ideas; formulation or evolution of overarching research goals and aims.

• Data curation—Management activities to annotate (produce metadata), scrub data and maintain research data (including software code, where it is necessary for interpreting the data itself) for initial use and later re-use.

• Formal analysis—Application of statistical, mathematical, computational, or other

formal techniques to analyze or synthesize study data.
• Funding acquisition—Acquisition of the financial support for the project leading to this publication.
• Investigation—Conducting a research and investigation process, specifically performing the experiments, or data/evidence collection.
• Methodology—Development or design of methodology; creation of models.
• Project administration—Management and coordination responsibility for the research activity planning and execution.
• Resources—Provision of study materials, reagents, materials, patients, laboratory samples, animals, instrumentation, computing resources, or other analysis tools.
• Software—Programming, software development; designing computer programs; implementation of the computer code and supporting algorithms; testing of existing code components.
• Supervision—Oversight and leadership responsibility for the research activity planning and execution, including mentorship external to the core team.
• Validation—Verification, whether as a part of the activity or separate, of the overall replication/reproducibility of results/experiments and other research outputs.
• Visualization—Preparation, creation and/or presentation of the published work, specifically visualization/data presentation.
• Writing—original draft—Preparation, creation and/or presentation of the published work, specifically writing the initial draft (including substantive translation).
• Writing—review & editing—Preparation, creation and/or presentation of the published work by those from the original research group, specifically critical review, commentary or revision—including pre- or post-publication stages.
Authors can claim credit for more than one contributor role, and the same role can be attributed to more than one author.

APA Style Journal Article Reporting Standards

Authors are expected to adhere to the updated APA Style Journal Article Reporting Standards (JARS) for quantitative, qualitative, and mixed methods research before submitting. These standards offer ways to improve transparency in reporting to ensure that readers have the information necessary to evaluate the quality of the research and to facilitate collaboration and replication. For further resources, including flowcharts, see the Journal Article Reporting Standards (JARS) website.

Brief reports

Brief reports are articles that do not exceed 12 pages including the cover page, abstract, tables, figures, and references. A brief report is appropriate when there are preliminary findings, or findings from a small sample size, that may not be appropriate for a full research report.

Academic writing and English language editing services

Authors who feel that their manuscript may benefit from additional academic writing or language editing support prior to submission are encouraged to seek out such services at their host institutions, engage with colleagues and subject matter experts, and/or consider several vendors that offer discounts to APA authors.
Please note that APA does not endorse or take responsibility for the service providers listed. It is strictly a referral service.
Use of such service is not mandatory for publication in an APA journal. Use of one or more

of these services does not guarantee selection for peer review, manuscript acceptance, or preference for publication in any APA journal.

Submitting supplemental materials

APA can place supplemental materials online, available via the published article in the PsycArticles® database. Please see Supplementing Your Article With Online Material for more details.

Abstract and keywords

All manuscripts must include a structured abstract divided into the following sections, with headings: objective, method, results, and conclusions. The objective should clearly communicate the novel contribution of the manuscript. In the conclusion, please identify at least one specific implication and avoid boilerplate language such as “Implications will be discussed.”

The abstract should be no longer than 250 words and should be followed by five keywords, or brief phrases.

Clinical impact statements

Authors are asked to include a short statement of no more than 100 words, written in conversational English, that summarizes the article's findings and why they are important to practice.

This new article feature allows authors greater control over how their work will be interpreted by a number of audiences (e.g., practitioners, policy makers, news media).

This text should appear in your manuscript, below the abstract, in a section titled "Clinical impact statement."

Please refer to the Guidance for Translational Abstracts and Public Significance Statements page to help you write this text.

Openness and transparency

Authors should state all sources of financial support for the conduct of the research (e.g., This research was supported by Award XX from the Eunice Kennedy Shriver Institute of Child

Health and Human Development) in the author note. If the funding source was involved in any other aspects of the research (e.g., study design, analysis, interpretation, writing), then clearly state the role. If the funding source had no other involvement other than financial support, then simply state that the funding source had no other role other than financial support.

Authors should also provide a conflict of interest statement in the author note disclosing any real or potentially perceived conflict(s) of interest, including financial, personal, or other relationships with other organizations or companies that may inappropriately impact or influence the research and interpretation of the findings. If there are no conflicts of interest, this should be clearly stated.

Preregistration of studies and analysis plans can be useful for distinguishing confirmatory and exploratory analyses. We encourage investigators to preregister their studies and analysis plans prior to conducting the research (e.g., Open Science Framework, ClinicalTrials.gov). If any aspect of the study is preregistered, include the registry link in the author note.

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The data reported in this manuscript have been previously published and/or were collected as part of a larger data collection (at one or more points in time). Findings from the data collection have been reported in separate manuscripts. MS 1 (published) focuses on

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The data reported in this manuscript were obtained from publicly available data, [name of project, along with website link to project description]. A bibliography of journal articles, working papers, conference presentations, and dissertations using the [name of project] is available at [website link to bibliography list]. The variables and relationships examined in the present article have not been examined in any previous or current articles, or to the best of our knowledge in any papers that will be under review soon. [Alternatively, clarify any overlap of variables, as done in the narrative example above].

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References

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51. https://doi.org/10.1037/rev0000126

Authored book

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Chapter in an edited book

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Section Three: Critical Appraisal

A Critical Appraisal of the Research Process

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In this critical appraisal I will present a review of the research process. Firstly, I will provide an overview of my motivations for conducting this piece of work. I will then summarise the findings of the research paper, relating these to psychological theory and to the findings of the literature review and highlighting implications at both the practice and policy levels. Reflections on the research process will then be offered, followed by wider considerations of the importance of context, and of insuring credibility of the approach. Finally, I put forward a case for the role of clinical psychology within this work.

Motivations for the Study

The motivation for conducting this research stems from my interest in child and adolescent psychology. I have always been drawn to working with this population, however my experiences first on placement in CAMHS, and then within an infant-parent service have only fuelled this passion. Working within the NHS, I have witnessed first-hand the crisis that services are experiencing in terms of young peoples' mental health. Unsuitable provision and lack of resources means that the response to mental health difficulties is often reactive, and therefore offered too late. Considering these challenges has led me to reflect on the importance of developing preventative approaches - noticing factors early on that may increase a young person's or families' vulnerability and proactively offering support within the system around them. To me, this feels like the most effective way to support healthy development and to mitigate the impact of adversity on a young person further down the line.

Supporting the schools system to be more psychologically informed has the potential to not only benefit young people, but also the teachers that serve them. Conversations with friends working within education, in the context of widespread discontent within the teaching profession has highlighted the unsustainable demands and pressures that are being faced, often disconnecting individuals from their reasons for initial entering the profession. These factors emphasised a clear need for change, and motivated me towards

research that explored how a school system could be supported to meet the needs of all within it.

Outline of the Research Paper

The aim of the research paper was to understand the process that primary schools go through in developing and implementing a trauma-informed approach. In order to develop an evidence base for the approach, previous research has mainly focused on establishing efficacy. Though this is a necessary and important feat, relatively little is known about the processes that underlie the implementation of the approach, including the reasons why the approach may be more successful in some settings than others. Grounded theory was used to inform data collection and analysis, with the aim that this would result in a theoretical model that provided greater understanding of the mechanisms of change. Leaders in this field, including external advisors in trauma-informed education and members of senior leadership teams (SLTs) were interviewed to gain an understanding of their experiences.

The findings suggest that there are psychological processes that occur at each level of the school system, operating between each stakeholder group e.g. between the advisors and SLT, the SLT and school staff and the school staff, children and parents. These processes were found to be distinct at each level, however all were underpinned by core relational principles of safety, trust, collaboration, compassion, belonging, regulation, and attunement to one another's needs. The model illustrates how those acting as leaders within the system provided the conditions for those below to be able to thrive, through embodying the values and practices that they hoped to see within the adult-child dyad. When this parallel process was carried out effectively, it cascaded through each level of the system, enabling trauma- informed organisational change to occur within the school.

Linking the Process to Theory

It is important to understand these findings in the context of psychological theory. The interpersonal processes occurring between the advisors and the SLT, the SLT and the staff and the staff, children and parents can be seen to model the attachment processes operating within a healthy adult-child relationship (Bowlby, 1988). This is supported by a range of evidence (Mikulincer et al., 2003; Schore, 2015). The safe spaces provided by the advisors, SLT and staff for others within the system to share their difficulties also fits with ideas of 'containment' (Bion, 1962). This is a term that originates in psychotherapy and refers to the way in which the therapist is able to absorb or 'contain' a clients distressing inner experiences, offering them back in a way that fosters growth and understanding (Holmes, 2009).

Meeting the staffs' relational needs meant that they in turn were more able to remain regulated and engaged in relationships with the children. This corresponds with the literature surrounding Dyadic Developmental Psychotherapy (DDP), a therapeutic approach designed for those working with children who have experienced developmental trauma (Hughes et al., 2015). DDP emphasises the need for adults to remaining 'open and engaged' when working with children who have experienced trauma, however, can also be seen to apply within relationships at other levels of the system. This neurobiological state is seen to contrast with the defensive states activated when under threat, communicating safety to another with the aim that this will evoke a similar state in them. This is supported by polyvagal theory (Porges, 2003) which highlights the neuropsychological mechanisms that support social engagement.

Within the context of a trusting relationship, children were more accepting of restorative consequences, rather than acting defensively. This suggests that the relational security provided by adults enabled them to separate their actions from their identity e.g. what I did was bad, rather than I am bad. Within attachment theory, an individual's mental

representations of self and other are formed through their relationships with significant people. This suggests that, through the development of a more positive internal working model, children were less likely to internalise mistakes. This is supported by research demonstrating a relationship between attachment and self-criticism (Irons et al., 2006).

The aim of school staff creating a positive relationship with parents was that over time, this would enable parents to apply the same principles to their relationship with their child and facilitate coregulation. Attachment-focused parenting programs such as the Circle of Security draw on an understanding of the necessity for therapists to develop a secure attachment relationship with parents in order for them to be able to mirror this process with their child (Powell et al., 2009). Support also comes from the social work literature, which suggests that parents' ability to mentalise can be fostered by practitioners demonstrating that they themselves are being held in mind (Howe, 2010).

Drawing Together the Two Papers

Within the literature review, teachers recognised the importance of supporting students' mental wellbeing. Though there seemed to be an expectation across settings that teachers would take on this role, most schools were not set up to support teachers with this important task. Teachers highlighted lack of training, unrelenting academic standards, lack of resources, insufficient interdisciplinary support and poor engagement with families as limiting their ability to support students. In essence, the literature review offers teachers' perspectives as a key contribution to this issue, indicating that as a profession, they are ready and willing to support students' holistic needs. Their ability to accomplish this, however, is entirely dependent on the support offered by the system around them.

A trauma-informed, whole-school approach can be seen as a response to this need. Where in the literature review, lack of prioritisation around students' holistic needs was seen as a barrier, within the research paper there was an understanding across the whole

system that meeting children's basic physical and relational needs was a prerequisite for learning.

When leaders created the conditions for teachers to be able to carry this out, including acknowledging teachers' expertise in relation to the children's needs and trusting them to respond effectively, this granted teachers permission to focus on these without fearing the consequences of deviating from the curriculum.

Similarly, within the literature review, teachers spoke of the impact of adversity in students' home lives and poor engagement from parents as both causing and exacerbating their difficulties. Again, a trauma- informed approach can be seen as a response to this, as it aims to 'break the cycle' of adversity by applying the same values in relationships with parents as with the children. The aim of this is that staff mirror the attachment processes seen in a healthy adult-child relationship in the hope that parents themselves will be more regulated, and therefore able to effectively co-regulate their children.

Finally, many teachers within the literature review felt unsupported, which directly impacted their own mental wellbeing and on their ability to support their students. Within the research paper, it was understood that in order for staff to meet children's need, they themselves must feel safe, supported and regulated. A trauma-informed approach was seen to facilitate a supportive staff culture, where staff felt able to make mistakes without fear of consequences, to ask for help, to prioritise their own wellbeing and to understand and respond to their own needs.

The Need for Educational Reform

Taken together, these findings suggest the need for a fundamental shift in our understanding of the function of a school. Research highlights that meeting children's physical and relational needs is as a prerequisite for learning (Schore, 2015; Siegel, 2020; Van der Kolk et al., 2005), which was also the understanding of participants within the papers

described here. Despite this, current UK governmental policy continues to focus on educational attainment as the most important marker of progress, in the absence of an understanding of the conditions that allow children to meet this (Department for Education, 2022). The educational inspector, Ofsted, (the Office for Standards in Education, Children's Services and Skills) highlight within their guidelines that: ‘Inspectors will not look at non-statutory internal progress and attainment data on inspections of schools’ (Ofsted, 2022a). This does not consider individual differences in educational ability as a result of trauma and adversity, nor does it allow schools space to deviate from the curriculum to focus on other identified needs.

Within the inspection framework, Ofsted also highlight that for an ‘outstanding’ grade; ‘Pupils behave consistently well, demonstrating high levels of self-control and consistently positive attitudes to their education’ (Ofsted, 2022b). Though they acknowledge that some may struggle with this and that schools may need to take “intelligent action” to support pupils to succeed, this understanding of behaviour stands in conflict to the approach. In a trauma- informed school, behaviour is understood as a communication of need (Sweeney et al., 2018). The focus, therefore, is on understanding the behaviour and helping the child to meet the need, rather than irradicating behaviour.

This discrepancy between governmental guidelines and a trauma-informed understanding of learning is likely to present as a significant barrier to schools’ ability to implement the approach. As discussed above, the success of the approach rests on the commitment and relational skill of leaders. Until a shift occurs at the policy level, school leaders are likely to feel apprehensive about transforming the way that their school functions.

Reflections on the Research Process

As discussed in the empirical paper, upon commencement of this research I felt that there was a strong rationale for utilising a grounded theory approach. This was supported by

my research and field supervisors. Having said this, as the research progressed it became clear that theoretical sampling, a key element of the grounded theory approach was not able to be utilised. This was likely influenced by a number of factors.

Firstly, I gained access to most participants through my field supervisor, who acts as an external advisor to schools on the approach. The way a trauma-informed, whole-school approach is usually implemented is by first working closely with a school's SLT, before rolling this out to the rest of the school. This top-down approach meant that most of these contacts were in SLTs, and so this is the pool of participants that I had most access to. The other way of recruiting was through twitter, however again those that responded to this advert were mainly providers of trauma-informed training, or leaders utilising the approach. Consequently, I was reliant upon asking participants whether they could pass on this information to other staff in their school, however no additional participants were recruited in this way.

Reflecting on this, I considered whether school staff may have been too busy or overstretched to be able to engage in a one hour interview. If this were the case, it may call into question how successful the trauma-informed approach had been within the school, as the approach aims to reduce pressures on staff and promote opportunities for their voices to be heard. An alternative explanation may have been that due to the SLTs investment in the approach being seen in a positive light, they were reluctant to open this up to alternative opinions or perspectives. In contrast, the lack of participation from teachers and other school staff may be reflective of the top-down implementation of trauma-informed approaches in schools. Though some schools spoke about embedding the approach over a number of years with their staff team, for others these were relatively new. In these settings, it may not be until later down the line that broader training is offered to staff and that the infrastructure exists to

support implementation of these ideas. As such, staff in these settings may not have had sufficient knowledge, or confidence to be able to discuss the approach at length at this stage.

I have held these factors in mind when considering how I may have approached the research differently, and how future research may be carried out. Speaking to staff in schools, in a forum such as a team meeting would likely facilitate recruitment, as it would provide an opportunity for relationship building and for the research to be explained in full. Though I had originally planned to go into different schools to speak to staff about the project, this was unfeasible at this stage of my research due to the covid-19 restrictions. Now that a provisional model has been developed within this study that begins to consider the relational processes between different levels of the school system, it may be that a different approach, such as IPA could be used to see whether the experiences of others within the system map onto this. Currently within the model there is inherent bias from leaders about the strengths and challenges of implementing the approach, and the impact of this in others in the system. Using an IPA approach to interview teachers and parents would enable their voices to be heard within this. This provision model could then be adapted based on these findings.

Wider Considerations

Context is Key

This research centred on primary schools. Primary school settings could be seen to lend themselves particularly well to a trauma-informed approach, due to their comparatively smaller size than secondary schools. Children tend to be in one classroom for every lesson, reducing the need to move around the school and increasing safety in the physical environment. Fewer numbers of people in the school is also likely to facilitate relationship building between the children, staff, SLT, and parents. Having the same class throughout the year provides teachers with the opportunity to develop an in-depth understanding of the

impact of trauma on specific children and families. As exemplified in this study, leadership teams within smaller primary schools are also more likely to adopt multiple roles, such as continuing to teach, being visible on the school playground, facilitating spaces such as breakfast or after-school clubs or running groups for parents. As such, they are likely to have a much more visceral presence within the school and to have a first-hand understanding of the processes that are operating within it.

Applying trauma-informed approaches to other educational settings, such as secondary schools is imperative, not least to ensure that children have a consistent experience and that progress made within primary settings is not lost. Currently in the UK, secondary schools appear to be earlier in the process of developing whole-school trauma-informed approaches, likely due to the additional challenges faced in terms of meeting relational needs. Despite these differences, there are transferrable insights that can be applied across settings. For example, SLTs should be as visible to staff and pupils as possible, creating opportunities to be 'on the ground' in settings such as recreational and transitional areas. This will facilitate a more nuanced understanding of the processes occurring at different levels of the school, allowing the SLT to continue to adapt the approach based on need. In terms of creating a supportive staff culture, opportunities may need to be created to bring staff together, for example through team building days or events outside of the school setting. Supervision could also be offered to smaller teams or departments alongside the SLT to increase psychological safety and opportunities for reflective spaces.

Having said this, elements of the approach are likely to need to be adapted in order to fit more effectively within different educational contexts. In these settings there may need to be a greater focus on creating physical safety in the environment, for example through staggering transition times so that large numbers of pupils are not in corridors, and creating separate spaces for pupils to regulate themselves, such as sensory rooms or zones. In terms of

increasing relational safety between staff and pupils, it may be that the structure of the school day is adapted so that pupils have regular opportunities to check in with a consistent, supportive adult such as their form tutor throughout the day. Finally, systems may need to be developed that allow teachers to communicate with one another between lessons to provide feedback on pupils that may be dysregulated or require further support. Different contexts will also bring with them additional considerations that are unique to the local population, including issues of diversity and inclusion. Though research has been conducted on trauma-informed schools across a range of settings, no research to date has directly compared primary and secondary settings in their implementation of the approach in primary . It would be useful to compare the approach in different contexts, for example primary vs secondary, or urban vs rural to establish additional considerations that need to be applied to different contexts.

Ensuring Credibility of the Approach

During the process of data collection, I was struck by the fact that so many schools were endeavouring to live out the principles of a trauma-informed approach, with little guidance or support from external professionals. Though this clearly demonstrated the SLTs passion and commitment, I reflected on some of the challenges that this may also present. For instance, at times I noticed that aspects of the language used by staff, or practices in place within the school were not necessarily in line with my own understanding of trauma-informed practice. An example of this arose when asking participants in one school about training for the staff team. It became clear that all staff had attended a one-day training on attachment, however this took place 6 years previously and there had been no refresher since. Instead, all staff were offered regular training on ‘positive handling’, a behaviourist approach based on deescalating challenging behaviour that offers guidance around how to use physical intervention. The SLT believed to be part of maintaining an attachment and trauma-informed

approach, however to me, this stood in contrast to these principles, especially when applied to a mainstream primary school and brought up feelings of discomfort.

As such, there may be some practices that schools believe to be in line with trauma-informed care that are missing this mark, or else may even risk being unintentionally harmful to staff, children or parents. Well-intended trauma-informed practice can be traumatising without the correct supportive infrastructure in place to ensure its credibility. Care must be taken to ensure that understanding of the approach within school teams is not diluted over time, as new members of staff inevitably replace old and ideas around trauma-informed practice are passed on, rather than being experienced first-hand. In addition, in a research field that is constantly evolving, assurance is needed that practices continue to be in line with the most recent evidence around what constitutes as best practice in trauma-informed care.

Implications for Clinical Psychology

Psychologists as Leaders of the Approach

Reflecting on issues of credibility raises the question as to whose responsibility it should be to ensure that trauma-informed approaches are credible and remain so. Though study findings do not explicitly identify where clinical psychologists are best placed in supporting the implementation of a whole-school trauma-informed approach, I pose that the skills and competencies developed during clinical psychology training make psychologists ideal candidates to take ownership at the leader level.

Leadership skills are recognised as a core element of the profession of clinical psychology across the clinical, professional and strategic domains (Skinner et al., 2010). In terms of clinical skills, clinical psychologists have expertise working both directly with service-users, and indirectly with teams and systems. Therapeutic work relies heavily on interpersonal skills such as compassion, warmth and empathy, which are also key skills in fostering psychological safety within teams. Psychological, or relational safety is a key

element of the approach – creating supportive environments where individuals feel respected, safe to share when they are in distress, to disagree with others and to take risks (Edmondson, 1999). This could be facilitated by the offer of supervision and other reflective spaces. A key part of maintaining credibility of the approach is for the SLTs to reflect on their practice, and to be open to gentle challenge around aspects of the approach that may not be in line with trauma-informed practice. Clinical psychologists are adept at using the aforementioned skills to have difficult conversations with others in a way that authentic, whilst also remaining non-threatening and non-judgemental. This is likely to maximise the likelihood that SLTs can use this to bring about positive change, rather than becoming defensive.

In terms of professional skills, clinical psychologist are in a unique position to help SLTs think about psychological theory and to consider how this may influence current ways of working. In this way, we can help to bridge the gap between theory and practice. Similarly, due to the orientation towards research and evidence-based practice within clinical psychology, psychologists can work with schools to ensure that their own approach is in keeping with the most recent research in relation to trauma-informed schools, enhancing credibility.

Finally, in terms of strategic leadership skills, clinical psychologists would be able to take the lead in evaluating the efficacy of different elements of the approach, using findings to constructively critique current practice. Psychologists could also use skill in formulation to help develop and update implementation plans.

Though an argument has been set out here for clinical psychologists to adopt a leadership role in the implementation of trauma-informed approaches in schools, it is unclear how exactly how this should be carried out. It may be that clinical psychologists act as external advisors to schools, however this may mean they have less opportunity to experience the system as a whole and may be more likely to be led by the SLT. Alternatively, it may be

that clinical psychologists are embedded and employed within schools, such as is the case for larger community settings. With this brings questions relating to capacity within the profession of clinical psychology. Recommendation are future research includes studies that compare the roles of psychology and external advisors from other disciplines across different settings, and schools that have a clinical psychologist embedded in the staff team compared to those that have psychologists working into the setting.

References

Bion, W. R. (1962). Learning from experience. London: Karnac. *Trabalho original publicadoem*.

Bowlby, J. (1988). A Secure Base. Parent-Child Attachment and Healthy Human Development. New York (Basic Books) 1988.

Department for Education (DfE). (2022). *Statutory policies for schools and academy trusts*. https://www.gov.uk/government/publications/statutory-policies-for-schools-and-academy-trusts/statutory-policies-for-schools-and-academy-trusts

Edmondson, A. (1999). Psychological safety and learning behavior in work teams. *Administrative Science Quarterly*, *44*(2), 350–383. https://doi.org/10.2307/2666999

Holmes, J. (2009). *Exploring in security: Towards an attachment-informed psychoanalytic psychotherapy*. Routledge.

Howe, D. (2010). The safety of children and the parent-worker relationship in cases of child abuse and neglect. *Child Abuse Review*, *19*(5), 330-341. https://doi.org/10.1002/car.1136

Hughes, D., Golding, K. S., & Hudson, J. (2015). Dyadic Developmental Psychotherapy (DDP): the development of the theory, practice and research base. *Adoption & Fostering*, *39*(4), 356-365. https://doi.org/10.1177/0308575915610943

Irons, C., Gilbert, P., Baldwin, M. W., Baccus, J. R., & Palmer, M. (2006). Parental recall, attachment relating and self-attacking/self-reassurance: Their relationship with depression. *British Journal of Clinical Psychology*, *45*(3), 297-308. https://doi.org/10.1348/014466505x68230

Mikulincer, M., Shaver, P. R., & Pereg, D. (2003). *Motivation and Emotion*, *27*(2), 77-102. https://doi.org/10.1023/a:1024515519160

Ofsted (2022a). *Guidance: School inspection handbook [221]*. https://www.gov.uk/government/publications/school-inspection-handbook-eif/school-inspection-handbook#grade-descriptors-for-evaluating-behaviour-and-attitudes

Ofsted (2022b). *Guidance: School inspection handbook [412]*. https://www.gov.uk/government/publications/school-inspection-handbook-eif/school-inspection-handbook#grade-descriptors-for-evaluating-behaviour-and-attitudes

Porges, S. W. (2003). Social Engagement and Attachment. *Annals of the New York Academy of Sciences*, *1008*(1), 31-47. https://doi.org/10.1196/annals.1301.004

Powell, B., Cooper, G., Hoffman, K., & Marvin, R. S. (2009). The Circle of Security. In *Handbook of infant mental health* (Vol. 3, pp. 450-467).

Schore, A. N. (2015). Affect Regulation and the Origin of the Self. https://doi.org/10.4324/9781315680019

Siegel, D. J. (2020). *The developing mind: How relationships and the brain interact to shape who we are*. Guilford Publications.

Skinner, P., Toogood, R., Cate, T., Jones, G., Prescott, T., Coak, A., & Rooney, N. (2010). Clinical psychology leadership development framework. *Leicester, UK: British Psychological Society*.

Sweeney, A., Filson, B., Kennedy, A., Collinson, L., & Gillard, S. (2018). A paradigm shift: relationships in trauma-informed mental health services. *BJPsych advances, 24*(5), 319-333. https://doi.org/10.1192/bja.2018.29

Van der Kolk, B. A., Roth, S., Pelcovitz, D., Sunday, S., & Spinazzola, J. (2005). Disorders of extreme stress: The empirical foundation of a complex adaptation to trauma. *Journal of Traumatic Stress: Official Publication of the International Society for Traumatic Stress Studies*, *18*(5), 389-399. https://doi.org/10.1002/jts.20047

Section Four: Ethics Documentation

Rosie Austin

Doctorate in Clinical Psychology

Division of Health Research, Lancaster University

All correspondence should be sent to:

Rosie Austin

Doctorate in Clinical Psychology

Faculty of Health and Medicine

Health Innovation One

Sir John Fisher Drive

Lancaster University

Lancaster

LA1 4AT

Email: r.austin2@lancaster.ac.uk

University Ethics Application

Faculty of Health and Medicine Research Ethics Committee (FHMREC) Lancaster University

Application for Ethical Approval for Research

How is a trauma-informed approach developed and implemented within a primary school?

Rosie Austin

Trainee Clinical Psychologist

Department of Clinical Psychology

Title of Project: How is a trauma-informed approach developed and implemented within a primary school?

Name of applicant/researcher: Rosie Austin

Type of study

☐ Involves existing documents/data only, or the evaluation of an existing project with no direct contact with human participants. Complete sections one, two and four of this form

☒ Includes direct involvement by human subjects. Complete sections one, three and four of this form

SECTION ONE

1. Appointment/position held by applicant and Division within FHM Trainee Clinical Psychologist/Student

2. Contact information for applicant:
E-mail: r.austin2@lancaster.ac.uk Telephone: [redacted] (please give a number on which you can be contacted at short notice)

Address: Division of Health Research, Lancaster University, Lancaster, LA1 4AT

3. Names and appointments of all members of the research team (including degree where applicable)

Rosie Austin – Trainee Clinical Psychologist, Lancaster DClinPsy
[redacted] (Research Tutor) – [redacted]

[redacted](Field Supervisor) – [redacted]

[redacted] (Field Supervisor) – [redacted]

3. If this is a student project, please indicate what type of project by marking the relevant box/deleting as appropriate: (please note that UG and taught masters projects should complete FHMREC form UG-tPG, following the procedures set out on the FHMREC website

PG Diploma ☐ Masters by research ☐ PhD Thesis ☐ PhD Pall. Care ☐

PhD Pub. Health ☐ PhD Org. Health & Well Being ☐ PhD Mental Health ☐ MD ☐

DClinPsy SRP ☐ [if SRP Service Evaluation, please also indicate here: ☐] DClinPsy Thesis ☒

4. Project supervisor(s), if different from applicant:
(1) [redacted]
(2) [redacted]
(3) [redacted]

5. Appointment held by supervisor(s) and institution(s) where based (if applicable):
(1) [redacted]
(2) [redacted]
(3) [redacted]

SECTION THREE
Complete this section if your project includes direct involvement by human subjects

1. Summary of research protocol in lay terms (indicative maximum length 150 words):

Over recent years there has been a move to make educational settings more aware of the impact of adverse childhood experiences and childhood trauma. The aim of this is to help schools to identify and mitigate the effects of this on young people so that they are more able to engage in their education. To implement Trauma-Informed Care effectively, it is important that this approach is embedded throughout multiple layers of the school system.

This study will follow the implementation of a trauma-informed approach within primary schools in the UK. Two schools that are currently developing and implementing such an approach have agreed to take part thus far, however additional schools may be approached during the course of the research depending on recruitment. Each school has a specific cultural context; however, each is located within a community challenged by deprivation.

Interviews will be carried out with key stakeholders involved in the development and implementation of a trauma-informed therapeutic framework of care across their school, including the school management team and teaching staff. As this is still a novel area of research in the UK, gaining an understanding of staff attitudes towards the approach and the barriers and facilitators to implementation will be of particular interest. This will help to inform other schools in the UK who may wish to adopt a similar framework.

2. Anticipated project dates (month and year only)

Start date: March 2022 End date: March 2023

Data Collection and Management
For additional guidance on data management, please go to Research Data Management webpage, or email the RDM support email: rdm@lancaster.ac.uk

3. Please describe the sample of participants to be studied (including maximum & minimum number, age, gender):

It is anticipated that 10-15 participants will be recruited for this qualitative study. The inclusion criteria for potential participants will consist of the following:

- Members of staff employed by primary schools that are currently developing and implementing a whole-school trauma-informed approach. Participants will include members of the senior leadership teams and teachers. Staff with specific roles such as family liaison will be invited to participate, as they will be able to provide a perspective on the impact on families, as well as with the children.

- Other professionals involved in the development and implementation of the approach in some capacity e.g. Educational Psychologist involved in consultation/formulation.

Exclusion criterion:

- Limited ability to converse and understand English

Information about the participant's role or connection to the school, the period that they have worked in this role and length of time employed by the school will be collected at the point of the participant's expression of interest in this study. This will aid selection of a variety of different participants in the event that more than 15 wish to participate. Please refer to Appendix 4-B for a copy of the initial invitation to participate email.

4. How will participants be recruited and from where? Be as specific as possible. Ensure that you provide the full versions of all recruitment materials you intend to use with this application (eg adverts, flyers, posters).

Two primary schools are currently working with an organisation to set up the approach, led by my field supervisc[redacted]. They are directly involved in this process and will therefore support communication between myself and the

schools, who have agreed to take part in this research. Should I encounter recruitment problems with either of these schools, recruitment may be opened up to other primary schools who are implementing a trauma-informed approach. These projects have already been established prior to my involvement and so it will be important for me to attend the schools before data collection to familiarise myself with their location, population, and staff team, and similarly for them to have an understanding of me and my role. This will form an important part of gaining access to the field. I intend to keep a research diary tracking the development of the project, incorporating contextual information and a reflective journal. These observations will be treated as data to supplement that from the interviews which will be useful when memo-writing. This will provide valuable information when critically appraising the study.

My field supervisors will be visiting the schools on a regular basis to provide psychological consultation and training to staff. Through this process, they have begun to discuss this research project and as such, the head teachers are aware that this is going ahead. They will provide each school with information sheets (Appendix 4-A) outlining the key details of the study and contact details of the principal researcher (Rosie Austin). The principal researcher will be the main contact for the study. The principal researcher will also email a copy of the 'email to all staff/stakeholders' (Appendix 4-B) to the headteachers. They will be asked to forward this email (along with the information sheet as an attachment) to their staff teams and any stakeholders who may potentially wish to participate. Interviews will mainly take place online via MST due to the distance of the schools and to increase accessibility, however every effort will be made to conduct interviews face-to-face for staff who express a preference for this.

5. Briefly describe your data collection and analysis methods, and the rationale for their use.

Data collection

Staff members who are interested in participating will be asked to contact the principal researcher via email. At this point, they will be asked about their role in the school, how long they have worked with the school and length of time working in this role (including prior to working at this school). These questions will facilitate the process of selecting a variety of participants in the event that more than 15 people express their interest. Staff will also be asked whether they would prefer future contact to take place via phone or email.

Once the expiration date for expressions of interest has passed, selected participants will be contacted via email and asked: 1) whether they still would like to take part, 2) whether they have any questions about the process, 3) whether they are happy for the interview to take place via Microsoft Teams (or have a strong preference for face-to-face) and, 4) whether they would consent to participate in a group interview, should this be required. An electronic consent form will be attached to this email which participants will be asked to sign and return by email (Appendix 4-C). Staff will be informed that they will be contacted over the next 6 weeks to arrange an interview date.

In the event that recruitment is slower than anticipated, I will also recruit via social media posts on sites such as Twitter, Facebook and LinkedIn. A flyer (Appendix 4-G) may be

utilised to advertise the study. Where appropriate, a snowballing approach will be used to identify additional participants. This will involve asking participants to pass on information about the study to other staff that they work with, and contacts in other schools.

Data collection will follow an iterative process in line with the grounded theory approach. The first round of interviews will target staff in a range of different positions, such as members of the leadership team, classroom teachers and teaching assistants. Six participants (two from each of these groups) will be contacted and a date and time for the interview will then be agreed. At the start of the interview, participants will be asked to complete a demographic questionnaire (Appendix 4-E). Interviews will flexibly utilise an interview schedule (Appendix 4-F) and participants will be sent a debrief sheet once this has concluded (Appendix 4-G). Following the first round of interviews, data will be analysed using the grounded theory stages of initial and focused coding, which will indicate provisional categories. The interview schedule for later interviews will be adapted based on the provisional categories which will allow for them to be tested and developed with each interview.

Theoretical sampling will then take place based on these results to identify additional staff members to interview. In later rounds of data collection, the recruitment email may target specific staff groups (e.g. teaching assistants), should data analysis indicate that this would be beneficial. They will then be contacted and a date and time for the interview agreed. At this stage, one to one or small group interviews will be used flexibly to optimise opportunities for theoretical sampling. This will depend on the data already collected and whether clear areas of consensus have been established. It may be that the approach takes longer to become embedded strongly across the staff team and that there is significant diversity in the views given, in which case individual interviews may capture views more effectively. This process of data collection and analysis will continue until data saturation is reached.

Data analysis

I will transcribe the data following each interview and split this into line-by-line segments. Each segment will then be labelled with an initial code summarising the essence of what was captured within it (Charmaz, 2006). These initial codes will provide some ideas as to important concepts to pursue in later interviews; at this stage there will be multiple theoretical directions that the research may take. Ensuring that the language used within the codes is reflective of the participant's intended meaning will be important here. The second phase of coding, focused coding will then be used to condense and synthesise the data by selecting the most significant or frequent initial codes. These focused codes can then be used to begin to make sense of the data as a whole, organising it into the most salient aspects. Memos will be kept throughout the coding process to document the researcher's reasoning, including the retention of some codes over others, the relationships between different codes and any significant gaps that may emerge. Focused codes may be directly related to the content of what participants have said, or else may encompass concepts emerging from common themes within several codes. As each interview transcript is analysed, it will be continually compared with previously collected data and the already established codes to refine the development of theoretical categories.

This is the stage in which the theoretical sampling will be carried out. This will allow the researcher to select participants for the purpose of providing additional detail on existing categories. This method will therefore produce more data that will endorse or refute the categories already identified by the previous analysis (Charmaz, 1990). Following this, the final stage of theoretical coding, will then take place (Glaser, 1978). The purpose of this stage is to begin to conceptualise how these different codes may relate to each other, and therefore be integrated within a theory. Once a point is reached in which no new properties emerge from the data, the categories will be seen to be saturated. At this point, I will have sufficient information to establish an integrated theory that suitably addresses the research question.

6. What plan is in place for the storage, back-up, security and documentation of data (electronic, digital, paper, etc.)? Note who will be responsible for deleting the data at the end of the storage period. Please ensure that your plans comply with General Data Protection Regulation (GDPR) and the (UK) Data Protection Act 2018.

All data collected from the study will be accessible to the researcher and the academic supervisors. Each participant's interview will be recorded using the Microsoft Teams 'record' function or using a departmental audio recorder. Upon completion of the interview, this video/audio file will then be transferred at the nearest opportunity to the researcher's University OneDrive account, which is a secure location. Audio files will then be deleted from the audio recorder and any other locations immediately following this transfer.

All interviews will be transcribed verbatim, at which point participants' names will be replaced with pseudonyms and any identifiable details removed. Once transcribed, a key will be created to convert participant names into ID codes or pseudonyms and stored in encrypted files on the university server, separate from the study data. This identifying information will be deleted once the project is assessed. Following the interview, participants may withdraw from the study for up to 2 weeks after that date. After this time, the data analysis process will have begun. If the request to withdraw comes after data have been anonymised and incorporated into themes, it might not be possible for it to be withdrawn, however any direct quotes from this participant would be removed from the write-up of the study. Participants will be made aware of this through the consent form (Appendix 4-C).

Following completion of the study, interview transcripts and any coded data produced will be shared via the OneDrive folder with the DClinPsy Programme Research Co-ordinator for long-term storage. They will store the information electronically on a password protected file space on the University server for ten years in line with the Lancaster University policy. Consent forms and the demographic information will also be scanned and stored electronically for ten years, however in a location separate from the interview transcripts. After this time, a designated research administrator will delete all data. All audio and video files will be deleted after the researcher's viva voce examination.

7. Will audio or video recording take place? ☐ no ☒ audio ☒ video

a. Please confirm that portable devices (laptop, USB drive etc) will be encrypted where they are used for identifiable data. If it is not possible to encrypt your portable devices, please comment on the steps you will take to protect the data.

All data will be stored on Microsoft OneDrive, which is a secure server authorised by Lancaster University.

b What arrangements have been made for audio/video data storage? At what point in the research will tapes/digital recordings/files be destroyed?

All data collected from the study will be accessible to the researcher and the academic supervisors. Each participant's interview will be recorded using the Microsoft Teams 'record' function or using the University approved audio recorder. Upon completion of the interview, this video/audio file will then be transferred at the nearest opportunity to the researcher's University OneDrive account, which is a secure location. Audio files will then be deleted from the audio recorder and any other locations immediately following this transfer.

All interviews will be transcribed verbatim, at which point participants' names will be replaced with pseudonyms and any identifiable details removed. Once transcribed, a key will be created to convert participant names into ID codes or pseudonyms and stored in encrypted files on the university server, separate from the study data. This identifying information will be deleted once the project is assessed. Following the interview, participants may withdraw from the study for up to 2 weeks after that date. After this time, the data analysis process will have begun. If the request to withdraw comes after data have been anonymised and incorporated into themes, it might not be possible for it to be withdrawn, however any direct quotes from this participant would be removed from the write-up of the study. Participants will be made aware of this through the consent form.

Following completion of the study, interview transcripts and any coded data produced will be shared via the OneDrive folder with the DClinPsy Programme Research Co-ordinator for long-term storage. They will store the information electronically on a password protected file space on the University server for ten years in line with the Lancaster University policy. Consent forms and the demographic information will also be scanned and stored electronically for ten years, however in a location separate from the interview transcripts. After this time, a designated research administrator will delete all data. All audio and video files will be deleted after the researcher's viva voce examination.

Please answer the following questions only if you have not completed a Data Management Plan for an external funder

8a. How will you share and preserve the data underpinning your publications for at least 10 years e.g. PURE?

Once interviews have been transcribed, participant names will be anonymised using ID codes or pseudonyms and stored in encrypted files on the university server, separate from the study data. At this point, audio/video recordings of interviews will be deleted. At the

end of the study, the anonymised data will be transferred to the DClinPsy Program Research Co-ordinator who will be responsible for the storage of the information for ten years in a secure location.

8b. Are there any restrictions on sharing your data ?

As this is a small, qualitative study with participants from a small number of potentially identifiable schools, it will not be appropriate to make the data publically available.

9. Consent
a. Will you take all necessary steps to obtain the voluntary and informed consent of the prospective participant(s) or, in the case of individual(s) not capable of giving informed consent, the permission of a legally authorised representative in accordance with applicable law? yes

b. Detail the procedure you will use for obtaining consent?

Once the expiration date for expressions of interest has passed, selected participants will be contacted via email and asked: 1) whether they still would like to take part, 2) whether they have any questions about the process, 3) whether they are happy for the interview to take place via MST (or have a strong preference for face-to-face) and 4) whether they would consent to participate in a group interview, should this be required. An electronic consent form will be attached to this email which participants will be asked to sign and return by email. This will outline the key aspects of the study and issues relating to confidentiality and anonymity. Verbal consent will also be gained at the start of the interview.

10. What discomfort (including psychological eg distressing or sensitive topics), inconvenience or danger could be caused by participation in the project? Please indicate plans to address these potential risks. State the timescales within which participants may withdraw from the study, noting your reasons.

It is recognised that staff may feel apprehensive about sharing aspects of the approach that they found less helpful or any difficulties that they are experiencing at the school due to the inevitable power differential that exists between the senior leadership team and the rest of the staff team. It is important that the interview feels like a space where staff can feel safe to be honest and voice any challenges that they are experiencing without fear of negative repercussions. The need for psychological safety for participants will be emphasised with all stakeholders involved. Participants will be reminded that their participation will be anonymous, and that information will remain as confidential as possible.

Caveats to this include the fact that different staff groups (e.g. senior leadership team, teaching staff) may be referred to within the research paper when discussing the results, and that quotes will be included from individual staff members, meaning that there is the possibility that they may be identifiable from the content of what they say. These intricacies will be made explicit in the consent form and staff will have the opportunity to

discuss any concerns that they may have about this by contacting the researcher prior to participation and afterwards.

In addition, information shared by participants will not remain confidential in the event that the researcher identifies risk of harm to self or others during the interview process. As this is a school setting, participants may discuss specific interactions that they have had, or have observed, between staff and pupils. Should any concerns be raised about the staff members' conduct during this, or should they share a disclosure made by a child that raises safeguarding concerns, this will be shared with the researcher's field supervisors. Through discussion, it will then be decided whether this needs to be escalated to the school's Safeguarding Lead/the senior leadership team. Similarly, any concerns about the staff members' practice in any other area (professional behaviour, misconduct), or should the participant share details that suggest that they themselves are at risk of harm, this will also be shared with the researcher's field supervisors where a plan of action on how best to proceed will be discussed.

For individual interviews, I will make it clear that the participant may pause or stop the interview at any time and are able to withdraw from the study at this point. Following the interview, participants may withdraw from the study for up to 2 weeks after that date. After this time, the data analysis process will have begun. As such, if the request to withdraw comes after data have been anonymised and incorporated into themes, it might not be possible for it to be withdrawn.

For small group interviews, I will similarly spend time at the start of the discussion setting up ground rules and discussing their right to withdraw. Participants will be told that they are welcome to withdraw from the study before the interview takes place, or request that the interview is paused/ request to leave should they so wish. Once the group interviews have begun however, they will be unable to withdraw their contribution from the study.

I will check in with each participant following the interview using specific questions (e.g. "How did you find that?" "How are you feeling after the interview?" "Have you got any questions about the interview process?") I will set aside debriefing time with each participant in case they require further information or support. I will also provide a debriefing sheet (Appendix 4-G), via email with additional sources of support should this be required following the interview. I will make it clear that participants are free to contact me if they have additional questions.

11. What potential risks may exist for the researcher(s)? Please indicate plans to address such risks (for example, noting the support available to you; counselling considerations arising from the sensitive or distressing nature of the research/topic; details of the lone worker plan you will follow, and the steps you will take).

Face-to-face interviews will take place in a meeting room at the school. Staff are professionals employed by the school and so there will be minimal risk of physical harm to the researcher, however precautions will be taken to ensure preparedness for every eventuality. This will include adherence to the LSCFT lone worker policy (NHS), specifically the following areas:

- Lone Workers should be prepared and fully briefed, having concluded a necessary and appropriate risk assessment with their manager ahead of their visits, where appropriate risks have been identified.
- Lone workers should always ensure that colleagues are aware of their movements and appointments. A recognised way of doing this is by leaving a list of appointments with a line manager.
- When working away from the work base, keep in regular contact with line managers or colleagues, this can include operating a 'buddy system.'

In accordance with these items, the researcher will ensure that one of the field supervisors are aware of the dates and times of each interview. They will then be able to act as a 'buddy' for the researcher to check in with prior to the interview and afterwards. The field supervisor will be a 'buddy' rather than a member of staff at the school in order to try and maintain confidentiality as much as is possible. Should the researcher fail to do so, the 'buddy' will inform a designated member of staff at the school who will be able to escalate this and locate the researcher to check whether assistance is needed.

There will be minimal risk associated with the interviews taking place via Microsoft Teams due to the indirect nature of the interaction. Although there is not perceived to be a risk of psychological harm to the researcher based on the topic content of the interviews, during any interaction there is the possibility that difficult feelings may arise. Should this occur, I plan to seek support from my field supervisors, research supervisor or clinical tutor.

12. Whilst we do not generally expect direct benefits to participants as a result of this research, please state here any that result from completion of the study.

There may not be any direct benefits for participants in being involved in this study. Having said this, they may find participating in the research to be a valuable experience. These schools are some of the first in the UK to implement a school-wide trauma-informed approach and to have this process evaluated. This fact may be meaningful for participants, especially as the study may help to inform other schools wishing to adopt a similar approach.

As the approach needs to be embedded throughout multiple layers of the school system, additional demands are likely to be made on staff on top of their usual heavy workloads. For these reasons, they may appreciate having an outlet to share aspects of this transition that have worked well and have been beneficial, as well as those that have been more challenging or controversial.

13. Details of any incentives/payments (including out-of-pocket expenses) made to participants:

n/a

14. Confidentiality and Anonymity

a. Will you take the necessary steps to assure the anonymity of subjects, including in subsequent publications? yes
b. Please include details of how the confidentiality and anonymity of participants will be ensured, and the limits to confidentiality.

Anonymity

Due to the nature of the study, clear difference in opinion or knowledge may emerge between the senior leadership team (who have devised the school's specific approach) and other members of staff (who have been required to implement this on a day-to-day basis). As such, it may be important to make this differentiation between different staff groups within the study when discussing the result. Staff will be made aware if this in the consent form, as it may mean that individuals within a group with fewer members such as the senior leadership team are more likely to be identified. Though every effort will be made to anonymise individuals through the use of pseudonyms, the research paper will include quotes from individual staff members. As such, there is the possibility that they may be identifiable from the content of what they say, depending on how well they are known to other staff members. These intricacies will be made explicit in the consent form and staff will have the opportunity to discuss any concerns that they may have about this by contacting the researcher prior to participation and afterwards.

There is the potential for some small group interviews to be conducted during the study. In this event, participants will be required to consent to keep the membership of this group confidential in order to maintain anonymity. This stipulation will be included on the consent form.

Confidentiality

Information shared by participants will remain confidential. Exceptions to this will be made however in the event that the researcher identifies risk of harm to self or others during the interview process. As this is a school setting, participants may discuss specific interactions that they have had, or have observed, between staff and pupils. Should any concerns be raised about the staff members' conduct during this, or should they share a disclosure made by a child that raises safeguarding concerns, this will be shared with the researcher's field supervisors. Through discussion, it will then be decided whether this needs to be escalated to the school's Safeguarding Lead/the senior leadership team. Similarly, any concerns about the staff members' practice in any other area (professional behaviour, misconduct), or should the participant share details that suggest that they themselves are at risk of harm, this will also be shared with the researcher's field supervisors where a plan of action on how best to proceed will be discussed.

For small group interviews, participants will be required to agree within the consent form that they will ensure that any information disclosed remains confidential to the group and that they will not discuss this with or in the presence of anyone who was not involved, unless they have the relevant person's express permission.

15. If relevant, describe the involvement of your target participant group in the design and conduct of your research.

Initially, it was anticipated that only one school, Oasis Fir Dale, would be involved in this research. A meeting was held with the headteacher and my field supervisor on 9/12/21 to discuss the specifics of recruitment and data collection. During the course of this conversation, our attention was directed to the additional demands that the school staff are currently under, meaning that it will not be possible for them to be released during school time to participate in the study. The headteacher raised some concerns as to whether we would be able to recruit sufficient numbers of participants should this be something they would need to arrange within their own time. From this conversation, an additional school has been approached to see if they would also like to participate in the research. As mentioned above, if at the recruitment stage we are unable to recruit sufficient numbers of participants from these two schools, other primary schools that are also working with [redacted] to set up similar approaches would also be contacted to see if they would like to take part.

16. What are the plans for dissemination of findings from the research? If you are a student, include here your thesis.

At the end of the study, a general summary report will be provided to each school with the broad themes that have emerged from the research. The purpose of this is not to evaluate specific aspects (e.g. consultation, staff training) or the effectiveness of each approach, as [redacted] are currently carrying out this work which they will feed back to each school. Instead, sharing the findings of the study will be an important opportunity for a range of voices to be heard, which will hopefully help to provide a greater understanding of how this process has been experienced and influence how it is taken forwards.

The research will also be submitted as part of my thesis for my doctoral qualification. I intend to submit my thesis to a relevant journal, such as School Mental Health or the Journal of Child & Adolescent Trauma.

17. What particular ethical considerations, not previously noted on this application, do you think there are in the proposed study? Are there any matters about which you wish to seek guidance from the FHMREC?

Due to the school setting, participants may discuss specific interactions that they have had, or have observed, between staff and pupils. Should any concerns be raised about the staff members' conduct during this, or should they share a disclosure made by a child that raises safeguarding concerns, this will be shared with the researcher's field supervisors. Through discussion, it will then be decided whether this needs to be escalated to the school's Safeguarding Lead/the senior leadership team. Similarly, any concerns about the staff members' practice in any other area (professional behaviour, misconduct), or should the participant share details that suggest that they themselves are at risk of harm, this will also be shared with the researcher's field supervisors where a plan of action on how best to proceed will be discussed.

During the course of the interview, staff may share information about pupils' experiences that they find upsetting. Themes within the discussion may potentially prompt interviewees to reflect on their own difficult or traumatic experiences. Promoting the

wellbeing of staff will be a key aspect of this study and so space will be given within the interview to explore their feelings around this if helpful, along with signposting to relevant support and resources at the end of the interview and through the information sheet.

It is recognised that staff may feel apprehensive about sharing aspects of the approach that they found less helpful or any difficulties that they are experiencing at the school due to the inevitable power differential that exists between the senior leadership team and the rest of the staff team. It is important that the interview feels like a space where staff can feel safe to be honest and voice any challenges that they are experiencing without fear of negative repercussions. The need for psychological safety for participants will be emphasised with all stakeholders involved. Participants will be reminded that their participation will be anonymous, and that information will remain as confidential as possible (with the caveats mentioned above).

SECTION FOUR: signature

Applicant electronic signature: R Astuto Date 04.01.2022

Student applicants: please tick to confirm that your supervisor has reviewed your application, and that they are happy for the application to proceed to ethical review ☐

Project Supervisor name (if applicable): [redacted] Date application discussed 04.01.22

Submission Guidance

1. **Submit your FHMREC application by email to Becky Case (**fhmresearchsupport@lancaster.ac.uk) as two separate documents:
    i. FHMREC application form.
    Before submitting, ensure all guidance comments are hidden by going into 'Review' in the menu above then choosing show markup>balloons>show all revisions in line.
    ii. Supporting materials.
    Collate the **following materials for your study, if relevant, into a single word document:**
        a. **Your full research proposal (background, literature review, methodology/methods, ethical considerations).**
        b. Advertising materials (posters, e-mails)
        c. Letters/emails of invitation to participate
        d. Participant information sheets
        e. Consent forms
        f. Questionnaires, surveys, demographic sheets
        g. Interview schedules, interview question guides, focus group scripts
        h. Debriefing sheets, resource lists

    Please note that you DO NOT need to submit pre-existing measures or handbooks which support your work, but which cannot be amended following ethical review. These should simply be referred to in your application form.
2. Submission deadlines:
    i. Projects including direct involvement of human subjects [section 3 of the form was completed]. The electronic version of your application should be submitted to Becky Case by the committee deadline date. Committee meeting dates and application submission dates are listed on the FHMREC website. Prior to the FHMREC meeting you may be contacted by the lead reviewer for further clarification of your application. Please ensure you are available to attend the committee meeting (either in person or via telephone) on the day that your application is considered, if required to do so.

ii. The following projects will normally be dealt with via chair's action, and may be submitted at any time. [Section 3 of the form has not been completed, and is not required]. Those involving:

   a. existing documents/data only;
   b. the evaluation of an existing project with no direct contact with human participants;
   c. service evaluations.

3. You must submit this application from your Lancaster University email address, and copy your supervisor in to the email in which you submit this application

Appendix 4-A: Information Sheet

Participant Information Sheet

How is a trauma-informed approach developed and implemented within a primary school?

My name is Rosie Austin and I am conducting this research as part of a doctorate in clinical psychology at Lancaster University.

What is the study about?

- The purpose of this study is to find out more about the process that schools go through in developing and implementing a trauma-informed approach.
- As you will be aware, your school has been developing their own trauma-informed approach. Currently, there is little research focusing on the adoption of such an approach by schools in the UK and so I am interested in finding out about staff and other stakeholders' experiences of this across different primary schools. This will include gaining an understanding of the need within each specific school and the wider school community, positive aspects of the project and the challenges of this.
- I hope that this research will go on to inform other schools who are interested in implementing a similar approach.

Why have I been approached?

- You have been approached because the study is interested in gaining the opinion of a variety of different staff members who work with and within schools that are implementing a trauma-informed approach.

Do I have to take part?

- No. It's completely up to you to decide whether or not you take part. Choosing not to take part will have no negative repercussions.

What will I be asked to do if I take part?

- If you decide you would like to take part, you would be asked to participate in an interview with the researcher (Rosie Austin, Trainee Clinical Psychologist) lasting approximately one hour.
- Most interviews will take place virtually over Microsoft Teams, however if you would prefer a face-to-face interview at the school, every effort will be made to facilitate this. There may also be the option of some interviews being done in small groups – if you would prefer this, please let the researcher know.
- You can ask any questions before the interview starts and then you will be asked to complete a consent form.
- Interview questions will be open-ended and will be guided by your responses.
- All interviews will be recorded, either using the Microsoft Teams 'record' function or using a digital recorder.
- At the end of the interview, you will have time to ask any questions and will be given a debrief sheet in the event that you would like to contact the researcher at a later date.

Will my data be Identifiable?

The data collected for this study will be stored securely and only the researcher conducting this study and their supervisors will have access to this data:

- Video/audio recordings will be destroyed and/or deleted once the project has been examined.
- Electronic files on the computer will be stored in a password protected Lancaster University approved location such as the virtual private network (VPN) or OneDrive.
- The typed version of your interview will be made anonymous by removing any identifying information including your name. Anonymised direct quotations from your interview may be used in the reports or publications from the study, so your name will not be attached to them.
- All your personal data will be confidential and will be stored separately from your interview responses.
- At the end of the study, interview transcripts and any coded data produced, consent forms, demographic questionnaires of questionnaires will be scanned and stored electronically for ten years on the Lancaster University Network. At the end of this period, they will be destroyed.

There are some limits to confidentiality: if what is said in the interview makes me think that you, or someone else, is at significant risk of harm, I will have to break confidentiality and seek guidance about this. This includes potential risk of harm to children at the school, or any indication of significant concerns about professional behaviour or conduct. If possible, I will tell you if I have to do this.

What will happen to the results?

- Once the interview has taken place, the researcher will transcribe and analyse the interview alongside other interviews, before writing up the results for their doctoral thesis.
- The researcher will provide each school with a general summary report with the broad themes that have emerged across participating schools. A final summary report regarding this research study will be distributed to all participants once completed if they wish to receive it.
- Data from this project may be submitted for publication in an academic or professional journal and presented in conferences.

Are there any risks?

- There are no specific risks anticipated with participating in this study. However, it is recognised that during the interview, individuals may reflect upon personal or professional experiences that they may find difficult/distressing to discuss.
- Should you experience any distress during or following participation, you are encouraged to inform the researcher and contact the resources provided at the end of this sheet.

Are there any benefits to taking part?

- There are no direct benefits to taking part, however it is hoped that you may find it helpful to have the opportunity to discuss your experience in this way. By taking staff perspectives into consideration, the findings will hopefully help to inform future trauma-informed work within the participating schools.

- As there is little research investigating the development of trauma informed approaches within schools in the UK, this research will contribute to the evidence base, meaning that your account may help to inform future developments in this area.

Who has reviewed the project?
This study has been reviewed and approved by the Faculty of Health and Medicine Research Ethics Committee at Lancaster University.

Where can I obtain further information about the study if I need it?
If you have any questions about the study, please contact the main researcher, Rosie Austin in the first instance. You can also contact her supervisors [redacted] and [redacted] Please see the contact details below:

Rosie Austin
Trainee Clinical Psychologist
Division of Health Research
Lancaster University
Lancaster
LA1 4YW
Email: r.austin2@lancaster.ac.uk

Supervisors

[redacted]

[redacted]

Complaints
If you wish to make a complaint or raise concerns about any aspect of this study and do not want to speak to the researcher, you can contact:

Professor Bill Sellwood
Programme Director (Lancaster University Doctorate in Clinical Psychology)
Lancaster University
Health Innovation One
Sir John Fisher Drive
Lancaster
LA1 4AT
Email: b.sellwood@lancaster.ac.uk
Tel: 01524 593998

If you wish to speak to someone outside of the Clinical Psychology Doctorate Programme, you may also contact:

Dr Laura Machin
Chair of FHM REC

Faculty of Health and Medicine
(Lancaster Medical School)
Lancaster University
Health Innovation One
Sir John Fisher Drive
Lancaster
LA1 4AT
Tel: +44 (0)1524 594973
Email: l.machin@lancaster.ac.uk

Useful information in the event of distress

Although it is not anticipated that participation in this study will lead to distress, in the event of this happening the following resources/information may be of use:

- **MIND**: MIND is a mental health charity. Their website contains a vast amount of information and advice on a number of different mental health difficulties, as well as useful exercises and strategies. There are also links to local support services and online support groups. The website can be found at: https://www.mind.org.uk/

- **Samaritans**: You can telephone the free Samaritans helpline on 116 123 to discuss anything that may be troubling you. This helpline is available 24 hours a day, 365 days a year. You can also visit the Samaritan's website for further information: http://www.samaritans.org/

- **GP: if** you book an appointment with your GP to discuss how you are feeling, they will be able to suggest an appropriate, local, service (s) that you can access for support.

Thank you for taking the time to read this information sheet.

Appendix 4-B: Email to All Staff

Hello,

My name is Rosie and I am a trainee clinical psychologist at Lancaster University. I know that over the last few months, your school has been involved in a project around developing and implementing a Trauma-Informed Approach. I am carrying out a research study to explore this topic. I am really interested to hear about your experiences of this, including aspects you feel have gone well and are beneficial, and parts that have been more challenging, or have felt less useful.

If you would like to participate in this study or are interested to learn more, please click on the participant information sheet attached to this email.

You can contact me using the details below to express your interest or to ask any questions that you may have.

Thank you!

Rosie Austin

Email: r.austin2@lancaster.ac.uk

Appendix 4-C: Consent Form

Consent Form

Study Title: How is a trauma-informed approach developed and implemented within a primary school?

We are asking if you would like to take part in a research project which aims to explore the experiences of staff and stakeholders involved in putting this approach in place within different primary schools.

Before you consent to participating in the study, we ask that you read the participant information sheet and mark each box below if you agree. If you have any questions or queries before signing the consent form please speak to the principal investigator, [Rosie Austin].

1. I confirm that I have read the information sheet and fully understand what is expected of me within this study ☐
2. I confirm that I have had the opportunity to ask any questions and to have them answered. ☐
3. I understand that my interview will be video recorded and then made into an anonymised written transcript. ☐
4. I understand that video recordings will be kept until the research project has been examined. ☐
5. I understand that my participation is voluntary and that I am free to withdraw up until two weeks following the date of my interview, without my medical care or legal rights being affected. ☐
6. I understand that once my data have been anonymised and incorporated into themes it might not be possible for it to be withdrawn, though every attempt will be made to extract my data, up to the point of publication. ☐
7. I consent to information and quotations from my interview being used in reports, conferences and training events. ☐
8. I understand that the information from my interview will be pooled with other participants' responses, anonymised and may be published. All reasonable steps will be taken to protect the anonymity of the participants involved in this project, however, as the report will reference different groups of participants (e.g. senior leadership team, teaching staff) and will include quotations, I understand that there is the possibility that I will be identifiable to other staff members. ☐
9. I understand that a summary report will be provided to each setting with the broad themes that have emerged from the research across participating schools. ☐
10. I understand that the researcher will discuss data with their supervisor as needed. ☐
11. I understand that any information I give will remain confidential and anonymous unless it is thought that there is a risk of harm to myself or others, in which case the principal investigator will need to share this ☐

information with their research supervisor. This includes potential risk of harm to the children that I work with, or any indication of concerns about my professional behaviour or conduct.

12. I consent to Lancaster University keeping written transcriptions of the interview for10 years after the study has finished. ☐
13. If I am participating in a small group interview, I understand that any information disclosed within the group remains confidential to the group, and I will not discuss the interview with or in front of anyone who was not involved unless I have the relevant person's express permission. ☐
14. I consent to take part in the above study. ☐

Name of Participant_____Signature_____

Date _____

Name of Researcher_____Signature_____

Date _____

Appendix 4-D: Flyer for Participation

Primary school staff: would you like to take part in some research?

Health & Medicine | Lancaster University

My name is Rosie Austin and I am conducting this research as part of a doctorate in clinical psychology at Lancaster University.

I would like to hear about your experience of working within a school that is developing a trauma-informed approach.

If you would like further information about the study or are interested in taking part, please contact me on:

Email: r.austin2@lancaster.ac.uk

Thank you!

Appendix 4-E: Demographic Questionnaire

Demographic Questionnaire

In order to be able to describe some details about the sample of participants used in this research, please could you take the time to answer the following questions:

How would you describe your gender? (please circle/highlight): Male/Female/Non-Binary/Prefer not to say

What is your age?: _____

What is your ethnic group? (Please circle)
(Ethnic categories taken from Office for National Statistics web page, 2015)

A. White
- English/Welsh/Scottish/Northern Irish/British
- Irish
- Gypsy or Irish Traveller
- Any other White background, please state

B. Mixed/Multiple ethnic groups
- White and Black Caribbean
- White and Black African
- White and Asian
- Any other Mixed/Multiple ethnic background, please state

C. Asian/Asian British
- Indian
- Pakistani
- Bangladeshi
- Chinese
- Any other Asian background, please state

D. Black/ African/Caribbean/Black British
- African
- Caribbean
- Any other Black/African/Caribbean background, please state

E. Other ethnic group
- Arab

- Any other ethnic group, please state

F. Prefer not to say

What is your job title?

_____

How long have you worked with this school?

_____

How long have you worked in this role (including prior to working at this school)

_____

Thank you for completing this questionnaire ☺

Rosie Austin
Trainee Clinical Psychologist

Appendix 4-F: Interview Schedule

Interview schedule

This interview schedule provides an indication of the topic areas to be discussed during the interview with example questions. Participants are likely to join the interview with an idea of areas that they would like to discuss and so the content of each will in part be guided by the individual. In addition, as this study is adopting a Grounded Theory approach, data collection will follow an iterative process and therefore the interview schedule may change in as time progresses.

1. **Introduction**

To commence the interview and begin to build rapport, participants will be asked how long they have worked at the school and their role. Teaching staff will also be asked the length of time that they have been qualified.

2. **Experience of the school**

In this part of the interview, questions will be asked about the participant's experience of the school e.g. specific cultural context,

Example prompts:

- What is your experience of working within this school?
- What do you enjoy about working at this school?
- What are the specific challenges that the school faces?

3. **Understanding of the approach and need within the school**

This part of the interview will ask staff what they understand of the trauma-informed approach, including what this encompasses and why there was a specific need within their school. This will also tap into the salient aspects of the training that they have attended, and their understanding of how this may be helpful for their student population.

Example prompts:

- What do you understand by the term Trauma-Informed school/ Trauma-Informed approach?
- Why was there a need for a Trauma-Informed Approach within your school?
- How has working in the school been different since this project started? What have been the key changes?
- What information have you learned through the training? How have you implemented this into your day-to-day work?

4. **Positives/value of the approach**

Staff will be asked to identify aspects of the approach that they have valued, including any beneficial effects of this that they have seen.

Example prompts:

- What are the aspects of the approach that have worked well?
- Which of the skills/techniques that you have learnt do you use the most?
- What positive changes have you seen in the school since the project started?

- Has the approach had an impact on your relationship with the students?
- Have you seen any effects on academic performance?
- Have you seen any effects on behaviour?
- Have there been things that have supported you to carry out the approach? E.g. training, support from colleagues, supervision
- Have there been any positive impacts of this on you personally? E.g. confidence, relationships

5. Challenges of the approach

Staff will be asked to identify aspects of the approach that have been more difficult to implement, or that they have found less useful.

Example prompts:

- What have been the most challenging aspects of the approach?
- What have been the most difficult parts of the approach to implement?
- Which aspects of the approach do you believe to be less helpful?
- Are there any aspects of the approach that you feel have caused more harm than good?
- What barriers have you come up against when trying to implement the approach?
- Have there been any negative impacts of this on you personally? E.g. mental health/wellbeing

6. Final thoughts

In this final section, staff will be asked to summarise their experience of the project and to provide any recommendations moving forward, both to their school and any others that may wish to adopt a similar approach.

Example prompts:

- Overall, how would you describe your experience of the school implementing the approach?
- What are your hopes for the school moving forward?
- Do you have any concerns about the approach moving forward?
- Would you recommend a similar approach to other schools? Why?
- What would be your advice to other school wanting to adopt a similar approach?
- Is there anything else you wish to talk about in relation to your experience of putting the approach in place within the school that we have not covered?
- Any last reflections?

Appendix 4-G: Debrief Form

Participant Debrief Sheet

Thank you for taking the time to participate in this study.

If, following your interview you feel upset, anxious or worried about anything that was discussed and you would like to seek support and advice around this, please do not hesitate to contact the researcher (Rosie Austin) who will support you with this. Please also refer to the resources on the participant information sheet for details on where you can access additional support and advice.

If you decide after the interview that you do not wish for your data to be used in this research, you have the right to request for your data to be removed from the study and permanently deleted up to 2 weeks following the date of your interview. Please contact Rosie Austin via email on r.austin2@lancaster.ac.uk if you wish to do this. You will not be asked for a reason for your withdrawal.

Following the completion of this research, a final summary report will be distributed to all participants who have requested to receive this. You are welcome to share this report with anyone that you wish.

If you have any questions or concerns regarding any aspect of this research study, please feel free to contact the researcher, Rosie Austin, on the above email address.

Please keep a copy of this debrief sheet for future reference.

Once again, thank you for your participation.

Rosie Austin
Trainee Clinical Psychologist

Lancaster University
Health Innovation Campus
Lancaster
LA1 4YW

Email: r.austin2@lancaster.ac.uk

Appendix 4-H: Research protocol

Title: How is a trauma-informed approach developed and implemented within a primary school?

Applicant: Rosie Austin

Research Supervisors: [redacted]

Childhood trauma is becoming an increasingly pervasive issue within our society. Research suggests that 31% of young people in the UK experience a traumatic event during childhood, and 8% go on to experience post-traumatic stress disorder (PTSD) by age 18 (Lewis et al., 2019). Many more children than this, however, may be exposed to adverse experiences more generally in childhood. The term 'Adverse Childhood Experiences' (ACE) refers to a number of highly stressful events that occur during childhood and/or adolescence that may occur in isolation, or be prolonged threats to the young person's sense of safety, security, trust or bodily integrity (Young Minds, 2018). Types of event include physical, sexual and psychological abuse, physical and psychological neglect, witnessing domestic abuse, having a close family member who misused drugs or alcohol, had mental health problems or served time in prison, and parental separation or divorce (Felitti et al., 1998). A UK study found that 47% of individuals reported at least one ACE, with 9% of the population having reported experiencing 4 or more ACEs in childhood (Bellis, Lowey, Leckenby, Hughes, & Harrison, 2014).

Though many children with complex trauma histories exhibit some symptoms of PTSD, this term is not sufficient to capture the range of difficulties experienced by children who are victims of interpersonal trauma, in the context of inadequate caregiving systems. The early nature of these experiences has been found have enduring effects on epigenetic markers associated with neurological, biological, and relational development. Those exposed to childhood adversity have been found to experience developmental delays and deficits in executive functioning (Anda et al., 2006; DePrince, Weinzierl & Combs, 2009). In addition, ACEs have been associated with difficulties with affect and impulse regulation, memory and attention and self-perception (van der Kolk, Roth, Pelacovitz, Sunday & Spinazzola, 2004). In response to these findings, the term 'Developmental Trauma' has been introduced, which specifically relates to trauma resulting from ACEs (Van der Kolk, 2005).

It follows that such a variety of effects on neurobiological, cognitive, social and behavioural functioning are likely to interfere with children's ability to excel at school. A systematic review of school-related outcomes on traumatic even exposure in children over 25 years found negative effects on cognitive functioning, attendance and dropout rates,

academic achievement, externalising behaviours (aggression, hyperactivity, impulsivity, oppositional defiance) and internalising symptoms, such as withdrawal and low self-esteem (Perfect, Turley, Carlson, Yohanna, & Saint Gilles, 2016). A key finding in such research is the dose-response relationship that exists between adverse childhood experiences and learning, whereby the earlier the onset of trauma and the longer the length of exposure, the more pervasive the effects on the individual have been found to be (Van der Kolk, Roth, Pelcovitz, Sunday, & Spinazzola, 2005; Burke, Hellman, Scott, Weems, & Carrion, 2011).

Such a myriad of effects on a child's capacity to engage in education has prompted the attention of educational services to consider how to support young people and mitigate the effects of adversity on the young people they serve. Research has suggested that a positive relationship with one, trusted adult during childhood may be sufficient to mitigate the impact of ACEs on mental and physical wellbeing (Van der Kolk, 2014). For these reasons, there has been a move for educational systems to become 'trauma-informed'. Although adopting specific interventions within schools has generated positive results, the response from trauma researchers, practitioners and survivors has suggested that in isolation, these individualised interventions do not go far enough (SAMHSA, 2014). Systems continue to lack understanding and sensitivity to trauma and the ways in which many operate can be retraumatising for those within them.

Since the 1990s, the American body SAMHSA (Substance Misuse and Mental Health Service Association) has been at the forefront of initiatives that attempt to better understand the concept of trauma and to improve the services that support individuals. According to SAMHSA, to adopt a whole-system approach, the organisation must (a) ***realise*** the impact of trauma, (b) ***recognise*** the signs and symptoms of trauma, (c) ***respond*** by fully integrating knowledge about trauma into policies, procedures, and practices and (d) seek to actively ***resist re-traumatisation***.

Schools across the US, and more recently within the UK have begun to develop school-wide trauma-informed approaches. Rather than being a stand-alone intervention, a trauma-informed approach is a systemic framework to guide systems in reducing the impact of trauma on young people. Different frameworks have been used to inform this process, with interventions being targeted at different levels of the school system (Hanson & Lang, 2016; PBIS, 2021). Taken together however, key areas of focus include (1) organisational culture and understanding, (2) school wide trauma-sensitive polices, practices and procedures, (3) staff training (to increase their ability to recognise trauma and respond effectively),(4) consultation and reflective practice (to support staff to embed learning), (5) increasing staff wellbeing and (6) community level intervention (engaging families, carers and school communities) (Maynard, Farina, Dell, & Kelly, 2019; Avery et al., 2020).

Although such efforts have been received well, difficulties have emerged when attempting to measure change. Since 2019, four separate systematic reviews have been carried out to evaluate the effects of trauma-informed approaches in schools (Avery et al., 2020; Berger, 2019; Fondren, Lawson, Speidel, McDonnell, & Valentino, 2020; Maynard et al., 20190. Surprisingly, each of these reviews have reported differing results, in part due to

the lack of clarity about which model to use, whether methodologies are sufficiently rigorous and what constitutes “good enough” evidence in this often-challenging research area. It could be argued that the methods used to assess outcomes, which mainly rely on quantitative measures such as surveys, questionnaires and statistics are unsuitable for this context.

A trauma-informed approach is a systematic intervention which is highly contextual in nature, affecting change at multiple layers of the school system. As this is not a prescriptive or standardised approach and is developed in an individual way with each school, it is unlikely to lend itself to objective measures of change. Indeed, different effects are likely to be seen at different time points. For example, in an effective approach, relational outcomes are likely to be seen early in the process. This reflects an increase in children’s sense of safety and trust in their teachers, with an understanding that this is a fundamental building block for changes in educational attainment and behaviour to be seen further down the line.

Within the UK, multiple policies have been released that recognise the association between experiences of trauma and adversity and challenging behaviour within school settings, calling for a need to change current school practices (Centre for Mental Health, 2020; Department of Health, 2015). This has resulted in several whole-school initiatives aimed at promoting emotional health and wellbeing (Public Health England, 2021). Having said this, current literature outlining the specific of the development and implementation of a school-wide, trauma-informed approach within the UK is lacking, as is research exploring the experiences of those involved in carrying this out.

This study will follow the implementation of a trauma-informed approach within primary school/(s) in the UK. Two schools that are currently developing and implementing such an approach have agreed to take part thus far, however additional schools may be approached during the course of the research depending on recruitment. With staff training and professional development being reported as “change catalysts” (Avery et al., 2020), much of the success of the approach rests on staff members’ ability to see the need for this in their school, and to have the knowledge and skills to successfully carry this out. For this reason, and due to the limitations of quantitative methods in such research outlined above, this study will use qualitative methods to explore the perspectives of staff members and key stakeholders involved in the approach.

This project will be largely exploratory. The aim is to gain an understanding of the ways in which a trauma-informed approach can be applied within a school setting and the important factors to consider when doing this. It is hoped that this may inform other educational settings who are hoping to devise a similar programme. Grounded theory will allow for in-depth, individual experiences to be captured and combined to generate an integrated theory that helps to explain the key factors to consider when adopting a school-wide trauma informed approach.

Research question: What are the experiences of those involved in the development and delivery of a trauma informed approach within a primary school?

Additional questions: What are the barriers and facilitators to implementing a trauma-informed approach within this setting?

Method:

Participants

It is anticipated that 10-15 participants will be recruited for this qualitative study. The inclusion criteria for potential participants will consist of the following:

- Members of staff employed by primary schools that are currently developing and implementing a whole-school trauma-informed approach. Participants will include members of the senior leadership teams and teachers. Staff with specific roles such as family liaison will be invited to participate, as they will be able to provide a perspective on the impact on families, as well as with the children.
- Other professionals involved in the development and implementation of the approach in some capacity e.g. Educational Psychologist involved in consultation/formulation.

Exclusion criterion:

- Limited ability to converse and understand English

Information about the participant's role or connection to the school, the period that they have worked in this role and length of time employed by the school will be collected at the point of the participant's expression of interest in this study. This will aid selection of a variety of different participants in the event that more than 15 wish to participate. Please refer to Appendix 4-B for a copy of the initial invitation to participate email.

Design

This proposed research will employ a qualitative design. Grounded Theory (Charmaz, 2006) will inform both my data collection and analysis. I have selected this approach as it will allow me to gain an understanding of the process that staff went through in implementing a trauma-informed approach within their school, culminating in a model which will be informative for other schools/provisions who are considering adopting such an approach.

Data collection will follow an iterative process in line with the Grounded Theory approach. In-depth, semi-structured interviews will take place using a brief schedule of open questions. This will provide an element of structure to the interviews, whilst also allowing for flexibility within this process. It is expected the interviews will take between 60-90 minutes. Topic areas will focus on the participant's experience of the school and its

community, their understanding of the need for the introduction of the approach and the key elements of this and their experiences of implementing this on a day-to-day basis, including the barriers and facilitators. There will also be the opportunity for participants to discuss any additional issues that they feel are important.

Procedure

Two primary schools are currently working with an organisation to set up the approach, led by my field supervisors, [redacted] and [redacted] They are directly involved in this process and will therefore support communication between myself and the schools, who have agreed to take part in this research. Should I encounter recruitment problems with either of these schools, recruitment may be opened up to other primary schools who are implementing a trauma-informed approach. These projects have already been established prior to my involvement and so it will be important for me to attend the schools before data collection to familiarise myself with their location, population, and staff team, and similarly for them to have an understanding of me and my role. This will form an important part of gaining access to the field. I intend to keep a research diary tracking the development of the project, incorporating contextual information and a reflective journal. These observations will be treated as data to supplement that from the interviews which will be useful when memo-writing. This will provide valuable information when critically appraising the study.

My field supervisors will be visiting the schools on a regular basis to provide psychological consultation and training to staff. Through this process, they have begun to discuss this research project and as such, the head teachers are aware that this is going ahead. They will provide each school with information sheets (Appendix 4-A) outlining the key details of the study and contact details of the principal researcher (Rosie Austin). The principal researcher will be the main contact for the study. The principal researcher will also email a copy of the 'email to all staff/stakeholders' (Appendix 4-B) to the headteachers. They will be asked to forward this email (along with the information sheet as an attachment) to their staff teams and any stakeholders who may potentially wish to participate. Interviews will mainly take place online via MST due to the distance of the schools and to increase accessibility, however every effort will be made to conduct interviews face-to-face for staff who express a preference for this. Staff members who are interested in participating will be asked to contact the principal researcher via email. At this point, they will be asked about their role in the school, how long they have worked with the school and length of time working in this role (including prior to working at this school). These questions will facilitate the process of selecting a variety of participants in the event that more than 15 people express their interest. Staff will also be asked whether they would prefer future contact to take place via phone or email.

Once the expiration date for expressions of interest has passed, selected participants will be contacted via email and asked: 1) whether they still would like to take part, 2) whether they have any questions about the process, 3) whether they are happy for the

interview to take place via Microsoft Teams (or have a strong preference for face-to-face) and, 4) whether they would consent to participate in a group interview, should this be required. An electronic consent form will be attached to this email which participants will be asked to sign and return by email (Appendix 4-C). Staff will be informed that they will be contacted over the next 6 weeks to arrange an interview date.

In the event that recruitment is slower than anticipated, I will also recruit via social media posts on sites such as Twitter, Facebook and LinkedIn. A flyer (Appendix 4-D) may be utilised to advertise the study. Where appropriate, a snowballing approach will be used to identify additional participants. This will involve asking participants to pass on information about the study to other staff that they work with, and contacts in other schools.

Data collection will follow an iterative process in line with the grounded theory approach. The first round of interviews will target staff in a range of different positions, such as members of the leadership team, classroom teachers and teaching assistants. Six participants (two from each of these groups) will be contacted and a date and time for the interview will then be agreed. At the start of the interview, participants will be asked to consent to participate again (verbally) and to complete a demographic questionnaire (Appendix 4-E). Interviews will flexibly utilise an interview schedule (Appendix 4-F), and participants will be sent a debrief sheet once this has concluded (Appendix 4-G). Following the first round of interviews, data will be analysed using the grounded theory stages of initial and focused coding, which will indicate provisional categories. The interview schedule for later interviews will be adapted based on the provisional categories which will allow for them to be tested and developed with each interview.

Theoretical sampling will then take place based on these results to identify additional staff members to interview. In later rounds of data collection, the recruitment email may target specific staff groups (e.g. teaching assistants), should data analysis indicate that this would be beneficial. They will then be contacted and a date and time for the interview agreed. At this stage, one to one or small group interviews will be used flexibly to optimise opportunities for theoretical sampling. This will depend on the data already collected and whether clear areas of consensus have been established. It may be that the approach takes longer to become embedded strongly across the staff team and that there is significant diversity in the views given, in which case individual interviews may capture views more effectively. This process of data collection and analysis will continue until data saturation is reached.

Proposed analysis

Grounded theory will be used to analyse the data collected, as this method will allow me to gain an understanding of the process that staff went through in implementing a trauma-informed approach within their school and an insight into how this was experienced.

Following each interview, I will transcribe the data and split this into line-by-line segments. Each segment will then be labelled with an *initial code* summarising the essence of what was captured within it (Charmaz, 2006). These initial codes will provide some ideas as to important concepts to pursue in later interviews; at this stage there will be multiple theoretical directions that the research may take. Ensuring that the language used within the codes is reflective of the participant's intended meaning will be important here.

The second phase of coding, *focused coding* will then be used to condense and synthesise the data by selecting the most significant or frequent initial codes. These focused codes can then be used to begin to make sense of the data as a whole, organising it into the most salient aspects. Memos will be kept throughout the coding process to document the researcher's reasoning, including the retention of some codes over others, the relationships between different codes and any significant gaps that may emerge. Focused codes may be directly related to the content of what participants have said, or else may encompass concepts emerging from common themes within several codes. As each interview transcript is analysed, it will be continually compared with previously collected data and the already established codes to refine the development of theoretical categories.

At this stage, theoretical sampling will be carried out. This will allow the researcher to select participants for the purpose of providing additional detail on existing categories. This method will therefore produce more data that will endorse or refute the categories already identified by the previous analysis (Charmaz, 1990).

Following this, the final stage of *theoretical coding,* will then take place (Glaser, 1978). The purpose of this stage is to begin to conceptualise how these different codes may relate to each other, and therefore be integrated within a theory. Once a point is reached in which no new properties emerge from the data, the categories will be seen to be saturated. At this point, I will have sufficient information to establish an integrated theory that suitably addresses the research question.

Practicalities

Costs

During the course of the study, the researcher is likely to be required to make several journeys to the school sites, both for the purpose of familiarisation to the setting and staff team, and to conduct interviews. Petrol expenses will therefore be claimed for approximately 3-4 journeys.

There will be a time cost for participants of 60-90 minutes due to the length of time in which they are interviewed. The researcher plans to conduct interviews in a way that is most convenient for the participant and therefore will offer for this to take place face-to-face at the school site, or at the participant's home via Microsoft Teams.

Storage

All data collected from the study will be accessible to the researcher and the academic supervisors. Each participant's interview will be recorded using the Microsoft Teams 'record' function or using a departmental audio recorder. Upon completion of the interview, this video/audio file will then be transferred at the nearest opportunity to the researcher's University OneDrive account, which is a secure location. Audio files will then be deleted from the audio recorder and any other locations immediately following this transfer.

All interviews will be transcribed verbatim, at which point participants' names will be replaced with pseudonyms and any identifiable details removed. Once transcribed, a key will be created to convert participant names into ID codes or pseudonyms and stored in encrypted files on the university server, separate from the study data. This identifying information will be deleted once the project is assessed. Following the interview, participants may withdraw from the study for up to 2 weeks after that date. After this time, the data analysis process will have begun. If the request to withdraw comes after data have been anonymised and incorporated into themes, it might not be possible for it to be withdrawn, however any direct quotes from this participant would be removed from the write-up of the study. Participants will be made aware of this through the consent form (Appendix 4-C).

Following completion of the study, interview transcripts and any coded data produced will be shared via the OneDrive folder with the DClinPsy Programme Research Co-ordinator for long-term storage. They will store the information electronically on a password protected file space on the University server for ten years in line with the Lancaster University policy. Consent forms and the demographic information will also be scanned and stored electronically for ten years, however in a location separate from the interview transcripts. After this time, a designated research administrator will delete all data. All audio and video files will be deleted after the researcher's viva voce examination.

Lone Worker Policy

Face-to-face interviews will take place in a meeting room at the school. Staff are professionals employed by the school and so there will be minimal risk of physical harm to the researcher, however precautions will be taken to ensure preparedness for every eventuality. This will include adherence to the LSCFT lone worker policy (NHS), specifically the following areas:

- Lone Workers should be prepared and fully briefed, having concluded a necessary and appropriate risk assessment with their manager ahead of their visits, where appropriate risks have been identified.
- Lone workers should always ensure that colleagues are aware of their movements and appointments. A recognised way of doing this is by leaving a list of appointments with a line manager.
- When working away from the work base, keep in regular contact with line managers or colleagues, this can include operating a 'buddy system.'

In accordance with these items, the researcher will ensure that one of the field supervisors are aware of the dates and times of each interview. They will then be able to act as a 'buddy' for the researcher to check in with prior to the interview and afterwards. The field supervisor will be a 'buddy' rather than a member of staff at the school in order to try and maintain confidentiality as much as is possible. Should the researcher fail to do so, the 'buddy' will inform a designated member of staff at the school who will be able to escalate this and locate the researcher to check whether assistance is needed.

There will be minimal risk associated with the interviews taking place via Microsoft Teams due to the indirect nature of the interaction. Although there is not perceived to be a risk of psychological harm to the researcher based on the topic content of the interviews, during any interaction there is the possibility that difficult feelings may arise. Should this occur, I plan to seek support from my field supervisors, research supervisor or clinical tutor.

Ethical concerns

Anonymity

Due to the nature of the study, clear difference in opinion or knowledge may emerge between the senior leadership teams (who have devised the school's specific approach) and other members of staff (who have been required to implement this on a day-to-day basis). As such, it may be important to make this differentiation between different staff groups within the study when discussing the result. Staff will be made aware if this in the consent form, as it may mean that individuals within a group with fewer members such as senior leadership teams are more likely to be identified. Though every effort will be made to anonymise individuals through the use of pseudonyms, the research paper will include quotes from individual staff members. As such, there is the possibility that they may be identifiable from the content of what they say, depending on how well they are known to other staff members. These intricacies will be made explicit in the consent form and staff will have the opportunity to discuss any concerns that they may have about this by contacting the researcher prior to participation and afterwards.

There is the potential for some small group interviews to be conducted during the study. In this event, participants will be required to consent to keep the membership of this group confidential in order to maintain anonymity. This stipulation will be included on the consent form.

Confidentiality

Information shared by participants will remain confidential. Exceptions to this will be made however in the event that the researcher identifies risk of harm to self or others during the interview process. As this is a school setting, participants may discuss specific interactions that they have had, or have observed, between staff and children. Should any concerns be raised about the staff members' conduct during this, or should they share a disclosure made by a child that raises safeguarding concerns, this will be shared with the

researcher's field supervisors. Through discussion, it will then be decided whether this needs to be escalated to the school's Safeguarding Lead/the senior leadership team. Similarly, any concerns about the staff members' practice in any other area (professional behaviour, misconduct), or should the participant share details that suggest that they themselves are at risk of harm, this will also be shared with the researcher's field supervisors where a plan of action on how best to proceed will be discussed.

For small group interviews, participants will be required to agree within the consent form that they will ensure that any information disclosed remains confidential to the group and that they will not discuss this with or in the presence of anyone who was not involved, unless they have the relevant person's express permission.

Other ethical considerations

During the course of the interview, staff may share information about children's experiences that they find upsetting. Themes within the discussion may potentially prompt interviewees to reflect on their own difficult or traumatic experiences. Promoting the wellbeing of staff will be a key aspect of this study and so space will be given within the interview to explore their feelings around this if helpful, along with signposting to relevant support and resources at the end of the interview and through the information sheet.

It is recognised that staff may feel apprehensive about sharing aspects of the approach that they found less helpful or any difficulties that they are experiencing at the school due to the inevitable power differential that exists between the senior leadership team and the rest of the staff team. It is important that the interview feels like a space where staff can feel safe to be honest and voice any challenges that they are experiencing without fear of negative repercussions. The need for psychological safety for participants will be emphasised with all stakeholders involved. Participants will be reminded that their participation will be anonymous, and that information will remain as confidential as possible. Caveats to this include the fact that different staff groups (e.g. senior leadership team, teaching staff) may be referred to within the research paper when discussing the results, and that quotes will be included from individual staff members, meaning that there is the possibility that they may be identifiable from the content of what they say. These intricacies will be made explicit in the consent form and staff will have the opportunity to discuss any concerns that they may have about this by contacting the researcher prior to participation and afterwards.

In addition, information shared by participants will not remain confidential in the event that the researcher identifies risk of harm to self or others during the interview process. As this is a school setting, participants may discuss specific interactions that they have had, or have observed, between staff and pupils. Should any concerns be raised about the staff members' conduct during this, or should they share a disclosure made by a child that raises safeguarding concerns, this will be shared with the researcher's field supervisors. Through discussion, it will then be decided whether this needs to be escalated to the

school's Safeguarding Lead/the senior leadership team. Similarly, any concerns about the staff members' practice in any other area (professional behaviour, misconduct), or should the participant share details that suggest that they themselves are at risk of harm, this will also be shared with the researcher's field supervisors where a plan of action on how best to proceed will be discussed.

For individual interviews, I will make it clear that the participant may pause or stop the interview at any time and are able to withdraw from the study at this point. Following the interview, participants may withdraw from the study for up to 2 weeks after that date. After this time, the data analysis process will have begun. As such, if the request to withdraw comes after data have been anonymised and incorporated into themes, it might not be possible for it to be withdrawn.

For small group interviews, I will similarly spend time at the start of the discussion setting up ground rules and discussing their right to withdraw. Participants will be told that they are welcome to withdraw from the study before the interview takes place, or request that the interview is paused/ request to leave should they so wish. Once the group interviews have begun however, they will be unable to withdraw their contribution from the study.

I will check in with each participant following the interview using specific questions (e.g. "How did you find that?" "How are you feeling after the interview?" "Have you got any questions about the interview process?") I will set aside debriefing time with each participant in case they require further information or support. I will also provide a debriefing sheet (Appendix 4-G), via email with additional sources of support should this be required following the interview. I will make it clear that participants are free to contact me if they have additional questions.

Timescale

- January 2022: Submit FHMREC ethics application and await feedback. Decide on topic for systematic literature review chapter and begin.
- January-March 2022: Obtain ethical approval for study. Draft introduction and method of systematic literature review chapter. Initial visit to school/(s) to familiarise myself with staff team and school context.

- April – July 2022: Draft introduction and method for empirical paper. Data collection (until end of academic year). Begin analysis.
- July-September 2022: Review literature for systematic review. Identify topic for critical appraisal chapter.
- September – October 2022: Completion of data collection (start of next academic year). Complete data analysis.

- November - December 2022: Draft results and discussion of systematic literature review chapter. Complete analysis of data. Draft results and discussion of empirical paper.
- January- March 2023: Draft critical appraisal. Final drafts of other chapters. Final formatting of thesis. Submit thesis.

Appendix 4-I: Email Confirmation of Ethical Approval

Ethics Approval: FHMREC21055

FR

FHM Research Ethics <fhmresearchsupport@lancaster.ac.uk>

Monday, 4 April 2022 at 10:59

To: Austin, Rosie (Postgraduate Researcher); **Cc:** FHM Research Ethics

Approval of a new application
Subject: Ethics approval FHMREC ref: FHMREC21055

Dear Rosie,

Thank you for submitting your research ethics application for the above project for review. The application has been reviewed by members of the FHM Research Ethics Committee and I can confirm that approval has been granted for this project.

As principal investigator your responsibilities include:

- ensuring that (where applicable) all the necessary legal and regulatory requirements in order to conduct the research are met, and the necessary licenses and approvals have been obtained;
- reporting any ethics-related issues that occur during the course of the research or arising from the research to the Research Ethics Officer via this email address (e.g. unforeseen ethical issues, complaints about the conduct of the research, adverse reactions such as extreme distress);
- submitting details of proposed substantive amendments to the protocol to the Research Ethics Officer for approval.

Please contact me on fhmresearchsupport@lancaster.ac.uk if you have any queries or require further information.

Best wishes,

[redacted]

Research and Enterprise Services | Lancaster University
Contact me on Microsoft Teams (for enquiries not related to REC applications)