EVALUATION REPORT FOR 'EMBRACE'

(EMOTIONALLY AND BRAIN RESILIENT TO ADVERSE CHILDHOOD EXPERIENCES)

An evaluation of EmBRACE, a whole school/organisation package of training and consultant support

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Introduction

Executive Summary

Implementation

Schools and 3rd Sector Organisations took a differentiated approach to implementing Trauma Informed Practice (TIP) with pupils, parents, service users and staff members. In general, TIP was relational and individualised, harnessing a protocol of reflection upon challenging behaviour being seen as communication, and instilling high levels of trust by prioritising relationships across the organisation as a whole.

With pupils, high expectations and proportionate accountability was a mainstay alongside this relational and individualised strategy that focused on knowing the child, aligning with other relational approaches to managing challenging behaviour that we have previously seen in schools (Warin & Hibbin, 2020). **With parents** of pupils, a careful, non-judgmental yet uncompromising approach with an emphasis on one-to one-support, bridging strategies and links to external support was the focus in schools. **With service users** in 3rd Sector Organisations, an asset-based and non-punitive strategy was pursed to promote a highly unconditional ethos overall, in recognition of the high levels of trauma that tended to be seen in these settings.

With staff members, reflection on challenging behaviour through opportunities for supervision was a highly valued strategy that was pursed to different levels in Schools and 3rd Sector Organisations. In addition, the sharing of good practice and good communication between staff members promoted a consistent trauma-informed language to develop, and allowed for an effective practitioner response overall. Staff wellbeing was also a high priority for TIP through EmBRACE, particularly for 3rd Sector Organisations where very high levels of trauma were sometimes experienced by staff in the challenging context of social care for vulnerable service users.

Teaching resources in schools included Zones of Regulation, visual resources, bespoke timetables and an accessible shared language in-class; while some settings reported a change in how existing resources and systems such as CPOMS, the traffic lights system or ability differentiation were most effectively used. **Training** intersected with other initiatives including THRIVE; Arbinger; Bereavement; Domestic Abuse; Positive Behaviour Support; Dialectical Behaviour Therapy; Safeguarding; and Child Protection training. Furthermore, training in the educational context highlighted the key role of Teaching Assistants as a core group of staff members with a high level of impact in relation to TIP.

With pupils, parents, service users and staff members personal points of entry into understanding the behaviour of others and to 'shine a light' on their own emotional responses, was a central aspect of how EmBRACE achieved its aims. In addition, not screening for ACEs, forcing the process of disclosure, and assuming everyone has an ACE was a common theme across contexts.

For the organisation as a whole, a bespoke and negotiated approach that mapped-out capacity in Schools and 3rd Sector Organisations, to identify strengths as well as weaknesses in relation to TIP, was used by EmBRACE. This audit-based strategy was supported by values-led leadership that placed a high emphasis on TIP by providing time for reflective practice and ensuring that recruitment strategies identified staff members who were a good fit

overall. In 3rd Sector Organisations that had seen the ACEs conversation in previous iterations, a more subtle and discursive approach was taken to secure buy-in, as well as reorienting social care narratives around compliance in the context of substance misuse, where trauma was addressed as a primary outcome prior to substance cessation.

Systems resilience (Popay et al, 2018) was an outcome of the evaluation whereby the need for a 'universal conversation' around TIP was viewed as an essential element of fostering widespread and sustainable change. This was achieved through the Resilience Workshops that could be understood as a tangible aspect of the myriad ways that EmBRACE supported systems-focused resilience, by providing training across contexts for pupils, parents, service users and staff members in both Schools and 3rd Sector Organisations. In addition, systems resilience (Popay et al, 2018) was pursued through a networked approach in the case of the Hub and Spoke model of interschool collaboration, or through a more capacity-based approach in the case of Blackburn with Darwen Borough Council. This allowed Schools and 3rd Sector Organisations to develop systems and processes that enabled them to effectively respond in a trauma informed manner, particularly in times of crisis such as that represented by Covid-19.

Barriers to Implementation

Overcoming barriers to TIP for pupils took place through an individualised approach to 'hidden' ACEs, as well as non-reactive responses in the face of behaviour that was intended to provoke. For parents and service users that could be understood as being **'service resistant'** (Wilson, 2020)**,** such barriers were handled through a trauma-responsive strategy that focused on picking battles on a case-by-case basis and by not forcing change.

In the case of staff who felt patronised through a pre-existing proficiency in TIP, these barriers were addressed by drawing on their experience through reflection; while meritocratic attitudes or misunderstandings around accountability were tackled through participatory and research-focused practice. In addition, staff concerns around re-traumatization were ameliorated by a lack of screening where ACES were assumed, rather than trying to force the process of disclosure.

Barriers across the organisation as a whole, relating to tick-box approaches to TIP and the 'projectitis' (Warin & Hibbin, 2020) that so frequently surrounds initiatives of this type, were addressed though a strongly values-led approach to leadership that made staff aware of the impacts of ACEs and TIP in a non-judgemental manner. In addition, a values-led approach within Senior Leadership ensured that sufficient time and capacity was carved-out for training in, and engagement with, a trauma-informed approach, as an essential factor for addressing organisational barriers across contexts in a systems-focused way.

Aims of the Evaluation

The aims of this piece of work were twofold: Firstly, we were commissioned by Blackburn with Darwen Borough Council as academics with experience of evaluation, to assess the use of Trauma-Informed Practice (TIP) across the district - in Schools and in 3rd Sector Organisations - through a whole school/organisation package for training and consultant support in Adverse Childhood Experiences (ACEs) and TIP called EmBRACE (Emotionally Brain Resilient to Adverse Childhood Experiences). Secondly, as a research team with experience in the use of relational approaches in school (Warin & Hibbin, 2016a, 2016b, 2020; Hibbin & Warin, 2020), we were particularly interested in TIP as an extension of previous research into the use of Nurture Groups and Restorative Practice in educational and community contexts.

This piece of work can therefore be understood as an evaluation of the impact and effectiveness of EmBRACE as an intervention employing both training and consultant support, alongside a closer analysis of the ways in which TIP was implemented in the settings that participated in the evaluation. The rationale for this approach is to allow those who are responsible for directing and implementing the rollout of such initiatives as TIP on an operational and strategic basis in Schools, 3rd Sector Organisations (3rd SOs) and Local Authorities, can understand the drivers of embedded practice that supports capacity building and sustainable change over the long terms.

Purpose of the Report

This report aims to be useful to the Commissioners in terms of understanding the extent to which their aspiration to embed TIP in schools and the wider community has been realised. It is also hoped to provide a road map to other organisations who wish to embed and sustain TIP over the long term.

The structure of the report is divided into 3 main sections, with the overwhelming focus of the report pertaining to the Findings sections of the evaluation:

1) **Introduction:** Executive Summary, Aims and Methodology;
2) **Findings (Impact and Implementation):** Schools, 3rd Sector Organisations, Systems Resilience and Barriers, and Challenges and Facilitators;
3) **Conclusion**

In addition, within the Schools section of the report, additional time has been spent exploring implementation in relation to existing teaching resources and training, as it is felt that these are important aspects of how TIP needs to be considered within the context of the large and differentiated organisational systems of mass schooling.

It is hoped that this report structure will enable the reader to understand how the evaluation was undertaken and what its main aims were for each Stakeholder group; how impactful EmBRACE was found to be and what procedural aspects contributed to or detracted from its overall impact. Less time has been spent discussing the findings and implications of the evaluation, as it is expected that this will be a primary focus for the those who are actively interested in implementing this whole school/organisation approach to capacity building through TIP.

Methodology

Recruitment of Participants

Participants were recruited through an initial conversation with the EmBRACE Training Lead, to understand which school settings and other organisations had received the whole school/organisation trauma-informed training. Out of 23 settings that had received the training in total over a period of approximately 2 years, a list of contacts who had been responsible for working alongside the EmBRACE Training Lead were drawn up and emails were sent to each setting asking them if they would be willing to take part in the evaluation. Out of 16 emails sent to different Schools and 3rd SOs, 13 replied saying they would be happy to participate in the evaluation. Overall, the following settings took part:

Schools:

- 4 Secondary Schools;
- 6 Primary Schools;
- 1 Specialist School for SEND.

3rd Sector Organisations:

- 1 Substance Misuse Service;
- 1 Multi-Agency Partnership organisation connected to BwD's Local Offer.

Data collection took place through an iterative process whereby initial phases on analysis informed future phases of data collection as per Constructivist Grounded Theory methodology (Charmaz, 2006). The EmBRACE Training Lead was interviewed in order to understand the nature of the training intervention, and on the basis of this initial conversation a semi-structured interview schedule was created for participants, focusing on the implementation, impact and sustainability of TIP through EmBRACE over the long-term within individual settings. A variety of staff members were interviewed over the course of the evaluation: Class Teachers; Learning Mentors; Behaviour and Pastoral Support Leads; Head Teachers and other members of the Senior Leadership Team (SLT); and ACE Champions.

Analysis

The analysis of the interview data collected from participants has been undertaken in accordance with Constructivist Grounded Theory (Charmaz, 2006) which advocates a principle of openness to the data and a method of constant comparison between findings and further stages of data collection. NVivo qualitative data software has been used to physically categorise and analyse the data set thematically. An explicit part of both the data collection strategy and the analysis, has been to understand the implementation of TIP in Schools and 3rd SOs, and on this basis a coding frame that differentiated the impact of EmBRACE from its implementation has been used, to separate out aspects related to the effectiveness of the training intervention from how and what ways EmBRACE achieved its effectiveness. In this way we hope to move away from an aim where accountability is the

primary outcome of research and evaluation (Befani, 2013; Rihoux & Lobe, 2009) to understand how and why interventions work, rather than simply whether they do or do not.

Ethics

As a commissioned piece of research/evaluation, a light-touch approach to ethics was taken, although written consent has been sought throughout. This was particularly in-light of the low-risk nature of the research, where practitioner perceptions of the implementation and impact of the training/consultant support intervention were being sought. However, traditional techniques for the confidentiality of participants have been implemented, including the removal of identifying data. In addition, rather than assigning pseudonyms, a functional decision to make use of role titles has been made, to allow for the emergence of a useful picture in terms of the practitioners that had engaged with both the evaluation, and the EmBRACE intervention within individual settings.

Findings I: Schools

Pupils

Implementation:

Participants reported that 'knowing the child' was a key focus of training and consultant support through EmBRACE. This involved staff getting to know pupils and finding out "as much as they can about a child and their family" (**Headteacher: Secondary Setting**). On a practical basis this often involved assigning a keyworker to a pupil to allow the school to produce an effective response that optimised the chances of a successful outcome. Effective responses tended to include finding the right relational support either in-house or externally, which in practice often meant giving pupils the reins in terms of who they felt most "comfortable talking to" (**Behaviour Lead: Secondary Setting**). Finding the right relational support was tied into taking an individualised approach as a key aspect of implementation, where pupil needs were considered holistically in relation to learning, behaviour, attendance, social networks and other indicators of psychosocial well-being and development, to develop "a framework for reflection" (**ACE Champion: Secondary Setting**) upon the child. An individualised approach was also taken when considering pupil's behaviour, and in those settings with a very well-developed approach to ACEs and TIP, this was the case for even very serious infractions of school rules such as the possession of drugs or weapons:

"…lets say drugs are found on a kid…zero tolerance policy, excluded. Or an even more clear-cut example, zero tolerance on blades. So, I know of a couple of instances, one school in Lancashire where a young person was permanently excluded with a blade in their bag for the purposes of self-harm…At [school name] we would ask 'what are the individual circumstances, was there any will to cause harm, was the person acting under duress?'…We would hope to find something that fits to the best interest of that child" (**Behaviour Lead: Secondary Setting**).

Overall, this individualised approach linked in with an understanding of 'behaviour as communication' that was geared towards considering the 'function' of pupil's behaviour in terms of "the reasons for it and what are they wanting out of it" (**Class Teacher: Specialist Setting**). Alongside this functional understanding of behaviour, high expectations and accountability were prioritised through EmBRACE, to enable pupils to understand "fully the impact that they've had…to understand what the damage is." (**Behaviour Lead: Secondary Setting**). Relatedly, this approach moved away from "the idea that there's never going to be sanctions" (**ibid**) to one where sanctions were proportionate and tied into an overriding emphasis on pupil-staff relationships. Here, high levels of trust and an understanding of accountability as a learning opportunity rather than a punishment, reoriented punitive forms of discipline in school. This resonates strongly with relational approaches we have observed in other projects, where sanctions in the context of a trusting relationship was seen to be a qualitatively different experience for both pupils and teachers in school (Warin & Hibbin, 2020).

Directly educating pupils in ACEs was utilised to transfer an understanding of the approach being utilised in school. This was achieved through the 'Resilience Workshops' (see: **Text Box 2: Case Study of the Resilience Workshops**) that were delivered through the EmBRACE

training package, as a way to instil an understanding of the development of resilience as a precondition for attainment and well-being both in and out of school. These workshops were based on a Resilience Framework developed by Hart and Blincow (2012: Online) which can be understood as a set of ideas and practices that are connected to Resilient Therapy (Hart, Blincow & Thomas, 2007), a "therapeutic methodology designed to help children and young people find ways to keep positive when living amidst persistent disadvantage" (CRSJ, 2016: Online). The Resilience Workshops were primarily delivered to Secondary pupils, and in two settings staff members observed the training so that they could roll-out the workshops to the whole year group or school. In one setting with the most embedded and long-standing experience of TIP through EmBRACE, education around ACEs had shifted from the more discrete Resilience Workshops to becoming a core part of their curriculum. This was something that had come about as a consequence of staffs' ability and confidence in transmitting an understanding of ACEs, TIP and resilience to pupils over time, and could therefore be understood as a late-stage outcome of the school's wider learning journey:

"I mentioned we've got this distinct resilience curriculum - all Year 7's will get taught about it. Year 8's will have it refreshed, they get two hours a week. It's not the only thing they do, but elements of ACE education, the science of brain science that goes with it alongside the Dialectical Behaviour Therapy stuff, is all taught over the four years so everybody in school will have been through that process." (**Behaviour Lead: Secondary Setting**)

Impact:

Participants in school settings reported improved pupil outcomes to be a direct impact of the use of a trauma-informed approach. In particular: improved behaviour; reduced exclusions; improved attendance; decreased late arrivals to school; and less children being sent out of class were observable outcomes of implementing TIP through EMBRACE. Overall, participants reported that pupils' ability to self-regulate and identify their emotions and affective triggers, was enhanced as a result of implementing TIP in school. In one setting this was evidenced through the reduced use of behaviour logs over time, as well as anecdotal reports about children being in a better position to manage their own conflicts in school:

"Children were really quite eloquent in talking about how they are able to manage conflict and about how they can…express different emotions and strategies that they can use to kind of calm down if they need to, or where they can go to get support" (**Pastoral Support Lead: Primary Setting**).

As a result, schools were reported as being much calmer places with improved relationships between pupils and staff members. Relatedly, safeguarding was enhanced as a direct result of the higher levels of trust that were reported by participants, that led to more disclosures being made by pupils in school. In one Primary setting a pupil questionnaire found that "100% of children said that the adults in school looked after them well and 98% of children said that school staff would help them if they had a problem" (**Pastoral Support Lead: Primary Setting**).

Parents

Implementation:

Participants reported that establishing relationships with families was key to providing effective support for pupils through TIP. Part of this approach involved promoting a collaborative ethos that secured parent's involvement and buy-in. Often, this would require a subtle change in language when talking to parents, that emphasised a co-constructed and equal relationship, over one of authority and control:

"…so I encourage people to say, if they're making a phone call home or arranging a parental meeting to say, could I have your help, rather than I need to talk to you about your kid. Because that's important, right?" (**Behaviour Lead: Secondary Setting**)

In addition, not 'judging' parents "in a way that feels like we're blaming them for any kind of experiences" (**Pastoral Support Lead: Primary Setting**) was emphasised by participants, in recognition of the intergenerational nature of trauma alongside the difficulties associated with parents hearing about the impact of ACEs on their own children. Participants described taking a careful approach with parents that was on the one hand uncompromising to pupil's safeguarding needs, whilst emphasising a nurturing and non-judgemental approach overall:

"And that's really, really a fine line, you don't ever want to criticize a parent…but quite often if you get a parent to say, 'I don't want it to be like this for them, I want more for them than I have for myself', and then you've got – you're in. And you can work with that. What you can't ever do is create a sense of judgment that then puts the parent on the defensive." **(Head Teacher: Secondary Setting)**

Bridging strategies were used in a number of settings, to support relationships between parents and school, including such approaches as training the school's Career Advisor (as a key point of contact between home and school) in ACEs and TIP; putting on mini-buses for parents to attend parents' evening; and involving parents in key decisions from an early stage. One of the most frequently used strategies included having a physical presence of learning mentors or teachers on the playground in the morning "to greet children and if a parent has something that they really need to talk about" **(ACE Champion/Class Teacher: Primary Setting)** so that parents could easily access key staff members should they need to.

A number of settings also emphasised one-to-one support as being a preferable way to foster relationships with parents rather than group training, due to the idea that "having an individual conversation…can be more gentle and actually relevant to them rather than just listening to people talk about ACEs" (**Pastoral Support Lead: Primary Setting**). In particular, the 'Hand Model of the Brain' (Siegel & Hartzell, 2013) where reactive behavioural responses resulting from dysregulation were explained by providing parents with a simplified visual resource, was found to be a useful way of helping parents to access this understanding in a clear way. Relatedly, the Resilience Workshops (see: **Text Box 2: Case Study of the Resilience Workshops**) that were delivered to pupils, were repeated with parents in an iterative process across groups. These workshops were seen as being a powerful model for parents who were "interested and able to partake [perhaps] because they are already involved in some kind of therapeutic journey" (**Behaviour Lead: Secondary Setting**). However, there was also recognition that for 'service resistant' parents (Wilson,

2020) such methods were less effective resulting from a fear of being judged by others.

Finally, a number of settings emphasised the importance of schools providing a link to external agencies such as Child and Adolescent Mental Health Services, as well as other services in the wider community. One setting in particular was trialling a way of doing this through a bridging strategy that connected parents with opportunities to access information and support during parents evening. In contrast to the traditional strategy of parents making individual appointments with the teachers and leaving directly after their appointment, this 'school fayre' format encouraged parents to access support in a relaxed and informal manner that fostered parental buy-in and control:

"…what we've tried to do this last year is have it so that they are still given the time, but instead of going to the classroom they come to the hall [where] we'll be serving food…And then six runners come and call them for the appointments…And we're trying to have little stalls available so and somebody from the Community Action Network group and the….volunteer service came along. And I'm…trying to get a school nursing service to come and have a table where we can discuss things." (**Pastoral Support Lead: Primary Setting**).

Impact:

The impact of TIP implemented through EmBRACE on the parents of pupils in school, was reported to be increased understanding about the impact of trauma on behaviour. In addition, participants reported that improved relationships with parents enhanced the possibility of disclosure. This sometimes took the form of 'lightbulb moments' where increased understanding and insight into their own ACEs intersected with increased trust in staff members. Occasionally this understanding was precipitated by transferability to the home context, a concept that has been explored by the authors in a previous study of the use of Restorative Practice in schools (Warin & Hibbin, 2020). The transferability of TIP in the current evaluation was something that was only seen in the settings that had most effectively implemented a trauma-informed approach over time through positive relationships in school. Here, students would act as the bridge between home and school to change understandings in their own families and communities. Notably, one Secondary setting shared their experiences in relation to transferability for one parent who had a very long and "quite a difficult" (**Behaviour Lead: Secondary Setting**) association with the school. As a matriarch who could be highly defensive of the many children in her extended family, this parent had come into school after her daughter had brought home the previous day's lesson on "serotonin and dopamine…pathways to addiction and…coping mechanisms" (**Behaviour Lead: Secondary School**):

"…and the woman came in and she talked with a member of staff she trusted and she said 'for years I've have been x, y & z, I'm always very protective about females in the family and I've got to tell you, that's because when I was a teenager, I was raped.' Well, that conversation hadn't happened in 15 years. But knowing that…there was a person in that moment who presumably had been moved by what her child had come back and said about what she had been doing in school and why it was important. And then felt that she had to share this information - because it explained her behaviour."

Staff Members

Implementation

Implementation of TIP through EmBRACE with staff members in schools tended to hinge upon the pivot of reflective practice when thinking about the behaviour, learning and social interactions of individual pupils. The Resilience Workshops were a core part of this process of reflective practice, as a way to lead staff members towards an understanding of resilience and what was required for children and young people to feel safe in order to engage and excel in school. In terms of considering pupils' individual needs, participants talked about developing "a framework for reflection" (**Deputy Head: Primary Setting**) to think about children and young people where multiple sources of information contributed to a holistic understanding of pupils' wellbeing and academic attainment:

"…*let's think about that child - do they go to any clubs after school? Are they ever late? Are they on track in learning, because that's not the be-all and end-all. But it can be an indicator that there's something wrong, and what are their friendships like*…" (**Deputy Head: Primary Setting**)

As well as reflection upon the individual child, reflective practice was viewed as being simultaneously related to an understanding of self and the impact of "our own personal histories…the imprint of those experiences" (**Behaviour Lead: Secondary Setting**) on staff members' reactions and responses to the behaviour of others. These 'personal points of entry' were seen as being central to a well-developed understanding of ACEs and TIP; through unpacking the unconscious triggers that recreate trauma, staff members were better able to expose and understand their own sensitivities and why they may react adversely in a given situation:

"…*by exposing what our students are living through… experiencing, we're often shining a light on our own path, and that can be quite uncomfortable. But then it's one of those reflective moments with people, it's like 'oh man, maybe that's why I do what I do….how do I make that bridge?' If you don't know yourself how are you going to know anyone else?*" (**Behaviour Lead: Secondary Setting**)

Supervision was the apex of reflective practice in schools that was seen as a "massive priority" (**Deputy Head: Primary Setting**) on one hand, but on the other as something that was difficult to fit into a busy school timetable on a meaningful basis. As a result, supervision tended to take place in groups; during staff meetings; and on an in-house basis focusing more on staff wellbeing and performance management rather than reflective practice on individual children. External supervision with qualified professionals whilst being highly valued by schools, was difficult to source, costly and there were significant capacity issues in terms of providing supervision for every member of staff that might want or need it. As a result, settings with the most embedded practice in relation to TIP tended to prioritise individual supervision for specific members of staff who had the most responsibility in terms of safeguarding and behaviour.

Good communication between staff members was also highlighted as being central to embedding a trauma-informed approach in school. Information about differences in the behaviour of individual children would be passed from Teachers and Teaching Assistants

(TAs), to members of staff whose responsibility fell within safeguarding, pastoral support and also members of the SLT. In this way, schools practiced a policy of regularly passing on information even if they "just detected a difference in a child" (**ACE Champion: Secondary Setting**). Relatedly, good communication was linked to sharing and spreading good practice. In a number of schools, staff would share information that they had heard or read about TIP to other staff members, in staff meetings and over email. In some schools, communication boards in the staff room were used to spread a broader awareness of good practice around behaviour and psycho-social support in school as well as acknowledging the fact that teaching staff were "all doing things that were really helpful" (**Class Teacher/ACE Champion: Primary Setting**):

Creating a consistent trauma-informed language was also an important part of the approach that was pursued through EmBRACE. This was seen as a way to facilitate the conversations that staff had about children and young people, to create a consistent understanding across school that everyone was able to tap into. While this process was in the first instance about vocabulary, over the long-term it was more about habit:

"It's about a framework that pulls everything together and a commonality of language…it sounds quite simplistic, but actually, that's been a massive key to unlocking our practice…we've got that uniformity of language now…And so now it will be a case of you when we're discussing any child…it's like, 'that's an ACEs child, that's a four or more ACEs child…there's trauma there'." (**Deputy Head: Primary Setting**)

Finally, staff well-being was a central element of the way EmBRACE was implemented with staff members through an understanding that "you can't pour from an empty cup in terms of your own ACEs" (**Deputy Head: Primary Setting**). Staff having their own ACEs and experiences of trauma that could impact on their own teaching practice, was something that schools in particular had often "never thought about it in those terms until the work [they had dome] with EmBRACE" (**ibid**).

Teaching Resources

In terms of teaching and learning, the kinds of changes that were made to "build resilience [as] one of the core principles of [the] curriculum" (**Head Teacher: Primary Setting**) included such strategies as 'Zones of Regulation' that helped pupils in one Primary setting to understand their emotional responses to challenge, and to support self-regulation and learning:

"So, the learning zone which has the comfort zone in the middle, surrounded by fear zone and then the stretch zone, the panic zone. So, children in Year 1 where I teach at the moment, we do a lot of work on that so children understand that good learning happens in the stretch, zone. But they also know themselves when they're sat in the comfort zone… now they've got to maybe step through their fear into that stretch zone, but also what it feels like to panic" (**Pastoral Support Lead: Primary Setting**).

In addition, and as we have seen elsewhere (Warin & Hibbin, 2020; Hibbin & Warin, 2020), visual resources were produced by teachers to help students understand their emotions in relation to their learning and behaviour in school, so as well as bespoke timetables being produced for some older pupils to help them navigate the school day.

TIP linked-in with a number of established systems in school; for example, CPOMs – an online protection system - was something that some settings found even more useful, with one participant reporting that they had "learned to use [it] much more cleverly, and as a communication tool" (**Class Teacher/ACE Champion: Primary Setting**) to exchange comments between teachers and outside agencies in relation to individual pupils. In addition, schools that utilised THRIVE (an attachment focused neuro-developmental approach used to help children calm down when they were in a state of heightened emotion) reported how well it connected to a trauma-informed approach. This was on account of the neuro-developmental concepts that were highlighted by both approaches; and also by linking-in with whole-class action plans that were produced through THRIVE that allowed TIP to be actively built into the school day.

Similarly, a number of settings reported that as a result of the EmBRACE training/consultant support, there was a change in how resources were used rather than a change per se. This involved being "more mindful of having that ACES agenda all the time - how does that feel for that child to use that resource" (**Deputy Head Teacher: Primary Setting**), as well as the impact of different resources on the individual child. For example, in this setting they had moved the traffic light behavioural management system to the back of the class to minimise shaming and had started using more mixed ability groupings in-class. Other settings had made more dramatic changes that were linked into improved communication in relation to class demographics so that teachers were provided with "information specifically about the people that [they] are teaching" (**Behaviour Lead: Secondary Setting**). This resulted in an approach that moved away from ability-based differentiation, and towards encouraging teachers to understand each pupil on a more person-centred basis:

"…rather than just going…'how have you differentiated your lesson, is there enough challenge for the high abilities, is it accessible for the lower abilities' - are we even using the word ability anymore? All of these things are fine, but you adapt your approach for people in the room, you know them as individuals, you know where they come from…all of that process I'd like to think has become part of people's planning." (**Behaviour Lead: Secondary Setting**).

Finally, as has been seen by this research team in previous studies examining relational approaches in school (Warin & Hibbin, 2016b, 2020), some settings had provided a 'shared language' in each classroom that was linked to trauma-informed principles such as kindness and active listening. This was intended to be used as a behavioural reference for teachers and pupils, to create consistency and to support behaviour on a whole school basis:

"I mean, our behaviour is good. But this didn't happen by accident, because it's sort of like a shared understanding, and this consistency…it's called our '[school name] Best'- were you kind to somebody? Were you listening?" (**Learning Mentor/ACE Champion: Primary Setting**).

Training

Training through EmBRACE in school settings took place in-house on a whole-staff basis, as well as on a more individualised basis during staff inductions when new staff members were recruited to school. Other forms of psycho-social training that were reported by participants to link into ACEs and TIP included: THRIVE; Arbinger; Bereavement; Domestic Abuse; Positive Behaviour Support; Dialectical Behaviour Therapy; Safeguarding; and Child Protection training. Importantly, EmBRACE's implementation strategy targeted TAs as one particularly important staff group to ensure a deep level of training in ACEs and TIP, due to their "key position to develop those relationships and observe when they're in the class" (**EmBRACE Training Lead**). Training in this respect often focused on ways to empower TAs in communicating observations to other staff members when they sometimes felt out of their depth in terms of their role in class:

"But initially when you start working with them it's 'well, if we see this, then we can't go to speak the teacher.' Why not? Because it's the teacher's domain. Now you're there as another professional, you're on a par. So you provide…that scaffolding to think in that positive way, and remind them – if they can't, if they've not got the confidence, so whose their line manager, who do they go and speak to. How do they get a message to that teacher?" (**EmBRACE Training Lead**)

Impact

Impacts of TIP through EmBRACE on staff members in school were considerable and extensive. Along with parents and service users, staff members' understanding and awareness of ACEs was broadly enhanced, sometimes through lightbulb moments of insight into their own ACEs and their associated reactions to others, as well as their understanding of other people's behaviour more generally.

In addition, a trauma-informed language was reported by participants to have developed across a number of settings, moving ACEs talk out of pre-exiting silos of TIP towards a more consistent language across the whole school. Talk that took place between members of staff tended to move away from negative descriptions when talking about children's behaviour, towards non-shaming language that was more purposeful, ACE-aware and based on reflective practice. Talk that took place with pupils tended to make use of insights from Restorative Practice where non-labelling language that asked pupils '*what happened?*' rather than '*what have you done?*' was a first port of call when conflict did occur. This was merged with language that emphasised accountability while remaining positive overall:

"So that language shift is really important, away from negativity towards positive reinforcement of things that we're looking to achieve, and what's acceptable and what's not." (**Head Teacher: Secondary Setting**)

In some settings, participants talked about the impact on language that tied in with improved conflict resolution with one participant reporting that "shouting in school has almost been eradicated, if you hear shouting, it shocks you" (**ACE Champion: Secondary Setting**). As a result, of all these interrelated impacts, participants reported that behaviour

management had become easier due to the insight that complex and challenging behaviour was more effectively managed relationally:

"It helps you deal with it…and the trust they give you after that - a child can be climbing the fence screaming and shouting all I have to do is appear, curl my finger 'come on'…and they come…And it's because I don't lose my rag with them… I've got the patience because I'm not taking it personally, and I know there's no point in talking to them because they've got that red mist. They flip the lid. I have to get them back down before I can start talking to them. It's as simple as that." (**Head Teacher: Secondary Setting**)

Finally, participants talked about impacts on staff confidence in relation to talking to parents about sometimes challenging issues, as well as feeling informed about psycho-social well-being and development in relation to pupils' sometimes challenging behaviour. This had important impacts on staff well-being and capacity, particularly when supervision was utilised to help staff members manage complex behaviour and safeguarding issues in school.

The Organisation as a Whole

Implementation

In broader terms of the whole organisation, TIP was embedded in schools through the bespoke and 'personalized' approach that was taken within the course of training/consultant support through EmBRACE. A large part of this was process involved the EmBRACE Training Lead "spend[ing] some time in the school" and having "a look around [to get] a feel of what we were already doing" (**Learning Mentor/ACE Champion: Primary Setting**). Alongside this intuitive approach a more systematic method of conducting an audit in each school around leadership management, well-being of staff and existing TIP, was one of the first steps on the journey to embedding EmBRACE principles across the organisation. This process of mapping-out capacity took place in the early stages of implementation in order to "pin down and identify our strengths and weaknesses really quickly" (**Head Teacher: Primary Setting**). Other key steps in the initial phases of implementation included securing buy-in from Senior Leadership and identifying priorities for the school as a whole. Once these miles stones had been reached, working with key members of staff such as the SLT, TAs, some individual Class Teachers and importantly members of staff that had been identified as ACE Champions, was central to whole school implementation. Notably, EmBRACE was reported to have a high level of success in achieving buy-in across school settings as a direct result of its personalized approach that was tailored to the individual context of each school, in a manner that minimised the pitfalls associated with 'projectitis' (Warin & Hibbin, 2020) that can frequently accompany interventions of this kind:

"…it was so personalized to our school and what we needed and where we wanted to go. [EmBRACE] gave us that…different perspective and…ideas on how you can achieve this and how you can get staff on board….I think if [EmBRACE had] come in with just a specific scheme of work, and said 'right this is what you need to do go away and do it', then it might have felt like a fad…because we were able to do it so personally it didn't feel like that at all." (**Pastoral Support Lead: Primary Setting**)

Obtaining buy-in from Senior Leadership was directly linked to values-led leadership in all settings, where a high level of importance was placed on TIP from those who were making policy-based decisions in school. This involved the SLT advocating for TIP, feeding it down from the top of school and embedding it through the staff base so that it became a sustainable element of the whole school ethos. In the initial stages of implementation this involved carving out dedicated time for staff members to devote to EmBRACE so that they could be released from their day-to-day duties in a manner that ensured that the training didn't become an additional burden for staff members:

"…our Head Teacher places such a high importance on it…she made the time for staff, she gave them the time within the school day and covered lessons [so] that it wasn't an additional thing they had to on do on top of everything else. And I think if we tried to do it that way, we would have really found it was a barrier." (**Pastoral Support Lead: Primary Setting**).

Capacity building in relation to recruitment strategies formed an explicit and vital part of some schools' organisational strategy to employ staff members who could be understood as being 'a good fit' with the wider ethos. In one of the settings with the longest history in terms of implementing EmBRACE, this involved employing staff members who could adopt a nurturing approach whilst simultaneously prioritising accountability by "not accept[ing] excuses" (**Headteacher: Secondary Setting**), which was viewed as "quite a tough line to drive" (**ibid**):

"…it's vital to have the right people in the right jobs…it's absolutely essential that you don't end up with the wrong people with key responsibilities because that would break it very quickly. So, it is fragile" (**ibid**).

Impact

Different settings were seen to have implemented TIP to varying levels over time. Five of the eleven school settings were found to have embedded TIP to a very high level; in these schools, a trauma-informed approach underpinned policy and practice to create a highly embedded relational ethos overall.

The remaining settings could be understood as having implemented policies and procedures within their organisation that were either trauma aware, sensitive or responsive and were therefore not as far along on their respective trauma informed journeys'. But importantly, they *were* on the way. The sustainability of a trauma-informed approach was an important aspect of EmBRACE's effectiveness, and in one setting with a highly embedded approach overall, it was reported that TIP had been "sustained for 6 years" (**Behaviour Lead: Secondary Setting**). This level of sustainability was strongly connected to engagement with practice over time, where a trauma-informed approach moved from silos through the advocacy of 'ACE Champions', to more generalised practice across the whole organisation:

"I was in the hall with all the staff on one of these twilight things and there was about five members of SLT who were asked to give a little section…talking about trauma informed approaches, and ACEs and our catchment and the life circumstances of our kids. And I had

no input into it at all. And the Head and I were talking afterwards and he said, 'we just sat there for about 2 hours, and you made one little intervention in the whole thing.' And he said 'really, this is your work isn't it?'…Ultimately, the point was it can't rely on individuals…" (**Behaviour Lead: Secondary Setting**).

Organisational impacts could be understood in terms of broad cultural shifts. Some of the most commonly reported changes were related to a move away from more punitive school cultures where pupils were sanctioned for noncompliant or challenging behaviour, to cultures that emphasised a more needs-based ethos. In addition, schools tended to become characterised by higher levels of disclosure and sharing, with greater levels of community that could be understood as a "sense of belonging [that] doesn't disappear while they're not in the building" (**Head Teacher: Secondary Setting**). Arguably one of the most important changes was a shift in culture to one that strongly valued staff well-being in relation to mental health support, as well as regular appreciation of the difficult work that staff were sometimes required to undertake:

"…we're a lot more open as a Staff…I think it kind of opened up that whole debate of actually teachers aren't robots, they do come to school with problems and their own mental health is important as well…" (**Class Teacher/ACE Champion: Primary Setting**).

In the schools that were further along in their journey towards becoming trauma-informed, changes to teaching and learning meant that resilience was positioned at the forefront of the curriculum in recognition of the impact of trauma on children and young people's ability to learn. In these settings, policy changes had also been made that impacted on the most salient aspects of practice in terms of the impact of ACEs and trauma for pupils and parents. The Behaviour Policy was one of the main the policies that often changed as a result of EmBRACE, that was altered to emphasise more restorative principles, moving away from punitive and shaming strategies to manage behaviour. In addition, changes to the School Improvement Plan and the Special Educational Needs/Social Emotional and Mental Health policies were other systemic changes that were made in a number of schools that had manage to embed TIP across the organisation as a whole:

"And they're in our school development plan, that's another big nuts and bolts of it, you know - ACEs, and the consideration of ACEs, of looking through that trauma lens has become a consideration in everything we do. It's almost a bit of a given." (**ACE Champion: Secondary Setting**).

A Secondary School in the North of England implementing EmBRACE

School context: A smaller than average Secondary school in the North of England where the proportion of disadvantaged pupils who attend is well above the national average (approx. 40% eligible for FSMs). The local context includes some of the most deprived wards in the region and also in England. Most pupils are of White British heritage and very few pupils speak English as an additional language.

Ofsted ratings prior to EmBRACE: Requires improvement in all areas since 2012.The Inspection undertaken in 2016 immediately preceding EmBRACE training reported in relation to Personal Development, Behaviour and Welfare:

- Behaviour being poor with pupils showing disrespect to teachers and negative attitudes to learning;
- Attendance was too low with high rates of persistent absence.

Timeline for EmBRACE: 2017 marked the start of the setting working with EmBRACE to implement a whole-school trauma-informed approach. After approximately one year the school reported significant benefits in relation to attendance and inclusion during that time, particularly for disadvantaged pupils, and pupils with SEND, that had been the main focus of the training intervention:

Attendance rates:
Whole School increase: +1.8%
Disadvantaged students: +2.4%
SEND: +3.3%

Exclusion rates: Proportion of pupils excluded for a fixed period

	2018		2017	
	Total	Repeat	Total	Repeat
Percentage exclusions	4%	0.7%	15.1%	3.2%

 Notably, the school reported that between 2017 and 2018, the number of students permanently excluded from school halved.

Ofsted: Personal Development, Behaviour and Welfare – improved to 'GOOD' rating from 'requires improvement', with Ofsted reporting significant improvements in pupils' behaviour, attendance and exclusions from school, showing respect for teachers in a calm, safe school environment where pupils benefit from highly effective pastoral support.

Cost-benefits:
To the School: £91,740 in year 1 of EmBRACE/Trauma Informed Approaches representing a 3% reduction in spending. Anticipated future savings will reduce this by an additional £34,500 in year 2 and a further £51,000 the following year.

To the Local Authority: Reduction in need for commissioned places for permanent exclusions in Pupil Referral Units at circa £16,000 per pupil.

Findings II: 3rd Sector Organisations

Service Users

Implementation

Within 3rd Sector Organisations (3rd SOs), implementation of TIP through EmBRACE centred on building up trusting relationships with service users. Participants reported how service users that had been referred to their service would often exhibit "disguised compliance" (**ACE Champion: Multi-Agency Partnership**) at the outset of service delivery, and the trusting relationship was required for any intervention to work taking "a while to get under the skin" (**ibid**). Practical support was provided to build trust where 3rd Sector Organisations would "practically dig in and help" (**ACE Champion: Multi-Agency Partnership**) with service users' needs, (for example, if a service user needed a room clearing out or a carpet sourcing), allowing for a reorientation of relationships so that "they started to see… 'she's not just gonna come and tell me what to do'" (**ibid**) In addition, strength-based work was another means by which resilience was built, with service users being encouraged to recognise and build on their existing assets, something that was also an important aspect of their organisational response to Covid-19:

"...and looking at saying to people 'you're still here, you're raising children and you are resilient…built through experience'.…We did a lot of strength-based work with our ground level partnerships on the front line, to say we don't want to build dependency…" (**ACE Champion: Multi-Agency Partnership**).

In another 3rd SO dealing specifically with substance misuse, their approach to building trust was through meeting "people where they're at rather than expecting people to fit into our service" (**Manager: Substance Misuse Service**). In addition to this unconditional ethos, a non-punitive approach was implemented where service users were not sanctioned for what were viewed as the symptoms of their past trauma i.e. substance dependence. Here, traditional forms of treatment for substance misuse were regarded as punishing service users for relapse. However, the trauma-informed approach instilled through EmBRACE within this service meant that any form of 'punishment' was ultimately seen as being counter-productive to engagement and abstinence over the long-term:

"….they're punished for [their symptoms]…. So, then the symptoms get worse, so they trust people less, won't turn up to appointments and become more aggressive. And because we're proving to them what they think about themselves is right, that they're not worth it and that they can't do it…so it's about not punishing them for it.. that empathy is really important." (**Manager: Substance Misuse Service**).

The approach taken to broaching ACEs with service users was differentiated, where they hadn't "gone down the route of discussing ACEs with everybody that we've worked with, just because for some people, it didn't feel appropriate" (**ACE Champion: Multi-Agency Partnership**). This was linked into a rationale of avoiding talking about trauma and using other labelling language, until a rapport had been built up between client and case worker, to minimize the dangers associated with re-traumatization. Relatedly, there was a policy of "assuming every single person that comes to us has suffered trauma" (**Manager: Substance**

Misuse Service) and then allowing responses to services users to stem from that starting point. This allowed case workers to develop a sense of preparedness in relation to non-compliance so that they were "ready for them being angry…for them not turning up on time…not really wanting to talk to us a right lot at the start" (**Manager: Substance Misuse Service**):

"…you can talk all day about ACEs and you can drag the whole life story…you can blow your minds with the ACEs that they've got. But it's not trauma informed...Don't ask them, just assume that there's been something gone on, either as a child or as an adult. And what that should do, is dictate your approach." (**ACE Champion: Substance Misuse Service**).

In terms of training, the Resilience Workshops (see: Text Box 2: Case Study of the Resilience Workshops) used in school settings, were adapted with the input of the Substance Misuse Service's ACE Champion, so that they could then be cascaded to service users in a manner that fitted in with the context of the organisation. Staff members observed delivery of the workshops to service users, so that capacity could then be built across the organisation as a whole.

Impact

The impact on service users in 3rd SOs was similar to the impact on parents in terms of lightbulb moments in relation to understanding their own ACEs. This was particularly salient for individuals with a longstanding history of substance misuse, who were reported by participants to significantly benefit from an approach that framed their addiction in terms of a coping strategy rather than aberrant behaviour:

"I don't think I've ever had one client go 'nah, that's not right', every single client has said to me 'why has nobody told me this before?', they've all said… 'it makes so much sense, this is me'" (**ACE Champion: Substance Misuse Service**).

The downstream impacts for service users were framed in relation to empathy and inter-generational repair, whereby exposing individuals to the impact of traumatic experiences during their own childhoods', opened-up the possibility of them addressing trauma in preceding and succeeding generations. Not only did this allow them the opportunity to heal past rifts, but it helped them to understand their current parenting practices in terms of the trauma they had individually experienced as a child.

Staff Members

Implementation

As with staff members in schools, implementing TIP in 3rd SOs through EmBRACE took place through the prioritisation of reflective practice on the individual service user, and through personal points of entry into understanding ACEs. This was particularly in relation to the concept of post-traumatic growth (Tedeshci & Calhoun, 2004) and the factors that build resilience and create "positive change…as a result of the struggle with highly challenging life

crises" (p.1). Staff members had to learn to "not take it personally" (**Manager: Substance Misuse Service)** when confronted with a client's behaviour which could sometimes be highly challenging as a direct result of past or ongoing trauma. The emotional toll of the job was therefore a central aspect of implementation that needed important consideration, in a sector where trauma occurred on both sides of the divide for service users and staff members alike:

"It's a hard job. You invest in people emotionally…we have people that die, and that is awful, our team members find people who have died, which is horrific. We administer Naloxone, so somebody could be overdosing and will administer a life-saving drug…I've had to do that – it's awful, it's real. It's scary….and our team are out in hostels where people are abused…people that work in our team see a lot of not nice things and hear a lot of not nice things…they're not going to be the best for the people that need us if they're not well looked after and it's as simple as that" (**Manager: Substance Misuse Service**).

Participants talked about staff well-being in terms of their lives outside of work, as well as the sometimes difficult experiences that they came up against in the context of their professional lives. Individual supervision that took place on a structured and cyclical basis was an important part of implementation of TIP for staff members in 3rd SOs, as a core part of the way that both reflective practice and staff well-being was approached. In addition, staff were emotionally supported in less formal ways such as through the provision of a well-being jar in the staff office or taking staff members on a walk if they have a "particularly traumatic day" (**ACE Champion: Multi-Agency Partnership**). But in whatever ways well-being was supported, it was a necessary and central aspect of delivery in all 3rd Sector settings:

"Staff wellbeing - it's always high on our agenda. Because, if they're not in the right place to be delivering the service, then we're not going to do very well…we've got the well-being service built into the organization so people know that they can self-refer…well-being is on the agenda in everyone's one-to-one in supervision. So yes, we've got quite a robust system, a lot of peer support as well within teams" (**ACE Champion: Multi-Agency Partnership**).

Impact

Echoing impacts on staff members in schools, participants in 3rd SOs reported greater understanding and awareness of ACEs and TIP across the whole organisation as a result of EmBRACE. This understanding was linked to a sense of authenticity that they had not experienced on other training packages they had undertaken, in a manner that resonated with core beliefs about the root cause of addiction:

"So prior to [EmBRACE] coming in, I wasn't aware of ACEs, I'd never heard of the term…When I went to EmBRACE, I was like it's another one of these mandatory training packages that we've got to go on… I thought it's just a tick box exercise…But anyway, I went to it. And [name of EmBRACE Training Lead] was talking away, and it was just like, wow… I already know so much about this, because it's what I believe to be the causes and conditions of addiction. So, it really grabbed my attention" (**ACE Champion: Substance Misuse Service**).

In addition, the consistent language that was seen in school settings was also observed in the 3rd Sector, where TIP gave staff members "another element of the way we talk about things that have happened" (**ACE Champion: Multi-Agency Partnership**), and staff were seen to move away from negative and shaming descriptions of service users' behaviour:

"Especially when it's been a particularly stressful visit, instead of coming back and saying, 'oh, my goodness, that family they were really hard work!' Its 'definitely got ACEs – we need to address that.' The conversation has changed!" (**ACE Champion: Multi-Agency Partnership**).

The Organisation as a Whole

Implementation

A parallel approach to the one taken in school settings, was taken within 3rd SOs when implementing TIP through EmBRACE, in terms of the bespoke and negotiated approach to capacity building; obtaining buy-in from Senior Leadership; and ensuring staff were the 'right fit' for the service. However, there were some notable differences that were linked to the crisis-focused nature of these front-line services that worked within the community on such intractable problems as substance misuse. As a result of the revolving door of new initiatives that frequently takes place within the context of front-line services, participants within 3rd Sector settings had seen a different incarnation of TIP in previous years, when the ACEs movement first started to gain traction in the UK. As is often the case with new movements, it had been aggressively pursued in some quarters of the 3rd Sector, and over time the possibility of retraumatizing clients through well-intentioned but careless and ill-informed attempts at tackling their perceived trauma became a legitimate concern. This had resulted in scepticism from some individuals who had experienced TIP through the ACEs movement at a previous time. Therefore when implementing EmBRACE in 3rd SOs, it was felt that "throwing it down people's necks….[putting it] on the agenda in every flash meeting" (**ACE Champion: Substance Misuse Service**) was to be avoided, with a more subtle and discursive approach over time being taken instead:

"I don't feel that approach works, so we've come about it very subtle. And maybe just start talking about it…I'll start having discussions with my team, and maybe we'll put some signs up, you know, just visual cues that just get the brain, can keep that ACEs at the forefront and I'll keep having the conversations. So that's kind of how it went" (**ACE Champion: Substance Misuse Service**).

ACEs as a root cause of addiction was the starting point in 3rd SOs adopting a trauma-informed approach, so that substance misuse was reframed from being the cause of individual service users' problems, to a position where it became the solution to masking the physiological discomfort created by trauma. In this reorientation, the suppression of stress hormones and the associated release of neurotransmitters through opiate use, was seen as a logical response to trauma rather than aberrant social behaviour. This position saw service users' problems going "a little bit deeper than just a bit of powder or a liquid" (**ACE Champion: Substance Misuse Service**), which was an approach that came up against some resistance within the multi-agency context. Here, the inherently traumatizing nature of some elements of substance misuse services was an inflection point for organisations

wishing to pursue a trauma-informed approach, linking into perspectives held by participants in relation to systems resilience (Popay et al, 2018) and a 'universal conversation' around ACEs (see **Findings III: Systems Resilience**). This resulted in a divergence in practice where a punitive response to substance users was reported as taking place in the context of statutory services, in direct contrast to 3rd SOs that often held a more tolerant line, in order to build trust between case workers and clients:

"I think being trauma informed is about…not punishing people for the symptoms of trauma…quite often we hear social workers, you know mental health professionals saying things like, 'well, they were aggressive, so we banned them'… So then the symptoms get worse so they trust people less…won't turn up to appointments and become more aggressive…We would never dream of doing that because we understand that that aggression is a symptom of what's happened to them…" (**Manager: Substance Misuse Service**).

As a result, a number of individuals with intractable problems were seen to be 'service resistant' (Wilson, 2020), estimated by one participant to be around "25% of the case load, that were no matter what you did they won't come in" (**ACE Champion: Substance Misuse Service**). Consequently, particularly high levels of empathy in order to build and sustain trust, were seen to be required for these resistant cases, to avoid the "separation and division" (**ACE Champion: Substance Misuse Service**), that was created by punitive action in the face of non-compliance. This non-judgemental and trauma-informed approach emphasising "love, care and empathy" (**ACE Champion: Substance Misuse Service**), was seen as a virtuous circle that helped service users to access the penny-dropping moments in terms of own ACEs, as well as the ACEs of others in their lives on an inter-generational basis.

Impact

In both of the two 3rd SOs that contributed to this evaluation, a trauma-informed approach underpinned policy and practice to create a highly embedded relational ethos overall. Policy change in 3rd SOs followed a path where ACEs and TIP became part of a service delivery strategy, as well as TIP being turned into an agenda item for reflective practice supervisions, observations, and management and team meetings. Overall, participants reported TIP to be part of a "whole service ethos" (**Manager: Substance Misuse Service**) in 3rd Sector settings, an approach that was importantly seen as something that would continue in the absence of the ACE Champions that were a central pillar of EmBRACE's implementation strategy:

"I feel that if I left today it would continue. It's embedded…So the way we deal with staff the way we deal with each other the way we deal with clients, the way we deal with outside organizations" (**ACE Champion: Substance Misuse Service**).

Findings III: Systems Resilience

A Universal Conversation for TIP

Building what has been termed a "'whole systems' understanding of resilience" (Popay et al, 2018; p.292) through very embedded practice, was seen as a central long-term element of implementing TIP in schools and other organisations more widely through EmBRACE. Systems resilience has been defined as a way of tackling health inequalities in communities through "intentional action to enhance the personal and collective capacity of [a community's] citizens and institutions to respond to and influence the course of social, economic and environment change" (Colussi, 1999; p.11). Such institutions include the public, private and voluntary sectors, as well as individuals and communities in order to "focus beyond the resilience of people living in disadvantaged neighbourhoods" (Popay et al, 2018; p.292) to address the wider system in a holistic and networked manner. One clear example of systems resilience that was observed in the course of this evaluation, was the embedding of systems and processes to safeguard children and young people at risk of domestic violence in schools. This was seen through **Operation Encompass**, a "police and education early information sharing partnership enabling schools to offer immediate support for children and young people experiencing domestic abuse" (Operation Encompass, 2021; Online). This charitable scheme, supported by Ofsted and the Police (HMICFRS) and partially funded by the Home Office, alerts schools in the event of a domestic violence incident where children are involved, enabling schools to respond quickly and effectively. However, even with systems-focused safeguarding tools such as Operation Encompass, it was pointed out by one participant that an effective response to supporting vulnerable children and young people also required a commitment to individualised action and support:

"I sat in one of the briefing sessions that was Designated Safeguarding Leads and Head Teachers across Lancashire…introducing Encompass…and someone said, how many referrals would I get from Operation Encompass before Social Services intervened? Half the room sat back in their chair and thought 'man, have you just asked that question?' It's about what you can do not about what social services can do - and more than half of the people in the room sat back and said 'I've been wanting to ask that question too.'" (**Behaviour Lead: Secondary Setting**).

Systems resilience was seen to be part of EmBRACEs wider implementation process, through conversations with participants who came from those settings that had managed to implement a highly embedded approach over time. While capacity building in these settings through the establishment of 'relational infrastructure' (i.e. systems and processes that were supportive of relationships across the whole organisation) was seen to be essential, its ability to affect change on a fundamental basis was simultaneously viewed as being limited in the absence of a "universal conversation" (**Behaviour Lead: Secondary Setting**) around ACEs:

"…if we're going to change the culture, everybody does it, and it becomes truly embedded and everybody's buying into it. What supports of course is my oft-mentioned universal conversation, because if it becomes the norm, we won't be talking about sustainability, it

will just be what it is – seatbelts, smoking, same as all the other things" (**Behaviour Lead: Secondary Setting**).

"…but I also think that in order to be truly effective in that way you need the whole system to be responsive. And I don't believe that the whole system is" (**ACE Champion: Substance Misuse Service**).

For participants who displayed a deep understanding of TIP, this concept of a 'universal conversation' was a central element of how they saw the ACEs movement progressing, so that the consistent language that was seen to be a primary element of implementation could be embedded across multiple contexts. This was viewed as a mechanism by which a joined-up approach could be achieved in a manner that tackled health inequalities in a coherent and meaningful way, to a large extent a mechanism that had met with a large degree of success within Blackburn with Darwen:

"…because it's a universal thing - I'm very lucky working with Blackburn with Darwen, because it's become a thing…the conversation is becoming more universal…There's far more agencies that use the same, same terminology. You hear it in school, and you're hearing it in the doctors. And you hear it in the local authority, then people start buying into the idea." (**Behaviour Lead: Secondary Setting**).

"…a lot of the schools that we work with in Blackburn with Darwen had…heard about ACEs…pretty much a lot of the schools were already bought in… So, it gave everybody a language to talk to each other and support the families...it's good when you work with other partners that know about trauma-informed and they've done the training and they know about the brain and EmBRACE… so we're on the same page…" (**ACE Champion: Substance Misuse Service**).

As suggested by the EmBRACE Training Lead, exactly how organisations with a deeply embedded approach managed to achieve elements of systems resilience, varied considerably across contexts. Some sectors took a networked approach through existing relationships on a localised basis[1] (see: **Inter-School Collaboration for Social Care**) while others such as Blackburn with Darwen focused more on understanding the most effective ways to build the required capacity and infrastructure for a trauma-informed approach to be effectively implemented within a multi-agency/sector context. In terms of EmBRACE itself, one of the key markers of a systems-led approach was the use of the Resilience Workshops that were utilised across settings in both Schools and 3rd SOs to embed an understanding of TIP in pupils, parents, service users and staff members. These workshops were a core part of training in TIP through harnessing a systems-led approach to capacity building where a 'universal conversation' and consistent language around ACEs and trauma could be cascaded across contexts:

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[1] For example, the Hub and Spoke model that was implemented in a locale outside of Blackburn with Darwen borough, and through which EmBRACE was cascaded.

"the Resilience Workshop [is] about capacity building, and…a multi-agency approach…I worked with one of the Hub Schools, and we produced this [Resilience Workshop] package. And then we delivered it to the parents. But then we also delivered it to staff…[and] the staff cascade it out [to students] and it grows from there…" (**EmBRACE Training Lead**).

Text Box 2: Case Study of the Resilience Workshops

Resilience Workshops

Based on: The Resilience Framework (Hart & Blincow, 2012) is a table of ideas and practices for embedding resilience in disadvantaged children and young people. Reminiscent of Maslow's Hierarchy of Needs (1970), the Resilience Framework sets out the basic preconditions for resilience such as enough sleep, good enough housing, a healthy diet and being safe; alongside constructs that are more related to inclusion, education and identity. As a whole, the Framework represents the factors that foster resilience in children and young people over time.

Core constructs of the Resilience Framework (Hart & Blinco, 2012):

- Basics
- Belonging
- Learning
- Coping
- Core Self

Resilience Workshops as a systems-led approach: Developed by EmBRACE through multi-agency partnership work, alongside the Head Teachers in a Hub and Spoke School that was part of the EmBRACE rollout.

Content: 6 discrete sessions were delivered to pupils, parents, service users and staff members on:

1) **Building resilience**
2) **Managing stress and anxiety**
3) **Understanding the impact of stress on the brain**
4) **Developing techniques for self-regulation**
5) **Sustaining good relationships**
6) **Creating a growth mindset**

Example from Session 2/Managing Stress and Anxiety: Within this session the physiological effects of stress are explored. Participants in the workshop are asked: 'What is stress? What are the stresses in our own lives? How does stress effect children?', linking as much as possible to lived experience. A video clip of 'The Learning Brain' is shown as well as the 'Brain Break', the 'Healthy Mind Plate' and the 'Wheel of Stress'. Some exercises are brought into the session including 'Square Breathing', the 'Water Bucket', the 'Ladder Activity' and the concept of Catastrophizing is relayed to workshop participants.

Links to Ofsted:
Personal Development: 'Developing pupils' confidence and knowledge…keep themselves mentally healthy'.
Developing pupil's character: Helping 'pupils to flourish in our society'.
Behaviour and attitude: Providing a safe/calm and orderly environment in the school.

Inter-School Collaboration for Social Care

Interschool collaboration for the social care of children and young people, where schools would work together to spread good practice and to "support and share ideas to the schools in the cluster" (**Learning Mentor/ACE Champion: Primary Setting**), emerged as a significant theme through the course of the evaluation. Notably this had been achieved through an initiative led by an EmBRACE-linked school that was characterised by particularly high levels of experience in relation to behaviour and pastoral support, both in school and the wider community. A framework for inter-school collaboration that was called the 'Hub and Spoke' model where Hub Schools were envisioned as being the schools with embedded and high-level experience in relation to safeguarding and behaviour, that could act as advisors for the Spoke Schools that were less experienced in this respect. This model was reported to have variable levels of success that were a function of a number of different factors across settings. Where the model was successful, participants reported that it worked better:

- In the Primary context;
- As a form of resource sharing (e.g. training parents in TIP);
- As a useful resource for new Heads;
- For merging parenting courses between schools.

In contrast, participants reported less success of Hub and Spoke in the Secondary context, with one participant describing the model as being "quite confusing because there was a safeguarding hub…and an ACEs hub - and our school was both of them" (**Learning Mentor/ACE Champion: Primary Setting**). In addition, there was perceived to be a cultural barrier where it felt "just a bit alien for schools to reach out to other schools for Social Services involvement" (**Head Teacher: Primary Setting**). In relation to this, participants reported that schools generally wanted action from relevant services, rather than advice from other more experienced schools. This was very often the case in schools that had a history of eschewing collaborative partnership work more generally:

"…you knew which schools were going to embrace it, and you knew which ones weren't. As in almost, it doesn't happen here. We're not looking at changing. Everything's all right with us" (**Head Teacher: Primary Setting**).

Covid-19

In many respects, Covid-19 proved to be a test-bed in different settings for the trauma-informed approach forwarded by EmBRACE. Participants reported TIP through EmBRACE helping them to manage the impact of the Covid-19 pandemic in a number of different ways. Settings were able to have more "strength-based conversations" (**ACE Champion: Substance Misuse Service**) with individuals who were experiencing significant hardship, to help them identify sources of support when coping with such issues as food poverty, as well as personal resilience in the face of adversity:

"…the trauma-informed approach has helped because they've had some really difficult conversations, people who were very, very stressed out, the families with kids at home and 'how am I going to feed my family?'…Some people just panicked, and there was a lot about

reassuring people…but still able to say to people you know, come on, you can do this. And these are some practical ways that we can support you..." (**ibid**).

In addition, schools reported a more personalised approach during the course of the pandemic that was bolstered by the trauma-informed principles they had been implemented through EmBRACE. For example, one school reported an approach where they allocated each family a key worker who made contact with them every week. This relational support was reported by participants as being very much appreciated by families, as well as being viewed as a way to support engagement in TIP over the long term by schools, through the relational and trauma-informed approach that had been taken by settings during such a difficult time:

"…the current circumstances have made that even more important… and we're seeing huge, huge engagement from having a key worker allocated who rings every week….And for some of them…having another adult to talk to – if they're on their own with children in these last seven weeks - it's been a godsend… but that will be massive in terms of driving this further in terms of engagement for the future when we're when we are in a position to bring the majority students back" (**Head Teacher: Secondary Setting**).

Findings IV: Barriers, Challenges and Facilitators

While barriers, challenges and facilitators to implementing EmBRACE varied across settings, they could be grouped into broad themes that applied to different stakeholder groups. Barriers differed from challenges in terms of their ability to undermine the implementation of TIP in different settings over the long-term and on a systemic basis. In contrast, challenges could be understood as less serious impediments to implementation, representing factors that needed to be explored, understood and addressed for effective practice overall. These barriers and challenges will be listed here, before going on to explore the ways they were overcome through EmBRACE, as well as the facilitators that helped that process along the way.

Table 1: Barriers, challenges, and facilitators to implementing a trauma-informed approach

	Barriers	Challenges	Facilitators
Pupils	Hidden ACEs in pupils not displaying obvious ACE markers, from backgrounds that may align with traditional notions of achievement in school.	Resistance to help from pupils; Pupils conditioned to expect a negative reaction from adults.	Personal points of entry into understanding ACEs.
Parents	Difficulties associated with parental engagement with school e.g. parental training.	Personal sensitivity due to their own ACEs; 'Service resistant' parents.	Personal points of entry into understanding ACEs.
Service Users	Lack of TIP in other agencies/sectors.	'Service resistant' clients.	Personal points of entry into understanding ACEs.
Staff	Feeling patronized due to an existing proficiency in psycho-social support; Misunderstandings re. accountability, meritocratic attitudes and perceptions of TIP as a soft option;	Concerns re. re-traumatization; Unresolved trauma in staff members.	Staff being already well-informed about ACEs; Personal points of entry into understanding ACEs.
Organisation as a whole	Capacity and staffing issues; 'Projectitis' and ACEs being perceived as a fad; TIP used as a 'tick box' exercise.	Cultural change taking time.	Strong, experienced pastoral support; Motivation to engage and buy-in to a trauma-informed approach; Supportive Senior Leadership Team prioritising TIP: values-led leadership.

Overcoming Barriers

For pupils, overcoming barriers in relation to ACEs that were hidden, involved staff members taking an individualised approach that was strongly based on knowing the child and being sensitive to changes in behaviour. Challenges related to resistance from pupils that were "conditioned to expect a certain form of punishment… where any attention is better than no attention" (**Behaviour Lead: Secondary Setting**) resulting from past trauma or neglect, were dealt with in the most trauma-informed settings through a calm and consistent approach that was non-punitive and importantly non-reactive in the face of challenging behaviour:

"..they're so conditioned…to expecting a negative reaction and in a way they try and find one – how far can I go with this bloke to make him lose his temper… what do I have to do? Are you going to stop me or not? It's like a toddler throwing something off his high-chair - It's a learning game isn't it?" (**Behaviour Lead: Secondary Setting**).

A low level of parental engagement was a barrier that was experienced by all school settings and could be understood as the "hardest one to crack…in a lot of ways" (**Head Teacher: Secondary School)** as well as being something that schools were familiar with in a variety of academic and non-academic contexts. Relatedly, participants reported an individualized approach that took each parent on a case-by-case basis as being the best way to deal with the barriers and challenges associated with bringing parents into a trauma-informed approach. In addition, a sensitive but uncompromising 'trauma responsive' approach where staff members would 'pick their battles' with parents and "back off and then pick it up again at a more appropriate time" (**Deputy Head: Primary Setting)** was often required when interacting with service resistant (Wilson, 2020) parents. In terms of actually introducing parents to the concept of ACEs, particularly when they may have ACEs of their own, a careful and staged approach was taken:

"…you weren't starting off with 'right, this is ACEs', and then through the session, it was looking at strategies to develop your resilience that could be around self-regulation, grounding techniques, growth mindset. And once you've supported them, with strategies they can do something about, it was then introducing the impact of toxic stress on the brain." (**EmBRACE Training Lead**)

Barriers for service users were felt by 3rd Sector participants to be strongly related to the lack of a universal conversation around trauma in other agencies and sectors such as statutory services. This barrier has been discussed at length in the **Findings III: Systems Resilience** section of this evaluation report.**Findings III: Systems Resilience** In terms of service resistant clients (Wilson, 2020), this challenge was managed by 3rd SOs by not forcing change, in order to help them overcome the difficulties associated with engaging with a trauma-informed approach in a manner that aligned with their resilience over time. As was the case with schools, this involved a trauma-responsive approach that would "back off….and drip feed it in until they are ready" (**ACE Champion: Substance Misuse Service**) waiting for the right time to tackle the ACE conversation:

"we have what we call the core foundations of recovery and we have Change, Grow, Live, and they're all different. It's based on the cycle of change. So, people in change will be in pre

contemplation and then growth contemplation and action and that sort of stuff and then life maintenance, but I delivered some groups in the change section of it and I felt it was way too early for people" (**ibid**).

For staff members the barrier of resistance due to a pre-existing proficiency in psycho-social support was overcome by a participatory approach where they had "that choice and control" (**EmBRACE Training Lead**) and their experience was drawn upon through reflective practice. This involved asking staff members to reflect on existing practice rather than them being 'taught' the concept of ACEs and TIP in which they already felt proficient. In contrast, for teachers who were more resistant to TIP due to meritocratic attitudes where "everybody's had a hard time and everybody's got something" (**Head Teacher: Secondary Setting**) or had misunderstandings around accountability, participatory ways of bringing such staff members on board were required. One particularly effective way of doing this involved setting up a working group that utilised research-focused ways of brining staff members into the approach to instil and spread understanding and resolve misunderstanding around ACEs and TIP:

"….what was really useful…was setting up the ACEs working party…because it wasn't so much training as a kind of collaborative thing. So, each pair went away to do their own kind of action research in the classroom and then fed back to everyone about what they found. And that was really helpful" (**Pastoral Support Lead: Primary Setting**).

This was particularly important in settings where serious misunderstandings around accountability had taken root, where for example staff members mistakenly felt that pupils with ACEs "couldn't receive any consequences" (**Behaviour Lead/SLT: Secondary Setting**). In addition to training focused on research and Evidence Based Practice, the familiar barrier of relational approaches being seen as a soft option (Warin & Hibbin, 2016a, 2020) was handled through a process of reminding staff about restorative ways of addressing challenging behaviour.

The challenge of staff concerns around re-traumatization for pupils, parents and service users was dealt with by not forcing disclosure, assuming an ACE and then allowing that to dictate the overall approach going forward. This involved staff members basing their approach "on the fact there's a reason why" (**ACE Champion: Substance Misuse Service**) rather on the actual often challenging behaviour of pupils, parents or service users, to get to the cause rather than the symptoms of trauma. Relatedly, unresolved trauma in staff members was dealt with through a similar approach whereby it was seen as being important to remember that the individual reactions of staff members could be a function of their own trauma on a historical basis, which necessitated the provision of mechanisms of support:

"….for many female staff who may have had experiences through their life perhaps as victims of domestic abuse…that 16 year-old boy [who] as an individual may have been affected by his own historic past events, in that moment can represent an aggressive male …So people forget these things…What teacher would have the confidence to go to their line manager or colleague and say 'you know what, I'm actually frightened'" (**Behaviour Lead: Secondary School**).

As already emphasised in other sections of this report, personal points of entry whereby an understanding of "our own personal histories…the imprint of those experiences" (**Behaviour Lead: Secondary School**) was a huge facilitator for overcoming barriers and challenges to implementing EmBRACE. Personal points of entry whereby individuals gained an understanding of their own reactive responses, linked-in strongly to fostering more empathetic responses to the challenging behaviour that ACEs are often seen to elicit in traumatized individuals.

In terms of the whole organisation, the biggest issues were related to capacity and staffing which were often beyond the control of individual schools, linking into wider agendas related to accountability and funding constraints that are beyond the remit of this report. However, producing a systems-based approach through broad-based cultural change over time (as has been described in the **Findings III: Systems Resilience** section of this report) was seen as one way to tackle the barriers related to capacity and staffing in individual settings. In addition, participants reported values-led leadership whereby a large premium was placed on the importance of TIP, as being a significant facilitator, for capacity related issues. Here, participants reported capacity in their individual settings being good "because our Head teacher places such a high importance on it" (**Pastoral Support Lead: Primary Setting).** Similarly, the barrier of TIP being viewed as another 'fad' was tackled through a values-led approach that sustained TIP over the long-term. In addition, tick-box approaches to implementing TIP were addressed through Senior Leadership providing time for reflective practice for all staff members, as well as by creating a dedicated and experienced team to implement TIP in a meaningful way. In these ways, Schools and 3rd SOs were able to avoid the pitfalls associated with dismissive and superficial forms of implementation, through a strongly values-led approach:

"You've just got to make sure that you've got the right people leading it. And advocating it, because you know, financially it shouldn't make an impact, it's about sort of like the ethos of the school really… it's fed down from the top, isn't it? If they're a great believer, an advocate of trauma informed practice, then it should be sort of fed and embedded through the rest of your staff…" (**Learning Mentor/ACE Champion: Primary Setting**).

The challenge of cultural change taking time was seen as being connected to widespread buy-in and ownership over an approach that to a large extent could not be forced. This was especially the case for more resistant staff members who perhaps had "their whole reputation…built on a certain model" where "admitting you were wrong is really hard" (**Behaviour Lead: Secondary Setting**). Here, participants reported the need for individuals to be "made aware of the impacts" (**Behaviour Lead: Secondary Setting**) of both TIP and also practice that was not trauma-informed, in a manner that allowed them to make their own connections in their own time, and - resonating with a trauma-informed approach - in a non-judgemental manner that did not put people on the defensive:

*"Because there's times when I've worked with a school and they start to realize…it was great when one Primary school said 'so that behaviour list that I have on the wall, its actually shaming the children, isn't it?' Yeah. But they saw that for themselves I didn't go in and go 'right, that list you've got on the wall', and they'd be like 'well I've spent a long time doing this'…They had to see and understand the reasoning for it" (***EmBRACE Training Lead**).

Conclusion

EmBRACE represented a holistic, whole school/organisation package of training and consultant support, that took a bespoke and negotiated approach to capacity building in TIP in Schools and 3rd SOs. As an intervention, it was warmly welcomed and highly valued by the settings that implemented its approach to embedding TIP. In particular, participants highlighted:

- The scientific basis for TIP and the associated knowledge and experience of the EmBRACE Training Lead alongside her 'ability to anecdote' by providing practice-based examples of TIP;
- The bespoke and negotiated package that was more akin to mentoring, eschewing any 'off the peg' approach to training and implementation;
- The whole school/organisation approach based on sustainable cultural change and asset-based capacity building over time.

As a direct result of EmBRACE's strongly relational approach that emphasised the principles of safety, trust and disclosure, the implementation of TIP with pupils, parents and service users took an individualised and careful path. Relatedly, screening for ACEs (that was a core component of the Felitti (1998) study that gave rise to the wider ACEs movement) was not utilised as a part of implementation through EmBRACE, hence its absence within this evaluation:

"We knew the evidence was not to screen. We started off doing screening, but the evidence did come through working with [EmBRACE]…So, we moved away from that very quickly". (**Manager: Substance Misuse Service**)

Rather, screening was undertaken indirectly through close attention to the pupil/service user, getting to know them on a meaningful basis over time, in a manner that emphasised personal choice in relation to disclosure rather than as a strategic aim of implementation. As a direct result, the approach taken through EmBRACE avoids the criticisms that have been levelled at the ACEs movement since its inception (Racine et al, 2020), where questions about re-traumatization are a primary concern.

One of the more transformational aspects of EmBRACE was the value that was seen in study settings for alternative ways of managing challenging behaviour. As a research team, we have seen this in other projects where a highly relational approach was taken through such initiatives as Nurture Groups and Restorative Practice (Warin & Hibbin, 2016a, 2016b, 2020; Hibbin & Warin, 2020) in schools, resulting in the creation of space for the reorientation of power dynamics across the organisation as a whole. In this evaluative study, Schools and 3rd SOs echoed this reorientation, whereby they had come to understand the ineffectiveness of approaching discipline through fear-based compliance, to emphasise behaviour management "based on the quality of the relationship rather than authority, power or reputation" (**Behaviour Lead: Secondary Setting**).

However, it is only through tackling on a whole scale basis, the attitudes and responses to the behaviour of those in society who can be understood as being most vulnerable, that

relational approaches in a wide variety of civic institutions and society more widely will change to become more trauma-informed overall. This links into arguments about the highly punitive nature of society as a whole (Parsons, 2005) – particularly in the contexts of the UK and USA - that seeks to punish reprehensible behaviour, rather than finding ways to empathise with its perpetrators. Importantly, the systems-focused way in which EmBRACE was observed to achieve its aims, is a notable finding of this evaluation that links in strongly to this broader aspiration. We suggest that taking a whole-systems approach (Popay et al, 2018) to resilience is the next step in embedding a trauma-informed approach more widely, so that a universal conversation around ACEs, TIP and the kinds of behaviour that illicit a punitive response, can be sustained in a variety of contexts concerned with the education, social care and 'rehabilitation' of vulnerable individuals.

This kind of systems-focused approach has been pursued on an international basis through the multi-agency/sector work in ACEs that has been taking place in Washington State in recent years. The Building Community Resilience model (Ellis & Dietz, 2017) has been developed to "foster collaboration across child health, public health, and community-based agencies to address the root causes of toxic stress and childhood adversity and to build community resilience" (p.86) on a place-based basis in Washington State. In many ways, this model resonates with the path on which Blackburn with Darwen is – commendably - already on, since the first ACEs survey was undertaken in the region to understand the impact of early adversity on a localised basis (Bellis et al, 2014). We therefore emphasise the need for further research that is aligned with the kind of work that has been taking place in Washington State, to systematically uncover and map the extent to which a universal conversation for TIP has permeated the region's civic institutions and services, as a direct result of the borough council's work in this respect. In these ways Blackburn with Darwen will be able to further "explore capacity issues, reduce fragmented health care delivery, and facilitate integrated systems across partners" (Ellis & Dietz, 2017; p.86) to build community and systems resilience, and reduce health inequalities across the region.

As can be seen from this evaluative study, EmBRACE worked with different organisations to embed TIP, to create cultural change and build capacity in an individualised and negotiated way over time. As such, it represents a whole organisation and individualised approach to sustaining relationships, that avoids the 'projectitis' (Warin & Hibbin, 2020) and revolving door of new initiatives that schools and other organisations can so often be subjected to when trying to support the education, wellbeing and social care of pupils, parents and service users. Through a sense of ownership over the process as a whole, alongside the general effectiveness of the approach, settings were seen to buy-in to EmBRACE, in a manner that allowed TIP to take hold, expand and then flourish over the long-term:

"It does absolutely feel sustainable. And in fact, things feel easier if anything, because of the approach that [EmBRACE] has taken, and the fact that, you know - it works" (**Pastoral Support Lead: Primary Setting**).

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