



HeadStart Kernow Learning: Workforce Development Spring 2023



School staff explore their wellbeing resource



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For more titles in this series see:

<https://www.headstartkernow.org.uk/learning/local-learning/>

Background

This is a learning report on the Workforce Development workstream, funded by The National Lottery Community Fund (TNLCF) through the HeadStart Kernow programme at Cornwall Council and delivered between 2016 and 2022. The HeadStart programme explored and tested new ways of improving the mental health and wellbeing of young people aged between 10 -16 years old in Cornwall to prevent the onset of mental ill health. The Workforce Development support was one of several commissioned activities of the HeadStart programme.

In Phase 2 of the programme (2015-16) HeadStart Kernow identified that developing the workforce across both schools and the community would be a critical part of the HeadStart Kernow offer. In the HeadStart Kernow Strategy, Workforce Development sat within the 'universal and support within setting' part of the HeadStart funnel. Workforce development aims to increase workforce competence and confidence in supporting young people's emotional health and wellbeing. The offer was delivered across primary, secondary, and special schools as well as alternative provision. The offer was also extended to the voluntary, community and public sectors.

Workforce Development contributed to the programme's priority areas to deliver the HeadStart Kernow vision that *'The emotional wellbeing and mental health of all children and young people is improved because they can easily access the right support when they need it'*. It complimented and worked together with the other strands of the HeadStart programme to achieve a Whole System approach to support children and young people's emotional health and wellbeing. There are particular synergies between the HeadStart Workforce Development strand and the secondary school Whole School Approach support offer.

Together, the HeadStart Kernow activities delivered the programme's outcomes. These were:

- Embedding children and young people's emotional health and wellbeing across the system
- Access for children and young people to support when and where they need it
- Workforce development and wellbeing
- Involving children and young people meaningfully
- Whole school approach to emotional health and wellbeing
- Improved understanding of emotional health and wellbeing (professionals, young people and parents/carers)
- Parents and carers being better able to support young people's emotional health and wellbeing
- Access to improved resources

These in turn worked together to deliver TNLCF's four overarching objectives for the whole HeadStart programme: improve emotional wellbeing; improve engagement in school and academic attainment; reduce the onset of diagnosable mental health disorders; and reduce engagement in risky behaviour.

HeadStart Kernow have been pleased to work with a number of training providers over the course of the programme.

Key Findings & Recommendations

The following key learning points have been identified and are discussed in more detail later in the report:

Key Findings

- The training is an important part of embedding a Whole School Approach to wellbeing, with an ethos of shared responsibility for the wellbeing of children. Practitioners identified the importance of all staff having a basic understanding of a trauma informed approach, neuroscience and the social engagement system.
- Practitioners gained an understanding of neuroscience, which has enabled them to understand the reasons behind children's emotions and behaviours and better support them in managing these. Sharing that knowledge with the children and parents/carers helps them to understand how developing brains work including brain plasticity.
- Embedding a common language is identified as beneficial so that staff, children and parents can communicate clearly and consistently and to give all parties the vocabulary with which to articulate their feelings.
- Training has increased practitioners' confidence and validates their practice. Practitioners feel confident to be curious, further increasing their knowledge and awareness. Practitioners have felt able to challenge existing policies and practices. They understand the importance of being positive and healthy role models but also recognise the value of what they can bring from their own life experiences.
- Training provides practitioners with a set of tools and strategies which they find valuable on a day-to-day basis. Practitioners have been able to teach pupils how to use these tools and thereby help themselves, for example self-regulation.
- Following the training, practitioners are better able to identify children in need of support and provide that support.
- Training has helped practitioners improve relationships between the school, pupils and families.
- Training has had a positive impact on the wellbeing of staff trained.
- Training helped practitioners meet the challenge of the pandemic, both in supporting children and families remotely and following the return to school.
- The importance for young people of having a trusted adult and a voice in their care and well-being. Staff are trained to understand that behaviour is a communication of need, especially relevant for those children who aren't able to verbalise their worries and experiences.
- The need for sufficient ongoing emotional support for staff was highlighted. Practitioners note that supervision sessions also provided reassurance and instilled a new sense of purpose and motivation.
- Practitioners feel more staff in schools and other key sectors would benefit from receiving the training.
- The education workforce benefitted from access to therapeutic resources (please see separate evaluation).

Recommendations

The workforce that supports children and young people in Cornwall can be transient and it is recommended that provision is made for ongoing training and Continuing Professional Development (CPD) so that our colleagues have the skills and knowledge to offer the best provision for children and families now and in the future. It is recommended that advances in neuroscience and relational and creative approaches continue to drive workforce development.

We recommend that consideration is given to extending the training offer to the workforce in early years and post 16 education as well as those in other sectors, furthering the Council's ambition for Cornwall to be a brilliant place to be a child and grow up.

Activity

Training

In total 1,100 professionals across Cornwall completed the 10-day Trauma Informed Schools (TIS) diploma course, including Thrive-trained practitioners who were offered a 2-day conversion course. HeadStart Kernow rolled out training across all of Cornwall, offering 10-day practitioner training to two staff in every primary, secondary and special school and Alternative Provision Academy (APA). Training was offered to staff in the voluntary and community sector and public sector in the spirit of the Whole System Approach.

HeadStart Kernow found that the training was highly sought after, and some schools requested additional places which was accommodated where possible. However, some primary schools in Cornwall are very small and could not release staff to undertake the 10 days of training so they were encouraged to join a three-hour overview of the trauma-informed approach and access to eleven online webinars (described below).

The training gave participants an understanding of the neurology behind children and young people's behaviour through three models. The first is that of Adverse Childhood Experiences (ACEs) and Protective Factors. In 1998 the ACE Study demonstrated a direct link between childhood trauma and the adult onset of chronic diseases and social and emotional problems (Felitti et al 1998). HeadStart-trained practitioners are given an understanding of ACEs and Protective Factors that help limit the impact on a child's life and provide much greater resilience. The second model is Panksepp and Bevin (2012) understanding of the neuroscience of mental health. This highlights the importance of attachment, seeking, enriched environments and play. As part of this, practitioners gain an understanding of Dr Stephen Porges' Polyvagal Theory. The third model is PRRR (Protect, Relate, Regulate and Reflect) including the PACE approach (Playfulness, Acceptance, Curiosity and Empathy) developed by Dr Dan Hughes.

The goal of incorporating knowledge of ACEs and protective factors into trauma-informed training is to help create ACE-aware and supportive communities and social systems. Knowledge and understanding of the impact of ACEs on children's development and the impact of protective factors on their life and relationships can encourage schools to support positive relationships and for children.

Some examples of protective factors in daily school life include, setting up a morning meet and greet for students and school staff; incorporating an 'I wish my teacher knew' box into classrooms so students can anonymously write how they're feeling; using pets as therapy; creating pupil passports so that all staff know what students are struggling with outside of school; and supporting the emotional wellbeing of staff.

During the pandemic, HeadStart Kernow maximised the opportunity presented by the transition to online professional engagement and commissioned eleven webinars. These increased the reach beyond those able to complete the full 10-day training. It also provided ongoing access to expertise. The webinars included sessions with Dr Margot Sutherland and Dr Dan Hughes, for example:

- Key listening skills and interventions to help troubled children heal
- What every child professional needs to know about working in early years settings with infants who have suffered trauma
- Supporting parents to use PACE in relating to their child
- Attachment: What Every Teacher and Child Professional Needs to Know
- Using arts and imagery to help children and young people to talk about their lives

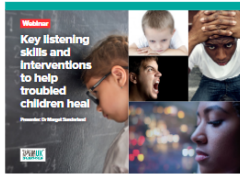
Supervision

Supervision for staff was not in the original HeadStart Kernow Strategy and was identified as a need as the Programme developed. HeadStart Kernow invested in support for Practitioners through a supervision network provided by the Educational Psychology team in Cornwall Council and Dr Lynette Rentoul. The sessions provided Practitioners with the opportunity to have group supervision to support their reflective practice, with a maximum of 5 participants. Supervision provides a safe and contained space in which practitioners are supported to reflect more deeply about the nature and challenges of their professional work. Two hundred and thirty practitioners have been supported through supervision over the course of the contract. Face-to-face supervision was unable to continue during the coronavirus pandemic and online supervision sessions were provided instead.

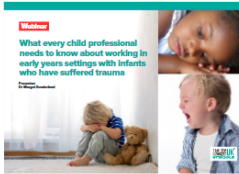
Consultancy

The pandemic affected the roll-out of the Consultancy Visits designed to enable schools Senior Leadership Team to reflect on how far they had implemented the training in achieving 'trauma informed school' accreditation. Only a small number of schools were able to take up the offer, one of these being Penrice

New webinars



Key listening skills and interventions to help troubled children heal
Presenter: Dr Margot Sutherland
This webinar is about optimising the skill set of the emotionally available adult, through active listening skills and creative interventions key to the healing process.
The 'Make it Count' campaign (Mental Health Foundation, October 2018) found that nearly half a million children in the UK say they have no-one to speak to at school when they are experiencing feelings of sadness or worry. As a result, many report sleep difficulties, getting into fights, struggles with homework and/or wanting to withdraw from friends and family. So, this webinar aims to ensure that far more children have someone at school, in the community and/or at home who is trained to listen in the very best way possible.
So many children and young people are desperate to be listened to, but that said, they are also very discerning. They seek out adults who are naturally 'talkable to'. It is all too easy to unintentionally relate to a child or young person in a way that breaks the connection between you, so they close down and don't want to talk anymore. So, in the webinar, Dr Sutherland will address in detail what brings connection with a child/young person and what to avoid, to ensure against misattunement and disconnection.
What you will gain from viewing:
• Learn the difference between active listening and passive listening
• Learn how to become talkable to: Learn what breaks connection with a child and what brings connection.
• Learn the neuroscience of active listening, empathy and understanding and why they can heal brains, minds and bodies.
• Listen to examples of how to express empathy in terms of finding the words to say it.
• Learn how children/young people can experience huge relief from talking about painful events with someone trained to listen and who helps them make sense of what's happened.
• Listen to a wealth of creative interventions designed to empower children and young people to safely reflect on key events in their lives.



What every child professional needs to know about working in early years settings with infants who have suffered trauma
Presenter: Dr Margot Sutherland
Traumas of Omission
In the home environment the infant has missed out on sufficient relational experiences in one or more of the following categories. Without intervention, traumas of omission adversely affect the infant's emotional, cognitive and social development and long term physical and mental health. So in this webinar we will address presenting symptoms, prevention and intervention.
Part one
• Conversational turns: Key for language development and learning
• Caring comforting interactions that optimally activate positive arousal neurochemicals: Key for the capacity to feel contentment, to love in peace and to have felt-sense of all is well in my world.
• Interactions that establish self-esteem: Key for confidence, resilience and self-compassion
• Affect attunement: Key for social intelligence and capacity to develop fulfilling friendships
Part two
• Interactions that establish calm: Key for the capacity to feel calm, at ease, and enjoy physical good health, quality of life and longevity
• Social joy and optimal activation of the brain's PLAY and SEEKING systems: Key for love of life and friendships, passion for learning and engaged engagement in the world
• Mental state talk: Key for long term mental health and self-awareness
Part three
Traumas of commission
In the home environment the infant has experienced one or more of the following traumas which, without intervention from early years practitioners can adversely affect their emotional, social and cognitive development and long term physical and mental health. So in this webinar we will address presenting symptoms, prevention and intervention.

TRAUMA INFORMED SCHOOLS

Academy which went on to become the first UK mainstream secondary school to achieve the Trauma and Mental Health Informed Schools Award.

Wellbeing Boxes

HeadStart Kernow found that the provision of additional resources was key to the success of the delivery of the Workforce Development workstream. During June 2021, 294 HeadStart Kernow 'Wellbeing Boxes' were provided to every primary, secondary and special school, APA and Area Resource Base (ARB) in Cornwall. These were funded by HeadStart Kernow, the Mental Health Support Team and with a contribution from Tate St. Ives. The boxes contained materials that were created with input from the Mental Health Support Team, Educational Psychology Team, Child and Adolescent Mental Health Services (CAMHS) and trauma-informed practitioners.



(above: a team receive their Wellbeing Box with resources to use with children in their setting)

'Just wanted you to know I arrived at Breage school today to find an excited TIS Practitioner and Head who pulled out the wellbeing box ready to show me. I have to say it looked amazing, and the transition cards have already been used to help children discuss their worries about moving to secondary. There are lots of plans afoot about how the rest of the resources will be used too, and I haven't even considered my plans yet. Hopefully this will have a really positive impact on children across Cornwall. Such a great example of partnership working'. (Mental Health Support Team)

Reach

From its commencement to the end of the contract in August 2022:

- 278 Primary, Secondary and Special Schools have attended some form of trauma-informed approach training.
- 1,100 individuals have completed the 10-day Diploma course including some from the Voluntary and Community Sectors.
- 4,500 have joined a 3-hour trauma-informed approach overview.
- 230 practitioners have received supervision.
- There have been 1,707 views of the online webinars.

Evaluation

An evaluation plan for the Workforce Development workstream had been developed with the University of Manchester. However, the restrictions necessary during coronavirus pandemic had a significant negative impact on the ability to deliver consultancy visits and collect the data required for the planned

evaluation. The intended evaluation could not be carried out, and in response the HeadStart team developed a qualitative approach.

This evaluation consists of a thematic review of presentations produced by trainees (which provides insight into how the training was received and implemented) and a qualitative survey of practitioners to identify how the training impacted on them, their settings, the children and their families (from which HeadStart Kernow has developed 29 case-studies). The following data was collected as part of the evaluation:

Analysis of presentations	As part of their 10-day training trainee practitioners delivered a presentation on what they had learned. A total of fifty-five trainee practitioners shared their presentations with HeadStart Kernow to inform the programme evaluation. These presentations give an indication of how training was received and some of the challenges that trainee practitioners immediately faced in trying to implement it in their setting.
Thematic review of practitioner case-studies	HeadStart Kernow developed a qualitative survey, designed in collaboration with the Child Outcome Research Consortium, for practitioners who self-selected to share their stories of how the training had impacted on them, their setting and families and children. From this, HeadStart Kernow developed 29 case-studies (included in the Appendix). These have been thematically reviewed by HeadStart Kernow.

In addition, this report draws on the findings of the national evaluation of the HeadStart programme (where they relate to Workforce Development). The national evaluation has been delivered for TNLCF by the Evidence Based Practice Unit (a collaboration between University College London and the Anna Freud National Centre for Children and Families), the University of Manchester and the Child Outcomes Research Consortium (CORC). The ethical approval for the national evaluation was granted by UCL. The qualitative research includes a longitudinal study of young people nationally to capture their opinions of the challenges they face and the support they have received across HeadStart. Dr Emily Stapley interviewed children in two secondary schools in Cornwall as part of a 3-year longitudinal study. Highlights from her findings from year 1 have been reproduced here.

Presentations: Reception of training

As part of their 10-day training trainee practitioners delivered a presentation on what they had learned and how they had implemented their learning. Fifty-five trainee practitioners shared their presentations with HeadStart Kernow to inform the programme evaluation. These presentations give an indication of how training was received and some of the challenges that trainee practitioners immediately faced in trying to implement it in their setting. The number of presentations analysed is sufficient to provide a rounded picture. They were produced by trainees during the period 2017-2019 and relate to primary schools, secondary schools, youth workers, and charity workers from Penhaligon's Friends, WCWAid, Sea Sanctuary and the YEW project.

The trainee practitioners were asked to summarise in a few words what they had learned. The fifty-five examples highlighted the following learning points and suggestions:

- Importance of play
- Importance of listening without judgement
- Making sure children have a voice in their care and well-being
- Most of all there is an army of like-minded support out there!
- Empathy teaches empathy
- Just listen, don't need to problem solve
- What we bring of our own experiences
- Bringing it into our awareness
- Owning our own emotions
- Being positive, healthy, role models
- Asking more questions—getting more information to increase our awareness and ensure we are protecting children as best we can
- Including PRRR on pupil passports
- Support for staff
- Children offering mentoring to other children
- More parent groups
- More outreach in homes
- The range of children with potentially high ace scores growing when realizing the definition of ace.
- It's ok to ask difficult questions!

Trainee practitioners identified key barriers to implementing a trauma-informed approach and provided some suggestions for overcoming them:

- The need for a whole school ethos with a shared responsibility for wellbeing of children (all staff need to have an understanding of trauma-informed practice).
- Sharing trauma-informed knowledge with families.
- Spreading understanding of basic neuroscience to other teachers to help understand anxiety and behaviour.
- Spread knowledge of social engagement system: importance of body language, prosody, facial expression, meet and greet and how oxytocin helps to inhibit the amygdala.
- Parent forum to share information about the trauma-informed approach.
- The need for staff to have sufficient emotional support.
- Losing emotionally available adults when Teaching Assistants (TAs) or teachers leave schools.
- Children moving or changing schools.

This feedback was used by the HeadStart team to inform the development of the HeadStart SPACE (Supporting Parents and Children Emotionally) offer for parents and develop improvements to the Supervision Network.

Practitioner case-studies

In 2020/1 HeadStart Kernow carried out a Workforce Development Training Survey, designed in collaboration with the Child Outcomes Research Consortium (CORC). All practitioners trained were invited by email to complete the survey. Invitations were sent by TIS (UK) and the Workforce Development Manager. Responses were received from practitioners covering the whole of the HeadStart period (2016-2022). Responses were provided by:

- practitioners who completed the 10-day Thrive training (11); practitioners who then completed the 2 day conversion to TIS (10); practitioners who were trained solely by TIS UK or who were still training (18);
- practitioners who had completed their training more than 6 months ago (20), within the last 6 months (6) and still training at the time of the survey (2). 1 did not answer the question;
- practitioners across education (19), the public sector (5), the voluntary and community sector (3) and other (2). Over half of the school practitioners worked in primary schools. The remaining worked in secondary schools, APAs and ARBs;
- a range of school staff were represented including Teaching Assistants, Higher Level Teaching Assistants (HLTAs), Teachers, Headteachers, Learning Support Mentors, EWHW / Pastoral Leads and Inclusion Managers;
- practitioners from outside school settings included: Youth Workers (charity), Executive Director (VCE), Youth Facilitator (VCE), Family Support Workers (public sector), Education Mental Health Practitioners (public sector) and Community Workers (VCE).

While only 29 responses were collected between April and August 2021, the wide range of respondents provides robust information for the case-studies and the evaluation. The qualitative nature of the data gives insight into how the training impacted on the practitioner, the setting and the children they work with. Each story is valued in its own right.

There are a number of reasons why the response rate was small. The survey was conducted during the third national lockdown to combat the coronavirus pandemic, and during that time practitioners (as front-line workers) were incredibly busy. HeadStart did not provide a financial incentive for completing the survey and the survey took time to complete, although it was designed to be completed within 10 minutes. It was reflective in nature and the practitioners who completed it put considerable time and effort into providing responses.

From the information collected, HeadStart created case-studies which are presented in the appendices. Practitioners shared deeply personal stories and where it was possible to potentially identify an individual, HeadStart has redacted the information to ensure confidentiality. HeadStart then undertook a thematic analysis of the case-studies to identify key themes.

The themes identified in the case-studies are below:

Practitioners gained an understanding of neuroscience, which has enabled them to understand the reasons behind children's emotions and behaviours and better support them in managing these, including sharing that knowledge with the children and families so that they can begin to understand how their brains work.

"I think the children are generally more understanding of the ways their brains develop and can work differently. Often, they are focusing on their strengths and are much more open to using regulating and soothing exercises without feeling embarrassed." (HLTA, Primary School)

"For the families we work with, being able to pass on this knowledge on how they or their children may have been affected by trauma has been very important, both in understanding themselves and understanding how to effectively parent their own children. The understanding that 'no wonder I am finding this difficult' because of what I have been through has been incredibly important for many individuals." (Early Years Lead, WILD)

Practitioners have been able to share this knowledge with colleagues and use it as an evidence base to support their practice. Practitioners have also been able to use their knowledge of neuroscience to help parents understand their children's emotions and to explain why and how proposed interventions will support them.

"Parents who have had unresolved childhood abuse, have engaged well in this evidence base when it's used to explain the difficulties the children are having. Being able to attune to them and the children and use the neuroscience to back up development, as well as repair abilities and show them care and respect and support has created some fantastic family outcomes." (Family Worker in Social Care)

Training has had a positive impact on the wellbeing of staff trained, with many sharing stories of how they have been able to reflect on their own experiences and how these affect their emotions and behaviours.

"The training has enhanced to the mental health and wellbeing support across my school impacting positively both on our pastoral provision and day to day classroom practice." (EMHW Lead, Secondary School)

"I am also much more reflective of my own practice and aware of my own emotional availability as well as that of my colleagues which means I can ask for support or support others when needed. My relationships with colleagues has improved due to being better equipped to communicate." (Primary School HLTA)

The practitioners shared many examples of how they have been personally affected by the training. They have identified personal trauma and developed an understanding of how this has an effect on their emotions, behaviours and interactions. The training has encouraged some to be more reflective about themselves and be more aware of their own motives and emotional responses.

"One of the best trainings I have completed with widespread impact from my professional ability to personal experience and everyday life in general. I feel more confident to address issues relating trauma, feeling more empathic towards others (families I work with, colleagues, family and friends), more kind and self-caring to myself which supports my own wellbeing, understanding the power of empathic listening, huge role that neuroscience plays in our life [...] I feel this training has been a missing piece for me throughout my working career." (Together for Families Keyworker at time of training)

The training has impacted on how some practitioners think about their own wellbeing and self-care, and on how they parent their own children. There are also examples of individuals recognising the trauma

experienced by friends or family members and being empowered to support them with this.

"The training has definitely pushed me on occasion to be very reflective about myself, and my own experiences, sometimes in a very emotionally raw way but I do think that this has had an extremely positive effect both in my professional and personal life. I think it has also made me be kinder to myself, recognising my own limitations and encouraging me to think about my own self-care."
(Special Educational Needs Coordinator (SENCo) and Teacher)

Practitioners described how they have felt motivated and empowered to promote staff wellbeing through a range of methods including sharing their knowledge of trauma-informed approaches with their colleagues, promoting the inclusion of staff wellbeing within the School Development Plan, or providing staff yoga and mindfulness sessions.

"In terms of staff care I have used TIS to inform & start to develop staff wellbeing. I have begun to teach mindfulness & yoga to staff not just at our school but across our school MAT [Multi Academy Trust]. I wrote a proposal to the MAT using TIS as the basis for allowing me to do this. At school I am the staff H&WB Rep so I have used to TIS to request funding to develop our staff 'rest & recovery' areas, promote wellbeing opportunities to staff such as they use of the school gym & cycle to work schemes etc". (APA, School)

Training has increased practitioners' confidence and validates their practice. Practitioners described how the training has given them confidence in their role. For example, by giving an evidence base to refer to, supporting and validating their practice. In some cases, it has instilled self-belief and helped individuals develop their role further.

"The training has empowered me to be the advocate for the Trauma Informed Approach within school, challenging our practices and amending our policies, and always questioning whether what we are doing is truly Trauma Informed"
(Teacher and SENCo).

Several of the practitioners have become passionate advocates of the trauma informed approach. Training has encouraged individuals to share their knowledge with and support colleagues, transferring skills as a result, and helping instil a trauma informed approach across the school. Individuals have encouraged others to do the training and have talked to their managers about changes that could be made within their settings.

Training provides practitioners with a set of tools and strategies which they find valuable on a day-to-day basis. Practitioners have been able to teach pupils how to use these tools and thereby help themselves.

"My work with the children often prevents their behaviour from spiralling out of control and the tools I give them, help them to help themselves, when I am not with them." (TA and TIS Practitioner, Primary School)

"I wanted to train in & deliver the mindfulness, massage in schools, INPP [Institute for Neuro Physiological Psychology], yoga etc as I felt that these curriculums teach children skills from the four pillars of TIS (protect, relate, regulate, reflect) so that when they leave the school they have a toolkit of strategies & techniques that they can take with them." (APA, School)

Embedding a common language is identified as beneficial so that staff, children and parents can communicate clearly and consistently and to give all parties the vocabulary with which to articulate their feelings. The practitioners illustrate the benefits of using trauma-informed language within the classroom and more widely throughout schools. One case-study highlights that children in the setting are now more able to articulate and name their feelings and recognise when they are becoming emotionally dysregulated.

"I have seen a definite change in many of the children who I support. Children are more able to articulate and name feelings and to recognise when they might be about to flip their lid! They are using the language of TIS more within the classroom and are demonstrating their knowledge of the science behind the behaviour." (TA)

Another practitioner notes that an understanding of the neuroscience and the associated language has been identified as valuable in communicating confidently with colleagues, parents and carers.

"It has given a shared tool, language and approach across agencies and schools – creating better collaborative practice". (Trainee Education Mental Health Practitioner)

Practitioners found that having a shared language and consistent approach across the school, and between home and school, has helped build trust and provide a sense of security and fairness.

"We are working with children to help them process feelings in appropriate ways and sharing the language with parents so that the child hears the same language/message whether at school or at home." (Headteacher, Primary School)

The training is an important part of embedding a Whole School Approach to wellbeing. A practitioner at a primary school described how they have adopted a Whole School Approach. The school has three trained practitioners and has adopted a whole school trauma-informed culture. The staff take advice from the practitioners on emotional and behavioural challenges and the team has become closer as a result.

"We have trained individuals but also whole school inset which has helped, develop a whole school ethos, using the same language and techniques when needed providing the sense of security and fairness across the school." (TA, Primary School)

*"The training of myself, other practitioners and the whole staff has enabled us to create a shared expectation of calm, respectful and empathic communication."
(Headteacher, Primary School)*

Other practitioners noted how the training has changed how they interact with children and adults around them. This includes improvements in how they communicate with children (the choice of language and improved listening skills); how they deal with interactions; increased level of empathy towards children and adults; and how they look at behaviour.

Several practitioners note that the trauma informed approach has informed the school's relationships and behaviour policies, and as a result underpins all interactions in school. The Whole School Approach has enabled some staff to identify pupils needing support earlier and help prevent those needs from becoming more serious.

"We do believe that this universal approach has meant that we are providing the necessary and timely support to those children that would maybe otherwise have needed more intensive support." (SENCo and Teacher)

*"We are spotting the signs earlier and able to put the right support in place."
(Headteacher, Primary School)*

One practitioner commented that there is still work to be done in embedding a whole school approach, and a universal and preventative approach cannot be achieved until that happens.

"My concern remains that few settings have truly adopted a whole setting approach and in particular an approach whereby this training used in a universal and preventative way. I absolutely believe that this approach must be used to provide build resilience within the child / setting ahead of troubled times, but all too often it is seen as the route when things go wrong. It should I guess be both. I see individuals doing a great job, but am concerned that the policy, ethos and culture of settings still has a long way to go." (Public Sector)

Practitioners are better able to identify children in need of support and provide that support. The practitioners shared examples of where they have observed a positive impact on children. Changes noted include increased confidence and self-esteem, and improved behaviour and empathy.

"Some breakthrough moments include: A child who now has comfortable friendships in the school (where previously, the other children were wary). A child who started to make eye contact during sessions, and then in the classroom and corridors (where previously they couldn't). A child who was able to clearly express their story in a Big Empathy drawing, so that they could articulate and share what was going on at home - then getting the support they needed. A child who has been able to share that during lockdown they hadn't wanted to touch anything and had been obsessively washing their hands because of 'all the bad news all the time' during the pandemic. This week their hands were covered in mud while making earth-paints for their prehistoric cave

painting. Reflecting back on these stories reminds me how powerful the TIS approach can be for these children and their families.” (Education Specialist, Voluntary & Community Sector and Primary School)

“I have seen a huge improvement in the behaviour and self-esteem of the pupils I work with, but I also see the children in general, are pleased to see me and connect even if it is only for a few moments each day. I have children asking if they can come and talk to me in my room throughout the day (I have one day a week protected for TIS), they know it is a safe place and feel able to access that safe place to talk to me and share their troubles..... My work with the children often prevents their behaviour from spiralling out of control and the tools I give them, help them to help themselves, when I am not with them.” (TA and TIS Practitioner, Primary School)

Practitioners note that children are able to articulate their feelings better using trauma-informed language, and to use the tools that practitioners have taught them so that they can begin to help themselves.

“I think the children are generally more understanding of the ways their brains develop and can work differently. Often, they are focusing on their strengths and are much more open to using regulating and soothing exercises without feeling embarrassed. I’m hopeful that we can continue to create an environment where our children feel listened to and are able to trust and respond to the adults around them.” (HLTA, Primary School)

“I have seen such a difference in the way young people respond when using activities such as the sand tray or the feelings cards. This training has enabled me to deliver sessions which alter how children see themselves and prevents long term mental illness.” (Youth Facilitator)



Practitioners note that they are better able to identify pupils needing support earlier and provide appropriate and timely support to potentially prevent more serious issues developing and the need for more intensive intervention.

"We have completed class ... Snapshots and have written Action Plans for all of them, and then have completed the associated activities. We do believe that this universal approach has meant that we are providing the necessary and timely support to those children that would maybe otherwise have needed more intensive support." (SENCo and Teacher)

"this has really made a positive impact on supporting our most vulnerable children but also positively impacting on all children - because it works for everyone". (Headteacher, Locally maintained Primary School)

Training has helped practitioners improve relationships between the school, pupils and parents. Practitioners report that children have benefitted from seeing their parents building positive relationships with the staff, improving communication, confidence and trust. Relationships between the staff and students have also improved, students feel heard and respected.

"I think being able to empathise with parents and students is such an important factor in supporting students. With empathy comes good listening skills where people feel heard. If a parent feels listened to you can support them to support their child." (Inclusion Manager, Secondary School)

The practitioners gave several examples of the wider school community benefiting from the trauma-informed approach being used at schools. Families who have or who currently are experiencing challenging situations are often extremely grateful for the extra support their child receives. Practitioners outside of school settings, for example EMH Practitioners, have found that staff are more able to relate to families and children, benefitting engagement and motivation.

"We have seen an improvement in the relationships with have with some of our more hard to reach parents. I feel that there is a newfound trust in these relationships where parents can see that we are wanting to work in collaboration rather than against them. The common interest is ensuring their child's best interests are at the heart of everything we do." (Assistant SENDCo / Pastoral, Primary School)

"I now see parents too, and I find this very helpful for me as well as them; it enables me to support them but also to gain a better understanding of the children I am working with. When I qualified, I sent an email to all the parents outlining my qualifications and inviting them to email/phone or come and see me if they felt in need of support. I think by being there in an 'obvious' role, the parents have a direct line to support, other than their child's class teacher or the head teacher." (TA, Primary School)

One practitioner describes how the school now includes information about the trauma-informed approach in a parent/carer support programme they have developed and run several times. The response from parent/carers has been very positive with some saying this is something they wished they had known about sooner. The response to

school's recent student and parent survey has been *"overwhelmingly positive with parents saying that not only are their children happy at school they are also happier at home."*

Practitioners note that supervision sessions provided reassurance and instilled a new sense of purpose and motivation.

"It was a really positive experience that has helped me to share experiences, therefore enabling me to reflect upon my own practice. It has helped me to consider time management and has given me the opportunity to share and 'magpie' the creative ideas of others'." (TA)

"Although I work with a great team at school, I can sometimes feel a bit isolated with the TIS work and have moments of insecurity that 'I'm not doing it right'. TIS supervision is incredibly re-assuring and helpful. When we share and discuss case-studies, we learn so much from each other - and I always come away with new insights of ideas of things to try with my children." (TIS support, Primary School)

Practitioners identified the following challenges in accessing supervision: difficulties accessing the supervision online; a sense of obligation to attend supervision to retain practitioner status; challenges with the model adopted during supervision; the timing of the sessions.

"The group sessions have been extremely useful for both reassurance and ideas. It's also good to network with other people in similar roles. Having the EP leads has also been extremely useful for clarifying my own thoughts and doubts. It's not as useful for me via the Teams sessions as I don't have the same sense of support". (HLTA, Primary School)

"I attended a few of the supervision sessions but felt like the only reason I was going was to tick the box so I could keep my TIS practitioner status. I stopped attending last year so my status is probably lost?" (APA, School)

"There is a variation. The EPS [Education Psychology Service] models such as solution circle or 2 stars and a wish do not get to the detail of my questions or what I want to get out of the situation, in my experience. We have different supervisors and practitioners for each session so are unable to build supportive relationships and networks, and this was especially noticeable in one supervision session when we met in person with 8 practitioners for two hours, with attendees arriving late or having to leave early, housed in a room that was too cramped to accommodate 9 chairs. In the Zoom/Teams world, if there could be a way to link up with the practitioners that we trained with, and have the same supervisor each time; I feel that it would be much more helpful" (SEND Teacher, Primary ARB)

"I think timing of the session is often tricky. I would be able to focus more if there were after school sessions that were offered" (Headteacher, Primary School)

Training helped meet the challenge of the pandemic. Practitioners commented specifically on how they have been able to apply their

knowledge and skills during these challenging times and highlight the benefits of this in their settings, for example in enabling staff to better support children and families remotely and how the trauma-informed approach be used to help children deal with their lockdown experiences once they returned to school.

"During the lockdowns our practitioners delivered sessions to children via zoom and our well being team contacted extremely vulnerable families daily. Knowing how to listen, synthesise and feedback emotional truths was essential in determining the needs of the children and their families both when they are in setting and during periods of difficulty and isolation." (Headteacher, Primary School)

"We have been able to support families in entirely different ways. We have been able to support parents with talking to their children as well as sharing the ways in which we are using language in school to make the change. We share weekly newsletters with our families and have kept them involved with changes at every stage. We have had a real focus on mental health and wellbeing and this has really made a positive impact on supporting our most vulnerable children but also positively impacting on all children - because it works for everyone. The rainbow pathway was absolutely awe inspiring. We invested heavily in it (we bought every resource that was needed) and we put in protected time to enable staff to do these activities sensitively and properly without feeling rushed. The impact on returning from the last lockdown was huge." (Headteacher, Primary School)

"A child who has been able to share that during lockdown they hadn't wanted to touch anything and had been obsessively washing their hands because of 'all the bad news all the time' during the pandemic. This week their hands were covered in mud while making earth-paints for their prehistoric cave painting. Reflecting back on these stories reminds me how powerful the TIS approach can be for these children and their families." (Education Specialist, Voluntary & Community Sector and Primary School)

Practitioners have felt able to challenge existing policies and practices. Practitioners give many examples of where the trauma-informed approach has informed a review, or the creation of, the school's positive relationships, behaviour and Emotional and Mental Health and Wellbeing (EMHW/EMHWB) policies.

"It would be beneficial for our service to have this training as standard and for all our supervisors and managers to undergo the same." (Education Mental Health Practitioner)

"The training has empowered me to be the advocate for the Trauma Informed Approach within school, challenging our practices and amending our policies, and always questioning whether what we are doing is truly Trauma Informed. An aspect that we are working on is routinely written into our School Development Plan, alongside staff wellbeing, and so it is always central to what we are moving forward with in school." (SENCo, Deputy DSL and Teacher, School)

"This training has transformed the way in which I look at behaviour. [...] As a Headteacher, it has meant that I am leading a team that shows we put mental health at the centre of everything - both for our children and staff. The TIS training has transformed me as a leader and as a practitioner." (Headteacher, Primary School)

One practitioner provided an example of the impact in a non-school environment, where a trauma-informed approach has influenced policy change within a housing association. The practitioner highlights the commonalities of supporting individuals who have experienced trauma whether they be children in a school setting or families in a housing context.

Practitioners feel more staff in schools and other key sectors would benefit from receiving the training. Several practitioners from non-school organisations said more individuals should have the training.

"Bringing more creative and practical elements to our service is vital to engage with primary children and having trained in TIS approach has validated this. Many of our colleagues are still training or have not yet done the TIS 10 days. It would be beneficial for our service to have this training as standard and for all our supervisors and managers to undergo the same." (Education Mental Health Practitioner within the Mental Health Support Team)

"Utilising the PACE principles, has helped create a further sense of well-being by most staff members- but senior management still need to be educated in trauma, attachment, and its effects- I suggest the heads of social care, and senior managers complete the 10-day training as this will support better decision making which DOES NOT [penalise] children for their difficulties / behaviour as a result of abuse or neurodiversity. If their understanding is informed, their management and attuning to staff will also improve- and therefore create a reflective and supportive workplace." (Senior family worker in social care at the time of training)

"I feel this training has been a missing piece for me throughout my working career and I couldn't support and recommend its rollout to as many professionals and sectors as possible. I believe it has got the potential to make our communities better informed and more inclusive, it can change the way we relate to one another. Most people have experienced trauma at some stage in their life and bringing more awareness to it is crucial to help us to deal with it in the most helpful way." (Together for Families Keyworker, Housing, at time of training)

A practitioner in a school setting said that they felt it was important for trainee teachers to receive this training.

"I feel honoured to be working in Cornwall and to have received this TIS training. It should be part of teacher training so that every teacher coming through the profession is trained in this. As a Headteacher, it has meant that I am leading a team that shows we put mental health at the centre of everything - both for our children and staff. The TIS training has transformed me as a leader and as a practitioner." (Headteacher, Primary School)

Young people interviews

The impact of the 'support within setting' on children and young people is highlighted in the longitudinal qualitative study led by Dr Emily Stapley at the Anna Freud Centre. She interviewed 63 young people in schools at the Blackpool, Cornwall, Hull, Kent and Newham HeadStart partnerships. 14 young people were interviewed in Cornwall. The research sought to address two questions: What problems or difficulties do young people describe experiencing? and What are the coping strategies or sources of support that young people describe using to deal with their problems or difficulties?

Overall key findings:

The young people described experiencing a range of problems and difficulties, including:

- issues of fights and arguments with peers (the most prevalent issue)
- fights and arguments with parents and siblings, which alluded to the various sources of strain that their families were under
- experiencing explosive angry outbursts, which were difficult to control
- (sometimes chronic) worries and fears
- struggles academically and behaviourally in relation to school life.

Gender differences were found in line with previous research with girls tending to report experiencing more internalising problems (e.g. anxiety, depression) compared to boys, who tend to report experiencing more externalising problems (e.g. aggression, school issues).

The young people described the many ways in which they coped with difficult feelings and situations, including:

- engaging in positive thinking and activities that made them feel better
- disengaging from problems through ignoring them, forgetting them, and being distracted
- accepting and getting used to difficult situations.

Sources of support include parents, friends and school staff.

The majority of the young people who had been involved in HeadStart described their perceptions of the positive changes that had happen or they felt could happen in their lives as a result of taking part in HeadStart. These included having someone to talk to and receive advice from, and learning strategies, techniques and information about how to deal with difficult emotions and situations. However, some young people also referred to their perceptions of the relatively limited impact that HeadStart had had on their lives, or suggested possible improvements to the HeadStart initiatives that they had been involved in. For example, young people did not always perceive the support as being relevant to them if they did not see themselves as having any major problems that they needed help with.

In conclusion, key learning for other organisations seeking to support young people's wellbeing include:

- the importance for young people of having someone available to talk to about their problems or difficult situations when and if they need to

- the provision of time, where possible, for young people to do the things that relax them, that they enjoy, or that can make them feel better
- a reminder that exposure to a risk factor does not necessarily and automatically negatively affect wellbeing; therefore targeted support could perhaps most benefit those who have experienced a negative impact on their wellbeing following their experience of a particular risk factor.

Key findings for Cornwall:

In terms of the problems and difficulties that the young people reported experiencing, themes found across the interviews in Cornwall, in line with those in the wider report, included having explosive angry outbursts, worries and fears, fights and arguments with peers and family members, experiencing various sources of family strain, such as bereavement or parental divorce, and academic and behavioural struggles at school. One theme derived from the broader group of interviews described in the wider report was not evident in the interviews with young people in Cornwall – experience of self-harm. This could indicate that for the interviewees in Cornwall this was not a problem or difficulty that they had experienced, or perhaps this was not a problem that they felt comfortable mentioning or remembered to mention during their interviews.

The self-care strategies that the young people spoke about could be grouped into several overarching themes, including engaging in positive thinking and activities that made them feel better, disengaging from problems through ignoring them, forgetting them, and being distracted, and accepting and getting used to difficult situations. Again, one theme derived from the broader group of interviews described in the wider report was not evident in the interviews with young people in Cornwall – self-defence. This could indicate that for the interviewees in Cornwall this was not a coping strategy that they used, or perhaps this was not something that they felt comfortable mentioning or remembered to mention during their interviews.

The young people also talked about the various sources of support that they had or that they could access, describing parents, friends, and staff or activities in school as being important sources of support whom they could draw on for comfort, advice, distraction, and instrumental support, and as someone to talk to.

Sustainability / Next Steps

HeadStart has broadened its workforce development activity. We invited Dr Karen Treisman to deliver online training and hundreds of professionals attended her session on how to create a trauma-informed organisation. Dr Treisman's books (A Treasure Box for Creating Trauma-Informed Organisations Volumes I and II) were distributed to every school in Cornwall.

HeadStart Kernow offered 3-day Trauma-Recovery Model (TRM) training in the final phase of its funding. This enabled over one hundred delegates to learn about trauma-informed practice.

Foster Carers and Special Guardians are part of Cornwall's wider workforce and therapeutic resources are being made available to them in spring 2023. Seven hundred and fifty resource kits have been distributed.

A series of webinars from TIS UK are available with free and unlimited access for all professionals working with children, young people and families in Cornwall until the end of January 2024. They are available via the wellbeing hub <https://www.headstartkernow.org.uk/headstart-hub/>

About this report

This report, and the analysis it contains, has been produced at Cornwall Council by Natalie Russell (HeadStart Learning Lead) and Rachel Ford (HeadStart Researcher), in collaboration with Tracy Bowers (HeadStart Coordinator for Workforce Development). The survey of practitioners was developed in collaboration with Lee Atkins and Nick Tait at the Child Outcome Research Consortium.

The report draws on analysis undertaken by Hannah Clark (LGA National Graduate Development Programme) and materials produced by Rebecca Andrews (HeadStart Researcher) and Hannah Dixon (Cornwall Council Apprentice). It contains analysis produced by Dr Emily Stapely (EBPU) in her qualitative study of the HeadStart support.

Started in 2016, HeadStart was a six-year, £67.4 million National Lottery funded programme set up by The National Lottery Community Fund, the largest funder of community activity in the UK. HeadStart aimed to explore and test new ways to improve the mental health and wellbeing of young people aged 10 to 16 and prevent serious mental health issues from developing. To do this, six local authority led HeadStart partnerships worked with local young people, schools, families, charities, community and public services to design and try out new interventions that would make a difference to young people's mental health, wellbeing and resilience. The HeadStart partnerships were in the following locations in England: Blackpool; Cornwall; Hull; Kent; Newham; Wolverhampton.

Acknowledgments and thanks

We would like to thank all training providers, trainers and practitioners and colleagues from the education and the voluntary sector. We would also like to thank The National Lottery Community Fund for their support, CORC for their research support and colleagues in Public Health who have helped shape the local evaluation.

Appendix: Case-studies

The following case-studies have been taken directly from the survey responses and have been ordered here according to submission. Spelling mistakes have been corrected, unless the meaning was unclear in which original entry remains. Where it is possible to potentially identify an individual, information has been redacted.

Case-study: WILD

Early Years Lead (Voluntary and Community Sector)

We want to hear how this training has affected you personally

The Thrive and TiS training has had a significant impact on my own practice and the practice of others in WILD young parents project. The initial 10 day training and the theory it included has formed a solid base for my understanding of trauma and how this will impact the young people referred to WILD and their children. On a personal level, the training has had a big impact on my parenting and how I respond to my children. Even though I was a primary school teacher for more than a decade I learnt so much about children's emotional needs at different ages. I wish I knew then what I know now.

How has training affected your setting?

The knowledge from the training has formed the base for our new framework 'Words and People'. Alongside some additional training from the Anna Freud centre on mentalisation we have developed a trauma informed working practice for young parents. We did need to adapt what we were learning on the training course as the knowledge was very much school based and the young parents and their babies fell either side of the age groups focussed on. However the knowledge base was still very influential in the work we are doing. The activities and practices were less useful as stated before the ages of families referred to WILD did not fall within school age.

How has it affected children and their families?

For the families we work with, being able to pass on this knowledge on how they or their children may have been affected by trauma has been very important, both in understanding themselves and understanding how to effectively parent their own children. The understanding that 'no wonder I am finding this difficult' because of what I have been through has been incredibly important for many individuals. Our hope is that this knowledge of trauma utilised at such an early age will mean that far more of the children of young parents can thrive and achieve their potential.

Case-study 1**HLTA and TIS practitioner in the mental health and well being team (School)****We want to hear how this training has affected you personally**

It has helped me to help myself, my colleagues, the children and their parents and carers. It has given me such confidence and allowed me to now do a job that I love. I feel that even on 'not so good days' I am able to make a difference. It has been very powerful in the lockdown and I have relished being in a position to help the school community.

How has training affected your setting?

Please see above.

How has it affected children and their families?

I am helping children on a daily basis to be more confident, resilient and joyful. Even though I cannot help /save every child I am able to just hold some and make their day a bit more bearable. Even this is enough sometimes.

Case-study 2**Teaching Assistant who also delivers TIS interventions (School)****We want to hear how this training has affected you personally**

It has changed the way that I converse with children- I use learnt new skills daily to deliver interventions to children to support well being. I feel that it has empowered me to better support the specific needs of children and enabled me to empathise at a deeper and more effective level.

How has training affected your setting?

I feel that people ask for my advice more often on children's behaviour and this has boosted my confidence. I am definitely able to transfer skills when working with colleagues - being better able to have conversations as an emotionally available other. I feel more confident to spend time on interventions, knowing the science and research that underpins the courses.

How has it affected children and their families?

I have seen a definite change in many of the children who I support. Children are more able to articulate and name feelings and to recognise when they might be about to flip their lid! They are using the language of TIS more within the classroom, and are demonstrating their knowledge of the science behind the behaviour. I have noticed that this has therefore, in a few situations, supported better learning behaviours (reduced anxiety and therefore a more focused child).

Case-study 3

HLTA. Based in Y3/4 . TIS practitioner, Dyslexia Champion, Autism Champion , Bereavement Champion [redacted for confidentiality] (School)

We want to hear how this training has affected you personally

My training has had a huge impact on my work with children. I was incredibly fortunate to be trained by Ellie Baker and found her to be a truly inspiring role model. I use my understanding of the neuroscience to explain to the children how and why their brains can be affected. I am much more empathic in attuning and validating and have developed a useful toolkit to enable trust and relationship building. I am also much more reflective of my own practice and aware of my own emotional availability as well as that of my colleagues which means I can ask for support or support others when needed.

How has training affected your setting?

My relationships with colleagues has improved due to being better equipped to communicate. We have adopted a whole school Thrive/TIS culture and currently have 3 practitioners (one of whom is our head) spread across the 2 key stages. With several more staff waiting to embark on the practitioner training. Our staff have all taken advice from us on dealing with various emotional and behavioural challenges and the staff team has become closer, being able and willing to ask for support or advice. We see behaviour as a form of communication and use our knowledge to support all the children across the school. Personally I have kept up to date with various practices via social media as well as through my supervision sessions and use the books by Margot Sunderland and Karen Treisman amongst others, to support my work.

How has it affected children and their families?

I think the children are generally more understanding of the ways their brains develop and can work differently. Often, they are focusing on their strengths and are much more open to using regulating and soothing exercises without feeling embarrassed. I'm hopeful that we can continue to create an environment where our children feel listened to and are able to trust and respond to the adults around them.

Case-study 4

APA [job title and setting name redacted for confidentiality] (School)

We want to hear how this training has affected you personally

In my professional practice it gave me confidence to believe in myself & what I was doing, it gave me a set of tools/skills that I could use when at work & a better understanding of the children/young people, what I was doing & why. It also gave me confidence to ask to do training in & start to deliver programmes by the Mindfulness in Schools Project, Massage in Schools, Anna Freud Parent Coaching & the INPP. It has allowed me to move forwards professionally & develop my career/ role [job title redacted] without taking part in the 10 day

TIS course this would not have happened. Personally, what can I say other than it was life changing. During the 10 day course I found out that my husband has an ACE score of 18, it completely changed my view of his life & what he has been through & I use the same TIS tools at home as I do at work!! ... The knowledge & understanding I gained on the 10 day course was invaluable & I continue to find the TIS webinars & resources a very informative & useful way of learning more & developing my practice.

How has training affected your setting?

I have worked hard to encourage the school to roll out a TIS based approach across the school. I suggested & got more staff to sign up for the training; several staff now have completed the training so we are able to have a consistent understanding across the classrooms. I wanted to train in & deliver the mindfulness, massage in schools, INPP, yoga etc as I felt that these curriculums teach children skills from the four pillars of TIS (protect, relate, regulate, reflect) so that when they leave the school they have a toolkit of strategies & techniques that they can take with them. TIS has also started to inform the development of our student transitions, I have just piloted teaching mindfulness at the students new schools as part of their 'enhanced student transition packages.' I encouraged the to develop & utilise our outdoor space, I redesigned our school garden & we are now looking at ways to develop forest school areas & woodland planting on the school field. We are also making connections with local outdoor education providers to allow our students as much opportunities to access the outdoors & nature as possible. In terms of staff care I have used TIS to inform & start to develop staff wellbeing. I have begun teach mindfulness & yoga to staff not just at our school but across our school MAT. I wrote a proposal to the MAT using TIS as the basis for allowing me to do this. At school I am the staff H&WB Rep so I have used to TIS to request funding to develop our staff 'rest & recovery' areas, promote wellbeing opportunities to staff such as they use of the school gym & cycle to work schemes etc.

How has it affected children and their families?

I included TIS info in the parent/carer support programme that I have developed & run several times now at our school; the response from parent/carers has been very positive with some saying this is something they wished they had been told about sooner. I have just completed our student & parent surveys which has been overwhelmingly positive with parents saying that not only are their children happy at school they are also happier at home. I think relationships between staff & students has been greatly improved as staff understand more the importance & impact of relationships in their teaching. I think that students feel heard & respected & that they are not judged for their difficulties. I would love to share with you some of the parent responses the comments have been really heart warming! I have created a 'calm corner' in the Family Support room & the students really like to come & sit have a chat & play with the sensory toys & aromatherapy diffuser! TIS has enabled us to develop spaces for reflection & 'time in' with staff which has helped students to become more trusting in staff & our capacity to support/help them.

Case-study 5

Pastoral lead in a primary school (School)

We want to hear how this training has affected you personally

Over the 20 years I have worked in a school setting I have always been involved in providing pastoral support for pupils. Undertaking the Thrive and TIS training has given me the knowledge and understanding of the neuroscience and theory, enabling me to speak confidently to colleagues and parent / carers. My work with individuals and groups has also developed, having more purpose and structure towards an end goal.

How has training affected your setting?

There has been a change in the whole school approach to children with SEMH needs and I feel my colleagues understand and support children with much more empathy and understanding.

How has it affected children and their families?

Generally, children calmer and feel supported with understanding their emotions. They have more strategies to support themselves, are more able to deal with crisis points and adults that have become trusted adults.

Case-study 6

I have two roles. I am an education specialist - specialising in nature based approaches for learning and play. I also work in a Primary School, where I offer TIS support to individuals and small groups. [redacted for confidentiality] (Voluntary & Community Sector and School)

We want to hear how this training has affected you personally

Firstly, it was fascinating and wonderful to have this opportunity for such high quality and deep training. It has had a profound effect on my understanding of child development and in particular brain development. It is difficult to pinpoint which aspects were most powerful. All 3 models covered in the training (Affective neurology, Aces study and TIS approach) were new to me and all have continued to be at the forefront of my work with children. Including the parenting of my own children. Following the training, I have continued to work as a TIS practitioner in my school. The funded supervision is incredibly useful and I try to attend a session every half term.

How has training affected your setting?

I started working at my school while I was completing the TIS training. Previously they had been using Thrive in the school and already have a good relational policy. I feel that having a designated TIS practitioner in the staff has a subtle but important effect on school culture - encouraging staff to consider children more holistically, and to try and understand the reasons behind particular behaviours. [The screening tool] ... has also been very useful

in helping staff to really think about the children in their class from a more holistic viewpoint. My head teacher has decided to buy [the screening tool] ... so that we can continue to have an assessment tool in place to support our TIS work.

How has it affected children and their families?

The parents and carers of children who are going through tough times, or who are struggling with changes in their lives, are often extremely grateful for this extra support. It may be because they know someone is on the child's side within the school (understanding what's going on from the child's perspective and supporting their needs), or that their child has help to process and understand what has happened in their lives, or that someone is helping to shine a light or even create some light. Parents sometimes need 'TISing' as much as their children. Their relief is often palpable that the school is supporting their children's needs. Some breakthrough moments include: A child who now has comfortable friendships in the school (where previously, the other children were wary of them). A child who started to make eye contact during sessions, and then in the classroom and corridors (where previously they couldn't). A child who was able to clearly express their story in a Big Empathy drawing, so that they could articulate and share what was going on at home - then getting the support they needed. A child who has been able to share that during lockdown they hadn't wanted to touch anything and had been obsessively washing their hands because of 'all the bad news all the time' during the pandemic. This week their hands were covered in mud while making earth-paints for their prehistoric cave painting. Reflecting back on these stories reminds me how powerful the TIS approach can be for these children and their families.

Case-study 7

I am an Education Mental Health Practitioner within the Mental Health Support Team in Cornwall. Working with children and/or families to provide CBT [Cognitive Behavioural Therapy] based interventions for low to moderate level anxiety and low mood (School and Public Sector)

We want to hear how this training has affected you personally

Working as an Education Mental Health Practitioner, my immediate remit is CBT based. The TIS training however has allowed me to consider the individual stories of all children I work with and use strategies from TIS to help engage, assess and work with young people and their families. Most children I work with are discovered to have some trauma to some extent and the training has helped me to understand the importance of this and the impact it has on their mental health, behaviour and futures. From a personal perspective, ACE's affect us throughout life and understanding my own and being aware of these helps me to develop my practice as well as empathise with the children and families I support.

How has training affected your setting?

Bringing more creative and practical elements to our service is vital to engage with primary children and having trained in TIS approach has validated this. Many of our colleagues are still training or have not yet done the TIS 10 days. It would be beneficial for our service to have this training as standard and for all our supervisors and managers to undergo the same.

How has it affected children and their families?

Being able to relate to families and children has benefited engagement and motivation for the children and families I work with. It has enhanced my ability to form good therapeutic relationships, which is an essential skill for our role.

Case-study 8

At time of training senior family worker in social care – I am now a trainee education mental health practitioner [redacted for confidentiality] (Public Sector)

We want to hear how this training has affected you personally

It has given me an evidence base to refer to, to support my practice and empower others. It has also enabled me to give strong positive avocation at high levels in court, child protection and child removal decisions- at these times, the training was invaluable to help support children who have then experienced trauma after leaving an abusive home. The training has become a way of life, and its positive effects ooze into my personal life too. I was lucky enough to have Ellie Baker who has inspired and reinforced the practitioner I was, and who I have evolved into- allowing me to keep that PACE centred practice throughout each day. This evidence base supports child centred approaches and is powerful to remind others of this also.

How has training affected your setting?

It has given a shared tool, language and approach across agencies and schools- creating better collaborative practice. Its value is still not reinforced as in purchasing (fund not available to be refunded?) supplies to be therapeutic- however, the work is recognised to how effective it is for the change and support of those accessing the service. Utilising the pace principles, has helped create a further sense of well-being by most staff members- but senior management still need to be educated in trauma, attachment, and its effects- I suggest the heads of social care, and senior managers complete the 10 day training as this will support better decision making which DOES NOT [penalise] children for their difficulties / behaviour as a result of abuse or neurodiversity. If their understanding is informed, their management and attuning to staff will also improve- and therefore create a reflective and supportive work place.

How has it affected children and their families?

100% success rate in re-shaping how we can support children and families. Parents who have had un resolved childhood abuse, have engaged well in this evidence base when it's used to explain the difficulties the children are having.

Being able to attune to them and the children and use the neuroscience to back up development, as well as repair abilities and show them care and respect and support has created some fantastic family outcomes. Sadly, there are still times where children have been removed- however, the training has been invaluable to help create therapeutic stories and reframe life stories and help trauma to be processed, once children have been removed.

Case-study 9

I'm a youth worker for a local charity and I'm also a 1:1 wellbeing coach. (Other)

We want to hear how this training has affected you personally

It has helped me to think about my own experiences more and how that might have impacted my life now. With the TIS training behind me (almost) I feel more knowledgeable in certain areas (such as how teenage brains work) and reassured in others too. To know that how I have been practicing in some areas up to this point, has been in alignment with TIS (without realising). The PACE and PRRR models have given me a consistent framework to work within, when working with young people.

How has training affected your setting?

I work mostly on my own, but I appreciate being in touch with other TIS Practitioner trainees and having new resources available to me.

How has it affected children and their families?

Due to the pandemic, I have not been working 1:1 as I usually would, but I expect this to pick up soon and I will be putting my learning into practice

Case-study 10

Headteacher of a one-form entry primary school (School)

We want to hear how this training has affected you personally

This training has transformed the way in which I look at behaviour. It has really developed by understanding of trauma and how this impacts our children. I feel that I naturally have quite a PACE-y way anyway, but having the science to back up how we relate and build relationships with children has really helped to unite our team and also ensure that our children are safe holistically. I feel honoured to be working in Cornwall and to have received this TIS training. It should be part of teacher training so that every teacher coming through the profession is trained in this. As a Headteacher, it has meant that I am leading a team that shows we put mental health at the centre of everything - both for our children and staff. The TIS training has transformed me as a leader and as a practitioner. I have to remember to not be hard on myself when I have those moments of 'if only I knew this when I taught X child' as I know through this training I am making a positive difference to children's lives in a way I didn't know how to before. That isn't to belittle the

work I did before the training, but to simply demonstrate the impact that high quality CPD can have on children's lives.

How has training affected your setting?

We have reworked our behaviour / relationships policy as a whole school to ensure that every had buy-in. The language we use with children has changed We access play therapy for our most vulnerable children We have been accredited with a wellbeing award through Opus We are on our way to becoming a Rights Respecting School All staff are showing an awareness and an interest in learning more about mental health We are spotting the signs earlier and able to put the right support in place

How has it affected children and their families?

We are enabling children to feel safe and supporting the families We are working with children to help them process feelings in appropriate ways and sharing the language with parents so that the child hears the same language / message whether at school or at home.

Case-study 11

SEND Teacher in a Primary School ARB (School)

We want to hear how this training has affected you personally

The training impacted my professional life more than any other course that I have attended in over 20 years in the classroom. I have a greater understanding of how I am and how I am received by my pupils impacts on being an effective teacher, emotionally available adult. The training covers the whats and hows but also the whys of brain science and research-based approaches. Crucially, the training develops participants as individuals too, making us more able to do our jobs.

How has training affected your setting?

It is a pleasure to share this knowledge with colleagues because it works, which is in addition to the transformative impact on pupils. They can see the impact it has too, which has helped us to then introduce peer supervision and PACE approaches in our setting as well as SLT [Senior Leadership Team] increasing the TIS timetable year on year. It helps us to understand, find and use a shared language that helps us to understand and appreciate our work with a variety of complex needs.

How has it affected children and their families?

There is a visible impact on children that we discuss regularly with staff, such as "A used to respond by doing and , and now they can do instead". The children are often more confident and self-assured, and able to relate to others. They can be more curious and empathetic, more able to listen and speak up. It is more difficult to obtain feedback from parents, but this is something that we are hoping to record in a more formal way.

Case-study 12**Inclusion Manager in a mainstream secondary setting. (School)****We want to hear how this training has affected you personally**

This training did change how I viewed life, in a much more positive way. It taught me to understand the science and biology behind feelings and reinstated that it is totally ok to feel some of the feelings you feel within a lifetime. This gave me a greater understanding to how I support students and empathise with them. The best training I have ever received!

How has training affected your setting?

It has led the progression of student wellbeing being the forefront of how people view their role in the setting. Due to then leading some training events within the setting, it allows for discussions with staff on the impact events have on students' brains and changes how they support the students in the setting.

How has it affected children and their families?

I think being able to empathise with parents and students is such an important factor in supporting students. With empathy comes good listening skills where people feel heard. If a parent feels listened to you can support them to support their child.

Case-study 13**[job title redacted for confidentiality] (Public Sector)****We want to hear how this training has affected you personally**

I did the Thrive Training in 2015 and a 2 day TIS Top Up in 2017. If I am honest it is the basic content that stays with me. The 10 day course goes into a lot of detail but for me, the important, transformation aspects were relatively basic i.e. the psychoeducation, and the importance of attachment and relationship... the most powerful bit of all being the VRFs [Vital Relational Functions] Attune, Validate, Contain, Calm and sooth. If every person living or working with young people knew the importance of relationship and the VRFs then it would have a huge impact on the wellbeing of us all, not just young people. All of the content was valuable, but for me, these were the stand out bits and should be used as the basis for universal personal / professional development.

How has training affected your setting?

I don't work in a setting so it is not really possible for me to say. However my observation from afar is that individual who have trained have found it extremely beneficial and have been able to improve the way they work in setting. My concern remains that few setting has truly adopted a whole setting approach and in particular an approach whereby this training is used in a universal and preventative way. I absolutely believe that this approach must

be used to provide build resilience within the child / setting ahead of troubled times, but all too often it is seen as the route when things go wrong. It should I guess be both. I see individuals doing a great job, but am concerned that the policy, ethos and culture of settings still has a long way to go. Also this is not helped by the government direction around behaviour and "catch up".

How has it affected children and their families?

As I am not involved at the sharp end it is difficult to say. All I can say is that in my experience, the approach works well and young people seem to benefit massively from having an emotionally available adult and someone alongside them.

Case-study 14

Headteacher, Locally maintained Primary School (School)

We want to hear how this training has affected you personally

It has quite literally transformed my leadership and focus within the school that I lead. We support children entirely differently and we have completely rewritten and consulted on our behaviour (relationships) policy and created a unified language that is used by all.

How has training affected your setting?

It has given the team a tool belt of vocabulary and strategies to use with children who are disregulated. It has helped us to consider a child (and families) back story in order to not only manage the behaviours on show but to also consider what might be causing them in the first place. It really has been life changing in so many ways.

How has it affected children and their families?

We have been able to support families in entirely different ways. We have been able to support parents with talking to their children as well as sharing the ways in which we are using language in school to make the change. We share weekly newsletters with our families and have kept them involved with changes at every stage. We have had a real focus on mental health and wellbeing and this has really made a positive impact on supporting our most vulnerable children but also positively impacting on all children - because it works for everyone. The rainbow pathway was absolutely awe inspiring. We invested heavily in it (we bought every resource that was needed) and we put in protected time to enable staff to do these activities sensitively and properly without feeling rushed. The impact on returning from the last lockdown was huge.

Case-study 15

Headteacher - Primary School in an area of high deprivation (School)

We want to hear how this training has affected you personally

I am more aware of my motivations, emotional responses/triggers and therefore better able to pause, reflect and use the strategies to achieve regulation in all aspects of school practice. The approach has informed the whole school 'positive relationships and behaviour policy' and underpins all interactions in school.

How has training affected your setting?

The training of myself, other practitioners and the whole staff has enabled us to create a shared expectation of calm, respectful and empathic communication. The Positive Relationships and Behaviour Policy was written so that key principles of: behaviour as a communication of need, having an awareness of and responsibility for the impact that we have on our community and that behaviour is a subject that can be learnt.

How has it affected children and their families?

We have been using this approach for a number of years and it has enabled us to strengthen the relationships between home and school. During the lockdowns our practitioners delivered sessions to children via zoom and our well being team contacted extremely vulnerable families daily. Knowing how to listen, synthesise and feedback emotional truths was essential in determining the needs of the children and their families both when they are in setting and during periods of difficulty and isolation. We have (on the whole) warm and secure relationships with many vulnerable children and their families.

Case-study 16

Role/organisation not provided (Public Sector)

We want to hear how this training has affected you personally

Personally, the training has helped me consider the use of language and communication, with adults and children. It has helped me to realise that I do not need to 'fix' people's problems but actively listen and validate.

How has training affected your setting?

Not answered

How has it affected children and their families?

Not answered

Case-study 17

I am a Learning support mentor working with a year group primarily but also see students from across the school years. (School)

We want to hear how this training has affected you personally

I found the course very interesting and made me think of the impact that schools and members of staff can contribute to the lives of children who find that their lives can be hard at times. This can be due to several factors in their lives. The knowledge of understanding and working as a school as a whole approach to the training we received has been beneficial to the children as a whole.

How has training affected your setting?

Staff have received introductions and training to TIS and as a whole use the insight given to them to work with students, using the ideals learnt. Working as a team and adapting and using the knowledge has strengthened the team and the ability of the team to work together has strengthened relationships within the work place.

How has it affected children and their families?

Relationships with students/children continue to grow and supporting the most vulnerable students, watching them build a professional relationship is great. Seeing students flourish and look towards their future is rewarding.

Case-study 18

Whilst training as a TIS practitioner I worked as a Together for Families Keyworker for Coastline Housing (working with families using whole family approach) [redacted for confidentiality]. (Public Sector)

We want to hear how this training has affected you personally

One of the best trainings I have completed with widespread impact from my professional ability to personal experience and every day life in general. I feel more confident to address issues relating trauma, feeling more empathic towards others (families I work with, colleagues, family and friends), more kind and self caring to myself which supports my own wellbeing, understanding the power of empathic listening, huge role that neuroscience plays in our life. PACE approach to use when issues of trust are barriers to engagement and working relationship. I feel this training has been a missing piece for me throughout my working career and I couldn't support and recommend (sic) its rollout to as many professionals and sectors as possible. I believe it has got the potential to make our communities better informed and more inclusive, it can change the way we relate to one another. Most people have experienced trauma at some stage in their life and bringing more awareness to it is crucial to help us to deal with it in the most helpful way.

How has training affected your setting?

I have completed the TIS training whilst working as a Together for Families Keyworker for Coastline Housing. It highlighted parallels between working in school settings with children who have experienced trauma and working in housing setting with families with complex needs. Families with complex needs (where trauma is often at the core of their difficulties) are more likely to experience housing problems. Unless ACEs and trauma is a recognised factor

in dealing with these issues any intervention will only provide a temporary solution without long term positive change. Evicting a family due to their rent arrears without offering the family the support they need will only perpetuate the trauma and pass it onto the next generation. Coastline Housing had subsequently changed their eviction policy where this has been taken into account and the families can no longer be evicted without the appropriate offer of support.

How has it affected children and their families?

In my role of Together for Families Keyworker I mostly worked with families and parents. I have applied this approach to my work with parents with successful results. One example is of a mum's perception of her 5 year old son completely changing after she understood the role her own traumatic childhood played in her relating to her son (she often considered his strong feelings as a sign of mental illness and referred to him as "what is wrong with you?" and detached from him in helplessness which in turn caused feelings of panic in her son. This created a vicious cycle of missed attunement). This resulted in their broken relationship and son's behavioural and emotional difficulties (CHiN [Child in Need] team involved). Using TI principles with mum, mum was able to understand and regulate her feelings better which in turn helped her to understand and be empathic with her son. This led to their improved relationship and son's improved mental health and behaviour also. I believe if the mum carried on relating to her son through the lenses of her own unprocessed trauma, their relationship would continue to deteriorate together with her son's difficulties leading to potentially serious mental health issues along the way. I also used my TIS understanding in advocating for two children in the family I worked with to get appropriate support knowing the trauma they have both experienced when I felt this was not taken into account when thinking of the care they need.

Case-study 19

SENCo, Deputy Designated Safeguarding Lead, member of SLT, Teacher (School)

We want to hear how this training has affected you personally

Completing the Thrive training and then the two day TIS conversion training has been the most valuable training I have ever received. I would say that it has been the training that has had the longest lasting and most potent impact on my practice. The original training, and then all of the other amazing opportunities of training that Headstart has provided (like the Dan Hughes conference), has enabled me to have a much deeper understanding of all of the underlying theories of child development, brain science etc, and each time another piece of the jigsaw has fallen into place. I think one of the most powerful things that it has done has been to give me a language for, and the reasons behind, my practice; why I do what I do, and then also a shared common language with which to talk to other professionals. The training has definitely pushed me on occasion to be very reflective about myself, and my own experiences, sometimes in a very emotionally raw way but I do think that this has had an extremely positive effect both in my professional and personal

life. I think it has also made me be kinder to myself, recognising my own limitations and encouraging me to think about my own self-care.

How has training affected your setting?

The training has empowered me to be the advocate for the Trauma Informed Approach within school, challenging our practices and amending our policies, and always questioning whether what we are doing is truly Trauma Informed. An aspect that we are working on is routinely written into our School Development Plan, alongside staff wellbeing, and so it is always central to what we are moving forward with in school. As all of our staff have attended the whole school training too there is a shared understanding and we are able to talk purposefully and with a shared language about different aspects, and most particularly about ACES, the hand model of the brain and 'flipping our lid', looking beyond behaviour for the reasons, attachment etc.

How has it affected children and their families?

Due to limitations on the time that I have to actually work with individual children I think I have had more effect universally on the children of the school. Led by myself we have thought about all of the things that we want to do, and to provide, to support the emotional well-being of all of the children in the school which has then been shared and reinforced regularly. We have completed class ... Snapshots and have written Action Plans for all of them, and then have completed the associated activities. We do believe that this universal approach has meant that we are providing the necessary and timely support to those children that would maybe otherwise have needed more intensive support.

Case-study 20

Teaching Assistant/ Primary School (School)

We want to hear how this training has affected you personally

The training has developed my knowledge of child development, its scientific background has helped me understand how the brain works and the impact outside factors have on us all. I am far more observant and confident working alongside my colleagues and with our young people.

How has training affected your setting?

We have trained individuals but also whole school inset which has helped , develop a whole school ethos, using the same language and techniques when needed providing the sense of security and fairness across the school.

How has it affected children and their families?

Working with child and parents creating profiles and plans that can be monitored and built upon has helped all involved.

Case-study 21 **Executive Director (Voluntary & Community Sector)**

We want to hear how this training has affected you personally

The Thrive training I completed was fantastic and had an extremely positive impact on my practice. It reinforced the importance of developing trusting relationships alongside considering developmental needs. The training enabled me to ensure I always aim to deliver the right intervention at the right time, based on the child's cognitive, social and emotional ability.

How has training affected your setting?

The training has impacted positively on my setting, ensuring that we are all working in the same way from a trauma informed approach. We have also fine tuned the services we offer ensuring we offer a whole family long term approach, ensuring we can work alongside the whole family for as long as they need us.

How has it affected children and their families?

Children, young people and families we work with have fed back that they value us and the support we provide. Young people have shared that we are always there for them no matter what, they feel we are the trusted adult in their lives.

Case-study 22 **Parent Support Advisor in a Junior School (School)**

We want to hear how this training has affected you personally

Allowed me to understand myself better, changed the way I work for the better, improved my wellbeing, improved my knowledge and understanding.

How has training affected your setting?

Given me a better knowledge and understanding which I can share with other staff members.

How has it affected children and their families?

Given me the tools to make a difference when working with children, helped me to understand what a child needs and the importance of the EAA [Emotionally Available Adult].

Case-study 23 **Assistant SENDCo and Pastoral in a primary school setting (School)**

We want to hear how this training has affected you personally

The training reinforced some of my own views and theories. It gave me the encouragement and (backed up) knowledge to manage situations with children/Young People with confidence. I have found the resources to be invaluable as they have allowed me to gain insight from children's situations who would otherwise have struggled to share their difficulties with me verbally. I am now able to stay curious to the behaviours displayed and de-escalate situations much quicker with the use of PACE. The training has not only enriched my relationships with the children but also with the parents as I am able to understand that they may also be coming from a place of insecure attachments, trauma and/or toxic stress.

How has training affected your setting?

We have introduced the idea of PACE as an effective strategy throughout the setting, with all staff having a sound understanding of the importance of each strand. We also use WINE [I Wonder, I Imagine, I Notice, with Empathy] when talking to the children. This is important when looking at implementing an effective and consistent approach throughout. We are putting things in place to ensure there is a trauma informed approach and ethos based on the awareness of attachments, P and the three Rs and the neuroscience of emotion. I have set up a wellbeing wall in the staff room where staff are able to take what they need and replace what they can. We are making improvements in helping staff to feel valued and supported. There has been a review of the setting's behaviour policy, as well as the introduction of a relationship policy. We have a sand tray with objects that are dedicated to sand tray sessions and my office has become a room where I am able to dedicate time to 1:1 TIS sessions. I have been provided with a budget to by resources for our sensory room and books to help staff adopt a trauma informed approach.

How has it affected children and their families?

We have seen an improvement in the relationships we have with some of our more hard to reach parents. I feel that there is a new found trust in these relationships where parents can see that we are wanting to work in collaboration rather than against them. The common interest is ensuring their child's best interests are at the heart of everything we do. We are in talks of starting up our Parent coffee mornings again next year and have sessions where we are able to share our knowledge on TIS with them for a consistent approach between home and school, including a shared language that children will become familiar with. Where we have been successful with this approach, we have seen children's relationships with staff change as this has made a positive impact. Children need to see their parents have positive relationships with staff before they are able to have the same. We have been able to work closely with families and the children through passing on our knowledge of PACE, P & 3 R's and breaking down barriers that were previously there between home and school. This has improved communication, confidence and trust. The setting's understanding now is of the theory that "Hurt people hurt people" and we need to create a nurturing environment to support our children, parents and staff to feel safe.

Case-study 24 HLTA (School)

We want to hear how this training has affected you personally

This training changed so much! I now offer a much more therapeutic approach to my day with both children, colleagues and parents.

How has training affected your setting?

It's made me NEVER be involved in any negative conversations about children or colleagues. I've tried to introduce staff supervision, head is looking into it at the moment. We've built up some lovely resources.

How has it affected children and their families?

We've had some success stories and some less so. It's made me think of families I'd like to have back and try to connect further now I'm armed with my TIS training.

Case-study 25 HLTA and TIS practitioner in a primary school (School)

We want to hear how this training has affected you personally

It has opened up a whole new world for the children I work with, my colleagues and myself. It affects everything I do at work, how I approach problems and how I deal with interactions. It has made me seem and feel like I can make a difference and most days that is what I do!

How has training affected your setting?

It has helped me to understand so much more about human behaviour and I am able to tailor my work around so many different types of personalities.

How has it affected children and their families?

The families I work with seem so happy with the effect TIS has on their children and they say they have confidence in what we are doing to help.

Case-study 26 I am a general Teaching Assistant in a primary school and also a TIS Practitioner. (School)

We want to hear how this training has affected you personally

The TIS training was awesome, I learnt so much and really appreciate receiving it for free! I did staff training ,once I had qualified, and find myself

teaching the children about the basic brain knowledge regularly. The teachers have noticed a difference with the children I work with and I have noticed that the way I connect with the children, staff and parents is having a positive and calming effect on them. Two of my favourite ways of working with the children are through using hand puppets and sandtray work; I have had very obvious breakthroughs using these interventions, and I was left feeling very humble and emotional afterwards! I am so grateful for the continuous support and the supervision I receive, it boosts my morale and helps me to feel supported and appreciated!

How has training affected your setting?

My training has benefited not only the children but the teachers and parents too; also the wider community, as I am able to share my knowledge with others and connect with others in a meaningful and genuine way.

How has it affected children and their families?

I have seen a huge improvement in the behaviour and self esteem of the pupils I work with, but I also see the children in general, are pleased to see me and connect even if it is only for a few moments each day. I have children asking if they can come and talk to me in my room throughout the day (I have one day a week protected for TIS), they know it is a safe place and feel able to access that safe place to talk to me and share their troubles. I have also noticed that the staff approach me if they feel the need for some support and a 'private word' on a regular basis! I now see parents too, and I find this very helpful for me as well as them; it enables me to support them but also to gain a better understanding of the children I am working with. When I qualified I sent an email to all the parents outlining my qualifications and inviting them to email/phone or come and see me if they felt in need of support. I think by being there in an 'obvious' role, the parents have a direct line to support, other than their child's class teacher or the head teacher. My work with the children often prevents their behaviour from spiralling out of control and the tools I give them, help them to help themselves, when I am not with them.

Case-study 27

I work for a Community CIC which does many things to serve its community but my role within this is schools work. I do three hourly sessions with young people including activities, food and quality time. [redacted for confidentiality] (Voluntary & Community Sector)

We want to hear how this training has affected you personally

My knowledge and confidence behind what I do has become so strong, I understand my body and brain better and how to regulate it. This I can then support young people with which has been so helpful, understanding behaviour and being curious about my young people is so refreshing rather than feeling like I require results instantly. Realising that my own trauma stunted me in my work until I started counselling, then I understood myself and the need to talk about our trauma. This was life changing freeing! I can now draw from experience of working on my own trauma and putting words to

feelings is coming naturally because of this training, I no longer feel guilty for doing it. I met some wonderful people on the course who will be friends for life, we are still encouraging each other, sharing resources and supporting each other in our roles which is such a comfort. I really enjoyed our trainers and home group tutors, everyone was so kind, thoughtful and open, giving us a chance to learn explore and enjoy getting to know each other and ourselves! I am so grateful for doing this training.

How has training affected your setting?

I understand how to approach difficult situations better, knowing when to be curious or quiet, looking to always be building relationships and really hearing people. Knowing I don't need to fix people but hear their story and delight in them which is such a pleasure where sometimes I used to struggle feeling like a failure. I have used so many tools learned such as sand tray, I wish my teacher knew and the brain science about chemicals and emotions. My whole approach is strengthened and I feel now I know it's going in the right direction.

How has it affected children and their families?

I now have so much more knowledge on things to look for, be aware of and not to be daunted by big problems and know that I truly can help. I have had so many parents and Schools see changes in young people who normally won't talk or trust anyone and they read my reports and see what huge progress are making in relationship this is such a joy to be part of.

Case-study 28

Youth Facilitator (Other) [redacted for confidentiality]

We want to hear how this training has affected you personally

The training really made me reflect upon my own childhood and how that has impacted me as an adult and what I wish I could have received. It's made me realise that I can be the emotionally available adult in young people's lives, that I didn't have.

How has training affected your setting?

Training has motivated me to put together a fantastic, very big box of resources which I use in sessions with young people and has opened up some fantastic conversations with colleagues.

How has it affected children and their families?

I have seen such a difference in the way young people respond when using activities such as the sand tray or the feelings cards. This training has enabled me to deliver sessions which alter how children see themselves and prevents long term mental illness.

**Case-study 29
Emotional Mental Health and Wellbeing Lead at a large Secondary School. (School)****We want to hear how this training has affected you personally**

The training added a new dimension to both my work supporting students in my pastoral role and in my day to day classroom practice. Embedded TIS at my school has enabled me to plan strategically a whole school initiative and develop CPD sessions to ensure the practice is used effectively across the school.

How has training affected your setting?

The training has enhanced to the mental health and wellbeing support across my school impacting positively both on our pastoral provision and day to day classroom practice. We now have a clear EMHWP policy and a relationships policy give clear and coherent reference to our choices. The CPD developed as part of the embedding of TIS has enabled professional development across the staff.

How has it affected children and their families?

Not answered