

An evaluation of the Adverse Childhood Experience (ACE)-Informed Whole School Approach

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Authors

Emma R Barton¹, Annemarie Newbury¹ and Dr Jo Roberts¹.

¹Policy, Research and International Development, Public Health Wales.

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Acronyms used in this report

ACE	Adverse Childhood Experience: stressful experiences occurring during childhood that directly hurt a child (e.g. maltreatment) or affect them through the environment in which they live (e.g. growing up in a house with domestic violence).
ALN	Additional Learning Needs: A person has additional learning needs if he or she has a learning difficulty or disability which calls for additional learning provision.
BCBC	Bridgend County Borough Council: A governing body of Bridgend County Borough Council that provides services such as social care, housing and education services.
DSP	Designated Senior Person: a named person working within each school responsible for the safeguarding of all children and young people. This involves managing the child protection cases and liaising with relevant agencies when signs of neglect and abuse are identified.
EWO	Education Welfare Officer: a member of the Local Authority who work with schools to ensure that every school age child is receiving a suitable, full time education by encouraging regular attendance at school.
FSM	Free School Meals: Free meals are accessible to children in full-time school whose parents live below a set income level. Additional funding is provided to schools through the Pupil Deprivation Grant to improve the outcomes of eligible FSM and Looked After Children.
LAC	Looked After Children: A child that is being looked after by Local Authority. This could be with foster parents, with their own parents under the supervision of social services, in residential children's homes or secure units.
LSA/O	Learning Support Assistant/Officer: A member of school staff employed to support teachers and pupils in the classroom. LSA/Os work in all education settings including mainstream primary and secondary schools, mainstream schools with Special Education Units and Special Schools.
PPN	Public Protection Notification: An information sharing document in which South Wales Police staff record safeguarding concerns.

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Executive summary

The impact that Adverse Childhood Experiences (ACEs) have on children's development and the consequent outcomes in later life have been widely evidenced. However, building resilience in children can help protect against the effects of trauma and reduce the risks of poor outcomes in adulthood. Children spend a significant proportion of their time in school, which makes education professionals especially well-placed to support children with adversity and to help build the protective factors that enables them to be resilient against trauma. Developing ACE and trauma-informed practices within schools can enable all staff to have the appropriate knowledge and skills to identify and then in turn respond appropriately to ACEs, therefore providing a safe learning environment for all children.

The ACE-informed whole school approach is a programme that has been developed to introduce and implement trauma-informed practices within schools. There are four elements to this approach: (1) an ACE readiness tool developed to identify existing provisions in school and gaps which may impede the adoption of an ACE-informed approach; (2) staff training to improve the awareness, knowledge and skills of all school staff when working with children affected by trauma; (3) a school action plan and (4) a resource pack to provide additional support needed to embed and sustain an ACE-informed approach. This was developed and delivered by Education ACE Coordinators, Education Psychology Service (EPS) and Healthy Schools.

The ACE-informed whole school approach was piloted in three primary schools within Bridgend County Borough Council (BCBC) Maesteg area between September and December 2017. An independent evaluation of the pilot was conducted by Public Health Wales to develop an understanding of how well the ACE-informed approach has been adopted into everyday practice, the impact on the knowledge and skills of staff to work in a trauma-informed way, and further development required for local and national roll-out of the approach. The evaluation comprised of pre and post-training questionnaires and a scale to measure Attitudes Related to Trauma Informed Care (ARTIC-35, n=95)^a, as well as interviews with staff across all schools (n=24), and those involved in the development and facilitation of the approach (n=9).

The following commentary considers the key findings of the evaluation from which recommendations for the ACE-informed whole school approach have been developed.

ACE readiness tool

The ACE readiness tool was considered an impactful form of self-evaluation which enabled schools to reflect on current provisions, alongside highlighting any gaps in these provisions to enable the school to adopt an ACE-informed approach and therefore effectively address pupil wellbeing.

ACE-informed schools training

All staff enjoyed receiving the training and valued its interactive nature and particularly the delivery from a range of professionals. Staff perceived that the Education Psychologists clearly brought to the training the knowledge and experience required to facilitate a clear understanding of trauma and its impact on children.

Participants reported the most enjoyable and informative aspects of the training to be the science of trauma and communication skills. However, staff felt the training omitted strategies and tools on how to support a child once ACEs had been identified. There were mixed views on the PATH^b process,

a Please note, internal reliability scores for the ARTIC tool indicate potential validity issues for use with the cohort groups in this evaluation. Further work is underway, seeking to adapt and develop a tool that is relevant for education and partner cohorts.

b **Planning Alternative Tomorrows with Hope (PATH- Pearpoint et al., 1991).** PATH is a form of person-centre planning which can be used for an individual or organisation to support the achievement of a specific goal or dream for the future.

some staff expressed concern about how achievable some of the goals set were.

Reflecting of the practical delivery elements, twilight sessions were considered the least effective time for staff engagement, instead there was a preference for combining the three sessions and delivering it on inset days.

Impact on staff attitudes, skills, practice and behaviour

The ACE-informed whole school approach was recognised as a universal approach that provides all staff with the knowledge and skills to act as the trusted adult to better support all children. The approach was positively received by all schools, with many recognising the contribution that wellbeing has in contributing to educational attainment.

Participants reported significant improvements in:

- Understanding of the impact of stress and trauma on the brain.
- Understanding of the underlying causes of bad behaviour in a classroom.
- Awareness of how to communicate with children in a school setting.
- Supporting children experiencing trauma to better succeed in school, particularly through the understanding that any member of school staff can be identified by the child as their trusted adult.
- Attitudes towards working in a trauma-informed way.

Post-training staff felt more confident to work in an ACE-informed way, and reported a better understanding of what ACEs are and the impact they have on children. However, there were concerns about the ability of teaching staff to provide the support children need with the growing demands to meet academic standards and Welsh Government priority areas.

Long-term sustainability of an ACE-informed whole school approach

It was widely accepted that this approach should be rolled out and delivered to schools across Wales. However for long-term sustainability the training needs to be adapted for delivery to secondary schools to ensure materials are age appropriate and suitable for larger staff teams. Additionally, staff felt a more collaborative approach with other services (i.e. police and Early Help) is needed, and were very strong in their belief as a whole that this approach cannot be achieved by schools in isolation. Schools therefore want further support to better engage parents and to develop a community wide approach to addressing ACEs. Therefore a wider approach to ACE awareness is required to include resilience training within the school community.

Conclusion

This evaluation highlighted that addressing the wellbeing of children is considered essential to the academic success of the pupils and that tackling the effects of ACEs is '*everybody's problem*'. However, many school staff feel constrained when attempting to appropriately support children as a result of the pressures enforced upon them to achieve set academic outcomes and address priority areas. The ACE-informed whole school approach comes at a time where significant changes are expected within education in Wales, where a greater emphasis will be placed on children's wellbeing, and creating more supportive schools. Addressing ACEs is essential in enabling children to fully engage in their education and become successful learners, whilst reducing poor outcomes in later life.

The ACE-informed whole school approach encourages school staff to support all children regardless of whether they have experienced ACEs, or are considered at-risk. The training provides all staff with the knowledge and skills to act as a trusted adult, enabling children to seek support when it is needed, and to allow school staff to build resilience in children to protect against the negative outcomes associated with ACEs.

Government policy has already begun to reflect the need to address ACEs, particularly in education. However, there is a greater need for wider support in working towards providing early intervention and the prevention of ACEs in future generations. Whilst it is recognised that further work is required to develop the approach, the evaluation identified a wide range of support among participants for all schools in Wales to become ACE-informed.

Recommendations:

The ACE-informed whole school approach should continue and look to be rolled out to other schools across Wales, with consideration given to the feedback within the evaluation report to modify and develop the approach.

ACE readiness tool and action plan

- Align the ACE readiness tool with the Healthy Schools Framework to streamline the information gathering process for schools. This should include providing schools with the ACE readiness tool prior to the completion meeting to allow staff time to reflect more fully on current practice, gather evidence give greater consideration to their response.
- There is a need for the tool to be streamlined to prevent repetition across the questions and reduce the time it takes to complete the tool.
- Scope out and identify, prior training, frameworks and services that exist in schools that could provide further support, that sit below statutory thresholds
- The tool was developed in line with the Estyn Framework, however, it is anticipated that changes to the curriculum expected to be enforced by 2021 will need to be further incorporated into the tool.
- Integrate the action plan in to the school improvement plan with a review of changes and on-going support.

ACE-informed schools training

- Ensure the 'whole-school approach' is as inclusive as possible by providing resource for schools to involve the widest possible range of school staff, such as dinner staff, caretakers, governors in the training.
- To include within the training more on the application of appropriate strategies and tools on how to engage with a child identified as vulnerable and how to work with that child to improve their situation; in particular consideration should be given to different learning styles to reflect more interactive role-play in relation to school-related scenarios and how to practically employ the skills learnt in the classroom, such as how to better manage behaviour.
- Work with schools to develop scenarios to reflect their everyday experiences that may be unique to them as a school community.
- Training to include a deeper understanding on developing resilience in children and the widening of this to incorporate parents and the community.
- To incorporate approaches to engage the family/parents to overcome barriers to engagement to facilitate and support positive change for the child within the training.
- Facilitate the development of short-term realistic ideas/goals, versus long-term more aspiration goals via the PATH process.
- To consider delivering training sessions as an INSET day, and as a singular session rather than three shorter individual sessions. Consider the feasibility of holding a school ACE day to include ACE awareness training in the morning; trauma, resilience and strategies in the afternoon leading into the PATH process.

- Training to be delivered by the Educational Psychology Service to utilise their expertise in childhood trauma to ensure continued engagement, relevance and support to schools after the delivery of the approach has ended.
- Training to be adapted to be relevant for a secondary school audience. This is to ensure materials are age appropriate and suitable for large groups of staff whilst ensuring the whole schools approach is maintained.

Staff attitudes, skills, practice and behaviour

- Consider the inclusion of ACE awareness and trauma training within the initial teacher training programme and ensure the skill set of early-career teachers and other school staff align itself to the vision of every school in Wales being ACE-informed.
- Development of age-appropriate ACE awareness and understanding of trauma material for staff to use with pupils in the classroom.
- Consider presenting the ACEs animation to parents and children to raise awareness of the impact of ACEs.

Long-term sustainability and future development of an ACE-informed whole school approach

- Additional school provision should be offered to school staff to help manage behaviours associated with trauma linked to school behaviour management policy and behaviour support teams, through the deployment of profession support working within the school environment.
- Establishing an environment within the school where parents feel comfortable to approach staff for help and support.
- Further develop links between schools and other agencies i.e. police, Early Help, Healthy Schools, to work collaboratively in identifying and responding to ACEs.
- Development of systems to capture data on outcome measures of children to better understand potential long term impact of the training/approach.
- Establish suitable information governance protocols to allow for easier information sharing between partners of relevant information that would help to ensure children are receiving appropriate and timely support.
- A quality assurance mechanism needs to be built in to any potential national programme to ensure the fidelity of the training package is maintained.
- Wider stakeholder engagement is required to set the scene and lay the groundwork of the benefits and impact an ACE-informed whole school approach could offer, driven through Public Service Boards and aligning the approach with the Public Service Board plan objectives to deliver on achieving the wellbeing goals set out in the Wellbeing of Future Generations (Wales) Act 2015 to ensure sustainability of the approach.
- Further, longer term, evaluation should be undertaken to determine:
 - The impact of the training on staff and how well this approach has embedded in daily practice.
 - The impact on the wellbeing of children through analysis of wellbeing surveys and routinely collected data on school outcome measures.
 - The impact of the approach in terms of resources and the outcome for families which could further inform the approach when considering sustainability.

1. Background

1.1 Adverse childhood experiences (ACEs) and learning

Encountering adversity in childhood can have a long-term negative impact on health and wellbeing and can increase an individual's risk of vulnerability. These adversities in early life have been termed Adverse Childhood Experiences (ACEs). ACEs are described as stressful events children can be exposed to while growing up that directly harm them; such as physical or sexual abuse and emotional neglect, or that are present in the home environment in which they live; including parental drug misuse, alcohol abuse, domestic violence, mental health issues and incarceration. These events have been associated with health harming behaviours, with individuals experiencing ACEs more likely to suffer from poor physical and mental health, increased morbidity and mortality^{1,2,3,4}. Exposure to trauma in childhood can also contribute to poor school performance, lower levels of employment and involvement in antisocial and criminal behaviour^{5,6,7,8}.

A Wales-wide ACEs survey in 2015 found that almost half of the Welsh population (aged 18-69 years) had experienced at least one ACE and 14% had experienced four or more⁹. Compared to individuals who experienced no ACEs, those who experienced four or more, were 14 times more likely to be a victim of violence and 15 times more likely to have committed violence against another person at some point in the 12-months preceding the study¹⁰. Additionally, individuals who had experienced four or more ACEs were also 20 times more likely to be incarcerated at any point in their lifetime and 16 times more likely to have used crack cocaine or heroin, compared to those with no ACEs.¹⁰

The impact of ACEs span from childhood to adulthood, disrupting cognitive, social, emotional and behavioural development¹¹. Repeated exposure to traumatic experiences can result in toxic stress, a prolonged activation of stress responses in the body that can cause excessive physical and behavioural reactions^{12,13}. Children with a high number of ACEs are constantly on edge, placing their brains and bodies in a continual state of high alert in a readied 'flight or fight' response often triggered by small but perceived threats. Research has shown that children with ACEs display hyper vigilance, aggression and problems with attention, decision making, and impulsivity¹⁴. These children have poorer academic outcomes, are subject to greater disciplinary actions and find it difficult to develop age appropriate peer and adult relationships¹⁵.

1.2 The importance of building resilience in children

Not all children who experience ACEs will have negative outcomes. Through strengthening an individual's resilience, the ability to achieve positive outcomes despite difficult circumstances, children can overcome the impact of trauma to enable them to succeed in both school and later life¹⁶. Resilience can be enhanced by promoting protective factors in children that can mitigate the impact of trauma. This can include having a caring and supportive relationship with an adult, believing that you can overcome hardship, feeling grounded in traditions and having the skills to regulate your emotions and behaviours in order to overcome stressful circumstances¹⁷. These protective factors are known as the building blocks of resilience and are outlined in Figure 1.

The most recent ACEs prevalence survey conducted in 2017 looked at the associations between ACEs and sources of resilience, and the impact these have on mental health outcomes for individuals¹⁸. The results demonstrated that childhood resilience resources were strongly associated with lower levels of current mental illness and reduced rates of self-harm and suicidal ideation. As per other studies¹⁹, the results identified that having a trusted relationship with at least one adult during childhood is a common factor in developing resilience, and offered protective effects for individuals who had experienced ACEs. The results found that only 44% of those with 4+ ACEs reported always having a trusted adult whilst growing up, compared to 87% of those with no ACEs. Further, only 7% of individuals with 4+ ACEs reported that they always had a teacher as a source of personal support in childhood, compared to 27% of those with no ACEs.¹⁸

To address the impact of ACEs on children, there is a need for services to be trauma-informed. Schools can often be the 'first line of defence' in buffering the impact of ACEs and promoting resilience in a setting where children spend most of their time on a daily basis. School staff have a key role to play in identifying and supporting vulnerable children and are in a unique position to provide the safe, stable and relational environment that all children need²⁰.

Figure 1: Building blocks of resilience



Source: National Scientific Council on the Developing Child, 2015

1.3 The role of schools

A number of policies and guidance in Wales places a duty on education professionals and schools to identify children at risk of harm and to take reasonable measures to safeguard and promote the welfare of all children^{21,22}. Every school has a Designated Senior Person (DSP) responsible for the management of child protection, to support staff with safeguarding concerns and to liaise with other services. Children identified as being at risk are often referred to the DSP for support, however, children will seek support from the person they trust and feel comfortable with; therefore, there is a need for all staff in a school to be able to respond sensitively to a child's concerns²³. Furthermore, there is a growing need for education professionals to address the social and emotional wellbeing of children beyond the statutory duties of safeguarding.

Currently there are provisions in place to support schools to improve the health and wellbeing of children, including the 'Thinking Positively' good practice document (Welsh Assembly Government, 2010), the Welsh Network of Healthy Schools Scheme (Public Health Wales, 2015), and a large number of local and national intervention programmes (e.g. FAST, PATHS, ELSA and SEAL).^a Many of these programmes have shown positive improvements in the social and emotional competencies and educational outcomes of students²⁴, however, the delivery of provision and level of engagement among schools is not consistent across Wales. Many of the social, emotional and behavioural programmes available to schools are provided independently by different services and organisations, therefore schools are not required to take up these interventions. Furthermore, an evaluation of the interventions available to schools have shown these programmes to be targeted at different age groups with varying levels of long-term effectiveness²⁵.

The current education system in Wales is undergoing significant transformation, with changes to the national curriculum and provisions for children with Additional Learning Needs (ALN). The Donaldson Review, 2015 identified health and wellbeing as one of six areas of a child's learning experience which needs to be incorporated into every aspect of the national curriculum to enable children to thrive and engage successfully with their education²⁶. It is expected that these changes will better support the wellbeing of all children and help them overcome barriers to learning in order for them to reach their full potential.

Providing a safe learning environment for all children, trauma-sensitive schools can help children feel safe and become emotionally available to learn²⁷.

1.4 Current trauma-informed practice in schools

National and international programmes have been developed to implement trauma-informed practices within schools. A trauma-sensitive school is identified as one where all students feel safe, welcomed and supported, and all school staff (including non-teaching staff) adopt a school-wide approach to addressing trauma through team work, coordination and a shared responsibility for all students²⁸. It is recognised that no one trauma sensitive school will look identical because of differences in demographics of the student population and wider community of each school²⁹. However, core components of what makes a trauma-sensitive school have been identified (see Box 1).

Box 1: Components of a trauma-sensitive school:

- All school staff understand how trauma affects learning and are involved in the school wide approach to addressing trauma.
- All school staff embrace a shared sense of responsibility for helping every child succeed;
- School staff create an environment where all children feel safe – physically, emotionally, socially and academically;
- Student trauma is addressed in holistic ways – not in a singular program.
- School staff explicitly make children feel like a part of the school community and provide children with multiple opportunities to practice newly developing social and behavioural skills.
- School leaders have their pulse on what's happening within their halls and outside of their walls and can respond quickly to needs of students and the surrounding community.
- Schools should view suspension and expulsion as a disciplinary option of last resort.

The Trauma and Learning Policy Initiative, Massachusetts²⁸

Research from the USA has demonstrated a correlation between the number of ACEs experienced and the academic performance of children, with many children who have experienced ACEs failing standardised tests and displaying poorer engagement and behaviour in school^{30, 31}. Schools in Washington, Massachusetts and San Francisco have developed trauma-sensitive schools which have shown significant improvements in attendance, academic attainment and use of disciplinary measures within the schools³². Most notably, the work of Lincoln High School in Walla Walla (Washington State) have received significant attention following the screening of *'Paper Tigers'*, a film produced to show trauma-informed practices within a pupil referral school, and the impact these practices have had on the success of the pupils³³. Changes in practice included positive behaviour management techniques; student ACE surveys; whole school staff training on ACEs, resilience and trauma-informed counselling; a change in school expulsion and suspension policies; and incorporation of ACEs and resilience into course materials³⁴. In the five years following the introduction of these new measures, graduation rates had increased (from 44% to 78%)³⁴, and there were reductions in suspensions (85%), expulsions (40%) and written referrals (almost 50%)³⁵.

Within the UK very little has been published on the application of trauma-informed practice within educational settings. The Katie Cairns Association (KCA) provides training sessions across different sectors on emotional coaching, attachment, brain development and positive parenting. In education, the KCA has reported on a number of pilot programmes delivered to schools across England and Wales, with positive outcomes for both school staff and pupils. However, these programmes have often been targeted at improving outcomes for vulnerable groups, such as Looked After Children (LAC) and do not incorporate ACE awareness within the training³⁶.

2. An ACE-Informed Whole School Approach

2.1 An ACE-informed whole school approach outline

As part of the 'Early Intervention and Prevention Project' (See Box 2), an 'ACE-Informed Whole School Approach' has been developed by an educational wellbeing consultant (Education ACE Coordinator) in collaboration with the Education Psychology Service and a Public Health Wales Healthy Schools practitioner. The aim of this approach is to understand the schools' readiness to become ACE-informed, identify and provide any resources to assist and support school staff to adopt an ACE-informed approach and to improve the awareness, knowledge and skills of all school, teaching and support staff when dealing with children affected by trauma and ACEs.

Box 2: 'Early Intervention and Prompt Positive Action Project: Breaking the Generational Cycle of Crime'

The Early intervention and prevention project is a two-year project (April 2016 – March 2018) which seeks to work with the police to address vulnerability and risk using an ACE-informed public health approach. The project is a unique collaboration between Public Health Wales, the Police and Crime Commissioner for South Wales, South Wales Police (SWP), NSPCC, Barnardo's, and Bridgend County Borough Council. Funded through the Home Office Police Innovation Fund and South Wales Police and Crime Commissioner, the project is the first of its kind to address the lack of early intervention and preventative activity when ACEs and vulnerabilities are evident and families are at risk of poor outcomes (e.g. involvement in crime).

There are four elements of the approach (see Figure 2 for an outline and Appendix 1 for a more detailed overview of the individual elements of the approach):

1. **ACE Readiness Tool^c:** Based on the Estyn Framework, this consists of 13 questions to be completed by the head teacher in collaboration with the Education ACE Coordinator. This tool captures the current approaches to wellbeing and existing assets in each school (i.e. policies, procedures and resources already in place) for pupil wellbeing, and any gaps which may impede the adoption of an ACE-informed approach.
2. **Staff training^d:** To be delivered to all school staff to provide a universal knowledge of ACEs. The training will also include the PATH process^e to enable schools to plan how they are going to develop an ACE-informed school. The training will be delivered by the Education ACE Coordinator, co-facilitated by the ACE Coordinators for Police and Partners and Education Psychology Service.

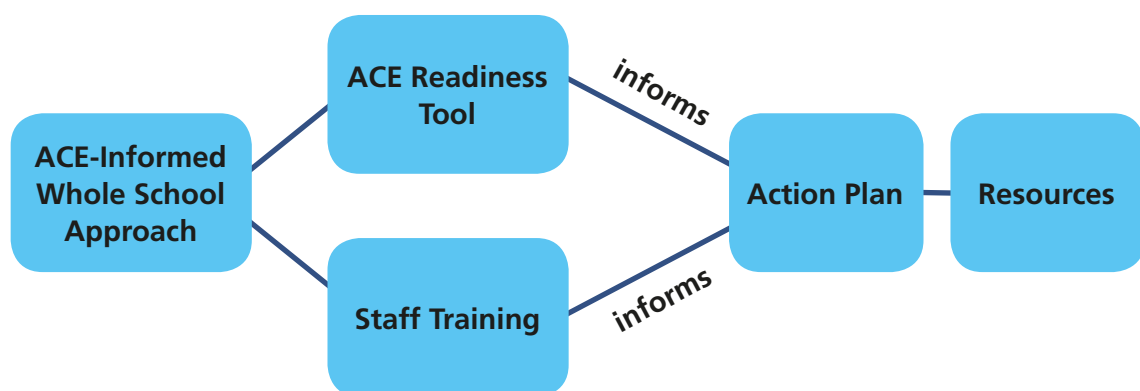
^c Developed by the Education ACE coordinator and Public Health Wales for the purpose of the ACE-informed Whole Schools Approach.

^d Developed and adapted from the trauma-informed training developed and delivered to South Wales Police by the NSPCC and Barnardo's ACE Co-ordinators for Police and Partners as part of the wider 'Early Intervention and Prompt Positive Action: Breaking the Generational Cycle of Crime' project

^e Planning Alternative Tomorrows with Hope (PATH; Pearpoint, O'Brien and Forrest, 1994).

3. **Action plan:** An action plan will be developed for each school, identifying the support needed to work in a trauma-informed way, and requirements to enable a sustained approach. This will be developed following the completion of the training, incorporating gaps identified in the Readiness Tool and goals set by the school through the PATH process. This will outline which members of staff will lead the work, timescales and outcomes for the work, and what resources and support the school needs to adopt an ACE-informed approach.
4. **Resources:** A resource pack including lesson plans, training materials, the ACE Readiness Tool, and resources from other trauma-informed programmes to support schools to maintain the ACE approach beyond the life of the project.

Figure 2: An ACE-informed Whole School Approach



2.2 Evaluation of the ACE-Informed Whole Schools Approach

The ACE-informed whole school approach was piloted as a feasibility study in three primary schools within Bridgend County Borough Council (BCBC) Maesteg area, between September – December 2017. The pilot independently evaluated by Public Health Wales had the following primary objectives:

1. To explore the impact of the ACE Readiness Tool and action plan on the schools' adoption of an ACE-informed approach;
2. To examine if participation in the ACE-informed schools training programme results in increased ACE and trauma awareness amongst staff within the school setting;
3. To explore how being ACE aware impacts on a teacher's skills, attitudes, practice and behaviour.

The evaluation sought, where possible, to achieve the following secondary objectives:

1. To identify if making staff ACE-aware impacts on important school-level outcomes, including measures of achievement, attendance and behaviour;
2. To develop an understanding of how an ACE-informed whole school approach can be sustained long-term.

3. Methods

The ACE-informed Whole School Approach evaluation was designed using a mixed methods approach, collecting data through pre- and post- training questionnaires and interviews. Schools data was requested to measure the impact on children (i.e. attendance, behaviour outcomes), however this data was not available at the time of evaluation. Approval for the evaluation was received from the Public Health Wales R&D Office (29/08/2017) as was confirmation that ethical approval from the NHS Research Ethics Committee (REC) was not required. Informed consent was obtained from all participants.

3.1. Evaluation questionnaires and ARTIC tool

The training was delivered over three sessions, across three separate days, to individual schools as either an inset day or during twilight sessions^f. The decision of whether the training was mandatory for staff was left to the discretion of each individual school, however, funding was provided to schools to enable teaching support staff to attend the training outside their regular working hours.

A member of the Public Health Wales (PHW) research team was present at every training session to ensure consistency in data collection. All school staff attending the training were invited to participate in the evaluation and provided at the outset with an explanation of the evaluation from a PHW researcher, emphasising confidentiality and assuring participants that all responses would be anonymised. All school staff were provided with a participant information sheet detailing the evaluation, as well as a consent form and were given time to consider whether or not they wanted to participate in the evaluation. Informed consent was obtained from all participants.

In total, 95 staff participated in the evaluation across the three schools, including school management, teachers and teaching support staff (see Appendix 2, Table A2). Pre- and post-training questionnaires and the Attitudes Related to Trauma-Informed Care (ARTIC-35) scale^g, see Section 3.1.2 were completed following the first training session, as well as an additional post-questionnaire and ARTIC-35 scale after the final session.

3.1.1 Training questionnaires

Pre-training questionnaire:

Questions explored participants' confidence in their knowledge and skills of working with children who have ACEs and have experienced trauma^h, previous training they had received on trauma and wellbeing support services available to them within their role. Demographic questions were also asked (i.e. age, gender, staff role, duration within profession).

Post-training (session 1) questionnaire:

Questions explored staff perceptions of the training sessionⁱ, what they perceived to be the most valuable elements of the training and thoughts on how the training could be improved.

Post-training (session 3) questionnaire:

Questions explored the impact of the training on communication with children, whether they feel able to apply the skills and knowledge developed in the training to their practice and the impact of the training on managing their own wellbeing. This also explored their perceptions of the use of the PATH process and any barriers identified in developing an ACE-informed school.

^f Training held after school hours (i.e. 15.45-17.45).

^g Please note, internal reliability scores for the ARTIC tool indicate potential validity issues for use with the cohort groups in this evaluation. Further work is underway, seeking to adapt and develop a tool that is relevant for education and partner cohorts.

^h Measured in all three training questionnaires.

ⁱ Measured in both post-training questionnaires.

3.1.2 ARTIC tool

Participants' attitudes towards trauma were measured pre- and post-training, using the Attitudes Related to Trauma-Informed Care (ARTIC-35) Scale for education settings. This is a psychometric test designed to be used in schools before implementing trauma-informed care into their practice. This scale can be used to measure the readiness of schools to implement trauma-informed practice, any barriers that may exist and changes in attitudes following implementation of trauma-based interventions. This scale measures favourable and unfavourable attitudes across five-subscales (see Table 1³⁷), with higher scores indicating more positive attitudes towards working in a trauma-informed way.

Table 1: The ARTIC-35 scale

Table 2: Subscale	Table 3: Description	Table 4: Example question
Underlying causes of problem behaviour and symptoms	Questions distinguish attitudes towards behaviours and symptoms being adaptations which are malleable, or intentional and fixed	<i>Students are doing the best they can with the skills they have.</i>
Responses to problem behaviour and symptoms	Attitudes towards whether change can be made through relationships, flexibility, kindness and safety, as opposed to rules, consequences and accountability	<i>Students need to experience real life consequences in order to function in the real world.</i>
On-the job behaviour	Explores the endorsement of empathy-focused staff behaviour rather than control-focused	<i>Being upset doesn't mean that students will hurt others.</i>
Self-efficacy at work	Explores attitudes towards ability to meet the demands of working with a traumatised population	<i>Each day is uniquely stressful in this job.</i>
Reactions to work	Appreciating the effects of secondary trauma/vicarious traumatising on staff and coping by seeking support or by ignoring it or hiding the impact	<i>When I feel myself "taking my work home," it's best to bring it up with my colleagues and/or supervisor(s).</i>

In previous research, this scale has demonstrated good internal consistency ($\alpha=.91$), reliability (.80) and temporal consistency (.82)³⁸. Tests of validity are still on-going, however it is the most-validated tool for its purpose.

3.2. Interviews

Following completion of the training, face-to-face semi-structured interviews were conducted with the ACE Coordinators and wider staff involved in the development and implementation of the approach (n=9), and with a sample of school staff (n=24, invited four weeks after the completion of the training). Individuals were invited to participate in an interview by email from the researcher or through dissemination by school leads. Informed written consent was obtained from all participants who were interviewed. Separate semi-structured interview schedules were developed to enable specific lines of enquiry.

School Staff

Interviews explored their experiences of receiving the training, the impact of the knowledge and skills developed on practice, perceptions of the ACE-informed whole school approach, how they feel this will impact upon pupils and whether they feel the training would benefit other schools if rolled out.

ACE Coordinators and staff involved in developing and implementing training

Interviews explored perceptions of the ACE-informed whole school approach, experience of developing the training and delivering it to schools, schools engagement, considerations for up-scaling the training to secondary schools and potential for rolling the training out to other areas.

3.3. Data Analysis

Responses from the ARTIC-35 scale were scored using an excel spreadsheet template provided by the Traumatic Stress Institute, which computed the means for each subscale, as well as an overall total. Possible ARTIC scores range from one (low awareness/poor attitudes towards trauma-informed care) to seven (high awareness/good attitudes towards trauma-informed care). This data, alongside other quantitative data collected in the questionnaires, was analysed using IBM SPSS Statistics for Windows, Version 24.0. Analysis used descriptive statistics, chi-squared, independent-samples t-test and one way ANOVA.

Interviews were audio recorded, transcribed and pseudonymised before thematic analysis was completed on Atlas ti Version 7.5.15 software.

4. Questionnaire and 'Attitudes Related to Trauma-Informed Care' Results

Ninety-five school staff participated in the training. This included 85 females and 10 males (89.5% and 10.5% respectively). Individuals occupying a range of roles chose to participate in the research such as staff from the school management team, teaching staff and teaching support. The length of service ranged from 2 months to 42 years (average 13 years; see Appendix 2 Table A2 for detailed participant demographics).

Previous training attended

School staff were asked to report any training they had received on supporting children with trauma. In total, 39% of participants reported not receiving any previous training on working with trauma. School management had attended the most courses, with 83% participating in at least one training session compared to 64% of teaching support staff and 53% of teachers. The most commonly reported trauma-related training that had been received was child protection/safeguarding^k (38%) and radicalisation training (16%; see Appendix 2, Table A3).

4.1 ACE/Trauma-informed care and practice

Pre-training

Staff were asked to complete the ARTIC scale prior to commencing session one (n=91). The mean ARTIC score for each subscale and the mean total score are shown in Table 2. Total ARTIC scores range from 3.94 to 6.60 (possible range 1 to 7, with scores of 7 indicating a more positive attitude towards trauma-informed care).

There was no significant difference for sub-scales and total ARTIC score by staff role, (i.e. teachers and teaching support, see Table 2). However, there were significant differences across all sub-scales and total score based on the length of time spent within their profession, with school staff with less than six years' experience displaying lower ARTIC scores. Furthermore, participants from school C had significantly lower scores in sub-scales on-the job behaviour and self-efficacy at work (see Table 2).

Post training

All staff completed the ARTIC scale following completion of the first training session (post 1), and the final training session (post 2).

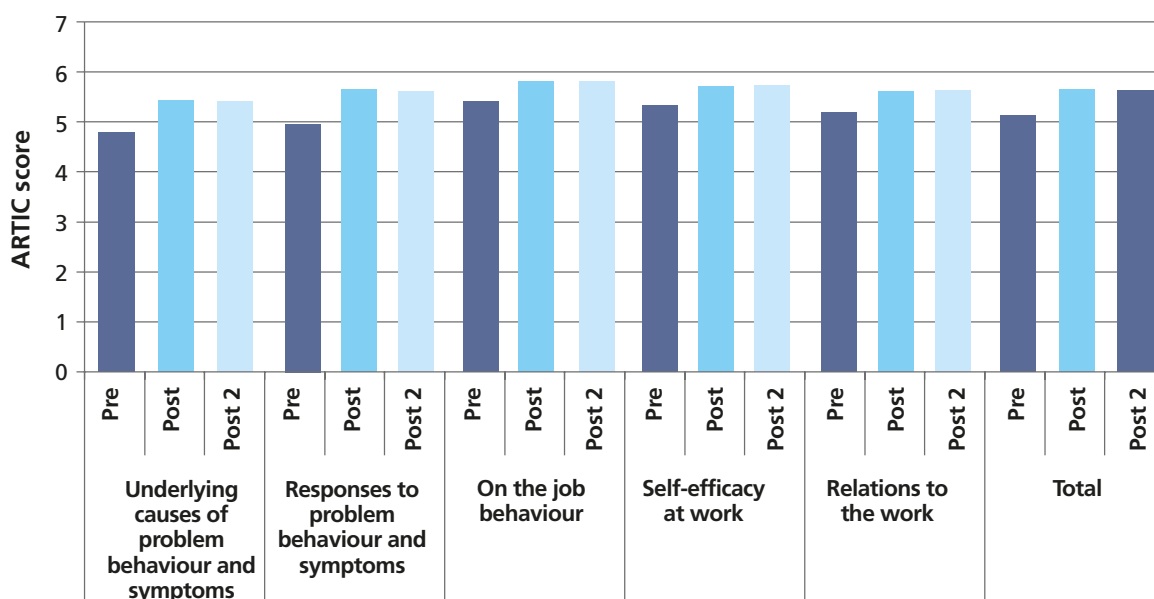
Following attendance at Part 1 of the training the mean ARTIC scores significantly increased, showing improved attitudes towards trauma-informed care across all sub-scales (see Figure 3). However, there were no significant improvements in ARTIC scores between completion of the first session and the last session (see Appendix 2, Table A4). Differences in ARTIC scoring remained significant for duration of time within profession, with lower ARTIC scores for participants with less than six years' experience in the job. Differences between schools for sub-scales on the job behaviour and self-efficacy at work remained for both post-training questionnaires, with a significant difference between schools on overall ARTIC score.

j There was a dropout rate of 13 from the first session, and an additional uptake of 4 members of staff.

k A statutory training that all school staff are expected to receive as part of their initial training for Qualified Teaching Status (QTS), during their school induction training and as refresher training.

Table 2: Pre-training ARTIC scores by school, job role, and duration within profession (n=91).

		Underlying causes of problem behaviour and symptoms	Responses to problem behaviour and symptoms	On-the job behaviour	Self-efficacy at work	Reactions to work	Overall score
All	Mean	4.79	4.98	5.4	5.33	5.19	5.14
	SD	0.58	0.67	0.68	0.68	0.63	0.5
Gender	Male	4.61	5.04	5.14	5.25	5	5.01
	Female	4.81	4.98	5.42	5.34	5.21	5.15
	<i>p</i>	<i>NS</i>	<i>NS</i>	<i>NS</i>	<i>NS</i>	<i>NS</i>	<i>NS</i>
School	A	4.85	4.69	6.17	5.72	5.23	5.24
	B	4.98	5.2	6.16	5.38	5.36	5.30
	C	4.7	4.99	5.53	5.19	5.11	5.04
	<i>p</i>	<i>NS</i>	<i>NS</i>	<.05	<.05	<i>NS</i>	<i>NS</i>
Role	Management	4.81	5.21	5.76	5.79	5.31	5.38
	Teachers	4.90	5.18	5.42	5.30	5.29	5.22
	Support staff	4.74	4.85	5.34	5.30	5.12	5.07
	<i>P</i>	<i>NS</i>	<i>NS</i>	<i>NS</i>	<i>NS</i>	<i>NS</i>	<i>NS</i>
Duration in profession	0-5 years	4.42	4.75	4.98	4.89	4.87	4.78
	6-11 years	4.86	4.83	5.38	5.40	5.14	5.13
	12-17 years	5.04	5.38	5.70	5.68	5.48	5.46
	≥18 years	4.81	5.00	5.48	5.31	5.23	5.17
	<i>p</i>	<.05	<.05	<.01	<.01	<.05	<.01

Figure 3: Mean overall ARTIC scores and sub-scales.


4.2 Confidence to work in an ACE-informed way

Participants' confidence to identify and support children who experience trauma and childhood adversity was measured prior to the training, and following completion of the first and final training session. Using a Likert scale participants were asked to indicate their confidence across a range of items on a scale of 1 (not at all confident) to 10 (completely confident, see Table 3).

Overall pre-training, staff reported low to moderate confidence scores (mean scores between 4 and 7) on measures, including identifying a child who is experiencing trauma, their understanding of the impact of stress and trauma on the brain and their understanding of the underlying causes to bad behaviour. Moderate to high levels (mean scores of 7 and above) of confidence were reported among staff pre-training on the ability to speak to a child appropriately and sensitively and sharing concerns for a child with a colleague (see Table 3).

Pre-training there were significant differences in confidence across staff role, with management and teaching staff reporting a greater level of confidence in identifying a child who is experiencing trauma than support staff (5.56 [support staff]; 5.87 [teaching staff]; 8.00 [management]; $p < .05$), understanding the impact of stress and trauma on the brain, and understanding the underlying causes of bad behaviour (see Appendix 2, Table A6).

Following the training, participants reported improved confidence across all measures, with staff reporting feeling more confident in their ability to identify a child who is experiencing trauma, speaking to a child appropriately and sensitively and sharing concerns for a child with a colleague. Participants also reported significant improvements in their understanding of the impact of stress and trauma on the brain, as well as their understanding of the underlying causes of bad behaviour in a classroom (see Table 3).

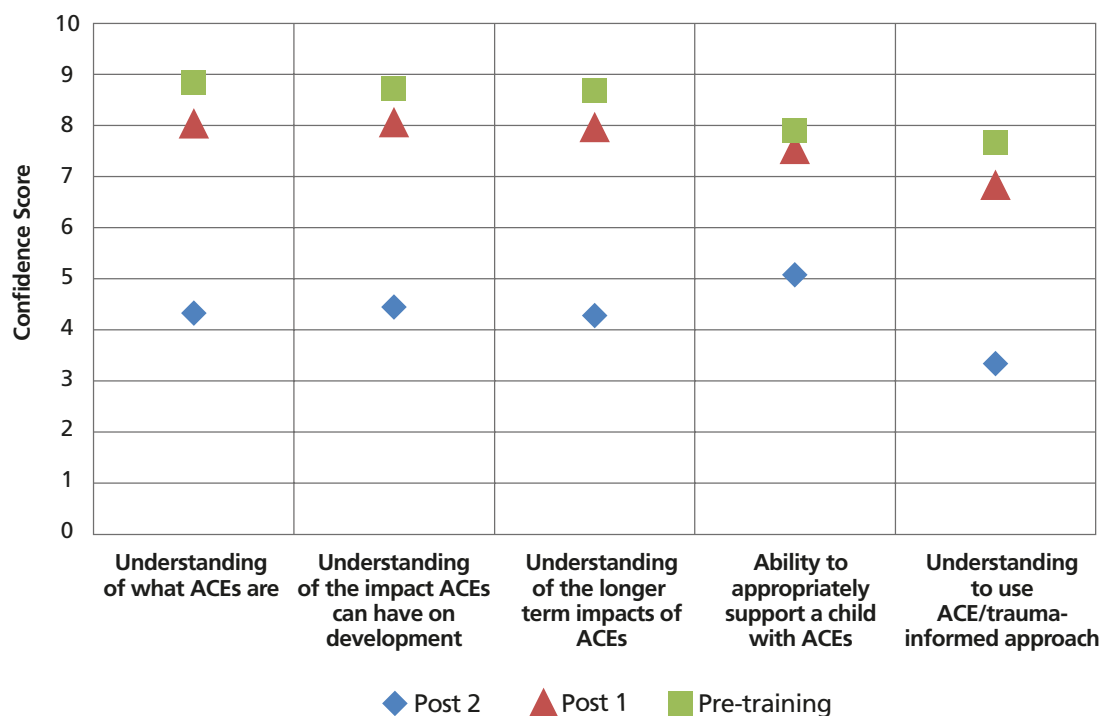
Table 3: Mean confidence scores for responding to vulnerable people

Confidence scale	Pre-		Post-1			Post-2		
	Mean	SD	Mean	SD	p	Mean	SD	p
Identifying a child who is experiencing trauma	5.79	2.02	6.99	1.87	<.01	7.79	1.49	<.01
Your understanding of the impact of stress and trauma on the brain	4.65	2.46	7.6	1.71	<.01	7.66	1.67	<.05
Your understanding of the underlying causes of bad behaviour in the classroom	6.05	1.83	7.52	1.56	<.01	7.86	1.56	<.01
Your ability to speak to a child appropriately and sensitively.	7.55	2.09	8.64	1.21	<.01	8.54	1.3	<.05
Sharing any concerns for a child with colleagues	8.85	1.64	9.3	0.94	<.01	9.32	0.99	<.05

Furthermore, prior to the training participants reported low to moderate confidence in their ability to work in an ACE-informed way (mean scores between 1 and 5), including understanding what ACEs are, understanding the impact of ACEs on a child's development and the longer-term impact of ACEs into adolescence and adulthood. Following the training, participant's confidence to work in an ACE-informed way significantly increased across all scales (post 1 and post 2, see Figure 4, Appendix 2, Table A5).

Before the training there were no significant differences in confidence to work in an ACE-informed way based on gender, school or job role. Staff working in the profession for 6-11 years reported significantly lower levels of confidence in their understanding of what ACEs are, their understanding of the impact of ACEs on development and understanding of how to apply an ACE-/trauma-informed approach in education. After receiving the training these differences in reported confidence by duration in profession were not apparent. Furthermore, following the first training session, participants from school C reported significantly lower confidence across all subscales and teaching support staff reported lower confidence in their understanding of what ACEs are and the impact they can have on a child's development. There were no significant differences in confidence between schools and job roles following completion of the final training (See Appendix 2, Table A7).

Figure 4: Mean confidence score for understanding ACEs and an ACE-informed approach pre and post training



4.3 Attitudes towards the delivery of the training

Participants were asked to rate how much they agreed with a range of statements relating to the delivery of the training using a five point Likert scale ranging from strongly agree to strongly disagree (see Figure 5). Over 90% of participants who attended the first training session agreed or strongly agreed with all the statements, reporting that the training was engaging and interactive, developed individual knowledge and skills to improve their practice and gave them confidence to use the knowledge and skills. There was less agreement following the last two training sessions, with 64% agreeing that the training was a sufficient length, 73% stating they felt their knowledge and skills had been extended as a result of the training, alongside developing the confidence to use these skills.

Participants were asked to rate the top three most valuable elements of the training. The highest rated elements of the first training session were the information on ACEs and impact on life outcomes (79%), the video clips shown (56%) and the information on the link between behaviour and trauma (51%). Following the completion of the second two training sessions, participants rated the group discussions and activities as the most valuable element (75%), as well as the information on emotional expression (63%) and the knowledge and experience of trainers (46%).

4.4 Impact of training on practice

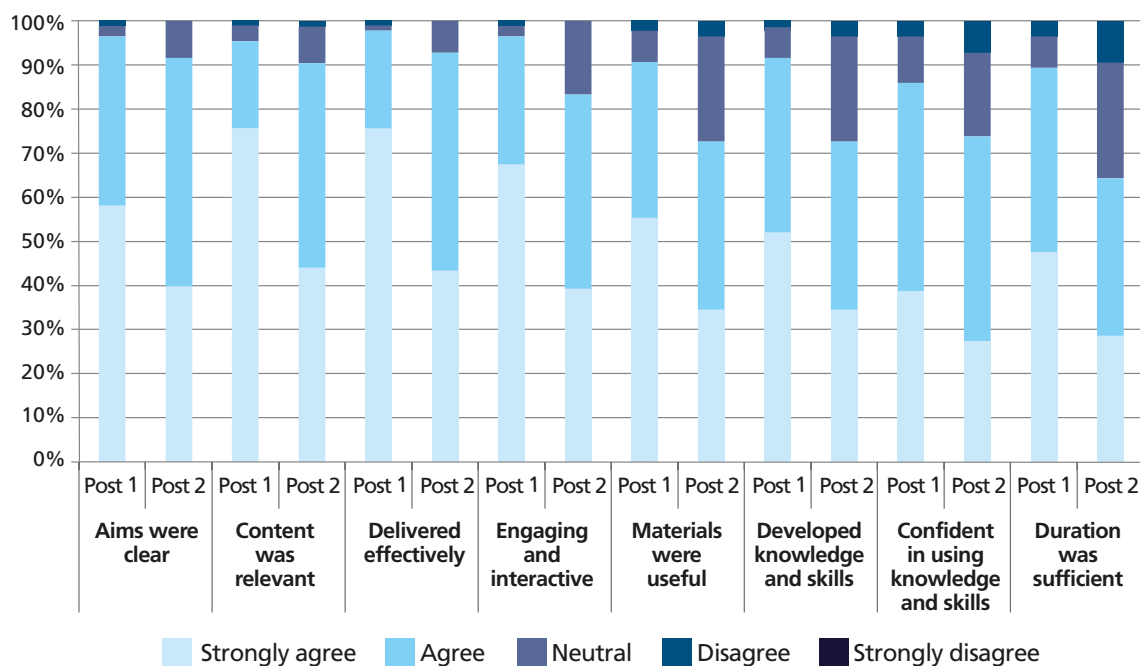
Eighty-nine percent of participants felt that following the training they have a greater awareness of how to communicate with children in a school setting and 83% of participants felt the training has helped them to provide the support needed to enable children experiencing trauma to better succeed in school.

Staff were asked whether they felt able to apply a range of skills taught in the training to their practice (see Appendix 1 for a description of training content). Sixty-nine percent of participants felt able to apply emotional coaching skills when working with children experiencing trauma and also use PLACE^l in their interactions with children (however, 29% and 30% respectively reported needing more practice in applying these skills). Furthermore, 61% of participants felt they would be able to apply strategies provided in the training to bring children back to the window of tolerance^m. In addition, 57% of participants felt able to build resilience in the children they work with after attending the training.

During the training the importance of staff wellbeing was discussed, and attendees were taught ways to manage their wellbeing and build their own resilience. Following the training 93% of staff reported that they were better able to manage their own wellbeing when working with children who have ACEs and experiencing trauma.

Participants were asked to rate, out of ten, how useful they found the PATH process in working towards developing an ACE-informed school (1, not useful to 10, very useful). The mean score was 7.57 (SD 1.86). Staff from school C perceived the PATH to be less useful (6.84) than schools A and B (8.14 and 9.24 respectively). Furthermore, participants were asked whether they felt there were any barriers to developing an ACE-/trauma-informed school. Overall, 35% of participants identified barriers to becoming an ACE-informed school, however, this was particularly high in school B where 65% of school staff identified barriers. The most commonly identified barriers included time to give pupils, a willingness for families to engage and resources available, including space within the school and staff availability to engage with children and families.

Figure 5: Proportion of participants strongly agreeing/disagreeing with selected statements on training delivery.



^l Playfulness, Liking, Acceptance, Curiosity, Empathy

^m The 'window of tolerance' is a term used to describe the state of arousal in which a person is able to function most effectively.

5 Qualitative findings from interviews with programme developers, partners and school staff on the ACE-informed whole school approach

This section explores the findings from individual face-to-face interviews with a range of partners involved in the ACE-informed whole school approach. Those interviewed included programme and training developers and facilitators (including the ACE Coordinators) and a range of school staff from the three pilot schools. Findings cover a broad range of topics including perceptions and barriers to developing an ACE-informed school; the impact on knowledge and practice of the training and the usefulness of specific elements of the approach (i.e. the readiness tool and school action plan) in implementing an ACE-informed approach. It also explores issues around roll-out of the training and future considerations for the sustainability of an ACE-informed whole school approach at a regional and national level.

5.1 Experience of supporting children with ACEs and trauma

During interviews the school staff were asked to describe their experiences of working with children who have experienced ACEs or suffered trauma. The majority of staff reflected that a high number of pupils in their school experience adversities with many children experiencing multiple ACEs. Throughout the interviews it was apparent that children who experience ACEs present in a variety of different ways *"they're all different, there's never...one rule for one child"* (Interview 26, Teacher Support), with some children displaying challenging and often aggressive behaviours, whilst others appear quiet and withdrawn.

"We are seeing more and more children in this school in particular with multi ACEs, lots of difficulties dealing with their feelings."

Interview 17, Teacher Support

"[children] either have more outlandish behaviour and that need for attention or they can become quite quiet and quite reserved, so it can be either end of the spectrum I suppose."

Interview 29, Teacher

It was considered that these presentations in behaviour reflect the child's coping strategies in dealing with adversities, with some children being more adept at coping than others. However, a number of participants recognised that primary school age children do not necessarily have the skills to appropriately articulate their feelings and seek support.

"Anger management is a biggie for some of our children here because the only way they know how to express themselves is violently. They haven't got the tools to express themselves verbally or even know why they're acting like they are."

Interview 13, Teacher

School staff reflected on the challenges of working with children who have experienced ACEs, particularly those who display complex needs as a result of their trauma (e.g. poor mental health).

"Something which we're seeing more and more of now are children coming through with mental health issues, you know, a lack of attachment. I would say we have children who are experiencing high levels of anxiety. I'd say in some cases, depression, which is very difficult to deal with."

Interview 9, School Management

Across the three schools, pupil wellbeing was identified as a top priority, with many staff recognising the need to work with children flexibly and to adapt their approach to the needs of each individual child *"it can be challenging, every day can be very different, and you have to take each situation as it comes really"* (Interview 21, School Management). Although it was understood that the wellbeing of pupils was paramount and addressing it was essential to enable children to learn, some members of staff interviewed recognised a number of challenges associated with this. With classes of thirty children, and the pressures to produce good outcomes (i.e. meeting academic and inspection standards), the current school environment does not facilitate the level of support children need:

5.2 The ACE-Informed whole school approach

Understanding of the approach

The aims and the focus of the approach were well understood by those involved:

"I think being an ACE-Informed school means being aware of what ACEs are, being aware of the effect of long-term stress on the brain of a child...and how that looks...in a school situation and environment on a day-to-day basis."

Interview 4, Programme Facilitator/Developer

Participants described the approach as a *"framework"* (Interview 25, Teacher) or *"strategy"* (Interview 1, Programme Developer/ Facilitator) that aids school staff in understanding and identifying ACEs within the school population, and consequently provide the appropriate support to address the needs of children. There was a clear consensus that the approach provides schools with an understanding of the impact that experiencing ACEs can have upon children and their behaviour, as these quotes below demonstrate:

"ACE-informed just means that we're aware of the ACEs that children have [and] when they're coming to us that we're aware that [the ACEs] may impact on the behaviour and...we need to approach those children with a better understanding...so we are better equipped to deal with them."

Interview 16, Teaching Support

"We are all aware of the possibility that our children are going to be suffering from levels of stress because of things going on at home and that their behaviour in school... either good, bad or indifferent will be affected by it. So we will know that we can... deal with the causes of the problems rather than have to deal with their outcomes."

Interview 19, Teacher

Teaching staff recognised that an integral part of the approach was understanding that experience of ACEs/ trauma can impact upon a child's ability to learn, and that wellbeing is central to their educational development:

"[Teachers] can't do their job if we're not meeting the needs of the children emotionally. They're going to learn absolutely nothing. They may be the best teacher in the world... but if that child or those children are not in the right place, then they're going to learn nothing, so it's been a brilliant thing for them to start thinking outside the box and thinking, how am I going to meet the children's needs emotionally, to prepare them to learn?"

Interview 17, Teaching Support

A number of programmes and interventions exist to address the wellbeing of pupils and support them to develop their emotional literacy. In the development of this approach, much attention was focused on ensuring this was not considered another programme for schools to sign up to: *"we needed to make sure that schools didn't see this as something else, because we didn't want ACEs to be seen as another initiative that would come and go"* (interview 3, Programme Developer/Facilitator).

Programme developers and facilitators felt that the content and focus of the training should equip all school staff to work in a trauma-informed way throughout the school day rather than at set times only *"wellbeing isn't a discrete thing, it's not something that we do on Monday afternoons from 1:00 until 2:00"* (Interview 6, Programme Developer/Facilitator). Furthermore, they felt the whole schools approach is not pre-defined with set parameters to work within, but instead enables and encourages schools to draw on current resources to further their efforts to work in an ACE-informed away:

"I think what's different about it is that, whereas ELSA is...a predefined program and it's taught in that way, the training that we've developed, because of the PATH element, involves the staff themselves drawing on their own resources and thinking about, "How can we move this forward, How can we make our school more ACE informed? How can everybody's wellbeing be prioritised?"

Interview 6, Programme Developer/Facilitator

With many pre-existing programmes, often a limited number of staff within each school are trained to provide support, however, this approach seeks to provide a whole schools approach to addressing pupil wellbeing. The evaluation evidenced that there was clear recognition that a whole schools approach involves collective responsibility for identifying children with ACEs who are experiencing trauma, and ensuring the most appropriate support is provided to each individual child. Participants recognised that a whole schools approach involves *"every member of the school community"* (Interview 9, School Management) becoming ACE/ trauma-informed *"from dinner lady right up to senior management, head teacher"* (Interview 7, Programme Developer/ Facilitator). There was also a suggestion to include staff occupying roles less involved in the school's day to day activities to allow for a true whole school, collective, approach which may also help facilitate further support for the initiative: *"Our governing body might benefit from some training from this, [to give them] an understanding of what...we are dealing with"* (Interview 14, Teaching Support).

Due to time restraints and resources, however, it was not practical to include all staff within the training, with non-teaching staff (i.e. dinner staff, caretakers) excluded from the training and other pilot activities. Making the approach as inclusive as possible, by involving the widest possible range of school staff in the training, was clearly advocated by both school staff and those involved in the development and delivery of the approach:

"To me, it means that every person who comes into contact with every child is aware and is equipped to deal with whatever's thrown at them really. It's all about compassion... The only safe haven for these children is school...I do think that everyone needs to be trained, that includes anyone who comes into contact with the children, especially the dinner ladies and the kitchen staff."

Interview 17, Teaching Support

Furthermore, it was felt by both school staff and programme developers/facilitators that this universal approach does not only enable children experiencing ACEs and trauma to receive support, but allows all children to be able to seek support from the person they identify as a trusted adult. One of the key messages to come out of the training was that all members of staff can have the skills to act as a trusted adult and can listen to and support children with acceptance, curiosity and empathy: *"to create the idea in all schools about the trusted adult and how we all need to be in the business of caring for the children and being a trusted adult for whoever needs that intervention"* (interview 1, Programme Developer/Facilitator).

It was felt that existing programmes and interventions that have been adopted by schools, such as the PATHS plus, can complement the ACE-informed approach:

"it's almost like a meta-cognitive approach or an approach that sort of covers other approaches within it, so... such as Thrive, things that they might be doing at the moment, ELSA, Student Assist Programme, whatever they're doing in terms of supporting their young people now, this is just a general way or philosophy, a way of working."

Interview 7, Programme Developer/Facilitator

Perceptions

There was tremendous support among those interviewed for the whole school approach. The vast majority of participants perceived the approach to be an extremely positive initiative, particularly in regards to addressing the needs of vulnerable children.

"I think from the first time I walked into one of those workshops I was...enthused because I could see the need for this to be used in an area like ours, where... there's so much going on...this is something that we've been waiting for."

Interview 33, School Management

The value of taking an early intervention approach, to prevent the inter-generational effects of ACEs, was also referenced by one of the participants: *"I think these children, they've got to have the early intervention not to be in the same places as older siblings or parents. We need to act as early as possible from [the] start"* (Interview 18, Teaching Support).

All staff strongly agreed that educators play an important role in addressing the wellbeing of children, and liked how this approach places such an emphasis on addressing pupil wellbeing. Staff members noted the importance of recognising the impact that experiencing ACEs can have on a child's ability to learn and agreed that this awareness should feed into the way the children are supported at school:

"it's really important as teachers that we recognise [ACEs] and how much they actually impact on them as they learn, because some of our children come to school in the morning and they've had all sorts of the chaos going on at home and then they come to school and we're expecting them to sit there and write a story, well, you know. It's... I think having a bit of an awareness of maybe what's going on at home or what's happened previously to them can change the way they learn then. We can be more understanding and help them sort of... nurture them the same time as teaching them."

Interview 23, School Management

Among school management it was acknowledged that addressing ACEs and looking at an ACE-informed approach to learning provides *"an opportunity to change the culture within our school, and to readdress the pressure put onto us in terms of delivering an in-balance curriculum, and the demands put on us by Estyn..... And I think this is why we want to really peel back and look at wellbeing as a prerequisite to effective learning"* (Interview 9, School Management).

Barriers

However, among school staff and management, the time to provide the appropriate level of support for children was identified as a barrier: *"the day is so full that sometimes you feel there is no time to deal with issues"* (Questionnaire 88, Teacher).

Many staff reflected on the pressures they feel within the role to produce good academic outcomes, meet set standards and focus on priority areas set by the Welsh Government. Staff across all roles in the school felt it was a struggle to balance this with competing demands of the children's social and emotional wellbeing:

"You can't fit anything else in. So if I'm dealing with a child who's had an explosion in the yard but I'm supposed to be doing read writing and my group of 12 children are waiting for me, there's just not enough scope to be flexible. Obviously there's pressures from every angle."

Interview 17, Teaching Support

The importance of the relationship between children's wellbeing and their educational attainment was emphasised. In particular, one participant acknowledged the long-term impact employing an ACE-Informed Whole Schools Approach can have upon children's wellbeing and consequently their numeracy and literacy skills, for example:

"In order for standards to improve, quite often you've got to start with...getting the wellbeing right and get the children in and concentrating and happy, the standards will come with that.

But things like that take time. I think the biggest barriers are we just live in a country that wants...an instant impact to something and ... doesn't allow for that long term model to kick in, unfortunately. But if the long term goal was that you manage to have every school ACE informed and the wellbeing of children improving and attendance improving, inevitably, standards would improve, but it wouldn't happen overnight so I think that would be a big barrier."

Interview 27, School Management

As the above quote states, an important aspect of the successful application of the approach is also recognising that it may take some time for the positive impact to be realised and the desire, or pressure from governing bodies to see immediate effects may impede it.

Interviews revealed that staff attitudes were also perceived to be a barrier to the implementation of the approach. Attitudes towards the ACE-informed approach were overwhelmingly positive across all three schools, however, it was felt that other schools in Wales do not share the same ethos towards wellbeing and may not receive the approach as well.

"attitudes of staff sometimes, that's going to be the main barrier... you'll have some who will give 100 percent and then you have some... who don't...so it's always about the staff...staff make the school."

Interview 33, School Management

Aside from establishing buy-in from the staff, a small number of participants also raised concerns about staff movement and the need to retain staff with the relevant skills to sustain the approach. It was felt that refresher training needs to be provided to ensure that everyone in the school has the knowledge and skills, and to ensure a consistent approach:

"With the way that you're communicating with the children on a daily basis... it could drop down, if you have a high turnover of staff. Because you'll have some that know how to do it, and then you'll have children going to other staff further down the line that are not handling things in the same way, and that could be a bit of a downfall, I would say, in the future. So I need to revisit it every year."

Interview 4, Programme Developer/ Facilitator

Finally, involving the wider community (and, in particular, parents) in the approach was also perceived to be a significant challenge: *"I think some of the parents are quite embarrassed to come in. They are quite scared to come in and talk to the teachers if they've got any problems."* (Interview 15, Teaching Support). A teacher provides further commentary:

"With all the will in the world, we can do what we think is right but...if we can't get the parents to come in and open a dialogue...We can do what we can do in school but then we've got to send the children home...We've got to get the parents to not feel threatened and...[understand] that anything we say is [not] a criticism of them. They need to feel that it's a team effort and nobody's pointing the finger and saying, it's your fault...It just needs to be, look, we've noticed this, can we work together?"

Interview 13, Teacher

Establishing an environment within the school where parents feel they can approach staff for support could significantly increase acceptance of the approach within the wider community.

5.3 ACE Readiness tool

Each school completed the readiness tool in partnership with the education ACE coordinators, head teacher and healthy schools practitioner, and a follow up meeting was held with school staff to obtain a whole schools perspective on what was captured within the tool.

In the development of an ACE-informed whole school approach participants expressed that the readiness tool was a good starting point as it enables schools to identify and record already established good practice in relation to supporting children's wellbeing and those at-risk of trauma throughout the tool.

"it's quite a good way to start 'cause you can see what you're doing, and it's quite nice to see all the things you're doing as well. So gives you a good overview I suppose."

Interview 23, School Management

The ACE readiness tool was seen as a useful form of self-evaluation that enables schools to reflect on current practice and identify areas for development *"identifying what our strengths were, what our weaknesses were, and that was an interesting exercise. In reflection, we do do a lot"* (interview 9, School Management). It was recognised that under the Estyn inspection framework, self-evaluations are common practice for schools, however, participants described the ACE readiness tool as a powerful experience that was able to tease out good practice and highlight just how much the schools are doing to support children and their families.

"It was pretty powerful because um you could see how much we do already as an ACE-informed school, so it was good to bring it together to show well actually we are already doing this."

Interview 25, Teacher

Additionally, it was perceived that the tool was an important step in helping to inform the implementation of an ACE-informed approach into everyday school practice, providing *"a clearer focus on where you need to go as a school"* (interview 27, School Management). The Education ACE Coordinators considered the completion of the readiness tool in partnership with the head teacher as instrumental in building relationships within the school and to learn things about the school that they would not be able to gather through paper documents.

While most were positive about the ACE readiness tool process, a number of participants felt in its current form the tool is too lengthy (on average completion time was 2.5 hours) and is also repetitive in places. One suggestion given to adapt the readiness tool to be more streamlined was to develop a process where information can be gathered from schools' individual policy and guidance documents to inform the tool prior to the meeting between the head teacher and Education ACE Coordinators. This would fit in with and align to the scoping exercise completed by Healthy Schools when developing action plans for the school, which could be used to cut down the consultation period with the head teachers.

"I think the Readiness Tool is a little too long, and it's a little bit too repetitive as it stands at the moment. So, I think there are opportunities to sort of scale it down a bit. Because I think what the other... sort of consideration is how much time it takes for the head teacher to actually go through the questions."

Interview 8, programme developer/facilitator

The experience of completing the tool appeared to vary for each individual school, however, one school felt it would have been helpful for them to have received the tool in advance to enable them to reflect on practice and gather their thoughts prior to meeting. This would allow the head teacher to gather feedback from other members of staff to gain a whole school perspective.

"I think sometimes, it's easier to reflect over time rather than have three-hour session when you can't remember things that you've done a few years ago or even a few months ago. But I thought it was really valuable, I... we had a long chat about some of the areas rather than others."

Interview 21, School Management

It was recognised that many of the elements of the readiness tool align with the healthy schools indicators, however, it was felt that the tool needs to be formally evaluated to see whether it could be combined with the healthy schools checklist, which is currently under review. Similarly, it is anticipated that the Estyn framework will be revised to reflect the changes in school curriculum that are expected to be implemented across Wales over the next three years. It is felt the ACE readiness tool will need to be revised to reflect these changes.

"The readiness tool will need to reflect the curriculum certainly so...I think things like learning experiences and...the wellbeing and, well the four main purposes really of the Donaldson which is about active citizenship, ethical...resilient and confident learners so I think if the readiness tool is based on those four main purposes we won't be going too far wrong."

Interview 1, programme developer/facilitator

5.4 Training

All school staff interviewed reported that they enjoyed receiving the training, and talked positively about the training package as a whole. It was perceived that the training *"covered all of the background information that was needed"* (interview 8, Programme Developer/Facilitator), and provided them with a good understanding of what ACEs are, how to identify children with ACEs and how trauma can affect children's wellbeing and ability to learn.

"the training was there to sort of to broaden your horizons and upscale understanding of what ACEs are and impact on children's wellbeing and ability to learn productively every day."

Interview 9, School Management

"It was enlightening to see the whole picture, 'cause I think we tend to look at the children from where they've come from, where they are, and look to where they're going at the end of primary school and look at that transition into comprehensive school, but we never look beyond that and what the potential implications are for the rest of that child's life. We tend to sort of pigeonhole it."

Interview 29, Teacher

5.4.1 Content of training

In particular, staff talked very positively about the first training session, a generic package that was initially delivered to the police and adapted to be used across sectors.³⁷ This training provided attendees with an understanding of the impact of trauma on the brain and physiological development of a child. Many staff felt that this was really useful in helping them to better understand the behaviour of the children they teach, recognising that the behaviour displayed in class is not a choice, but a result of the development of their brain. *"I think it's just really important, because you completely understand that their brain has been wired in a different way and they will always operate in a different way unless somebody intervenes"* (interview 23, school management).

"We discussed and looked at the brain and the effect of the ACEs they have on the brain and how it affects the children's behaviour, I found that very interesting. In fact, I found that quite beneficial to know within class."

Interview 11, Teacher

"when you're being told about these things, you've always got a child's name coming to your mind, and you think, oh, that's why they do that. So, it was really good to understand, have a better understanding."

Interview 16, Teaching Support

Furthermore, all participants felt that the communication skills taught during the training were particularly impactful. In the development of the training, it was recognised that although teachers want to be able to support children and take the time to talk to them, often it can be difficult to know what to say and the pressures of the job prevent them from doing this effectively *"time is a problem and when you're stressed it's difficult for us to listen properly to children"* (Interview 1, Programme Developer/Facilitator).

The staff were taught the different responses towards a child, and the importance of using emotional coaching in their interactions with children *"to ensure that all emotions are valued, accepted and empathised with"* (interview 6, Programme Developer/Facilitator). Emotional coaching is described as *"helping children to label their emotions, accepting any emotion, no matter how difficult it is and being aware of the emotion you have in yourself and how that might be impacting on your interactions with children"* (Interview 6, Programme Developer/Facilitator).

During interviews, all school staff felt that the training gave them opportunity to reflect on their own practice when engaging with children, with many staff recognising that often they can be dismissive towards children and not provide appropriate responses when children express emotion to them *"I think we've all been guilty of time and maybe just brushing off a little bit, you know, we'll deal with that in a minute, or come back and see me"* (interview 12, Teacher). All school staff stated that the training has made them more aware of how they respond to children, and the importance of making sure all children are listened and supported regardless of how small their problems may appear.

"I think a lot of these children don't have somebody at home to listen to them, so I think then when they have somebody in school who actually takes the time, it's a big deal for them. Not all of them but... I think it is nice to have somebody there who they know is going to listen."

Interview 24, Teacher Support

Furthermore, it was perceived that the skills developed in the training will enable all staff to act as a trusted adult for children, recognising that it is not always the teacher a child wants to talk to. It was reported that often it can be difficult to know what to say to a child when they share things, however, it was felt the training will *"empower schools to feel confident in responding to any emotion or any kind of emotion-related difficulty that they come across"* (interview 6, Programme Developer/Facilitator).

"Sometimes, we have to be aware that they just can't do anything about it. So, it's having these... it's building the relationship so the children know that they can talk to you."

Interview 19, Teacher

All participants talked about the third session of the training, the PATH process. This aimed to enable schools to develop a vision of what their ACE-informed school would look like, and put a plan in place to achieve *"a bigger, more focused kind of longer-term plan"* (interview 5, Programme Developer / Facilitator). Participants involved in the development and facilitation of the training felt the PATH fitted in well with the work of ACEs because it enables schools to target set over a prolonged period of time, incorporating support and wellbeing provisions that already exist in the school, and *"looking at who they would enrol, the kind of strengths they've got, and these next steps to get to their action"* (Interview 7, Programme Developer/Facilitator).

There were mixed views among school staff on the value of the PATH process. In general, it was acknowledged by school staff that the PATH sessions were useful in helping them to visualise, as a school, where they are and where they want to be through achievable steps: *"I thought the actual process of doing it was really good, especially working from the final goal backwards, 'cause normally"*

you tend to work the other way around" (interview 27, School Management). The importance of continued development within the school was highlighted, with an emphasis placed on continual improvement on working with children without allowing barriers to get in the way: *"we should be aiming for a lot of the things on there [PATH] and um, you know, try not to let things stop you, we're always wanting to improve the school, we always want to make the school better, we're never happy with what we've got"* (interview 26, Teaching Support).

It was felt the PATH was an effective way of encouraging schools to develop goals, particularly through a whole school approach with all staff being involved in developing the vision of the school. School management reported that the school was able to be more creative during the PATH process, and that staff were putting ideas forward that they would not have thought of themselves: *"for me, as a school leader, it was good to hear what other people had to say. I probably wouldn't have time, usually"* (Interview 21, School Management). However, a small number of participants felt that many of the ideas were not achievable and that, at times, the session became a little silly with the goals they were setting for themselves *"we should be aiming big and we should be aiming high, not aiming silly because some of it was, you know, it went a bit ridiculous"* (Interview 26, Teaching Support).

Furthermore, many of the staff reported that they were not expecting any change to come from the PATH process, with some feeling the session could be better spent further developing skills to embed into their practice. Some staff reported that they had done a number of PATHs previously which they felt had not informed or changed practice within the school. Many staff felt the goals could not realistically be achieved within current budgets and resources and in particular with the competing priorities they are faced with: *"I think what we all wanted to achieve isn't actually achievable with the resources that we have, and it would have been fantastic to have left that training session and think, right, well, we're going to do this, this is achievable. But it was that pie in the sky sort of looking at"* (Interview 29, Teacher).

"We spent the whole session on building up the dream, building up this marvellous dream but we don't know how to get to that dream because it's a dream. We didn't know how to put that into practice."

Interview 15, Teaching Support

However, it appeared that actions had already been taken to start implementing some of the goals identified in the PATH, with schools reporting some of the positive changes and plans that have started to be drawn up. For example, one school felt having chickens would be nice for the children's wellbeing, and have since sourced these from a parent. Another school had planned to develop a wellbeing space for staff and kitchen to teach children about cooking, and have begun to work with architects to build plans, and is working towards securing additional funding for this.

"there was all these pie in the sky ideas... well I'm never going to achieve them because we haven't got the money, we haven't got this, we haven't got that. But having reflected on it for a couple of months myself and over Christmas, I thought, well there is a way around it. We could do it."

Interview 5, School Management

5.4.2 Delivery of training

Participants overwhelmingly supported the interactive nature of the training; acknowledging that the practical participation aided recall and learning *"I liked the practical things. So, whenever we were involved. I think you remember things more"* (Interview 16, Teaching Support).

"I thought it was quite good having the hands-on examples and the role plays and things like that to get people actually thinking and then realising how difficult it was."

Interview 27, Senior Management

With this in mind it was mentioned by a number of participants that they would have liked more role play and practical elements included in the training around 'unpacking' specific scenarios.

"It would have been nicer to have had a few more sessions sort of modelled to us, about the sort of ACEs approach to dealing with different scenarios. And then having the opportunity to put that into practice."

Interview 29, Teacher

Participants reacted very positively to the videos and animations within the training. The ACEs video particularly was seen as very impactful. In particular, the ACE animation video was talked about very positively: *"the most interesting thing was the video. The video does make you think and personally, I think that should be on TV. I think it should be rolled out for everybody to be aware. So I thought that was very useful"* (interview 10, Teacher).

"there is a cycle that we are all trying desperately to break. There are an awful lot of children who turn up who are the spitting image of their fathers or mothers, and are exhibiting exactly the same behaviour. So, it was thinking, oh hang on, this is so true to life."

Interview 19, Teacher

A number of participants went as far as to suggest that the showing of the video should be extended to parents and children to help inform them on the impact of ACEs.

"I think that could be something that our children could relate to because a lot of them see what's going on because of lack of parental responsibility for themselves, they blame their children, so they see what's going on in their environment as their fault"

Interview 14, Teaching Support

Trainers/Facilitators:

On the whole the delivery of the training was well received across all schools. Participants acknowledged throughout the three sessions that the expertise and knowledge provided by all the trainers alongside the mixture of broad experience across different fields such as educational psychology, social work and teaching backgrounds enriched the delivery and was invaluable to its success.

"I think it's important to understand that, you know, what we provide for children as individuals, in their global development, does come from a range of different sources, and it was interesting to see people's slightly different slants on things. It's also good to use the individual expertise, 'cause nobody's an expert at everything...It brought a freshness to it."

Interview 9, School Management

"It was nice to have a broad structure of opinions and experience and to know that the people who were actually delivering it had been there and experienced a lot of what was being delivered."

Interview 14, Teaching Support

Environment/Session duration:

The training was delivered across half an inset day and two twilight sessions, with one school receiving all their training in twilight sessions. Twilight sessions were considered to be the least effective time for staff engagement; this was recognised across the board from school staff through to programme developers/facilitators. A number of participants expressed they felt too tired to fully engage in the materials after a day of teaching *"for us, tagged on at the end of the day, I don't think people are the most receptive"* (interview 13, Teacher), indicating the training was very intense and difficult

to concentrate on while they were tired, others reported feeling distracted by personal things (e.g. childcare).

*"You're hungry, you're tired, maybe you've had a bad day
and it's the last place you want to be then."*

Interview 18, Teaching Support

*"I felt the twilight sessions were... they were too long, and the work is too important
to be delivered when staff are already tired and have had a long day teaching."*

Interview 8, Programme Developer/Facilitator

Furthermore, both school staff and the training facilitators perceived that the training was rushed during the twilight sessions, and that the materials were not given enough time to be appropriately covered.

*"Towards the last sort of hour of the sessions, it was getting a little bit rushed. And that's
the last thing that you want when you're trying to deliver these key messages and perhaps
in some cases, deliver new information which has to be sort of absorbed and understood."*

Interview 8, Programme Developer/Facilitator

*"You could probably have over a couple of days, just to really kind of embed
it with staff because it's a bit of a whistle-stop tour, doesn't always give you
time to expand on things and discuss things a little bit further."*

Interview 27, School Management

The majority of participants felt that the first training session addressing 'ACE awareness' worked well as a stand-alone session, with duration and time spent on the topic sufficient. However, it was felt that sessions two and three could be condensed slightly, with overwhelming support from both school staff and programme developers and facilitators for the training to be held over at least one INSET day.

*"We had three twilights but I thought the second session and the
third session could have been condensed into one."*

Interview 15, Teaching Support

*"I would say they would be better in the future... schools have an ACE day, where
it's an inset closure day for whole school staff, where basically, the morning is the
ACE awareness and maybe you have a longer day, so you finish maybe say... half
past four, five o'clock rather than half three, and you fit the afternoon into the
trauma and resilience and then lead into the PATHS so it's all done in one day."*

Interview 4, Programme Developer/Facilitator

5.4.3 Impact of the training on knowledge and practice

Participants were asked how they felt the training had impacted on their knowledge and to further describe how the training had impacted and influenced their practice when working within their school setting.

Impact on knowledge:

Many staff indicated that the training had encouraged them to think differently about the behaviour displayed by a child while at school. It encouraged them to think more in-depth around the reasons for the behaviour, to be 'less reactive' and to consider the wider picture and implications there might be for the child due to their life experiences outside of school.

"It's made me more aware of, you know, the number of different ACEs there can be out there. It's made me aware to look for it more."

Interview 10, Teacher

"I think it's opened everybody's eyes about the things that go on outside of school then for these children. Definitely."

Interview 11, Teacher

In some cases, it was acknowledged that while the subject matter around working with children who have experienced trauma *"may not be something necessarily brand new to them"* (interview 23, Senior Management), it was recognised that the training has helped to embed and *"deepen knowledge around these sort of issues"* (interview 23, Senior Management).

"I think my understanding of it before I went on the course was very good... before we had any ACE training but I think that um, obviously having the ACE training it has helped because it's kind of given it a little more of a structure to see um how much or how many different things can impact."

Interview 25, Teacher

Knowledge gained through the training has already begun to help staff read situations differently and recognises potential risk for pupils. An example provided by one member of staff was of a child who *"reading his mood, we can judge... A couple of weeks ago, he went very quiet and things weren't right at home. So we did pick that up"* (Interview 18, Teaching Support). As a result of picking up on this change in behaviour the child was given time to talk to the teacher he identified as a trusted adult, which resulted in a disclosure and subsequent child protection proceedings.

Impact on practice:

In the short time since the training, the majority of school staff acknowledged that the learning they have gained is already beginning to impact positively on their practice. Many participants stated that they have started to modify the way they interact with the children they work with in terms of how they address difficult behaviour and are more aware of how their actions may be perceived by a child as they approach or present themselves.

"I'm now more aware of my body language when I am marching across the yard."

Interview 14, Teaching Support

"I know that I am a lot more aware now....if a child gets upset [...] we're about to do something, I don't just brush it aside anymore, I don't give the answer that I used to give, like 'no, come on let's go to assembly things will be alrightit's not ignoring what is obviously important to the child".

Interview 28, Teaching Support

In a few cases training has helped to shape and influence both current and new school procedures, looking to capture 'minor things' often discussed about children among staff informally. In one school, a record of concern has been developed to log any problems that are identified with children, which all staff have access to for a shared understanding of the pupils across the school.

"In order to tighten up our procedures in school, we created the record of concern, where every child in the school is now listed and we record any notes or any conversations staff may have around that child so that we can build a bigger picture and we can then 'hyperlink' to PPN and police reports and child protection documents if we've got those, or any other sort of learning plans or notes linked to the child.....it now carries on with that child through school. So if a new teacher picks them up they've got those bits of information and the 'bigger picture'."

Interview 23, School Management

One school shared that the 'ACE-informed whole school approach' supported the school in considering alternative options other than sanctions when dealing with unacceptable behaviour among pupils: *"we're not talking exclusions anymore or anything of that nature, we're talking...maybe missing a break time to spend time with an adult to discuss their behaviour...it gives us an opportunity to speak to the children about their behaviour and give our perspective on it...as a staff now we are far more non-confrontational with children"* (Interview 9, School Management).

A few members of staff shared that they felt *"more confident in approaching whatever the situation is really with a child"* (interview 17, Teaching Support) since the training given that they now feel they have a better understanding of the issues around ACEs. Impact of the training on practice has been identified by school management in terms of a *"shift in teachers' attitudes towards certain children"* (interview 23, School Management).

Furthermore, a number of staff have identified the impact the training has had on staff wellbeing, with staff better caring for themselves as well as caring for one another. Staff shared that they feel more supported by colleagues; *"I actually feel less pressured, the reason being because um everybody is involved in this in school now....whereas everybody used to come to me for the slightest thing [...] people are not now which is really nice....they have strategies themselves from this training [to deal with a child]"* (interview 33, Teacher).

"I also have to exhibit an ACE-informed approach towards my staff; they need emotional support as well... It has improved my ability to filter what exists in my head and then comes out through my mouth a little better."

Interview 9, School Management

5.4.4 Training development and improvements

Participants identified a couple of distinct areas in which they felt the training could be developed and enhanced. During the interviews a number of teachers and teaching support staff expressed a nervousness around working with a child identified as having ACEs, and the associated risks. An overwhelming number of school staff, while positive about the ACE awareness element of the training and the increased knowledge it provided them around the subject, felt it did not go far enough in terms of informing them what to do once ACEs have been identified, and how to help that child:

"you took us to the point of the cliff and then it was left there. And we were then expected to get on with it, you know?"

Interview 14, Teaching Support

Many participants stated that they would have liked more guidance on how to manage behaviours in the classroom using a trauma-informed approach. This was also reflected in the interviews with programme developers and facilitators, who feedback that they would have liked to have spent more time delivering on the 'window of tolerance' and *"have staff think of a child that often is dysregulated and moves between the hyper rather than hypo arousal and think about ways to bring them back to their window of tolerance and develop a little one-page profile-esque thing of what you can do to support that child when they're like this"* (interview 6, Programme Developer/ Facilitator).

"...come up with the scenario, like this morning, for example, that child was lashing out, kicking, punching, biting. We got him away from that situation, took him out the class, he ran down the corridor and hid in another classroom. Then we could do something like, how could you handle that situation knowing the ACEs that that child might have? Then we could do like a question and answer type thing, then you can go back into the role play a bit of what that child could have done."

Interview 15, Teaching Support

Feedback from the majority of school staff suggests the training would have benefitted from using specific real life school examples to provide practical examples; therefore, content needs to concentrate more on the application of strategies and tools presented in the training on how to engage with a child identified as vulnerable and how to work with that child to improve or change their situation specific to the education setting.

"I was hoping for maybe the second and third week would've given us ways to deal with ACEs and ideas and strategies. But I feel like we've been told what ACEs are and I'm a lot more aware, [...] but I still don't know what to do with that"

Interview 12, Teacher

A wider approach of resilience training was suggested, in that this should cover strategies to school staff to enable them to teach the children on how to work through vulnerability and risk, as well as addressing and developing resilience for parents, the community and school staff wellbeing.

"...resilience, you could actually spend a whole afternoon or day doing just resilience. Resilience for staff, resilience for children, for families, for people in the community. So, there wasn't enough time to do that properly, so I guess it's not that we wouldn't do it, it's just we'd do it in a shorter way, I suppose."

Interview 5, Programme Developer/Facilitator

Reflecting on the training one facilitator acknowledged that spending more time on the resilience framework activity would have been more beneficial for staff, and this is perhaps an element that should have more focus going forward.

"the resilience framework activity would be so, so helpful if we had a group of three or a group of two picking one part of the resilience framework, thinking about how the school currently facilitates that form of resilience and what they could do more."

Interview 6, Programme Developer/Facilitator

Reiterating this wider approach, throughout the interviews, many participants recognised that becoming an ACE-informed school was not just about working with the children, but also with parents and families. It was felt that the training could be further improved by incorporating ideas around *"support(ing) the family and engaging with the family to overcome barriers to engagement to try and support change"* (interview 2, Programme Developer/Facilitator).

5.5 School action plan and resource pack

The final elements of the ACE-informed whole school approach were the action plan and resource pack, which aimed to support the school to develop and implement systems to become an ACE-informed school and maintain the approach beyond the life of the project. Each school within the pilot was provided with a school action plan after the third training session had been completed, which utilised the already established PATH process. Participants were asked at interview to provide comment on the action plan process and how they felt it has helped the school to move forward towards becoming ACE-informed. However, due to time scales of delivering the training the action plans had not been presented to or had time to be implemented by the head teacher within the period of evaluation, therefore limited information was captured on the subject.

It was felt that the action plan should be a useful document to inform school improvement plans and the hope is that *"the school's challenge advisor from the Education Consortium will sit down with the team that have been writing the action plan to draw into the school's improvement plan those key points. And again, it's making the link to what's really important to schools so that they see that this work on ACEs and wellbeing is intrinsically linked to how the schools go to improve"* (interview 3, Programme Developers/Facilitators).

In general, those participants in school management positions were positive around the process in place to establish a school action plan to address ACEs and felt that it provided a potentially useful platform to inform their school improvement plans rather than adding to current workloads.

"I'll be meeting ACE-informed schools lead and Healthy schools lead in a couple of weeks to agree the action plan, really. So I'm hoping the actions will be something that we'll be able to fit into our school improvement plan rather than being add-on."

Interview 21, School Management

Consideration should be given to the value of re-visiting the school action plans towards the end of the school year, to evaluate how well the plan integrated into the school improvement and what impact it had on supporting staff to develop their school in an ACE-informed way.

Feedback from training developers and facilitators suggest the resource element of the approach had not been developed and was still under consideration at the time of evaluation. Initially, it was thought that Healthy Schools could play a role in providing the resources: *"...as Healthy Schools are used to doing action planning that they could be the ones to drive that element of it as in find the resources the schools needed in order to succeed in that"* (interview 1, Programme Developer/Facilitator). It was felt that the resource element of the approach was not instrumental to driving this approach forward, and that, although generic resources and lesson plans could be provided, existing materials could be utilised: *"there's so much stuff out there already, we don't want to tell schools in the future what they should be doing and drop one programme of work that has worked quite successfully to take on something that we're saying they have to do this, this and this"* (interview 4, Programme Developer/Facilitator).

5.6 Considerations for 'roll out' of the ACE-informed whole school approach

There was strong support among participants across all roles for rolling out an ACE-informed school approach beyond the pilot area, to include all levels of education (i.e. nursery, primary and secondary schools), and to other local authority areas across Wales.

"I think it could be a force for social change and it needs investment in, not only the training, but in every school becoming invested in it. I think this could... I genuinely think that ACEs has the potential to change communities"

Interview 9, School Management

The training was developed and delivered to primary schools, however, many participants talked about the importance of adapting this training to be delivered to secondary schools, to ensure continued support once leaving primary school: *"the comprehensive school now needs to be involved because we are feeder schools for them"* (interview 14, Teacher Support).

"It needs to continue into the Comp because there's such a change from this school to the Comp and that would [ACE-informed approach] be something that should be consistent throughout every school [for that child]."

Interview 18, Teaching Support

A number of considerations are needed to adapt the training for secondary schools, including making the materials more age-appropriate and fitting to the secondary school environment *"I think the scenarios should be more secondary school focused because Ruby, the child of the scenarios was very much a primary school child"* (interview 6, Programme Developer/Facilitator).

"So the emphasis in secondary schools on the building blocks of pupil resilience, may well be slightly different. So if we are still talking about the always available adult, in primary schools, you'd be talking to the primary school teachers about that. But in the secondary schools, the always available adult actually might be the youth worker that's based in

the school, or the school-based counsellor, or a head of year, or a pastoral lead”.

Interview 3, Programme Developer/Facilitator

Further attention needs to be given to group size when considering adapting the training, with secondary schools having much higher staffing levels than primary schools *“I’m not sure that you could do it for 150 people. I think you would dilute it so much that I don’t think it would be effective”* (interview 5, Programme Developer/Facilitator). Traditionally, the training was developed to be used in small group settings to facilitate an interactive and engaging session, with the ideal number of attendees suggested: *“taking it back to [what worked] within the Police setting, would keep it around 20”* (interview 2, Programme developer / facilitator). In particular, the PATH process was considered to not be appropriate for larger groups, with the school with the largest staff number (n=52) reporting the training to be less effective than the other two schools.

Although it was suggested that when delivering to secondary schools the training could be delivered to the leads to disseminate across the school, which is usual practice with training, positive feedback from many school staff around the value of all staff being trained at the same time and ‘hearing the same messages’ was highlighted throughout interviews. Some suggested the training could be delivered in phases, or the school could be split into staff groups to receive the training.

*“I think you’re going to need to have a think about who are the key groups?
Whether you have a sample group from different roles [...], or whether you
do a senior management thing and they cascade down in some way.”*

Interview 5, Programme Developer/Facilitator

It was firmly recognised that schools while uniquely placed within communities to address ACEs ‘cannot do it on their own’. There was acknowledgement among school staff that to successfully address ACEs *“we need the community on board as well”* (interview 9, School Management), an ACE-informed school cannot exist in isolation. A number of participants suggested the ‘next step’ to becoming an ACE-informed school would be to engage with parents with *“the long-term goal... of having [ACEs] as a global language or approach”* (interview 27, School Management) across the school community.

*“So with a more ACE-informed approach, parents might be more willing to
come forward, children might be more willing to chat to staff about different
things.....so long-term goal would be to have a very open approach to ACEs
where parents aren’t scared to come and work with the school.”*

Interview 27, School Management

Additionally it was acknowledged that a wider ACE-informed school approach should not just be staff based but should include pupils as well. Consideration therefore, moving this approach forward, needs to include developing age-appropriate ACE awareness materials for staff to engage with pupils.

*“And I suppose there has to come a stage which we didn’t do this time, where the pupils within
each of the classes have that age-appropriate understanding of perhaps, you know, why Jack
and Molly sometimes kick off and are very upset and very angry and you know, very aggressive.”*

Interview 8, Programme Developer/Facilitator

5.6.1 Timing

There was a feeling among Senior Management that in terms of roll-out timing is crucial. Giving schools enough time to plan whole staff training around ACEs into already busy schedules competing with curriculum training and school improvement is central to ensuring success going forward.

"Schools need time to plan ahead, if we did have to devote [training] days to ACEs, they'd have to be out in to the programme for the year.....Because if you've got to support staff after school, you've got to pay for additional hours they'll be asked to work.....so some of it is money but also timing."

Interview 21, School Management

5.6.2 Training

The professional expertise of those delivering the training was identified as a strength and a key to its success.

"I think the Ed psychs are the key agency, because they have the expertise and they have the background, and they're already working with schools. I think they are the ideal training agency for this, with then some backup training from agencies like Barnardo's...then you've got the expertise to answer in-depth questioning."

Interview 8, Programme Developer/Facilitator

Going forward it was recognised that the *"educational psychologists seem to be in a good position to deliver the training"* (interview 34, Programme Developer/Facilitator). However, this needs to be in partnership with other agencies involved in supporting the school to make sure that the message either does not become diluted or 'too specialist'.

Even within a national approach it was felt that the training needs to consider differences across local authorities with *"some creative little tweaks here and there to just reflect the cultures and difference in different local authorities"* (interview 6, Programme Developer/Facilitator). Others felt it could go further than this and become a bespoke training package for individual schools.

It was suggested that future proofing the success of the ACE-informed school approach requires forward planning in terms of 'training future teachers' by embedding ACE awareness training within teacher training schemes.

"It's important that um students [trainee teachers] are aware of the way we work....we should have an ACE-informed school workbook, [or] leaflet ... so that when they come to the school for placement we say you know we're an ACE-informed school and this is the way we deal with our children."

Interview 33, Senior Management

As previously mentioned some participants recognised that there were gaps in the current training. There is a good opportunity to revisit the content of the training prior to roll-out to *consider "a whole training package that would include how pastoral leaders in school actually speak to families.....and be able to help with disclosure and interventions"* (interview 1, Programme Developer/Facilitator).

5.6.3 Collaboration

While the focus of this approach is looking at how to develop an ACE-informed whole school approach, many participants recognised that for this to succeed the school cannot expect to work in isolation. One participant acknowledged that in order to embed this work within schools and work towards an approach that is sustainable, it is important to work together with local community partners already working in an ACE-informed way.

“So you know you’ve got your PCSOs in the area who are also trained...we need to be linking it back with police work... Let’s get them in and let’s work together.....Those joined up approaches and working together approaches so you know, what may come out of a readiness tool could link back to maybe you know PCSOs in the community and their links with the school.”

Interview 2, Programme Developer/Facilitator

School staff also felt the approach would benefit from being linked in to other services, with greater information sharing:

“I think social services should be a big part in helping us get to that [ACE-informed whole school].”

Interview 15, Teaching Support

“We would hopefully want far more contact with the other bodies, with the police. Our Headmaster gets information about incidents that are from the police but we need to know exactly [what].”

Interview 19, Teacher

A few participants suggested that it would be *“good to involve counsellors within the community because they are having to pick up some of the problem after school behaviour, which perhaps the police are involved [in] already”* (interview 14, Teaching Support), as a way to support the school in a ACE-informed way. There was certainly a consensus among those interviewed that in order for this approach to truly succeed, parents need to be brought on board in terms of their understanding around ACEs and the developing of resilience with family engagement felt to be key.

“certainly, there needs to be much more of a community focus joined-up approach with the parents.”

Interview 4, Programme Developer/Facilitator

“I do feel though that we need to get parents on board a lot sooner and some of our parents need to see some of those that you have [consequences of ACEs].”

Interview 14, Teaching Support

5.6.4 Future development/sustainability

It was recognised that while the ‘pilot’ shows real potential, in order to ensure take up and make certain the approach becomes embedded as daily school practice a robust evidence base is essential and that additional work is required around measuring impact, *“as with anything really, you need, you need to evaluate every year”* (interview 1, Programme Developer/Facilitator).

In light of the pace at which awareness around ACEs is developing across a number of sectors, maintaining the fidelity of the training package was identified as crucial moving forward, with the need for a quality assurance mechanism to be built in to any potential national approach to ACE-informed schools.

“Well, what we need to make sure is that, you know, when the training is delivered, and across the country, that we don’t lose the message. It’s the same

with any evidence-based package. If people lose the fidelity of the training and start to put their own bits in it, then you lose the emphasis."

Interview 3, Programme Developer/Facilitator

In addition it was recognised and accepted that *"different schools, even within a local authority, are at different places on the [ACE] journey"* (interview 3, Programme Developer/Facilitator), so therefore before roll-out is even considered local discussions at a Public Service Board (PSB) multi-agency level need to take place to set the scene and lay the groundwork.

"It's really important to start the discussion with the Public Service Board, because this is a multi-agency issue. It's not just a school or local authority issue. If you embed this [approach] in the local.... Public Service Board plan's, then that's how we get sustainability because those plans are statutory."

Interview 3, Programme Developer/Facilitator

The 'huge' potential of an ACE-informed school approach to addressing vulnerabilities and risk among school-children was widely accepted among participants at all levels. It was acknowledged that there is a national commitment in Wales to address wellbeing which is at the heart of the School Effectiveness Framework and therefore a core element of work within schools. However, in considering the success and sustainability of the approach going forward it was felt that there still *"needs to be a bit more emphasis in terms of government legislation"* (interview 29, Teacher).

"There is commitment in there [School Effectiveness Framework] from the Cabinet Secretary that this will be rolled out. So it has to work.....There's work going on around school liaison officers, and making sure that their role is complementary to this, so in terms of next steps, for this work, there's still quite a bit to do in this space really, so just going in and giving training to staff is just the beginning really."

Interview 34, Programme Developer/Facilitator

6 Discussion and Recommendations

Research has demonstrated that childhood experiences can have a detrimental impact on the development of a child and can result in poor outcomes in later life. Given the proportion of time children spend within education schools are particularly well-placed to support children experiencing ACEs and to build resilience to protect against the impact of trauma. The ACE-informed whole school approach aimed to equip schools with the right knowledge, skills and resources to identify and respond to children who experience ACEs and trauma, and to provide children with the support needed to enable them to engage in their learning and reach their full potential. The pilot was delivered in three primary schools within BCBC over the first two terms of the 2017-2018 academic year. The evaluation has evidenced the initial impact of the delivery and implementation of the ACE-informed whole school approach, as well as documenting a number of considerations for further development, national roll-out to schools across Wales and sustainability of the ACE-informed whole school approach.

Overall perceptions of the approach

The ACE-informed whole school approach was positively received by all schools, across the spectrum of roles, with staff recognising how important it is for schools to become ACE and trauma-informed. Although many programmes and initiatives exist to address the wellbeing of pupils, many participants recognised the importance of a whole school approach to address this, and the benefit of a universal approach where *all* children are supported, not just the vulnerable and at risk. Participants felt the approach provides flexibility to schools to draw on current resources and utilise existing good practice, enabling them to develop their own unique ACE/trauma-informed school to reflect the need of their own/local community. This is in line with international research which highlights that no one trauma-informed school will look the same, and that schools need to adapt their approach to appropriately support the pupils and wider community they serve²⁹.

The struggle to address pupil wellbeing was overwhelmingly apparent throughout all interviews, with participants referencing the pressure to meet the demands of Welsh Government to produce good academic outcomes and address priority areas as examples of the challenges faced when attempting to address pupil wellbeing. Many participants felt that existing policy and legislation act as a barrier to fully embedding an ACE-informed approach into practice, because they restrict staff ability to give children the time they need to address wellbeing. Furthermore, it was recognised that an early intervention and preventative approach to ACEs, due to the nature of a life course perspective, although essential, does not produce the immediate results that Welsh Government expect. Measuring the impact of such an approach on school outcome measures like attainment and attendance, requires a longer term strategy. School management argued that there is a need for legislative changes to enable teachers to better support the wellbeing of pupils, which appears to be an area that is currently being addressed with ACEs beginning to be embedded into policies, including the new Welsh strategy 'Prosperity for all'⁴⁰ and 'Education Wales: Our National Mission'⁴¹ which calls for inclusive and strong schools that are committed to wellbeing.

Participants acknowledged that there needs to be a greater multi-agency collaborative response to addressing ACEs, with schools wanting wider support from other agencies to work in an ACE-informed way. School staff identified an emerging collaborative working arrangement between services as a result of the delivery of the training, which was viewed positively. Staff reported a desire to continue to engage with the Education Psychology Service, police, Healthy Schools and social services beyond the life of the project. This reflects feedback from police in an evaluation of a structured multi-agency early intervention approach to policing vulnerability, where there was a desire from Neighbourhood Policing Teams (NPTs) to work more directly with schools in addressing trauma and the intergenerational transmission of ACEs⁴².

The recognition that schools cannot work in isolation to be effective in mitigating the potentially poor outcomes for children experiencing ACEs extended to a call for support from the wider community. Schools reported difficulties in engaging with families due to a perceived fear of potential consequences and a lack of understanding that schools want to support families, not enforce punitive measures. Many staff felt for this approach to work, they need to engage the community and create a change in culture where everyone works together to prevent ACEs and reduce the impact of trauma on children in later life.

ACE Readiness tool

The first element of the approach was the ACE readiness tool developed by Public Health Wales and the Education ACE Coordinator. This was a self-evaluation tool completed by each school to scope current policy and practice, and to identify any gaps in provisions that need addressing to enable schools to adopt an ACE-informed approach in education. Schools are accustomed to completing self-evaluations, however, this was considered a very valuable and impactful experience by all schools and Education ACE Coordinators. It was recognised that the ACE readiness tool provided schools with an opportunity to reflect on the extent to which they already address pupil wellbeing and to inform how this approach can be embedded into everyday practice. However, it was felt that the tool could be streamlined to reduce repetition with a need to utilise the scoping exercises already completed by Healthy Schools to collect data prior to the meeting. Allowing schools time to consider the questions of the tool prior to the completion meeting would enable them to reflect more fully on current practice and gather evidence. The tool was developed in line with the Estyn Framework, however, participants felt that attempts need to be made to align the tool with the Healthy Schools Framework and checklist, and to reflect the changes to the school curriculum anticipated to be enforced by 2021 following the Donaldson review²⁶.

Perceptions of the training and impact on knowledge and practice

The 'ACE training' delivered as part of the whole school approach was positively received by staff across all schools, with staff reporting that it provided them with a good knowledge base. Following the training, participants reported a significant increase in confidence in their ability to work with vulnerable children, in their ability to speak to a child appropriately and to share concerns for a child with colleagues.

During interviews participants stated that the content of the training was both insightful and informative. Particular areas of learning participants perceived to be invaluable included the science behind trauma and the impact it has on child development and behaviour in the classroom. Furthermore, all staff reported that the communication skills element was very insightful. Following the training, staff reported feeling better equipped to talk to children about their problems, and more available for children to share things with them. Often in schools, when a child is upset or there are concerns, the Designated Safeguarding Person (DSP) or wellbeing officer will provide support, however, participants acknowledged that the training enabled *all* staff to develop skills that would support them to act in the capacity of a trusted adult for children, to respond to a child's needs and provide support. In one school, the DSP reported that this has taken the pressure off their role, and has already reduced requests from staff seeking support to address a child's needs. Although the DSP remains responsible for all safeguarding concerns, it is important for children to be able to seek the support from the member of staff they feel most comfortable to talk to. This provides opportunity for all children, regardless of whether they experience ACEs and trauma to receive support within school and have their wellbeing addressed. However, it was noted during feedback from staff that although all senior management team, teaching and teaching support staff attended the training, there is a need for the training to be delivered to other staff for this to be a true whole schools approach, including dinner staff, caretakers, and school governors.

School staff reported feeling better able to identify a child who is experiencing ACEs after receiving the training. Although additional feedback suggested that the majority of school staff wanted to be provided with further guidance and practical examples on what actions need to be taken once ACEs have been disclosed and what their role needs to be beyond providing emotional support. Therefore when considering further development of the training content needs to concentrate more on the application of strategies and tools to enable better management of behaviour within the classroom, on how to engage with a child identified as vulnerable, and how to work with that child to improve their situation. This should also include more in-depth content on resilience, providing school staff with strategies to enable them to teach children on how to manage and work through vulnerability and risk; as well as how to engage with parents and local community to build resilience factors.

The training provided some examples of ways to bring a child back to 'the window of tolerance' (to a functional level) when they become hyper aroused, however, a number of participants did not feel able to apply these skills, and needed more practice. There is a need for the Education Psychology Service to further engage with the schools to provide support on how to manage behaviours associated with ACEs and trauma in a therapeutic way, and where positive handling plans are in place, ensure these reflect a trauma-informed approach. Furthermore, behaviour support teams within local authorities could also engage with schools to provide support for children with social, emotional and behavioural difficulties.

The majority of participants considered the PATH process a useful approach to mapping out how to develop an ACE-informed school, and to set both short-term and long-term goals to achieve this. There were differences in opinions, however, between schools on the usefulness of the process. During interviews, the training developers and facilitators reflected that the PATH process was not designed to be delivered to groups as large as those involved in this pilot, and, as a result, adaptations were required to enable all staff to participate in the activities. Furthermore, other members of staff felt the goals set were not achievable and unlikely to be carried forward, however, it became apparent that steps had already been taken to start implementing actions to enable some of the goals to be achieved. At the time of the interviews the schools had not received their action plans, however, the senior management talked about how helpful these plans would be to further enable them to drive these actions forward and continue to work towards becoming an ACE-informed school. This needs to be considered as part of a longer-term strategy linking in to the schools improvement plan, a plan all schools are required to develop through self-evaluation which outlines its priorities and key actions for improvement over a given time period.

Training delivery

All participants reported that the knowledge, expertise and experience of the training facilitators was crucial to the successful delivery of the approach and had allowed for excellent knowledge transfer of the approaches of different sectors when working with vulnerability. However, staff did not enjoy receiving the training during twilight sessions and felt this significantly impeded their learning because they were often too tired to be able to fully engage in the materials and activities. Staff had a preference for the training to be delivered during inset days, over 1-2 days.

Staff enjoyed the interactive nature of the training and reported that as a result it was engaging and helped in knowledge retention. School staff reported that the training developed their knowledge and skills which they felt would improve practice and gave them the confidence to embed these skills into everyday practice. However, there was a request among many of the participants for the training to include more role-play, to enable it to be fully embedded into practice. It recognised that due to the time restraints when delivering the training, certain elements were not given the time needed to appropriately cover the materials, including the resilience building element.

Considerations for roll out

It was agreed by all interview participants that this approach should be rolled out and delivered to schools across Wales to ensure children are appropriately supported when experiencing ACEs and trauma. Concerns were raised as to whether all schools would be willing to adopt an ACE-informed approach in to their practice, and that staff attitudes towards this work will determine the success of the approach in each school.

It was noted that delivering this training to large groups can impede staff engagement during the session, and reduce the impact the training has on attendees. Participants felt that time needs to be spent reviewing the training to ensure it is suited to larger group sizes, without compromising the whole schools perspective. This was particularly the case with secondary schools that can often have staff teams of up to 150. Furthermore, it was reported that the training materials are not age-appropriate for secondary schools, and that the training needs to reflect how to interact with older children, and differences in the choice of trusted adult and presentation of behaviours in the classroom.

It was perceived that there is a greater need for a collaborative approach to addressing ACEs, with schools feeling unable to support children in silo to other agencies. It was felt that continued engagement with other services could have a significant impact on the sustainability of this approach in schools, enabling schools to provide the support needed to children and families without compromising their role as educators.

Furthermore, at the time of data collection, the action plan and resources had not been implemented within the three schools. It was anticipated that the action plan would be an important step in planning further development of the school and sustainability of an ACE-informed approach. Considerations were being made to whether it would be necessary to provide schools with a resource pack with lesson plans and training materials, however, no firm decision had been made. Future development of the approach needs to address the importance of these elements and whether they will formulate parts of the approach in the future.

Conclusion

This approach comes at a time where education in Wales faces a big change in addressing how best to support children with their education with an emphasis on tackling the wellbeing of pupils in schools. The Donaldson review²⁶ highlighted the need to create ambitious, capable learners who are healthy, confident individuals who can lead fulfilling lives and this cannot be achieved without first addressing the wellbeing of all children. Addressing ACEs is essential in enabling children to fully engage in their education and become successful learners, whilst reducing poor outcomes in later life.

The Ace-informed whole school approach encourages school staff to support all children regardless of whether they have experienced ACEs or are considered at risk. The training provides all staff with the knowledge and skills to act as a trusted adult, enabling children to seek support when it is needed, and to allow school staff to build resilience in children to protect against the negative outcomes associated with ACEs. However, schools are concerned about their ability to adapt their practice to better support children as a result of growing pressures placed on them from Welsh Government. Government policy has already begun to reflect the need to address ACEs, particularly in education. However, there is a greater need for wider support in working towards providing early intervention and the prevention of ACEs in future generations. Whilst it is recognised that further development of the approach is required, the evaluation identified a wide range of support among participants for all schools in Wales to become ACE-informed.

The impacts of the ACE-informed whole school approach need to be considered over a longer time period to include how well the approach has become embedded into everyday practice. Further

evaluation should seek to explore the impact on school outcome measures, such as attainment and school attendance, and consideration should be given to the value of re-visiting the school action plans to evaluate how well the approach integrated in to the school improvement plan and what impact it had on supporting staff to develop their school in an ACE-informed way.

Recommendations:

The ACE-informed whole school approach should continue and look to be rolled out to other schools across Wales, with consideration given to the feedback within the evaluation report to modify and develop the approach.

ACE readiness tool and action plan

- Align the ACE readiness tool with the Healthy Schools Framework to streamline the information gathering process for schools. This should include providing schools with the ACE readiness tool prior to the completion meeting to allow staff time to reflect more fully on current practice, gather evidence and consider their response more fully.
- There is a need for the tool to be streamlined to prevent repetition across the questions and reduce the time it takes to complete the tool.
- Scope out and identify, prior training, frameworks and services that exist in schools that could provide further support, that sit below statutory thresholds
- The tool was developed in line with the Estyn Framework, however, it is anticipated that changes to the curriculum expected to be enforced by 2021 will need to be further incorporated into the tool.
- Integrate the action plan in to the school improvement plan with a review of changes and on-going support.

ACE-informed schools training

- Ensure the 'whole-school approach' is as inclusive as possible by providing resource for schools to involve the widest possible range of school staff, such as dinner staff, caretakers, governors) in the training.
- To include within the training more on the application of appropriate strategies and tools on how to engage with a child identified as vulnerable and how to work with that child to improve their situation; in particular consideration should be given to different learning styles to reflect more interactive role-play in relation to school-related scenarios and how to practically employ the skills learnt in the classroom, such as how to better manage behaviour.
- Work with schools to develop scenarios to reflect their everyday experiences that may be unique to them as a school community.
- Training to include a deeper understanding on developing resilience in children and the widening of this to incorporate parents and the community.
- To incorporate approaches to engage the family/parents to overcome barriers to engagement to facilitate and support positive change for the child within the training.
- Facilitate the development of short-term realistic ideas/goals, versus long-term more aspiration goals via the PATH process.
- To consider delivering training sessions as an INSET day, and as a singular session rather than three shorter individual sessions. Consider the feasibility of holding a school ACE day to include ACE awareness training in the morning; trauma, resilience and strategies in the afternoon leading into the PATH process.

- Training to be delivered by the Educational Psychology Service to utilise their expertise in childhood trauma to ensure continued engagement, relevance and support to schools after the delivery of the approach has ended.
- Training to be adapted to be relevant for a secondary school audience. This is to ensure materials are age appropriate and suitable for large groups of staff whilst ensuring the whole schools approach is maintained.

Staff attitudes, skills, practice and behaviour

- Consider the inclusion of ACE awareness and trauma training within the initial teacher training programme and ensure the skill set of Early-career teachers and other school staff align itself to the vision of every school in Wales being ACE-informed.
- Development of age-appropriate ACE awareness and understanding of trauma material for staff to use with pupils in the classroom.
- Consider presenting the ACEs animation to parents and children to raise awareness of the impact of ACEs.

Long-term sustainability and future development of an ACE-informed whole school approach

- Additional school provision should be offered to school staff to help manage behaviours associated with trauma linked to school behaviour management policy and behaviour support teams, through the deployment of profession support working within the school environment.
- Establishing an environment within the school where parents feel comfortable to approach staff for help and support.
- Further develop links between schools and other agencies i.e. police, Early Help, Healthy Schools, to work collaboratively in identifying and responding to ACEs.
- Development of systems to capture data on outcome measures of children to better understand potential long term impact.
- Establish suitable information governance protocols to allow for easier information sharing between partners of relevant information that would help to ensure children are receiving appropriate and timely support.
- A quality assurance mechanism needs to be built in to any potential national programme to ensure the fidelity of the training package is maintained.
- Wider stakeholder engagement is required to set the scene and lay the groundwork of the benefits and impact an ACE-informed whole school approach could offer, driven through Public Service Boards and aligning the approach with the Public Service Board plan objectives to deliver on achieving the wellbeing goals set out in the Wellbeing of Future Generations (Wales) Act 2015 to ensure sustainability of the approach.
- Further, longer term, evaluation should be undertaken to determine:
 - The impact of the training on staff and how well this approach has embedded in daily practice.
 - The impact on the wellbeing of children through analysis of wellbeing surveys and routinely collected data on school outcome measures.
 - The impact of the approach in terms of resources and the outcome for families which could further inform the approach when considering sustainability.

Appendix 1: Overview of the ACE-Informed Whole School Approach

ACE readiness tool

The ACE readiness tool is a self-evaluation tool which has been developed to align with the areas of inspection identified in the Estyn Common Inspection Frameworkⁿ 43. The tool includes a profile of each school which details the data held by the All Wales Core Data set (e.g. budgets, percentage of children reaching expected levels for core subjects, improvement category)⁴⁴. This consists of thirteen questions, each with prompts and examples of evidence to further encourage information exchange (see Table A1). This is completed with the head teacher to identify additional resources needed or changes in processes to enable a school to adopt an ACE-informed approach.

Table A1: A brief description of the areas of assessment explored in the readiness tool

Table 5: Description of area of assessment	Table 6: Examples of practice
Strategies and wellbeing arrangements the school employ to meet the needs of the pupils affected by trauma	Identification of vulnerable children, analysis of attainment data and wellbeing surveys, school interventions (e.g. PATHS, ELSA), information sharing with other agencies, development of pupil profiles.
Arrangements for raising the standards of children with ACEs	Tracking systems, use of the role of LSAs/LSOs; targeted support i.e. reading groups.
Strategies to improve attendance	Use of EWO, targeted work with pupils and families, reward systems, regular review meetings, meet and greet at school gate.
Variations between particular groups of pupils	For example, differences in behaviour and attainment based on gender, FSM, LAC. Targeted support and use of Education Psychology Service.
School approach to suspensions and exclusions; managing behaviour and approaches to rewards and sanctions.	School sanctioning, behaviour monitoring, merit system and recognition awards, use of PATHS+ techniques to check in with pupils every day, mindfulness.
Teaching of resilience in school to address ACEs	Pupil voice groups, wellbeing tools, peer coaching, PATHS+
Range and quality of teaching approaches and current curriculum, and pastoral education.	Use of student surveys, wellbeing programmes, use of Healthy Schools, evaluation of pupil progression.
Working appropriately to support children with ALN	Use of circle time to encourage communication, review of plans for children with ALNs.
Care, support and guidance provided by the school to promote ACEs, enable disclosures and appropriately deal with trauma	Partnership working with statutory agencies and the third sector, incorporation and promotion of UNICEF, specialist training.
Appropriateness of current safeguarding arrangements.	Annual review of safeguarding policy, records of safeguarding issues, regular child protection training.
Use of specialist services for behaviour support.	Education Psychology service, speech and language therapists, bereavement counsellors.
Leadership roles within the school which can be utilised to drive forward the ACE-informed school and partnership working.	Clear leadership structure, performance targets, regular review with governors, wellbeing leaders.

ⁿ A framework in which quality and standards of all Welsh education providers are inspected against over five areas: standards and progression; wellbeing and attitudes towards learning; teaching and learning experiences; care, support and guidance; and leadership and management.

Training

The training was delivered in the school hall, incorporating PowerPoint presentations, group activities and role play to provide an interactive training environment. Video clips were shown, including the ACE animation³⁹, the science of brain development, and how to protect children against the impact of childhood trauma. The training was delivered in three parts across inset days and twilight sessions, and all attendees were provided with handouts to revisit the training materials if needed.

Part 1

The first training session was adapted from the ACE-informed Approach to Policing Vulnerability Training (AIAPV)³⁷ and delivered by the ACE Coordinators for Police and Partners, alongside the Education ACE Coordinator and local Police School Liaison Officer. The aim of the session was to develop an awareness of ACEs and the impact of trauma, and enable school staff to feel confident in identifying ACEs. This covered:

Box A1: The case study

This described the life experiences of a female from the age of 3 years into adulthood, and the first 4 years of her son's life. This study demonstrates the transmission of ACEs across generations.

In groups, staff were asked to discuss how the child's trauma could impact his behaviour in school, and what support education professionals could provide him.

- An overview of how the ACEs agenda aligns with the policy landscape in education;
- The different types of stress people experience (i.e. positive, tolerable and toxic) and the impact of chronic stress on the brain and development of a child;
- What ACEs are and the findings of research in Wales, including the prevalence and outcomes;
- The impact of trauma on behaviour in the classroom and how to use a trauma-informed approach; and,
- A case study of a young person (see Box A1)

Part 2

This training was developed and delivered by the Education Psychology service. This session aimed to develop and enhance the communication skills of school staff and enable them to build resilience in children. This covered:

- Emotional expression and the impact of staff reactions on children;
- How to respond to children appropriately using meta-emotional philosophy;
- Using emotional coaching through PLACE (Playfulness, Liking, Acceptance, Curiosity, Empathy)⁴⁵;
- Understanding the window of tolerance when working with children and using emotional coaching for de-escalation;
- The importance of staff wellbeing when working with trauma and self-care;
- How to build resilience in the children;
- What an ACE-informed school looks like.

Part 3

The session aimed to support the school to plan the development of an ACE-informed school through the PATH process⁴⁶ (see Box A2). During the second training session the school were asked to consider and note down their ideas of what an ACE-informed school would look like for them, which was used to help develop their dream school.

Box A2: Planning Alternative Tomorrows with Hope (PATH- Pearpoint et al., 1991)

PATH is a form of person-centre planning which can be used for an individual or organisation to support the achievement of a specific goal or dream for the future. This is carried out with two facilitators and a group of people committed to making change. All ideas are captured through graphic design on a large poster. During the schools training, this was delivered in seven steps:

Step 1: All attending staff were asked to develop their vision of an ideal 'ACE informed school' and capture what the school would look like for both staff and pupils. They were asked to remove any barriers from this thought process (i.e. money, time).

Step 2: The group were asked to look ahead a year and consider what the school has achieved towards this goal and how it was achieved.

Step 3: Next, staff needed to capture what 'now' looks like to show the tension between how the school looks now and their dream school. It is perceived that this tension is what drives and motivates a group or individual to action the goals identified in the process.

Step 4: The staff were required to think about what people they could enrol into supporting them to achieve their dream goal (i.e. local authority, parents).

Steph 5: The staff were ask to consider the strengths of the school and how to build and maintain this strength.

Step 6: Participants identified their first steps towards developing their dream school, setting short term goals to work towards.

Step 7: Staff were asked to agree on what they aim to achieve in the next two months.

Appendix 2- Data tables

Table A2: Participant demographics

	n	%
School		
A	20	21
B	23	24
C	52	55
Job roleⁱ		
School management	7	6
Teachers	30	32
Teacher support	56	58
Duration in professionⁱ		
0-5 years	19	20
6-11 years	25	26
12-17 years	19	20
18+ years	27	28
Gender		
Male	10	10.5
Female	85	89.5
Ageⁱ		
18-25 years	7	7
26-35 years	22	23
36-45 years	24	25
46-55 years	25	26
55+ years	10	11

ⁱ There is missing data for participants

Table A3: Previous training received by school staff on trauma (n=91)

	n	%
Number of courses attended		
0	35	39%
1-3	32	35%
4-6	24	26%
Course attended		
Child Protection/Safeguarding	36	38%
Radicalisation	15	16%
Domestic Abuse	13	14%
Team Teach	13	14%
ELSA	12	13%
Brave heart	10	11%
Additional training	10	11%
PATHs	8	8%
Attachment	7	7%
SAP	5	5%
School		
A	9	53%
B	17	77%
C	30	58%
Staff role		
School management	5	83%
Teachers	16	53%
Teaching support	35	64%

Table A4: Pre- and Post- training ARTIC scores by gender, school, role and duration in profession.

	Underlying causes of problem behaviour and symptoms			Responses to problem behaviour and symptoms			On-the job behaviour			Self-efficacy at work			Reactions to work			Total		
	Pre	Post	Post-2	Pre	Post	Post-2	Pre	Post	Post-2	Pre	Post	Post-2	Pre	Post	Post-2	Pre	Post	Post-2
All	Mean	4.79	5.43	5.41	4.98	5.65	5.4	5.8	5.81	5.71	5.33	5.74	5.19	5.6	5.62	5.14	5.64	5.64
	SD	0.58	0.81	0.81	0.67	0.9	0.68	0.77	0.78	0.79	0.68	0.74	0.63	0.81	0.78	0.5	0.69	0.7
Gender	Male	4.61	5.1	5.02	5.04	5.76	5.14	5.43	5.63	5.42	5.25	5.72	5	5.33	5.37	5.01	5.4	5.4
	Female	4.81	5.46	5.46	4.98	5.64	5.42	5.83	5.83	5.74	5.34	5.75	5.21	5.63	5.65	5.15	5.66	5.67
	<i>p</i>	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS
School	A	4.85	5.65	5.23	4.69	5.75	6.17	6.17	5.66	6.17	5.72	5.98	5.23	5.81	5.39	5.24	5.91	5.51
	B	4.98	5.91	5.88	5.2	5.99	6.16	6.16	6.28	5.90	5.38	6.09	5.36	5.88	6.00	5.30	5.97	6.01
	C	4.7	5.17	5.34	4.99	5.47	5.53	5.53	5.70	5.48	5.19	5.56	5.11	5.42	5.57	5.04	5.41	5.56
	<i>p</i>	NS	<0.05	NS	NS	NS	<0.01	<0.01	<0.05	<0.05	<0.05	<0.05	NS	<0.05	NS	NS	<0.05	<0.05
Role	Management	4.81	6.12	5.88	5.21	6.43	5.76	6.31	6.43	6.48	5.79	6.46	5.31	6.12	6.14	5.38	6.29	6.24
	Teachers	4.90	5.26	5.51	5.18	5.71	5.42	5.79	5.90	5.57	5.30	5.59	5.29	5.62	5.59	5.22	5.59	5.67
	Teacher support	4.74	5.46	5.33	4.85	5.52	5.34	5.74	5.69	5.71	5.30	5.71	5.12	5.53	5.57	5.07	5.59	5.56
	<i>p</i>	NS	NS	NS	NS	NS	NS	NS	NS	<0.05	NS	NS	NS	NS	NS	NS	NS	NS
Duration in profession	0-5 years	4.42	4.95	5.01	4.75	5.23	4.98	5.16	5.54	5.11	4.89	5.44	4.87	5.12	5.17	4.78	5.11	5.30
	6-11 years	4.86	5.49	5.18	4.83	5.53	5.38	5.85	5.48	5.88	5.40	5.48	5.14	5.54	5.42	5.13	5.66	5.36
	12-17 years	5.04	5.73	5.60	5.38	6.10	5.70	6.25	6.09	5.96	5.68	5.96	5.48	6.05	6.00	5.46	6.02	5.92
	≥18	4.81	5.46	5.76	5.00	5.67	5.48	5.88	6.03	5.77	5.31	5.89	5.23	5.64	5.76	5.17	5.68	5.87
	<i>p</i>	<0.05	<0.05	<0.05	<0.05	<0.05	<0.05	<0.01	<0.05	<0.05	<0.05	<0.05	<0.05	<0.05	<0.05	<0.01	<0.01	<0.05

Table A5: Confidence scores for working with trauma and understanding ACEs and an ACE-informed approach.

Confidence scale	Pre-		Post-1			Post-2		
	Mean	SD	Mean	SD	p	Mean	SD	p
Identifying a child who is experiencing trauma	5.79	2.02	6.99	1.87	<.01	7.79	7.79	<.01
Your understanding of the impact of stress and trauma on the brain	4.65	2.46	7.6	1.71	<.01	7.66	7.66	<.05
Your understanding of the underlying causes of bad behaviour in the classroom	6.05	1.83	7.52	1.56	<.01	7.86	7.86	<.01
Your ability to speak to a child appropriately and sensitively	7.55	2.09	8.64	1.21	<.01	8.54	8.54	<.05
Sharing any concerns for a child with colleagues	8.85	1.64	9.3	0.94	<.01	9.32	9.32	<.05
Your understanding of what adverse childhood experiences (ACEs) are	4.33	2.23	8.05	1.93	<.01	8.84	1.11	<.01
Your understanding of the impact ACEs can have on a child's development	4.45	2.41	8.07	1.84	<.01	8.71	1.21	<.01
Your understanding of the longer term impacts of ACEs into adolescence and adulthood	4.29	2.37	7.98	1.94	<.01	8.68	1.15	<.01
Your ability to appropriately support a child who is identified as having ACEs	5.08	2.4	7.54	1.69	<.01	7.9	2.02	<.01
Your understanding of how to apply an ACE/trauma- informed approach in education	3.35	2.16	6.84	2.19	<.01	7.67	2.06	<.01

Table A6: Pre and post training confidence score for working with vulnerable people by gender, school, job role and duration in role.

Identifying a child who is experiencing trauma															Your understanding of the impact of stress and trauma on the brain				Your understanding of the underlying causes of bad behaviour in the classroom				Your ability to speak to a child appropriately and sensitively				Sharing any concerns for a child with colleagues			
		Pre	Post-1	Post 2	Pre	Post 1	Post 2	Pre	Post 1	Post 2	Pre	Post 1	Post 2	Pre	Post 1	Post 2	Pre	Post 1	Post 2	Pre	Post 1	Post 2								
All	Mean	5.82	6.99	7.80	4.63	7.62	7.69	6.05	7.52	7.86	7.59	8.64	8.54	8.86	9.31	9.31														
	SD	1.98	1.87	1.45	2.41	1.71	1.66	1.81	1.56	1.53	2.04	1.21	1.27	1.63	0.94	1.01														
Gender	Male	6.13	7.43	7.90	5.00	8.00	7.40	6.00	7.43	7.90	7.00	8.00	8.60	7.88	8.57	8.90														
	Female	5.80	6.95	7.78	4.60	7.58	7.73	6.06	7.53	7.85	7.65	8.69	8.53	8.95	9.37	9.36														
	<i>p</i>	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	<.05	NS														
School	A	6.18	7.81	7.60	4.53	8.19	7.80	6.65	8.50	7.80	8.29	9.13	8.80	9.76	9.81	9.73														
	B	6.09	7.48	8.41	4.19	7.86	8.29	6.50	8.00	8.65	7.95	9.00	8.88	9.18	9.52	9.65														
	C	5.60	6.49	7.65	4.85	7.33	7.46	5.67	7.00	7.62	7.21	8.31	8.35	8.41	9.04	9.08														
	<i>p</i>	NS	<.05	NS	NS	NS	NS	NS	NS	<.05	NS	NS	<.05	NS	<.05	<.05	<.05													
Role	Management	8.00	8.83	9.00	7.83	9.67	9.40	8.00	9.17	9.60	8.83	9.67	9.60	9.17	10.00	9.60														
	Teachers	5.87	7.14	7.70	4.52	7.76	7.56	6.20	7.66	7.78	7.77	8.64	8.11	8.97	9.39	9.37														
	Teacher support	5.56	6.67	7.71	4.35	7.29	7.54	5.76	7.25	7.73	7.36	8.51	8.67	8.76	9.18	9.27														
	<i>p</i>	<.05	<.05	NS	<.05	<.05	NS	<.05	<.05	<.05	NS	NS	<.05	NS	NS	NS														
Duration in profession																														
	0-5 years	5.53	6.37	7.67	4.79	7.21	7.44	5.42	7.05	7.50	6.89	8.00	8.33	8.05	8.78	9.17														
	6-11 years	5.52	6.62	7.35	3.56	7.13	7.00	5.80	7.13	7.35	7.48	8.96	8.40	9.08	9.39	9.50														
	12-17 years	6.42	7.29	8.28	5.53	8.12	8.22	6.95	7.76	8.44	8.21	9.12	8.89	9.26	9.59	9.39														
	≥18	5.93	7.50	7.83	4.88	8.00	8.00	6.15	8.04	8.04	7.78	8.42	8.57	8.88	9.38	9.22														
	<i>p</i>	NS	NS	NS	<.05	NS	NS	NS	NS	NS	NS	<.05	NS	NS	NS	NS														

Table A7: Pre- and post- training confidence score for understanding ACEs and an ACE-informed approach by gender, school, job role and duration in profession

	Understanding of what ACEs are			Understanding of impact ACEs can have on child development			Understanding the longer term impacts of ACEs into adolescence and adulthood			You ability to appropriately support a child who is identified as having ACEs			Understanding of how to apply an ACE/trauma-informed approach in education		
	Pre	Post-1	Post 2	Pre	Post 1	Post 2	Pre	Post 1	Post 2	Pre	Post 1	Post 2	Pre	Post 1	Post 2
All															
Mean	4.35	8.05	8.86	4.46	8.07	8.74	4.31	8.00	8.69	5.12	7.54	7.90	3.40	6.84	7.63
SD	2.25	1.93	1.10	2.43	1.84	1.20	2.39	1.94	1.14	2.35	1.69	1.99	2.15	2.19	2.16
Gender															
Male	5.00	8.14	8.90	4.63	8.14	9.20	4.00	8.43	8.90	4.75	7.29	8.40	3.50	7.14	8.30
Female	4.29	8.04	8.85	4.45	8.06	8.68	4.34	7.96	8.66	5.16	7.56	7.84	3.39	6.81	7.53
p	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS
School															
A	4.41	9.19	8.87	4.88	9.25	8.73	4.75	9.31	8.93	5.24	8.25	8.40	2.65	7.69	7.86
B	3.59	8.76	9.12	3.77	8.67	9.24	3.64	8.62	8.94	4.86	8.14	8.41	3.18	7.48	8.53
C	4.65	7.37	8.77	4.62	7.43	8.58	4.46	7.31	8.54	5.19	7.02	7.60	3.73	6.27	7.27
p	NS	<.001	NS	NS	<.001	NS	NS	<.001	NS	NS	<.05	NS	NS	<.05	NS
Role															
Management	5.67	9.83	9.80	5.83	9.67	9.80	5.33	9.83	9.80	6.00	8.67	9.00	4.83	8.67	9.20
Teachers	4.50	8.17	8.81	4.43	8.24	8.59	4.23	7.93	8.59	5.20	7.22	7.30	3.33	6.79	7.15
Teacher support	4.13	7.76	8.75	4.33	7.78	8.67	4.24	7.82	8.60	4.98	7.57	8.13	3.27	6.65	7.81
p	NS	<.05	NS	NS	<.05	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS
Duration in profession															
0-5 years	4.74	7.47	8.61	4.84	7.26	8.50	4.47	7.32	8.22	4.89	7.06	7.78	3.84	6.33	7.39
6-11 years	3.20	8.13	8.45	3.28	8.22	8.25	3.24	7.91	8.40	4.44	7.48	7.15	2.48	6.65	6.95
12-17 years	5.42	8.18	9.22	5.26	8.41	9.22	5.11	8.47	9.22	6.05	7.82	8.44	4.21	6.94	8.28
≥18	4.30	8.23	9.00	4.63	8.23	8.83	4.58	8.19	8.78	5.26	7.72	8.22	3.33	7.23	7.96
p	<.05	NS	NS	<.05	NS	NS	NS	NS	<.05	NS	NS	NS	<.05	NS	NS

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Public Health Wales
Number 2 Capital Quarter
Tyndall Street
Cardiff CF10 4BQ
Tel: 02920 227744