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| |  | | --- | | **TRAUMA INFORMED SCHOOLS AND SETTINGS AUDIT** | | | | | | | | | | | |
| Name of School or Setting: **Lovely Primary School** | | | | | | | | | | |
| Who completed the Audit: **Sarah Parker - HT** | Date of Audit: **May 2019** | | | | | | | | | |
| |  | | --- | | **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 80% in column 1 and 20% 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. ‘80% of the time I’m like this.’ | | | 1. **Pre Trauma Aware (New Area)** | | | **2) Trauma Aware (emerging awareness/competance)** | | **3) Trauma Sensitive (Competant and Aware)** | **4) Trauma Responsive (consciously competant)** | **5) Trauma Informed (Cutting edge)** | Evidence /Comments |
| **Individuals Knowledge** | | | | | | | | | | |
| 1. Do staff have up to date knowledge of how children’s brains develop? | | | 70% |  | | 20% | | 5% | 5% | Most of the staff – including teaching assistants, welfare staff and governors I don’t believe have up to date knowledge about the developing brain. Y5 Teacher has just completed her Lead Attachment Training course and gained a qualification so she is fully aware. Her teaching assistant has learned a lot from her.  The rest of us need more up to date training. |
| 1. Do staff understand the effect of stress on the brain including their own? | | | 50% |  | | 40% | | 5% | 5% | Most staff seem to understand that when stressed we can’t function as well, but not sure if they understand the actual impact upon the brain? Need more training |
| 1. Do staff know that their emotional state is the key determinate of the emotional climate in their classroom? | | | 50% |  | | 40% | | 5% | 5% | Whilst many staff can see it in others, I am not sure that they recognise it in their own practice. Maybe some training to focus this point is needed. |
| 1. Do staff understand what trauma is and can they identify those in their classroom affected by it? | | | 30% |  | | 60% | | 5% | 5% | Staff know what trauma is in the most obvious form of the word and can recognise children in their class who have been victim to abuse or neglect. Unsure if they (or I) understand it beyond this definition. Also unsure if people could recognise children affected by trauma unless information shared by other professionals. |
| 1. Do staff understand what attachment difficulty is and can they identify those in their classroom affected by it? | | | 50% |  | | 40% | | 5% | 5% | Most staff have an awareness of attachment difficulty but seem to have a limited understanding beyond the awareness that it impacts children who are in care. |
| **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? | | |  | 20% | | 70% | | 5% | 5% | I believe that most of the staff can support a child in distress and help the child to cope with their emotions and feel safe. We have a very good pastoral support team and ELSA. |
| 1. Are staff able to differentiate their strategies according to what is most effective with individuals? | | |  | 20% | | 70% | | 5% | 5% | Most staff are able to differentiate their response to different children as we all have good relationships with the children in school. An area for development here may be to share information with all staff as some staff do not know the best ways to deal with a child who they don’t know that well and this has caused problems in the past. Maybe introduce into staff meetings? |
| 1. Are staff able to reflect on their own responses to stress, including recognising when they have gone into ‘fight, flight, or freeze’? | | |  |  | |  | |  |  | I am not sure… again maybe this is something we need to develop…training first to make staff aware and then perhaps linking staff members to support each other? |
| 1. Can staff enable children to articulate and reflect upon their emotions? | | |  | 20% | | 70% | | 5% | 5% | Some staff are very good at this, but many simply don’t have the time to work 1:1 with the children when they need it. As a staff maybe we need more organisation to provide a support network for staff and children – perhaps develop PHSE programme of study to bring this in to direct teaching? |
| 1. Do staff work within the limits of their own competence and ask for help when they need it? | | |  |  | |  | |  |  | I am unsure. Some staff do not ask for help, but maybe that is because they don’t realise they need any? Again – training is required to increase knowledge, awareness and competence which then should in turn develop an open atmosphere where staff will ask for help or more readily accept help when it is offered. Regular support in staff meetings perhaps – 10-15 mins dedicated each week? And a network of support for everyone, so everyone has a member of staff who is their ‘key worker’? |
| 1. Are staff able to manage behaviour through relationships (as opposed to relying upon external rules and sanctions to ‘manage’ behaviour for them)? | | | 35% |  | | 50% | | 10% | 5% | Most teaching staff are able to use their positive relationships to manage behaviour, however, welfare staff and staff new to school very much rely on the behaviour policy and can be quite rigid with it at times. Stress on staff causes the difficulties where they then rely on the behaviour policy and don’t think about other means of support… Increased training on importance of relationships is needed also a reflective look at our behaviour policy is needed as a whole school staff meeting asap. |
| **Teams** | | | | | | | | | | |
| 1. Do teams recognise the different and complementary skills of team members in responding to children’s behaviour? | | |  | 20% | | 70% | | 5% | 5% | Most staff know the pastoral team are good at responding to children’s behaviour – in particular our ELSA. Staff also know they can use me as support and will ask me to help out with children. However, rather than looking at choosing the ‘best’ person I sometimes feel that staff are looking at who they can refer the ‘problem’ on to as they don’t have time themselves. Again this is something we need to address as a staff. Maybe certain staff members could be ‘attached’ to certain children? We could look at who would be best placed to support and at which best times. Maybe teams of staff for children rather than just one person could work for the most needy and vulnerable children? Staff meeting needed to discuss and gather ideas. |
| 1. Do teams ask for and use support when they need it? | | |  |  | |  | |  |  | Staff will ask for help when they have ‘difficult’ children, however, often it is at the point of crisis when this support is asked for. At this time support can only really be provided by SLT – need to get a better structure of support in place so staff know who to go to and when for most effective support. |
| 1. How effectively do teams solve problems together when dealing with children with trauma and attachment difficulties? | | |  | 20% | | 70% | | 5% | 5% | Staff tend to go to pastoral support or SLT after they have tried to solve the problem maybe with their regular teaching assistant in their class. However, with differing experiences and competence of staff and their teaching assistants the problems can go straight to SLT depending on which staff are trying to cope.  Y5 teacher is not always available for support and not all staff know her expertise… need to address in SLT. |
| 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?) | | | 80% |  | | 20% | |  |  | Training and meeting the needs of our children with trauma and or attachment are met through work with some outside agencies but not all are able to attend. When they do, we rarely include anyone other than teacher, SENDCo / DT, parents, psychologist etc. – non-teaching staff are hardly ever involved. Maybe this needs discussing in SLT, who needs to know what? We must respect GDPR… |
| 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? | | | 80% |  | | 20% | |  |  | We only have 1 looked after child in school and his needs are discussed in PEP meetings. We are unaware as a school if any other children have experienced trauma? Maybe unsure of what ‘trauma’ actually is? Need some advice and training on this to know what we need to do – key strategy for School Improvement Plan? |
| 1. Do written plans (PEPs etc) reflect 15 and 16 above? | | |  |  | | 100% | |  |  | All PEPs are multi agency where possible. Although the outcomes of the PEPs is not always shared with everyone…should this be simplified somehow and shared in staff meetings so staff understand the needs of our most vulnerable children and respond accordingly? Again advice and support needed – ask virtual school? Ed Psyche? Must consider GDPR |
| **Environment** | | | | | | | | | | |
| 1. Are there readily accessible spaces to allow children to self-regulate safely? | | |  |  | |  | |  |  | 2 children in school have their own safe spaces – one in corridor/library space and one in classroom (Y3). There are no other safe spaces…should each classroom have their own safe space for anyone to use? Should we have designated safe spaces on playground? Children will need to be taught how and why to use them (and all staff including welfare) – training required. |
| 1. Does everyone know who can access these spaces? | | |  |  | | 100% | |  |  | Everyone knows there are 2 safe spaces for the 2 particular children. But not all staff understand reasons why or how they should be used – supply staff and PPA cover at times use the safe space as a ‘punishment’…  More training needed for all staff. |
| 1. Does everyone know the protocol for accessing these spaces? | | | 25% |  | | 70% | |  | 5% | Only our Y5 (Lead attachment trained) CT knows and understands fully the protocol for using these spaces.  Most have an understanding – some, predominantly welfare staff do not understand and misuse at times.  Full staff training required. |
| **Children and adults – direct support** | | | | | | | | | | |
| 1. Does everyone have an identified support person when they need one? | | |  |  | | 100% | |  |  | Everyone (staff) has a line manager. However, when they can go to the line manager and how often and for what reason other than work purposes I am not sure. Maybe we need a structure and a regular ‘supervision’ time for all staff – including welfare? Will we have time for this? Need to discuss with SLT. |
| 1. Are children and staff clear about when and how to go to their support person? | | |  |  | | 100% | |  |  | For staff see above.  For children – no real timetable in place, done as an adhoc support. Maybe this needs revisiting. Maybe some of the most vulnerable children need a designated time for a 5 / 10min meet with their identified support person (or people?). Discuss with SENDCo, DT and SLT. |
| 1. How developed is the specialist supervision for staff working directly with children with trauma and attachment difficulties? | | |  |  | |  | |  |  | There is no specialist supervision in place for any staff member.  Maybe use Y5 Lead attachment teacher to provide this? Need to discuss with Ed Psychologist perhaps? Do they provide this service? Can we afford that?  Training for all staff on trauma and attachment needed. Development of a supervision structure of support for all staff needed. |
| **Senior Leaders – Summary** | | | | | | | | | | |
| 1. At what level would the SLT place itself as a team in relation to all the questions above? | | |  |  | | 75% | |  | 25% | 4 in the SLT – Y5 teacher, qualified Lead Attachment Teacher is very competent and capable. |
| 1. How well developed is the school’s strategy for supporting the learning of children with trauma and attachment difficulties? | | |  |  | |  | |  |  | After consideration I am now unsure. I think all staff need increased training in trauma and attachment to fully understand what is required. Y5 CT could lead this initially for SLT. |
| 1. How well developed is the involvement of governors in the development of this strategy and training? | | | 40% |  | | 50% | |  | 10% | One of the 10 governors (SEND Governor) is a clinical psychologist and supports school well with SEND. However, maybe we need to get her expertise to train staff and think about how to develop a policy for supporting learning for children with attachment difficulties and or who have experienced trauma.  How do we know which children have experienced trauma? Do we have a universal policy that covers everyone? Need to discuss with SLT after some training. |
| 1. How well developed is the involvement of other partners, including parents and carers, in the development of this strategy and training? | | | 100% |  | |  | |  |  | Not involved at all.  All staff require training on trauma and attachment to then begin to understand what is needed. After training next steps would be to begin to develop a strategy for support – develop behaviour policy too?  Need to get advice on best training available – ask Virtual school? Ask Educational Psychology team? |
| **Totals** | | |  |  | |  | |  |  |  |

This audit has brought to my attention the need for training and development at our school.

In order to inform the School Improvement Plan, the first step will be to train all staff (including welfare, crossing patrol, governors, after school workers, breakfast club workers) on what Attachment Difficulty / Trauma is and how it impacts on the development of the brain and how this impacts upon behaviour and the implications for us on how we should respond most effectively to support.

Steps after that:

* Development of a strategy for supporting the learning of these young people
* Development of a support network for all staff
* Development of ‘supervision’ support system for all staff
* Development of ‘supervision’ support system for most vulnerable young people
* Development of our Safe Spaces and train staff and how and why to use them properly.
* Development of our PHSE curriculum to include certain areas of teaching