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| **TRAUMA INFORMED SCHOOLS AND SETTINGS AUDIT** |
| **Name of School or Setting:** |
| **Who completed the Audit:** | **Date of Audit:** |
| **For the purposes of the audit below, please use the following explanations:****TRAUMA AWARE -**Trauma aware is when you start to recognise trauma around you. You start to see the effects of trauma in those whom you support in school. Recognising trauma is the first step in working to keep children safe and helping them to create a safe and positive future.**TRAUMA SENSITIVE –**Trauma sensitive is when you start to see trauma, recognise trauma, and understand that a different response or approach is needed for those affected. You start to build your knowledge and understanding and start to look at processes that recognise trauma and what an infrastructure that supports staff and allows trauma informed practice to take place looks like.**TRAUMA RESPONSIVE –**Trauma Responsive - When you are trauma responsive, you react to children who may have experienced trauma differently to before. You review your school policies, routines and procedures so that they recognise trauma and mandate that your response is based on what you know about trauma. Your approach to trauma sits as a thread equal to equality through everything you do.**TRAUMA INFORMED –**Trauma Informed - As a trauma informed organisation, you are proudly walking the talk. You continue to develop, reflecting on what you are doing so that you can improve as a constantly learning organisation. |
| **Advice** * Build in support and challenge, preferably before, and certainly to follow up the audit via your Virtual School or Educational Psychologist or other professional.
* This audit is best done first by the leadership team, applying all questions to themselves and then by/for the whole setting, with the possibility of including the views of young people
* The audit is a starting point. The next steps are to draw up your action plan to address issues.

**Definitions** * Consciously competent – good at it and can explain it to others
* Cutting Edge – could share practice usefully with others

**Scoring** * There are five points, which correspond to 20% each, to distribute per question.
* Put the numbers where they fit best e.g. for Q5 if you feel that 20% of your staff are cutting edge and 80% know nothing about this put 4 in column 1 and 1 in column 5 and perhaps a comment ‘Ms X has done an MA, could train others.’
* You can apply this to yourself also in which case the % is about your confidence and consistency e.g. 4= ‘80% of the time I’m like this.’
 | 1. **Pre Trauma Aware (New Area)**
 | **2) Trauma Aware (emerging awareness/competence)** | **3) Trauma Sensitive (Competent and Aware)**  | **4) Trauma Responsive (consciously competent)** | **5) Trauma Informed (Cutting edge)** | Evidence /Comments |
| **Individuals Knowledge** |
| 1. Do staff have up to date knowledge of how children’s brains develop?
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| 1. Do staff understand the effect of stress on the brain including their own?
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| 1. Do staff know that their emotional state is the key determinate of the emotional climate in their classroom?
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| 1. Do staff understand what trauma is and can they identify those in their classroom affected by it?
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| 1. Do staff understand what attachment difficulty is and can they identify those in their classroom affected by it?
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| **Individual’s Competence** |
| 1. Are staff able to manage their own response to a child under stress in a way that helps the child to self regulate and feel safe?
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| 1. Are staff able to differentiate their strategies according to what is most effective with individuals?
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| 1. Are staff able to reflect on their own responses to stress, including recognising when they have gone into ‘fight, flight, or freeze’?
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| 1. Can staff enable children to articulate and reflect upon their emotions?
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| 1. Do staff work within the limits of their won competence and ask for help when they need it?
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| 1. Are staff able to manage behaviour through relationships (as opposed to relying upon external rules and sanctions to ‘manage’ behaviour for them)?
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| **Teams** |
| 1. Do teams recognise the different and complementary skills of team members in responding to children’s behaviour?
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| 1. Do teams ask for and use support when they need it?
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| 1. How effectively do teams solve problems together when dealing with children with trauma and attachment difficulties?
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| 1. Are teams involved in training about the needs of children with attachment and trauma difficulties fully multi agency? (Do they include, parents/carers, psychologists, non-teaching staff, and others, school crossing staff, taxi drivers?)
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| 1. Are the teams that plan, implement and review strategies to support children with trauma and attachment difficulties fully multi-agency – including child (where appropriate), carers/parents, psychologists. CAMHS etc?
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| 1. Do written plans (PEPs etc) reflect 15 and 16 above?
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| **Environment** |
| 1. Are there readily accessible spaces to allow children to self-regulate safely?
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| 1. Does everyone know who can access these spaces?
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| 1. Does everyone know the protocol for accessing these spaces?
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| **Children and adults – direct support** |
| 1. Does everyone have an identified support person when they need one?
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| 1. Are children and staff clear about when and how to go to their support person?
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| 1. How developed is the specialist supervision for staff working directly with children with trauma and attachment difficulties?
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| **Senior Leaders – Summary** |
| 1. At what level would the SLT place itself as a team in relation to all the questions above?
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| 1. How well developed is the school’s strategy for supporting the learning of children with trauma and attachment difficulties?
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| 1. How well developed is the involvement of governors in the development of this strategy and training?
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| 1. How well developed is the involvement of other partners, including parents and carers, in the development of this strategy and training?
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| **Totals** |  |  |  |  |  |  |