UNIVERSITY of HULL

The HU9 Pilot:

Trauma-Informed Policy & Practice Guidance for Schools

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Contents

Purpose of this Policy Guidance

This document is designed to support schools that wish to review and update their behaviour and relationship policies to incorporate trauma-informed approaches. Trauma-informed approaches help create safe, supportive environments where all students and staff can thrive. The recommendations are drawn from a 3-year evaluation of trauma-informed approaches in a Hull primary school in an area with high prevalence of domestic abuse and multiple unmet need; the HU9 Pilot. The guidance highlights key policy and practice considerations for schools wanting to embed trauma-informed approaches at both operational and system levels; with clear practice examples derived from the pilot. This offers a real-world approach to implementation, learning from the successes and challenges of HU9. Thank you to the participating school, their compassionate leaders and incredible staff.

How to Use This Guidance

The content provided is flexible. Schools may select and adapt sections to fit their unique context. Policies are most effective when they are developed collaboratively with students and staff, and consistently applied across the school community from policy level to operational support staff in a whole school approach.

Public Health Approaches to Trauma: Guidance Assumption

Aligned with public health approaches to understanding trauma and differentiated need, this guidance assumes schools are working within a three-tiered approach to managing behaviour across the whole school (Tier 1: Universal strategies for all students; Tier 2: Targeted support for some students; Tier 3: Intensive interventions for individual students).

OPCC Match Funding Criteria

- Policing Hotspot Area: High levels of domestic abuse, child protection data and/or area of unmet need.
- Commitment to consult with OPCC *and* University of Hull Evaluation Team regarding implementation strategy, alongside completion of organisational readiness checklist (Appendix 3).
- To provide an equal amount of cash match funding.
- Commitment to analysis of exclusion/suspension/persistent absence data to better understand the demographic profile of young people in this cohort and identify unmet support needs.
- Long term planning to reduce exclusion/suspension/persistent absence.

Introduction

Background to the HU9 Pilot: Phase 1 and 2

The policy and practice guidance contained in this document is drawn from the HU9 Pilot: Phase 1 and 2. In context of public health approaches to violence prevention the Office of the Police and Crime Commissioner (OPCC) for Humberside commissioned a pilot study of whole school trauma-informed training September 2022 – August 2023 (Phase 1) in two Hull schools within the HU9 ward (one secondary and one primary) with follow up Phase 2 training October 2024/February 2025 in the primary school only. The schools were purposefully selected given elevated levels of reported domestic abuse, high child protection referrals and an under-resourced community with multiple unmet needs. The evaluation used a mixed methodology of surveys, focus groups, and individual interviews to triangulate findings. The training package included three strands:

- Refresher whole school trauma-informed training involving all staff, delivered by a specialist therapy provider Time to Listen (Timetolisten)
- Therapeutic support provided to all staff
- A review of policies and procedures to ensure alignment with trauma-informed approaches

Academic Context to the HU9 Pilot

Understanding the impact of trauma across the lifespan is emerging as a pressing public health priority. Adversity and childhood trauma are linked to multiple physical and mental health conditions in later life, alongside impaired educational achievement, employment and crime (Anda et al., 2020; Cook et al., 2017; Dorada et al., 2016; Feliiti et al., 1998; Bellis et al., 2018). Schools have a critical role to play in mitigating the effects of trauma, and the growth in trauma-informed approaches within education environments reflects an urgent need to prevent re-traumatisation via systems and processes that can significantly alter a child's life course. Research indicates that whole school trauma informed approaches, underpinned by relationships and trust, may have benefits for all children and staff. However, trauma-experienced and Special Educational Needs (SEND) children may benefit the most (Day, 2025; RAND, 2025a,b,c). Evidence suggests trauma informed approaches can enhance behaviour, inclusion and attendance, thereby reducing suspension and exclusion rates (Aspland et al., 2020). Exclusion and suspension rates (single and repeat) across England are rising exponentially; both drivers of involvement in serious violence (Brennan and Cornish, 2025; Levell et al., 2026; RAND, 2025a; YEF, 2025). Whilst entry into the criminal justice system is complex and multi-factorial (Arnez and Condry, 2021), trauma-informed approaches may be a contributory factor in diverting young people from criminal activity.

Our research in Hull highlights that trauma is not an isolated event but often a cumulative experience shaped by individual, family, and community factors. Exposure to familial and/or out of home harm, domestic abuse, poverty, and instability can disrupt emotional regulation, attachment, and cognitive development, influencing attendance, behaviour and academic achievement. Reward based behaviour management techniques such as detention or traffic light systems are often ineffective for children affected by trauma as they can exacerbate feelings of shame and fear. Such behaviour is

underpinned by emotional dysregulation and fight or flight states, which require compassion and understanding of brain architecture and development. Instead, trauma-informed practice reframes behaviour as communication of unmet need, asking "*What has happened to you?"* rather than "*What is wrong with you*?" (OHID, 2022; SAMHSA, 2014; Sweeney et al., 2018).

Evidence from the HU9 pilot and other evaluations demonstrates that embedding trauma-informed principles fosters inclusion, enhances staff confidence and compassion and creates a more connected school community (Aspland et al., 2020; Burton et al., 2025; Cherry and Froustis, 2022). Trauma-informed approaches can also contribute to improved attendance and reduction in exclusion and suspension (Aspland et al., 2020; Cherry and Froustis, 2022). Over time, these approaches have contributed to a culture of openness and psychological safety, where compassionate relationships on every level are prioritised, staff feel supported and where shame is mitigated. This transformation requires long-term commitment, strong leadership, and systemic embedding - it is not a quick fix but a strategic investment in the wellbeing and success of children and staff. Links to the Phase 1 and Phase 2 Reports are below:

Phase 1: The HU9 Pilot: Trauma-Informed Education Interventions Report | Humber Violence Prevention Partnership

Phase 2: Trauma Informed Approaches in Education: Phase 2 Follow Up Study Final Report (August 2025)

Core Principles of a Trauma-Informed School

- **Relationships at the Centre**
  Positive, trusting relationships between staff and pupils are the foundation of a trauma-informed approach. Connection and attunement help children feel safe and supported.
- **Safety and Predictability**
  Clear routines and consistent boundaries provide containment and security, reducing anxiety and supporting emotional regulation.
- **Understanding Behaviour as Communication**
  Challenging behaviour is viewed through a compassionate lens, recognising it as an expression of distress rather than deliberate defiance.
- **Equity, Not Equality**
  Fairness means meeting individual needs, not applying the same rigid rules to everyone. Differentiated strategies help pupils develop self-regulation and coping skills.
- **Environmental Adaptations**
  Practical strategies such as safe spaces, sensory circuits, and soft-start mornings help children regulate and remain engaged in learning.
- **Whole-School Culture Change**
  Trauma-informed practice is not a single intervention but a systemic shift in ethos, policies, and everyday interactions. This includes reviewing behaviour policies to ensure they align with restorative and relational approaches.

- **Staff Wellbeing and Support**
  Working in high-need contexts can lead to vicarious trauma and burnout. Ongoing supervision, reflective spaces, and peer support are essential for sustaining compassionate practice.

Policy and Practice Recommendations

1. Strategic Policy Recommendations (System Level Change)

1.1 Organisational Readiness Assessment Prior to Implementation

This should include the following, based on the 3-year HU9 Pilot:

1. **Training Audit and Existing Provision**

Undertake a comprehensive audit of prior trauma-informed training delivered within the school. This should include:

- The nature and content of training provided
- The timing and recency of delivery
- The extent of coverage across staff groups (e.g. whole-school training versus targeted delivery to specific teams or roles)

It is also important to capture staff responses and feedback relating to previous training, including perceived relevance, impact on practice, and any identified limitations. This process should inform whether there is existing good practice that can be built upon, and if so, how future input can extend or deepen current knowledge rather than duplicate earlier provision.

2. Policy Review and Update (System-Level Considerations)

Trauma-informed approaches require alignment at a systems level, particularly in relation to policies and procedures – this is essential for safe, consistent and transparent practice. Key considerations include:

- The extent to which existing school policies currently reflect trauma-informed principles
- The degree of flexibility available to amend or adapt policies
- Whether the school operates within a Multi-Academy Trust (MAT), and the implications this may have where policies are set at Trust level
- This includes review of suspension and exclusion policies through a trauma-informed lens recognising the safeguarding context

Understanding structural factors is essential in determining the scope for meaningful and sustainable system change. Relevant policy change ensures trauma-informed practice is consistent, transparent and equitable therefore we would not recommend moving forward without such.

3. Operational and Administrative Support

Effective implementation requires sufficient infrastructural support. Consideration should be given to:

- The availability of administrative capacity to support implementation
- Processes required to operationalise policy and practice changes
- The extent to which systems are in place to coordinate, monitor, and sustain change

Without appropriate operational support, even well-designed interventions are unlikely to be implemented consistently.

4. Organisational Readiness for Change

A critical component is the readiness of senior leadership to initiate and sustain change. This should include:

- An assessment of Senior Leadership Team (SLT) alignment and commitment
- Identification of potential areas of resistance, including the nature and extent of concerns
- Opportunities for open and reflective dialogue to explore the origins of resistance or uncertainty

Senior leaders play a key role in both modelling trauma-informed practice and maintaining clear lines of accountability. Where challenges arise, leadership must balance supportive engagement with appropriate accountability mechanisms to ensure consistency of approach.

5. Assessment of Need within the School Community

A clear understanding of the level and nature of need within the school population is essential. This should include consideration of:

- Prevalence of Special Educational Needs and Disabilities (SEND) and neurodivergence
- Exposure to domestic abuse, child protection concerns, and involvement with children's social care
- Socio-economic indicators, including eligibility for free school meals and care experience
- Representation of racialised minority groups, including Gypsy, Roma and Traveller (GRT) communities

This contextual analysis enables a more targeted and proportionate response.

6. Vicarious Trauma and Workforce Impact

In contexts where pupil need is high, the potential for vicarious trauma among staff should be explicitly recognised. Consideration should be given to:

- The overall level of trauma exposure within the pupil population
- The extent to which staff may be experiencing emotional strain, fatigue, or burnout

A proactive approach is required to mitigate these risks through appropriate support structures.

7. Psychological Safety within the Staff Group

The concept of psychological safety is central to successful implementation. Senior leaders should:

- Assess the overall culture and climate within the staff group
- Analyse the rate, nature, and patterns of staff absence as a potential indicator of workforce wellbeing
- Identify methods to reliably and safely gather staff feedback, ensuring that views can be expressed without fear of negative consequences

Establishing high levels of psychological safety is essential for fostering openness, reflection, and sustained cultural change.

8. Ongoing Review and Reflective Practice

Trauma-informed approaches require continuous evaluation and adaptation. Schools should:

- Build in regular formal and informal review processes
- Create opportunities for ongoing reflection at both strategic and operational levels
- Use feedback loops to inform iterative improvements

This ensures that implementation remains responsive to emerging challenges and developments.

9. Long-Term Strategic Planning

Embedding trauma-informed practice is a long-term, incremental process rather than a short-term intervention. Drawing on the HU9 pilot:

- Schools should plan over a 2–5 year timeframe
- Change should be phased, reviewed, and consolidated over time
- Leaders should anticipate that cultural and systemic transformation requires sustained commitment

A realistic, long-term perspective supports deeper and more sustainable change. Schools should assess readiness for trauma-informed change at strategic and operational levels before implementation, using validated tools to identify strengths and risks. Senior leaders reflected on existing staff culture, workload pressures and behavioural norms before embedding new approaches. This took place well before operationalisation and leaders should view embedding trauma-informed practice as a long-term approach. Strategies should reflect a 3-5 year plan. Leaders acknowledged that earlier behavioural systems conflicted with trauma-informed principles, prompting phased policy change rather than immediate replacement. This reflective planning allowed space for questioning, and ensured cultural change was paced realistically therefore mitigating resistance which is a natural part of change processes.

A self-assessment checklist for organisational readiness is available in Appendix 3.

1.2 Embed Trauma-Informed Approaches as Whole-Organisation Policy Reform

Recommendation

Schools should embed trauma-informed principles across all policies and procedures to ensure consistency, predictability, and emotional safety. Behaviour, inclusion, safeguarding, SEND, attendance and staff wellbeing policies should be reviewed collectively rather than in isolation.

HU9 Practice Example

- The school undertook a comprehensive rewrite of core policies, including behaviour and rewards systems, simplifying expectations to three values: *ready, respectful and safe*.
- Traditional punitive behaviour tools (e.g. traffic light systems) were removed after staff recognised their shaming impact, particularly for trauma-experienced children.
- Policies were rewritten in accessible language, reinforcing relational accountability rather than punishment.

Impact
Policy coherence enabled staff to respond consistently across the school day, reducing re-traumatisation and reinforcing children's sense of fairness and safety.

1.3 Commit to Long-Term Planning and Cultural Change

Recommendation

Trauma-informed practice should be planned as a multi-year organisational transformation rather than a short-term training intervention.

HU9 Practice Example

- Change occurred over three years, with cautious early findings strengthening into confident, embedded practice by Phase 2.
- Regular review, refresher training, and ongoing leadership modelling sustained momentum.
- Leaders explicitly rejected the notion of "quick fixes," reinforcing trauma-informed change as iterative and evolving.

Impact
Staff confidence and compassion deepened over time, with practice becoming habitual rather than performative. This was cumulative, occurring over a 3-year period

1.4 Align Trauma-informed Education with Violence Prevention Strategies

Recommendation
Trauma-informed school initiatives should be explicitly aligned with violence reduction and public health prevention frameworks, particularly where the aim is reducing exclusion.

HU9 Practice Example

- Staff prioritised keeping children in school and in class wherever possible, using regulation strategies rather than exclusion.
- Reflection areas replaced removal from lessons, reducing shame and disconnection.
- Leaders framed challenging behaviour as a safeguarding and regulation issue, not a disciplinary failure.

Impact
Children remained engaged in learning, decreasing pathways associated with exclusion, marginalisation and later harm.

1.5 Trauma-informed Approaches to Exclusion and Suspension

Recommendation

A trauma-informed exclusion policy is safeguarding-based, last-resort response, embedded within a relational, preventative system that prioritises understanding, support, and reintegration over punishment.

Being suspended, excluded or absent from school for significant periods of time has an evidence base association with involvement in serious violence (Rollings et al., 2025; YEF 2025). Senior leaders should understand the characteristics of children who have regular absence, suspension and/or exclusion through a lens of safeguarding and ultimately, violence prevention. This means SEND, additional support needs, neurodiversity (diagnosed /undiagnosed), family environment including involvement with Children's Social Care (vulnerability and risk factors) and other disproportionality characteristics are known, understood and supported.

There is a clear trauma-informed pathway for re-integration, repair and return to school for all absences. This is a particular concern in context of violence prevention where re-integration is not always clear and/or explicit (YEF, 2025).

HU9 Practice Example

- Leaders understood the demographic of the children in the school very well
- Suspension and exclusion were last resort measures

1.6 Target Funding to Areas of Highest Need

Recommendation
Aligned with public health approaches, trauma-informed funding should be prioritised for schools located in communities with high levels of domestic abuse, community violence, deprivation, child protection referrals and exclusion/absence (YEF, 2025:10). The OPCC have a funding statement aligned with these priorities.

HU9 Practice Example

- Training was tailored to the specific demographic of the HU9 ward**,** acknowledging domestic abuse prevalence and unmet need
- Trainers used school-specific case studies, increasing relevance and staff engagement

Impact
Context-specific delivery increased staff buy-in and applicability, enabling practical translation into day-to-day practice.

2. Practice Recommendations

2.1 Deliver Whole School Trauma-Informed Training

Recommendation
All staff roles should receive trauma-informed training to ensure consistency across the entire school environment.

HU9 Practice Example

- Training was delivered to all staff groups including teachers, learning associates, administrative staff, lunchtime supervisors and leaders**,** and reaching 92% of the workforce.
- Reception and office staff received training in responding to children's distress during transitions and unstructured times.
- The refresher training included discussions about trauma that may have been experienced by parents and carers.

Impact
Children experienced predictable, compassionate responses from all adults, reinforcing safety and trust. There was improved understanding of each other's roles and responsibilities, with greater empathy between staff, a more collective approach to supporting children's needs and improved relationships with parents and carers.

2.2 Commission Specialist, Bespoke Training Delivered by Experts

Recommendation
Training should be delivered by specialist practitioners with clinical and lived experience of trauma, tailored to school and community contexts. Senior leaders are advised to work closely with training providers to ensure bespoke training aligns with the needs, experiences and demographics of both pupils and staff.

HU9 Practice Example

- Training in the HU9 Pilot was delivered by a specialist service, *Time to Listen* and a qualified social worker, bridging theory and practice.
- Training content included trauma awareness, attachment and neuroscience, relational approaches, and strategies for supporting pupils, families and staff.
- Trainers used bespoke examples reflecting pupils' lives, including domestic abuse, poverty and parental trauma reflecting the school context. These case studies supported real-time discussion and reflection in everyday practice.

Impact
Staff reported "eye-opening" increases in understanding, moving beyond abstract theory to confident, compassionate application.

2.3 Embed Trauma-Informed Reflection into Daily Practice

Recommendation
Trauma-informed thinking should be anchored within everyday school processes.

HU9 Practice Example

- Regular informal problem-solving discussions replaced isolated behaviour management decisions, supported by leadership oversight and multi-agency input where needed.
- Staff routinely discussed children's emotional states during team conversations, moving beyond incident-focused responses to a more holistic understanding of need.
- Decision-making shifted from hierarchy-based escalation to "the person best placed to support the child", embedding shared responsibility across roles.

Impact
Collective responsibility replaced blame, reducing staff overwhelm and increasing shared

accountability. Staff responded more flexibly and reflectively to children's needs, rather than relying on fixed behavioural responses.

2.4 Provide Emotional Support and Supervision for Staff

Recommendation
Schools should provide accessible emotional support for staff dealing with trauma-experienced children, framed in supportive rather than managerial language – please see below for a caution about use of the word *supervision* in education settings.

HU9 Practice Example

- Group supervision (support) and/or one-to-one sessions were offered to staff working with children with complex needs, facilitated by the specialist provider *Time to Listen*, providing structured opportunities for shared reflection and support.
- An open-door culture enabled staff to seek help relating to the relational demands of the work proactively and without fear of judgement.
- The term *supervision* was not well received and findings suggested alternative language such as *support* may have been more effective in engaging staff.

Impact
Psychological safety increased, helping mitigate burnout, vicarious trauma and stress-related absence. Staff reported reduced shame when receiving support during challenging incidents.

2.5 Support the Shift from Behavioural to Relational Responses

Recommendation
Staff should be supported to move from punitive models of behaviour management to relational accountability, with reassurance that boundaries remain essential.

HU9 Practice Example

- Staff used flexible, needs-led responses during moments of dysregulation, including time, space, and access to trusted adults, rather than insisting on immediate compliance.
- Staff replaced exclusion from playtime with short reflective conversations, recognising play as a key regulatory mechanism for children.
- Children were supported to name emotions and reset, with natural consequences supporting reflection and re-engagement rather than punitive responses.
- Ongoing CPD addressed anxieties around "loss of control" or permissiveness, reinforcing the role of consistent boundaries within a trauma-informed approach.

Impact
Children returned to learning more quickly, behaviour de-escalated faster, and staff confidence improved.

2.6 Implement Regulation Focused Environmental Adaptations

Recommendation
Physical environments should actively support regulation and emotional safety.

HU9 Practice Example

- Every classroom included a designated safe or reflection space, enabling children to self- or co-regulate without leaving the learning environment.
- *Soft Start Mondays* allowed calm, relational re-entry after potentially dysregulating weekends, prioritising connection to create pre-conditions for learning.
- *Sensory Circuits* supported regulation at the start and end of the day, establishing predictable routines and receiving positive feedback from parents.
- Classroom environments were adapted to reduce sensory overload and support emotional safety, including flexible use of space, movement opportunities, and access to regulating resources.

Impact
Children self-regulated more effectively and transitions improved, reducing behavioural escalation. Increased independence in using regulation strategies supported smoother transitions into learning.

2.7 Prioritise Inclusion and Reduce Exclusion

Recommendation
Trauma-informed responses should prioritise inclusion and prevent unnecessary exclusion.

HU9 Practice Example

- Children were supported to remain in classrooms through differentiated, needs-led responses, reducing reliance on removal.
- Staff used *change of face* strategies for de-escalation rather than removal.
- More emphasis was placed on celebrating effort and attendance rather than applying punitive sanctions. Positive calls and postcards home were used to strengthen relationships with children and families.
- Leaders reframed exclusion as a safeguarding issue requiring reflection, contextual understanding and multi-agency consideration rather than as a default response.

Impact
Improved engagement, emotional regulation, attendance and attitudes to learning were reported.

3. Contribution to Violence Prevention

Trauma-informed education contributes to violence prevention by:

- Reducing shame, exclusion and marginalisation, which are often associated with escalation and disengagement.
- Increasing children's emotional regulatory capacity and literacy, enabling them to recognise, communicate and manage distress more safely.
- Strengthening relational approaches, deepening attachment to school and increasing trust in adults as sources of support as well as authority.

HU9 Practice Evidence

- Children increasingly requested regulated breaks independently ("I need five minutes reset"), demonstrating developing self-awareness and use of safe coping strategies.
- Staff demonstrated increased empathy and acceptance of differentiated responses, reducing escalation driven by perceived unfairness or misunderstanding.
- Staff recognised behaviour as communication of need rather than defiance, leading to more appropriate or de-escalatory responses.
- Consistent relational responses across staff reduced conflict and supported safer interactions between children and adults, and between children.

4. Summary for Commissioners

Trauma-informed approaches are most effective when:

- Embedded in systems, policy and leadership practice.
- Delivered by specialist therapeutic trainers.
- Sustained over time: a 3 to 5-year plan is realistic to implement, assesses and review organisational change processes.
- Grounded in bespoke, real-world application.

Practice Focus

It is the daily relational decisions - how children are greeted, regulated, spoken to, corrected and supported - that translate policy into prevention.

Appendix A: Sample Relational, Trauma-Informed Behaviour Policy

1. Policy Statement

This organisation/school is committed to creating a safe, relational, and trauma-informed environment in which all individuals are treated with dignity, respect, and compassion. We recognise that behaviour is a form of communication and that responses to behaviour must prioritise understanding, connection, and repair, rather than punishment and/or exclusion.

This policy is underpinned by an understanding that many individuals have experienced trauma, adversity, or cumulative stress, which can shape how they relate to others, regulate emotions, and respond to authority, boundaries, or perceived threat.

2. Purpose

The purpose of this policy is to:

- Promote emotionally and psychologically safe environments
- Support staff and students to build healthy, trusting relationships
- Ensure responses to behaviour are consistent, relational, and trauma-informed
- Reduce re-traumatisation and escalation
- Embed a culture of reflection, learning, and repair

3. Trauma-Informed Principles

All behaviour support and decision-making will be guided by the following trauma-informed principles as defined by SAMHSA (2014) and OHID (2022). Schools can insert their own principles here if they are working with a different framework:

1. **Safety**
   Emotional, physical, and relational safety are always prioritised.
2. **Trustworthiness and Transparency**
   Expectations, boundaries, and decisions are clear, simple, consistent, and explained.
3. **Choice**

   Wherever possible, individuals are offered choices and supported to retain agency with clarity and transparency.
4. **Empowerment**

   Endeavours are made to flatten power hierarchies, giving service users and staff a voice in decision-making, at both individual and organisational level.
5. **Collaboration**
   Behaviour is addressed *with* people, not *to* people.

6. **Cultural, Historical, and Gender Awareness**
   We recognise the impact of structural inequalities, discrimination, and identity on lived experience.

4. A Relational Understanding of Behaviour

We recognise that behaviour:

- Is shaped by past and present experiences, including trauma
- May be a response to stress, fear, overwhelm, shame, or unmet need
- Can fluctuate depending on context, relationships, and environment
- Is not a fixed characteristic or a moral failing

Rather than asking *"What is wrong with this person?"* we ask: "*What has happened, what is happening now, and what support is needed*?"

5. Expectations and Boundaries

Clear, consistent boundaries are essential for safety and wellbeing. A trauma-informed approach does not mean the absence of boundaries, but rather:

- Boundaries are communicated calmly and respectfully
- Expectations are explicit rather than assumed
- Consequences are proportionate, explained, and linked to learning and repair
- Boundaries are upheld in ways that preserve dignity and connection

6. Responding to Behaviour

6.1 In-the-Moment Responses

When behaviour becomes challenging or concerning, staff should prioritise:

- De-escalation and emotional regulation
- Calm tone, non-threatening body language, and clear communication
- Curiosity rather than confrontation
- Maintaining connection wherever safe to do so

Immediate punitive responses should be avoided unless required to ensure safety. Strategies might include: allowing the child to stay in a 'safe space' until regulated, running around outside/inside in a sports hall under supervision at a distance until regulated, a 'change -of face' approach to de-escalate, sitting with a safe trusted adult.

6.2 Reflective and Restorative Approaches

Following incidents or patterns of concern, responses should include opportunities for reflection once emotions have settled and support to explore triggers, stressors, and underlying needs. Restorative conversations that focus on:

- Impact rather than blame
- Accountability alongside empathy
- Repairing relationships and rebuilding trust
- Natural consequences

If there are wider issues (such as safeguarding involvement) and a safety plan is required, consultation with the lead professional and therapeutic agencies is strongly recommended.

7. Repair and Learning

We acknowledge that ruptures in relationships will occur. Repair is central to trauma-informed practice and includes:

- Acknowledging harm or misunderstanding
- Apologising where/if appropriate
- Re-establishing clear expectations
- Supporting individuals to re-engage without shame or stigma

Sanctions, where necessary, must always sit alongside opportunities for repair, support, and learning.

8. Staff Support and Reflection

We recognise the emotional labour involved in relational work. To support trauma-informed practice, the organisation commits to:

- Regular reflective practice and supervision
- Opportunities for debriefing after challenging incidents
- Training in trauma-informed, relational, and restorative approaches
- A culture where staff wellbeing is actively prioritised

9. Equity, Inclusion and Anti-Discriminatory Practice

This policy operates alongside commitments to equality, diversity, and inclusion. We recognise that trauma is intersectional and that behaviour may be shaped by experiences of racism, sexism, ableism, poverty, and other forms of marginalisation.

Responses to behaviour must always be fair, inclusive, and non-discriminatory.

10. Accountability and Review

This policy will be reviewed: INSERT DATE

- Applied consistently across the organisation
- Reviewed regularly in consultation with staff and stakeholders
- Updated in line with emerging evidence and best practice

Appendix B: Sample Trauma-Informed Exclusion Policy

A trauma-informed exclusion policy looks quite different from a traditional behaviour/exclusion policy. Rather than focusing primarily on rule-breaking and punishment, it reframes exclusion as a safeguarding, relational, and last-resort response to unmet need.

Below is a clear, practice-oriented outline you could use (or adapt) for policy development in a UK education context.

1. Core Principles (the foundation of the policy)

A trauma-informed exclusion policy should explicitly state:

- Behaviour is communication (e.g., linked to distress, unmet needs, or trauma)
- A shift from *"What have you done?" to "What has happened to you?"*
- Safety, dignity, and relationships are prioritised over punishment
- Exclusion is a last resort, used only where safety cannot be maintained [
- Decisions are proportionate, lawful, and equitable, with attention to SEND, vulnerability, and background

2. Whole-School Commitment (prevention focus)

The policy should demonstrate that exclusion sits within a wider trauma-informed system, including:

- A relational, whole-school approach to behaviour and wellbeing
- Staff training in trauma, attachment, and co-regulation
- Consistent routines, predictability, and clear expectations
- Strong emphasis on emotional regulation and social-emotional learning

This is critical: a trauma-informed exclusion policy must show that *everything possible is done before exclusion is considered.*

3. Graduated Response Before Exclusion

A key feature is a staged intervention approach, typically:

Universal (for all pupils)

- Inclusive classroom practice
- Regulation strategies (e.g., safe spaces, sensory tools)
- Positive relationships and attuned staff responses

Targeted (for some pupils)

- Individual support plans
- Risk assessments
- Pastoral or therapeutic interventions
- Multi-agency involvement

Specialist (for high need)

- External services (CAMHS, social care, alternative provision)
- Intensive support or adapted timetable

Policies emphasise “exhausting all reasonable alternatives” before exclusion

4. Clear Criteria for Exclusion (but contextualised)

A trauma-informed policy still defines when exclusion may occur, but focus is on risk and safety, not simply rule violations. Examples may include:

- Serious harm or risk to others
- Persistent behaviours that cannot be safely managed
- Placement no longer meeting needs of child

Crucially, decisions must include:

- Consideration of trauma history, SEND, and safeguarding context
- Evidence that support strategies were attempted and reviewed

5. Decision-Making Process (trauma-informed lens)

This is where trauma-informed policies differ most. Decisions are collaborative (SLT, SENCO, safeguarding leads, external professionals) and evidence-based (plans, assessments, incident records). Actively involves:

- The child’s voice
- Parents/carers
- Multi-agency partners

6. Use of Suspension (if needed)

Where suspension is used, a trauma-informed approach ensures it is short-term, purposeful, and restorative, not punitive used to:

- Stabilise risk
- Allow planning and support review

During suspension:

- Connection with school staff is maintained
- Work or therapeutic support is provided
- Reintegration planning begins immediately

7. Reintegration and Repair

This is a defining feature of trauma-informed exclusion policy. Reintegration is planned, gradual, and relational including:

- Connection continues and continuity is maintained with the same staff involved in supporting the young person whilst absent from school
- Restorative conversations
- Repairing relationships (staff–student, peer)
- Adjusted support plans
- Emotional regulation support

The emphasis is on repair, not punishment, consistent with relational practice.

8. Safeguarding Integration

The policy should explicitly link exclusion to safeguarding with recognition that children who are excluded, suspended and persistently absent are often vulnerable and at risk in many ways, whilst are at higher risk of involvement in serious violence (Cornish and Brennan, 2025; Rollings et al., 2025; Levell et al., 2026). This should include assessment of:

- Exploitation and risk – Children's Social Care involvement including childhood experience of domestic abuse.
- Mental health needs
- SEND/Additional support needs
- Neurodiversity – diagnosed/undiagnosed
- Clear referral pathways (e.g., DSL involvement)

9. Equity and Inclusion Considerations

A strong trauma-informed policy will address disproportionality: Monitoring exclusion data by:

- SEND
- Race/ethnicity
- Gender
- Care status
- Commitment to reducing exclusion for vulnerable groups

This aligns with the principle of supporting vulnerable learners.

10. Staff Support and Reflective Practice

Because trauma affects staff as well:

- Supervision and reflective spaces
- Training in de-escalation and co-regulation
- Awareness of vicarious trauma and burnout

Trauma-informed systems recognise staff wellbeing as essential.

11. Monitoring, Review, and Accountability

Finally, the policy should include:

- Regular review of exclusion decisions
- Use of data to inform practice
- Pupil and family feedback
- Alignment with safeguarding and behaviour policy

A trauma-informed exclusion policy positions exclusion as a safeguarding-based, last-resort response, embedded within a relational, preventative system that prioritises understanding, support, and reintegration over punishment.

Appendix C: Trauma-Informed Schools: Organisational Readiness Checklist

1. Training Audit

☐ Have we identified all previous trauma-informed training (content, provider)?
☐ When was training delivered (how recent is it)?
☐ Was training delivered whole-school or to specific staff groups only?
☐ Have we reviewed staff feedback on previous training?
☐ Is there existing good practice we can build upon rather than duplicate?

2. System-Level Alignment

☐ Do current policies reflect trauma-informed principles?
☐ Is there flexibility to review and update policies?
☐ Are we part of a Multi-Academy Trust (MAT), and are policies set at Trust level?
☐ What constraints or opportunities does this create for change?

3. Operational Capacity

☐ Do we have sufficient administrative support to implement changes?
☐ Are there clear processes to operationalise policy and practice changes?
☐ Who is responsible for coordinating and monitoring implementation?

4. Leadership Readiness (SLT)

☐ Is there clear alignment and commitment across the Senior Leadership Team?
☐ Have we identified potential areas of resistance?
☐ Do we understand the nature of any concerns or barriers?
☐ Are there opportunities for open, reflective dialogue with staff?
☐ How will leadership model trauma-informed practice?
☐ Are there clear lines of accountability where required?

5. Level of Need (Pupil Population)

☐ What is the prevalence of SEND and neurodivergence?
☐ What are the levels of domestic abuse and safeguarding concerns?
☐ What is the level of children's social care involvement?
☐ What are the socio-economic indicators (e.g., FSM, care experience)?
☐ Are there specific needs among racialised minority groups (including GRT communities)?

6. Vicarious Trauma (Staff Impact)

☐ What is the level of trauma exposure within the pupil population?
☐ Are staff at risk of vicarious trauma, burnout, or emotional fatigue?
☐ What formal and informal support mechanisms are in place for staff?

7. Psychological Safety (Staff Culture)

☐ How would we assess psychological safety within the staff group?
☐ What are the patterns, nature, and rates of staff absence?
☐ How do we gather staff views safely and reliably?
☐ Do staff feel able to speak openly without fear of negative consequences?

8. Review and Reflection

☐ Are there regular formal review points built into implementation?
☐ Are there informal opportunities for reflection and feedback?
☐ How are learning and feedback used to inform ongoing improvements?

9. Long-Term Planning

☐ Do we have a clear 2–5 year implementation plan?
☐ Is change being approached incrementally and realistically?
☐ Are there mechanisms to review, refine, and consolidate over time?
☐ Do leaders recognise this as a long-term cultural and systemic change?

Trauma-Informed Schools: Organisational Readiness Self-Assessment Tool

Scoring Scale

0 = Not in place
1 = Emerging (inconsistent / ad hoc)
2 = Developing (partially embedded)
3 = Established (consistently embedded and sustained)

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