Supporting Staff Wellbeing and Safety in AP (Alternative Provision)/PRU (Pupil Referral Units):

Understanding Vicarious Trauma

Josmi Puthettu Jose, Dr. Victoria Burton, Prof. Simon Green

Executive Summary

Vicarious Trauma (VT) is an occupational hazard connected to the development of empathic relationships with people who have experienced trauma. Teachers and school staff face specific risks in this context given the complex and demanding emotional labour of their work, but for those working in Alternative Provision (AP) this risk becomes more acute given the intense nature of such support combined with the complex needs children and young people attending AP typically present.

The research had two distinct stages; firstly, the Humber Violence Prevention Partnership (VPP) Evaluation Team were commissioned to research staff awareness and understanding of vicarious trauma within AP settings, with the purpose of identifying support mechanisms to offset the impact of VT. Secondly, the psychologist attached to the school (Dr LJ Ducksbury) was commissioned by the VPP to develop a training package drawing on the research findings, focused on mitigation of vicarious trauma. This report is centred on the first phase. The methodology involved workshops followed by focus groups for staff and senior leaders; 34 staff attended the workshop in November 2025, and 15 staff attended focus groups in February 2026.

Key Findings

- Staff demonstrate a high level of care and compassion for the children and one another. The school has fostered a relational style, inclusive culture anchored in psychological safety and security to support children.
- Equally, there is an elevated level of relational intensity and unpredictability given the complex nature of need experienced by many children and young people at the school.
- There is an organisational culture of flexibility in which staff feel valued and supported.
- Staff articulated a high level of emotional investment and empathic connection in the children and young people, leading to potential internalised distress. In turn, this creates blurred boundaries and can be a precursor to vicarious trauma.
- Coping strategies are largely self-developed located at an individual level.
- Staff described repeated experiences of helplessness and perceived powerlessness. Even when procedures are followed appropriately, outcomes remain uncertain, particularly in cases involving self-harm, suicidality, or serious safeguarding concerns.
- Guilt emerged as a critical affective dimension permeating the data in different ways. As a result of these intense relational dynamics, staff feel personally responsible for each other and the children.

- Anecdotally, there is a high level of trauma, educational difficulty or disadvantage in the staff group, which has implications for re-traumatisation via the children and young people., heightening propensity to vicarious trauma.
- These relational dynamics resonate with aspects of trauma bonding, as staff are embedded in a complex set of relational dynamics between 1) themselves and their own history, 2) themselves and their colleagues, and 3) themselves and the children.
- In summary, staff in an AP are at higher risk of vicarious trauma which has implications for emotional wellbeing, personal and professional life.

Recommendations

The school should give formal and explicit recognition of vicarious trauma at an organisational level establishing the responsibilities of the organisation and formal support mechanisms.

1. Acknowledge higher levels of educational disadvantage/exclusion & trauma in the staff group to inform appropriate support.

- Explicit acknowledgement and visibility of the role of lived experience and trauma within the training package.
- Consider confidential baseline survey: develop an anonymous trauma-informed staff experience survey to understand prevalence of adverse educational experiences, discrimination, or exclusion (aimed at support planning, **not** performance management).
- Offer targeted support: based on survey themes, provide reflective practice groups, trauma aware supervision, and wellbeing interventions matched to staff needs.
- Strengths-based framing**:** emphasise resilience, not deficits to frame staff lived experiences as assets in relational practice acknowledging that this can also create vulnerabilities.

2**. Support self-assessment of vicarious trauma: staff can articulate concepts well but do not consistently apply them to self.**

- Introduce a simple self-check tool: such as vicarious trauma questionnaire integrated into supervision or CPD.
- Supervision prompts: encourage supervisors to explicitly ask about emotional load, signs of exhaustion, and personal “red flags” during 1:1s.
- Model vulnerability: leaders modelling emotional awareness and admitting strain can foster permission and uptake.

- Link assessment to action: each self-assessment leads to a micro plan (e.g., boundaries, workload redistribution, wellbeing actions).

3. Deepen understanding of emotional boundaries and role expectations: acknowledging the inherent relational flexibility of the role.

- Develop a Boundaries Framework: exploration of emotional availability, over-identification and what "healthy closeness" looks like.
- Scenario-based training: use real-world examples to explore dilemmas between role clarity and relational responsiveness.
- "Holding the role, not the person" principles: ensure staff know when to step back, escalate, or seek peer containment.
- Regular reflective spaces: small group reflective practice focusing on emotional boundaries in real cases.

4. Clarify/protect staff recovery time & encourage genuine detachment: particularly around out of hours expectations.

- Clear communication policy: define what constitutes an emergency, expected response times, and when staff are *not* expected to be reachable.
- On-call rota rotation: ensure equitable distribution and protect individuals from chronic emotional availability.
- Leadership permission: leaders explicitly encourage switching off, using breaks, and setting boundaries.
- Protected "re-entry/exit" time: allow brief transition periods at the start and end of shifts for grounding.

5. Responses to students with suicidal ideation focusing on staff containment of their own feelings of powerlessness.

- Dedicated space to process emotional impact**:** regular forums for staff to verbalise feelings, fear, or helplessness preventing internalisation and paralysis.
- Training tailored to the school: consider whole-school training on managing suicidal ideation, delivered following needs assessment.
- Clear escalation pathways: simple, visible flowcharts that reduce anxiety in high-stakes moments.

- Joint debriefs: when a concern arises, provide structured debrief opportunities to process vicarious trauma.

6. **Emotional containment and supporting staff**

- Introduce ‘containment, not curing’ principles: reinforce that the goal is co-regulation and safety, not solving complex life circumstances.
- Reflective prompts: in supervision, ask, “What are you holding that doesn’t belong to you?”
- Shift from over-functioning to shared ownership: Encourage team responses rather than individual rescuing.
- Psychoeducation**:** explore how rescuing is often a trauma-driven response and how it affects boundaries, burnout, and student autonomy.
- Responses to and support for students who express suicidal ideation – the space and place to verbalise feelings of powerlessness which can become paralysing without expression and containment. Whole school specific training may be relevant in this context but for the school to assess need.

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1. Introduction

Alternative Provision (AP) and Pupil Referral Units (PRUs) represent some of the most challenging educational settings in the UK, serving children and young people who have experienced significant adversity, exclusion, social marginalisation, and trauma. Staff working in these environments routinely encounter emotionally charged situations, frequent behavioural escalations, and disclosures of traumatic experiences. While these educators are not mental-health clinicians, the intensity and chronicity of their workplace them at heightened risk for vicarious trauma (VT) and related forms of occupational stress. Understanding the nature, prevalence, and impact of VT is therefore essential to inform training initiatives aimed at improving staff wellbeing, safety, and organisational responses. This rapid literature review aims to synthesise current knowledge on vicarious trauma, examines evidence surrounding its signs and effects in educational settings, and connects these insights directly to the unique landscape of AP and PRU provision.

1.1 Defining Trauma

Trauma is broadly understood as exposure to events or circumstances that overwhelm an individual's capacity to cope and disrupt their sense of safety, control, or meaning. Definitions of trauma emphasis both the objective event and the subjective response; not all adverse experiences are traumatic, but trauma occurs when events are perceived as physically or emotionally threatening and produce lasting psychological, emotional, or physiological effects. The Substance Abuse and Mental Health Services Administration (2014) defines trauma through the "three Es": the event(s), the individual's experience of those events, and their longer-term effects on functioning and wellbeing. The Office for Health Improvement and Disparities (2022) provide a working definition of trauma-informed practice for health and social care, drawing on SAMHSA's (2014) framework. Trauma may stem from a single incident or from ongoing adverse experiences, and definitions vary. Some broaden the concept to include structural and social factors such as poverty, inequality, racism, and historical oppression (Sweeney et al., 2016). Researchers also differ in focus, with some defining trauma by the event itself and others by the impact and response (Public Health Wales, 2022).

Similarly, diagnostic frameworks such as the American Psychiatric Association describe trauma as exposure to actual or threatened death, serious injury, or sexual violence, either directly or indirectly, with potential consequences including intrusive memories, hyperarousal, and avoidance (American Psychiatric Association, 2022). Importantly for educational and care professionals, trauma can also be encountered indirectly through repeated empathic engagement with others' suffering, forming the basis for constructs such as secondary traumatic stress and vicarious trauma. Thus, trauma is not solely

an individual pathology, but a relational and contextual phenomenon shaped by exposure, interpretation, and social environment.

1.2 Defining Vicarious Trauma

Vicarious trauma can be understood as experiencing substantial distress (often indirect), resulting from empathic engagement with individuals who have suffered trauma (World Health Organisation, 2013). It was first conceptualised by McCann and Pearlman (1990), p.45 as the "*transformation of the inner experience*" that occurs when helpers relate empathetically with people who have experienced trauma. Unlike burnout, which is associated with chronic organisational stress, VT specifically arises from prolonged exposure to others' traumatic stories, emotional distress, or behavioural manifestations of trauma. Pearlman and Saakvitne (1995, pp.281-282) later expanded this definition, emphasising that VT creates disruptions in the helper's cognitive schemas, including their sense of identity, worldview, safety, trust, and emotional regulation. This distinguishes VT from secondary traumatic stress (STS), described by Figley (1995, p.19) as acute trauma-like symptoms resulting from indirect exposure to others' traumatic experiences. While VT is often cumulative and worldview-altering, STS is more immediate and symptomatic. Compassion fatigue (CF) (Figley, 1995, p.18) sometimes used interchangeably with these terms, tends to describe a broader exhaustion associated with the emotional labour of caring professions.

The specificity of VT matters in educational contexts because AP/PRU staff are repeatedly exposed not only to traumatic narratives but also to the behavioural consequences of trauma; aggression, dysregulation, self-harm attempts, unpredictable emotional outbursts - that further heighten the risk of psychological impact (Kim et al., 2022). The concept has increasingly been applied to teachers and school staff, reflecting growing recognition that educators can be deeply affected by the emotional burdens they absorb from traumatised pupils (Hydon et al., 2015).

1.3 Signs and Symptoms of Vicarious Trauma

Signs of VT broadly mirror those documented in therapeutic professions, though they manifest differently in school environments. Cognitive symptoms include diminished beliefs in personal safety, heightened suspicion, pessimism about students' capacity to change, and difficulty maintaining professional boundaries (Pearlman and Saakvitne, 1995, pp.283-284). Emotional indicators include chronic exhaustion, irritability, guilt, emotional numbing, and intrusive imagery linked to student disclosures (Herman, 1992, p.80). Physiological effects such as sleep disruption, hypervigilance, headaches, and persistent stress activation are also widely documented.

In schools, VT has distinct behavioural consequences. Educators may become more reactive during challenging incidents, avoid emotionally demanding interactions, or over-identify with students

(Borntrager et al., 2012). In AP/PRUs, where extreme behaviour is commonplace and boundaries are constantly tested, these manifestations can erode staff confidence, impair decision-making, and contribute to reduced job satisfaction or increased sickness absence (Sutton et al., 2022). The literature indicates that repeated exposure to violence, threats, or emotional distress without appropriate support leads to heightened psychological strain, parallel to patterns observed in social workers, residential care workers, and youth justice staff (Bride, 2007).

1.4 Vicarious Trauma in School Settings and Alternative Provision

Although research on VT in educational contexts remains limited compared to clinical settings, important contributions highlight the vulnerability of school staff. Hydon et al. (2015) demonstrated that teachers exposed to student trauma are vulnerable to symptoms of secondary traumatic stress such as agitation, withdrawal and avoidance, particularly in the absence of structured emotional support or trauma-informed frameworks. Educators frequently become informal "first responders" to student disclosures, yet they often lack training in trauma theory or psychological self-protection, creating conditions in which symptoms of secondary traumatic stress can accumulate unnoticed.

AP/PRUs amplify these risks. Students in AP settings typically have histories of exclusion from mainstream education due to behavioural difficulties and complex support needs, and they are disproportionately represented among pupils with social, emotional and mental health needs (Malcolm, 2017). Taylor and McCluskey's (2024) mapping and critique highlight the complex and unstable nature of alternative provision, situated between mainstream schooling and exclusion, which contributes to emotionally demanding working conditions for staff. They argue that AP staff often operate in contexts where educational, behavioural, and welfare demands converge with limited structural support, creating conditions in which vicarious trauma and stress may accumulate.

Staff in alternative provision (AP) and Pupil Referral Units (PRUs) frequently assume quasi-therapeutic roles; mediating crises, managing self-harm risks, de-escalating aggression, and supporting students through emotionally charged disclosures. While Chan et al. (2025) found that mainstream secondary school staff often encounter these responsibilities without formal supervision frameworks, these challenges are likely more pronounced in AP/PRU settings, where students typically present with elevated levels of trauma, behavioural difficulties, and self-harm risk. This mismatch between emotional demand and system support is consistently associated with increased VT risk.

1.5 Vicarious Trauma Among Professionals Working with Traumatised Young People

The broader literature on service providers working with traumatised children further contextualises VT risk in AP/PRUs. The scoping review by Kim et al. (2021) highlights that professionals working with trauma-affected youth including teachers, social workers, and youth justice practitioners report high

levels of VT, yet interventions remain fragmented and inconsistently evaluated. Their review identifies three recurring challenges across sectors:

1. High workload and emotional labour: Professionals frequently encounter trauma narratives, behavioural crises, and emotional distress, which contribute to cumulative psychological strain.
2. Insufficient organisational support: Many settings lack reflective supervision, structured debriefing protocols, or staff training tailored to VT prevention.
3. Limited evidence-based VT interventions for non-clinical settings: Most existing interventions target clinical or therapeutic professions, leaving a substantial gap for educational and other non-clinical contexts.

These findings mirror the conditions in AP/PRUs, where staff workloads are heavy, emotional labour is constant, and support systems vary significantly across local authorities. Importantly, Kim et al. (2021) emphasise that interventions focusing solely on individual coping strategies (e.g., self-care, mindfulness) are insufficient unless paired with systemic change—an insight particularly relevant for AP/PRU settings where structural pressures are pronounced.

1.6 Risk, Safety, and Trauma in AP/PRUs

Research specific to AP/PRU settings consistently notes that staff face disproportionate levels of workplace aggression, emotional volatility, and unpredictability. Ofsted's (2020) review of AP provision reports that staff frequently manage violent incidents, threats, and complex safeguarding concerns. Because many AP pupils have experienced domestic violence, childhood trauma, neglect, exploitation, or early criminalisation, their behavioural expressions often reflect survival responses rather than deliberate disruption (Zhou et al., 2025). This heightens staff exposure to emotionally charged dynamics that can trigger VT.

A key theme across the literature is the relational intensity of AP/PRU work. Staff often develop deep, attachment-based relationships with pupils who lack stability in other areas of their lives. While relational practice is essential for progress, it also increases susceptibility to vicarious trauma because staff absorb students' emotional burdens, crises, and trauma histories, a pattern consistently observed in systematic studies of helping professionals exposed to others' trauma (Leung, Schmidt and Mushquash, 2022). When combined with high rates of aggression or dysregulation, these relationships can simultaneously be rewarding and psychologically draining.

The absence of consistent training exacerbates these challenges. Research indicates that staff working in alternative provision contexts frequently need a wide range of specialist skills which includes

trauma-awareness, emotional regulation and behaviour management that support pupils with complex needs, yet these competencies are not typically part of standard teacher preparation and require substantial ongoing professional development (Dickinson, 2020). In contrast, the trauma literature consistently emphasises that understanding trauma responses, including physiological and behavioural stress reactions, is essential for educators to avoid misinterpreting behaviours and to manage their own stress responses effectively; trauma-informed training has been shown to increase staff awareness of trauma's impact, improve attitudes toward trauma-impacted students, and reduce burnout and secondary traumatic stress (Eastman, 2025; Koslouski, Stark and Chafouleas, 2023). Without such training, staff may internalise challenging behaviours as personal failures or lose confidence in their capacity to maintain safety, contributing to VT (Pearlman and Saakvitne, 1995, p.323).

1.7 The Need for Trauma-Informed Training in AP/PRUs

The convergence of these findings underscores the necessity of tailored training programmes for AP/PRU staff. Trauma-informed education frameworks, such as those outlined by the National Child Traumatic Stress Network (NCTSN, 2018), emphasise that staff wellbeing is a cornerstone of effective trauma-informed practice. If staff are experiencing VT, their ability to co-regulate dysregulated pupils decreases, leading to poorer student outcomes and potentially escalating incidents.

However, the literature reveals a substantial gap: most trauma-informed frameworks neglect vicarious trauma as an organisational issue, treating staff stress as a secondary consideration rather than a core feature (Brunzell, Waters and Stokes, 2021). In AP/PRU's where the emotional and behavioural load is significantly higher, addressing VT is not ancillary but essential for safety, staff retention, and effective pedagogical relationships.

1.8 Good practice in mitigating the impact of Vicarious Trauma

Kim et al. (2021) argue for multifaceted interventions reflecting support on an individual and organisational levels that include:

- Education on vicarious trauma (this means *giving staff clear, evidence-based information about things like vicarious trauma, secondary traumatic stress, emotional warning signs, and practical self-care or support pathways, turning "something feels wrong with me" into "this is a known occupational response and here's what helps.")*
- Reflective supervision
- Organisational communication strategies

- Longer term interventions with a group-based facility to share and ameliorate experiences showed promising success

Hydon et al. (2015) similarly advocate for building school cultures that recognise emotional strain and provide systematic debriefing. The role of senior leaders is critical in recognising VT at a systemic and individual level. Kim et al. (2021) point to a greater focus on the specific effects of VT as opposed to more general self-care approaches, combined with recognition on a systemic and organisational level.

1.9 Constraints

Constraints to mitigating vicarious trauma are predominantly organisational rather than individual, limiting staff capacity to engage in protective or restorative practices even where awareness and motivation exist. High workloads, chronic understaffing, and competing demands frequently restrict opportunities for reflective supervision, informal debriefing, and peer support, resulting in traumatic material remaining unprocessed and accumulating over time. In such contexts, coping becomes individualised rather than collectively contained, increasing the risk of secondary traumatic stress. Organisational cultures characterised by limited voice, inconsistent recognition, or hierarchical decision-making can further undermine psychological safety, discouraging staff from disclosing distress or seeking support. Reduced autonomy and procedural rigidity may also generate moral distress when practitioners feel unable to act in line with their professional judgement, a dynamic strongly associated with burnout and compassion fatigue. Evidence across child protection, mental health, and education-adjacent professions consistently links excessive caseloads, inadequate supervision, and weak organisational support to higher levels of vicarious trauma and emotional exhaustion (Cocker and Joss, 2016; Hensel et al., 2015; Molnar et al., 2020). Together, these findings suggest that without systemic containment structures, repeated exposure to others' trauma becomes cumulative, placing responsibility on individuals to "cope" with what is fundamentally an organisational risk.

1.10 Summary

These insights directly inform the rationale for the present research project, situated within the Humber Violence Prevention Partnership. Understanding how AP/PRU staff perceive safety, stress, and emotional impact is a necessary precursor to designing training that is context-specific, evidence-informed, and responsive to real staff needs. Training that enhances staff understanding of trauma, provides tools for managing emotional load, and improves organisational support mechanisms holds potential to reduce VT, improve staff wellbeing, and contribute to greater stability for pupils.

2. About the Alternative Provision /Pupil Referral Unit

School Mission Statement

We believe every student deserves an education that helps them to grow, feel valued, and thrive, both academically, and as a whole person. We know there's no one-size-fits-all curriculum for our students, so we stay flexible, creative, and curious in how we support each young person.

We work together as a team of professionals and with families, to help students overcome challenges, be themselves, and build confident futures.

The Pupil Referral Unit (PRU) based in Hull, has several satellite sites each catering for different needs including Key Stages 3 and 4, whilst also offering smaller specialist provision for students with specific needs. Across all sites there are approximately 74 staff and provision for 193 children. They underscore relational and trauma-informed approaches as fundamental to support children achieve their potential alongside recognition of barriers that may prevent this, taking a nuanced and inclusive approach to learners often complex needs, providing a comprehensive picture of the diversity of need and support offered by the school. Referral is via one of the routes outlined below:

- By the Local Authority following permanent exclusion from a mainstream secondary school.
- By the secondary school, to support with assessing and managing a student's additional needs, in order prevent permanent exclusion.
- Via the Local Authority EHCP consultation process.

2.1 Key Stage 4 Provision

The Key Stage 4 alternative provision supports students in Years 10 and 11 who benefit from a more personalised, structured and relational learning environment than mainstream education can currently offer. Students are referred by Local Authorities and secondary schools. The site provides a calm, supportive setting where students can re-engage with learning, rebuild confidence and work purposefully towards meaningful qualifications and future pathways, act as a bridge between mainstream education and post-16 opportunities, ensuring students remain ambitious, supported and aspirational.

2.1.1 Who Might Be Allocated Here?

A typical KS4 learner who would benefit from a smaller, relational and trauma-informed environment to support their academic and personal development. Students often arrive with a wide range of

academic starting points, from early KS2 to GCSE grade 6, and may have undiagnosed learning needs or Social, Emotional and Mental Health difficulties (SEMH) that require a more tailored approach. Many students join following KS3 alternative provision, or during Year 10 or early Year 11, and benefit from clear structure, strong relationships and support to rebuild confidence, resilience and motivation. Pupils typically thrive when expectations are clear, learning is adapted, and progress is celebrated.

2.2 Key Stage 3 Provision

The Key Stage 3 provision is designed for pupils with SEMH needs who benefit from a relational, structured and nurturing environment to help them reconnect with learning. Many arrive ready for a fresh start in a setting that prioritises safety, predictability and supportive relationships. The setting provides an environment where pupils can strengthen confidence, rebuild positive learning habits and make meaningful academic progress.

2.2.1 Who Might Be Allocated Here?

A typical pupil is a KS3 learner with SEMH needs who benefits from a setting that offers consistent routines, emotional safety and a gentle reintroduction to learning. They may have experienced periods of disrupted schooling or reduced engagement and often arrive with gaps in foundational literacy and numeracy. Pupils flourish when given structure, relational support and opportunities to experience success through achievable steps.

2.3 Specialist Provision

There is a small specialist provision for pupils with EHCPs whose primary need is cognition and learning or speech, language and communication needs. Pupils thrive in a structured, lower-stimulus environment with consistent adults and clear routines, enabling them to access academic content at an appropriately challenging level.

2.3.1 Who Might Be Allocated Here?

A typical pupil at the provision has SEMH needs with additional cognitive or communication profiles such as ASD, ADHD or dyslexia. They are academically able but benefit from predictable routines, explicit teaching approaches and a primary-style structure that enhances clarity and emotional security. These pupils learn best when instructional language is precise, scaffolded and personalised.

2.4 Personalised KS4 Provision

The school also operate a personalised KS4 provision for pupils who benefit from 1:1 learning, therapeutic support and tailored timetables. Pupils often join after periods of reduced engagement,

school-related anxiety or challenges that impact their ability to learn in larger environments. Wave 4 provides an emotionally safe and academically purposeful setting.

2.4.1 Who Might Be Allocated Here?

A typical pupil in this provision is a KS4 learner with SEMH needs, EBSA or anxiety who benefits from a highly personalised curriculum. Many can work toward GCSE or functional qualifications but require reduced demands, predictable routines and relational support to thrive.

3. Methods

3.1 Design

This study adopted a qualitative research design informed by reflexive thematic analysis to explore staff experiences within Alternative Provision (AP) and Pupil Referral Unit (PRU) settings, with particular attention to the emotional and relational impacts of their work, including experiences consistent with vicarious trauma. Focus groups were selected as the primary method of data generation to facilitate shared reflection, collective meaning-making, and discussion of workplace experiences that may not emerge through individual interviews alone. A workshop was conducted prior, which acted as an explanatory tool to the development of the qualitative focus groups.

3.2 Preliminary Engagement and Development of Focus Group Questions

In November 2025, before the data collection started, the research team visited the school and gave an overview of the research and outlined what participation would involve. A participant information sheet and consent form were handed out and emailed to the staff by the school shortly after this. An opt-in workshop was conducted shortly after this session to collaboratively identify areas of relevance and concern within the school context. This workshop included small-group discussions and interactive Menti meter activities designed to capture staff perspectives anonymously. The Menti meter responses and discussions were used solely to generate and refine the focus group questions, ensuring that the subsequent qualitative data collection was grounded in staff-identified priorities rather than researcher-imposed assumptions. This data was not treated as part of the formal dataset for analysis.

3.3 Recruitment and Consent Procedures

Following the workshop, a participant information sheet and consent form were circulated to staff via email by the school. Staff who expressed interest in participating in the focus groups were invited by email and provided with further study details alongside the consent documentation.

Consent was obtained at multiple stages to ensure informed and voluntary participation. Written consent forms were distributed both electronically and in person. At the beginning of each focus group,

participants were again provided with an overview of the study and reminded of their rights, including the voluntary nature of participation, the option to withdraw, and how data would be used. Participants confirmed their consent by indicating agreement on the form prior to commencing the discussion.

3.4 Participants

There were 34 staff members engaged in the initial workshop activities and 15 participants attended the focus groups, representing a range of roles including Senior Leadership Team members, teaching staff, and support staff. The overall group was diverse in professional responsibilities and experience levels. Around 65% of this wider group identified as women, with the remainder identifying as men.

All 15 participants who took part in the focus groups were women. This gender composition is noteworthy and is considered in the interpretation of findings, particularly given existing literature suggesting gendered dimensions of emotional labour, care work, and exposure to secondary or vicarious trauma in educational and support roles.

3.5 Ethics and Data Management

All study procedures were approved by the University of Hull's Faculty of Arts, Social Science and Education Committee due to the sensitivity of the subject matter and proposed data collection methods. All data has been gathered and handled following the Data Protection Act of 1998. Given the potentially sensitive nature of discussing emotionally demanding work and experiences related to trauma exposure, careful attention was paid to ethical safeguards. Participants were informed that they could decline to answer any question or withdraw at any point prior to data analysis, without consequence. Confidentiality was maintained through anonymisation of transcripts and removal of identifying details. The possibility of emotional discomfort was acknowledged, and participants were signposted to appropriate sources of support where necessary. These measures aimed to prioritise participant wellbeing while facilitating honest and meaningful discussion. The school psychologist attended the workshop and focus group on a supportive capacity only to ensure any residual stress or trauma as a raised result of the research was sensitively managed and staff were supported.

3.6 Recruitment and Consent

In November 2025, a week before the first workshop, the research team visited the school and gave an overview of the research and outlined what participation would involve. A participant information sheet and consent form were emailed to the staff by the school the following day. During the day of the workshop, participants who attended sessions had returned the completed consent forms. The consent forms were distributed to the staff during the workshop as well. They were asked to fill in a

Ment-meter survey if they were interested in taking part in focus groups. An email inviting the participants who showed interest in taking part in focus groups was sent along with the consent form and participant information sheet. A consent form was included at the start of the focus groups and participants were required to indicate their consent by ticking the box. At the beginning of the focus groups, participants were briefed about the research, reiterating key points from the participation information sheet.

3.7 Analytical Approach

Data generated through the focus groups were analysed using reflexive thematic analysis as outlined by Braun and Clarke (2021). This approach emphasises the active role of the researcher in interpreting meaning, recognising that themes are constructed through engagement with the data rather than discovered as fixed entities. Analysis was conducted with sensitivity to experiences of emotional strain, relational labour, and indicators of vicarious trauma within AP and PRU contexts. This lens guided both coding and theme development, ensuring that the interpretation remained aligned with the study's central research focus while remaining open to unexpected insights emerging from participants' accounts.

4. Research Findings

Staff working in alternative provision (AP) and pupil referral units (PRUs) occupy a complex professional space where relational immersion, high emotional stakes, and systemic limitations intersect. The reflexive thematic analysis of the focus group data reveals that staff demonstrate high levels of care and compassion for learners and one another, experiencing deep emotional engagement, often bordering on a parental role, which can expose them to significant vicarious trauma. Five main themes emerged, each with multiple subthemes capturing the nuances of staff experience:

4.1. Relational Attachment

The data suggest that staff in AP and PRUs develop relationships with students that go far beyond conventional professional boundaries. Their work requires intense relational engagement, often likened to a parental role, and this immersion contributes to both the meaningfulness of their work and heightened vulnerability to vicarious trauma.

4.1.1 Emotional Investment, Care and Over-Identification

Staff demonstrate a high level of care and compassion towards students and one another, underpinned by a trauma-informed, relational approach. This sense of care gives way to deep emotional investment with student and staff needs, which appeared across the dataset suggesting a cultural context within the school. Some staff internalize students' distress, which then blurs professional boundaries:

> He's having suicidal thoughts. And it made me quite emotional. So, you think about your own children and what you would want someone to say to them to try to help them. (Teaching Staff, FG1)
>
> I feel really responsible for the people I manage. I feel responsible for their well-being, I feel responsible for their safety, and it's like they feel responsible for their children's, but we feel responsible for the children and the staff. (Senior Leadership Team, FG2)

The language here signals a deep empathic connection suggesting that staff do not merely respond as professionals; they emotionally mirror their students' suffering, and this extends beyond professional duty into personal spaces. This can be understood as emotional over-identification which is a key mechanism in the development of secondary traumatic stress, as staff absorb the emotional load of young people with complex needs. There are additional risks for leaders who absorb the needs of both young people and staff meaning they too are at heightened risk of secondary or vicarious trauma.

4.1.2 Holding Trauma & Lived Experience

The motivation to work with children who have experienced trauma and educational disadvantage/difficulties is often, but not always, born out of a personal experience and deep understanding of the consequences of such, especially when systems and organisations can unknowingly re-traumatise. This can engender empathy, connection and a profound sense of purpose in one's work - a sense of creating purpose from pain. This can also lend itself to different forms of bias including over-identification and avoidance, while also meaning staff could be at elevated risk of vicarious trauma, as the children's experiences could be personally triggering for them:

> 80% of our staff have had some sort of other experiences in their personal life that have made them want to get a job here or have trouble with the educational system… (Senior Leadership Team, FG2)
>
> They potentially have experienced trauma themselves…. (Senior Leadership Team, FG2)

4.1.3 Family-Style Relational Culture

Staff often describe their work environment as family-like, fostering relational immersion. As in the previous sub-theme, this engenders care and connection, with attention to the dynamics of relationships, creating a sense of belonging for children who have been marginalised, excluded and are vulnerable in many ways:

> One of the kids said to me, they said, you treat us like we're your own kids. (Teaching Staff, FG1)
> Like one of the students, I just wanted to take them home for Christmas. (Teaching Staff, FG1)

The staff-student relationships extend into both personal time and emotional energy outside working hours, reinforcing the feeling that they are always "on duty" emotionally. This continuous relational exposure is a potent pathway to vicarious trauma, as boundaries between work and personal life

become porous. Flexibility is essential to respond to such diverse needs, and it is clear staff want to foster a sense of belonging by mirroring familial, or parental arrangements, yet achieving a balance between flexibility and creating boundaries is a complex and tricky position to establish given the intense working environment and nature of the role when staff occupy '*locus parental'* roles.

Staff are not simply providing supervision, they offer structure, guidance, and emotional care akin to caregiving. This is aligned with a relational and connected approach indicative of a trauma-informed perspective yet also signals the potential for emotional overwhelm and burnout within the blurred boundaries.

> I've turned my work phone on in the holidays before just to check on my students and see if they're all right in case they've messaged and they need me. (Teaching Staff, FG1)

Here, the blending of professional duty with parental-like care illustrates how the caregiving role becomes internalised, amplifying both stress and moral responsibility. This theme is extended further when considering the role of senior leaders, who are responding to need in the children and young people alongside the staff group.

4.1.4 Relational Responsibilities

Relational and connected practice are clearly prioritised at all levels in the school. Students often seek staff as the only available attachment figure, potentially intensifying staff exposure to trauma. Staff can experience a profound sense of responsibility for the well-being of their students, which compounds emotional burden:

> Even though you know she has got other support, if that student relies on you and doesn't really want to confess to anybody else, I think that's hard to sort of deal with personally. (Teaching Staff, FG1)
>
> There are only certain people whom I would go to. (Teaching Staff, FG1)

This highlights that relational responsibility is not optional; it is often chosen by the students, placing staff in ethically and emotionally high-stakes situations. Selective disclosure reflects that staff internalize caregiving and protective roles in ways that make them sole bearers of emotional responsibility, intensifying vulnerability to vicarious trauma.

4.1.5 Systemic Frustration and Structural Limits

Staff frequently encounter organizational and systemic barriers that compound emotional stress and vicarious trauma:

> But obviously, when they leave, they don't get the same level of support… it's frustrating… if you just had this, you would thrive." (Teaching Staff, FG1)

> …so, I have to be really optimistic… I see the figures… a lot of them could have been avoided… (Teaching Staff, FG1)

Relational immersion in AP and PRUs is central to staff experience. While it fosters meaningful professional identity, it also creates the conditions for vicarious trauma, as emotional over-identification, relational responsibility, and student dependence/complex needs converge.

The data show that structural limitations, under-resourced post-16 support, and constrained intervention capacity amplify moral distress and reinforce vicarious trauma pathways.

4.2. Chronic Guilt

Guilt emerged as a pervasive and multifaceted theme manifesting in various ways across the data, reflecting moral distress, a core component of vicarious trauma. Staff feel responsible for students' well-being yet are often constrained by structural or situational limits.

4.2.1 Guilt About Family Life

Staff described feelings of guilt when leaving students for family occasions. This guilt shows the intersection of moral obligation and emotional over-identification, where staff perceive inequity between their students' home lives and their own:

> Especially near Christmas or Mother's Day or Father's Day… they obviously find it difficult because they don't have that family network at home. (Teaching Staff, FG1)

> …I'll go, oh my God, you don't know how lucky you've got it… why am I even taking it out on you? (Teaching Staff, FG1)

Emotional residue from work not only affects staff but also extends into personal life, creating relational tension and reinforcing trauma pathways. Even structured time away from students, such as school holidays, is emotionally fraught:

> You have got six weeks to recover, then I'm here. Well, no, because I've got six weeks of worrying about them… if they're going to be in care, they're going to manage to keep themselves safe. (Teaching Staff, FG1)

Here, guilt is compounded by anticipatory worry, indicating prolonged emotional engagement beyond professional hours alongside concern about the wellbeing and safety of their students. This connects to earlier discussion about relational dynamics and connectivity that mirrors a family environment – staff worry about pupils as if they were their own children. These unwritten rules and '*ways of doing*' have become anchored in the context of day-to-day business of school life, functioning as an invisible operating system. This is a persuasive culture which appears to have become a backdrop to the school environment and whilst this is underpinned by relational characteristics there is an emotional and practical cost.

4.2.2 Guilt About Not Being Able to “Fix” Things

It is very clear staff care deeply about the children and one another. Many of the young people experience complex, multi-faceted difficulties meaning solutions are not straightforward and cannot be resolved quickly. They want to make things better and there is potential for them to experience distress when unable to solve or prevent negative outcomes:

> I don't, I just don't know what to do for the best… you take that home with you… Could it have done anything better? (Teaching Staff, FG1)

> I feel really responsible for the people I manage. I feel responsible for their well-being, I feel responsible for their safety, and it's like they feel responsible for their children's, but we feel responsible for the children and the staff. (Senior Leadership Team, FG2)

The data again demonstrate the porous and pliable boundaries show that uncertain outcomes contribute to chronic guilt, a hallmark of vicarious trauma. This also indicates a desire to rescue and may speak to staff who have their own history of trauma, or educational disadvantage.

4.2.3 Guilt About Not Having Time for Every Student

Staff and leaders both drew attention to the high level of complex need in tandem with limited resources. There were occasions when staff and leaders were unable to give what they wanted to child/staff member. This can create feelings of emotional overwhelm extending to guilt when they were not been able to respond in the way they felt a child or staff member needed:

> Well, the other day a lad came to me… he was respectful. And then he came again, and I saw him at the window again today, and my guilt is that I hadn't been able to speak to him. (Teaching Staff, FG1)

> Then you've got that guilt and then worry because you didn't, you promised something, if you promised and you don't deliver. (Teaching Staff, FG1)

> It just seems like the complexity of each child can sometimes feel quite overwhelming because You know, it's our job as to be able to provide the provision to meet those children's needs. And it sometimes feels like we don't have enough resources. There just isn't enough resource. (Senior Leadership Team, FG2)

The deep emotional connections formed at the school are required for creating a sense of security, safety and identity in which emotional containment and regulation are key components of supporting children. There is, however, an impact of this reflecting the strain of relational responsibility, where even moments of inattention produce guilt. Chronic guilt is a central psychological burden among AP and PRU staff, linking emotional immersion, moral distress, and the sense of responsibility for student outcomes. It intensifies secondary traumatic stress and shapes daily experience.

4.2.4 Guilt for Emotional Suppression/Masking

Staff demonstrate professional containment, masking emotional responses during work but experiencing delayed emotional processing. Emotional spillover highlights secondary traumatic stress, as staff absorb trauma vicariously yet cannot fully process it until home or holidays. Suppression, cumulative exposure, and delayed response intensify risk of burnout.

> …just constantly playing, like putting that face on throughout the day (Teaching Staff, FG1)

4.3 Helplessness and Powerlessness in High-Risk Situations

Staff repeatedly described experiences of powerlessness, particularly in situations of suicidal ideation, community risk, and severe behavioural crises. These experiences amplify vicarious trauma by confronting staff with situations beyond their professional control which can engender feelings of helplessness and distress.

4.3.1 Managing Unpredictability and Intensity

The sense of unpredictability and uncertainty pervaded the data in various ways underscoring the nature of trauma and complex need within the school characterised by an environment that can shift shape without warning. The data also aligns with academic research suggesting the intensity of relational experiences are heightened in an AP, alongside the level of unpredictability. This creates a potent combination with elevated risk of vicarious trauma:

> I arrived the day after the student had completely trashed the house… What do you do first? What do you do to help? … *He's clearly having some sort of breakdown. ……. What on earth is going on in his mind to make him do that, and how can I help him?* And it was a situation I never expected. But it was so big. …you're constantly dwelling on it for days. I rang my line manager when I left, and I was so emotional because I said I felt helpless. (Teaching Staff, FG1)

> I come from a mainstream background…you have a safeguarding issue. You report the safeguarding issue, and you go home…I've reported it, thank you very much, off I go, and it's never on your mind. And then you come here, and it's all you think about, are you? What happens once it goes from you? I remember listening to the head teacher at the time, and there was something massive going on. And I just went, what? because you are protected in this mainstream bubble…I actually cried for my first two weeks. I just cried, and I said, I don't think I can do it. (Teaching Staff, FG1)

Comparisons with mainstream school serves to underlie the difference between the two environments, illustrating routinely high-intensity, unpredictable trauma exposure that staff carry mentally beyond work hours.

4.3.2 Students Expressing Suicidal Intent

Staff referred to the impact of dealing with suicidal ideation, death and loss on several occasions. Whilst not an everyday occurrence, it was something that appeared with a level of regularity:

> He's having suicidal thoughts… I think that's one of the struggles we're having… we're not psychologists… just trying to find the right things to say without making anything worse." (Teaching Staff, FG1)

> And then I've got another student who isn't engaging very well, but when I do manage to speak to them, you ask them anything about a week from now, two weeks from now, six months from now, I don't care because I'll be dead. I don't care because I want to kill myself. And it's those where I'm having the conversations, but I don't, I just don't know what to do for the best. (Teaching Staff, FG1)

It is clear to see the confusion and feelings of helplessness generated by suicidal ideation, alongside a heightened sense of anxiety. Staff are placed in semi-therapeutic roles, yet as articulated here are not formally trained in therapeutic methods (despite establishing a therapeutic context – with a small 't'), creating emotional strain and moral distress. Moral distress can occur when practitioners/staff are unable to act in a way they would want to, as aligned with personal or professional values and ethics, creating a sense of tension between the reality and ideal. In these accounts the sense of powerless is palpable as staff navigate morally challenging landscape. These accounts can be framed via previous discussion exploring relational attachment and emotional investment, surmising this underscores responses in this context. In turn, this places staff in a morally ambiguous position adding pressure to find solutions (fix problems) whereby dissonance and distress can grow creating a context conducive to vicarious trauma.

4.3.3 Students 'Choosing' Staff

The school values and ethics rest on relational and compassionate practice. This primarily represents attachment-based approaches; children and young people develop deep 1-1 relationships with those they feel understand them. In terms of creating a sense of belonging and identity, this is best practice in action. The risks attached to this are associated with pressure when a child 'chooses' a staff member, which may or may not be a formal arrangement

> …somebody has chosen me… I just feel this big responsibility to say the right words. (Teaching Staff, FG1)

Being a preferred confidante increases pressure and can leave staff feeling helpless when they are unable to perform their role to the standard they desire, demonstrating that vicarious trauma is relationally induced; students' dependence intensifies responsibility and stress….you could be wearing one hat for one person and then somebody else needs something else immediately… you just don't know."

Staff constantly juggle competing emotional demands, showing the cognitive load and stress of vicarious trauma. Exposure to high-risk student behaviours produces feelings of helplessness and moral burden, which are core features of vicarious trauma. Staff navigate ethical and emotional responsibilities without sufficient training, exacerbating stress.

4.4. Coping and Switch-Off Strategies

Across the focus groups, participants described developing deliberate and improvised strategies to manage the cumulative emotional demands of working in Alternative Provision and PRU settings. These practices reflected ongoing efforts to recognise personal limits, create psychological distance from work, and prevent the emotional residue of the day from permeating home life. Several participants articulated an emerging acceptance that they could not "fix" every situation, framing this as a necessary cognitive boundary:

> You can't… if you've done everything you can do, you can't keep beating yourself Up. (Teaching Staff, FG1).

This recognition appeared to function as a protective reappraisal, allowing staff to reduce self-blame and mitigate the moral weight of perceived responsibility for students' outcomes. Alongside this cognitive reframing, participants described behavioural rituals that marked a transition between professional and personal roles. Activities such as cooking, listening to music, or exercising were not presented as leisure alone, but as intentional mechanisms for switching off:

> I might do some cooking, put my music on, I might go to the gym, and I switch it off. (Teaching Staff, FG1).

These practices operated as embodied strategies of emotional regulation, helping staff discharge tension and symbolically separate work from home. For others, the journey home served as a mental processing space, where difficult interactions were repeatedly replayed and cognitively worked through until their emotional intensity diminished.

This suggests that reflection was not confined to formal settings but extended into everyday transitional spaces. Collective forms of coping were also evident. Participants emphasised the value of informal debriefs and shared "safe spaces" with colleagues, which enabled emotional containment and mutual validation. These relational supports appeared to normalise distress and prevent isolation, highlighting coping as a social as well as individual process. However, not all adaptations were described positively. Some accounts suggested a gradual emotional hardening over time, with one participant noting that after

> …going home and crying every night… you can't keep doing that. Then you must harden (Teaching Staff, FG1).

While this hardening may facilitate continued functioning, it also raises questions about emotional numbing and the potential costs of prolonged exposure to others' trauma. Taken together, these strategies illustrate how staff actively negotiate the boundaries between care and self-preservation. Coping was not a single technique, but a constellation of cognitive, behavioural, and relational practices aimed at managing the emotional accumulation characteristic of vicarious trauma. These mechanisms enabled participants to sustain their roles, yet they also reveal the ongoing labour required simply to remain psychologically intact within this work.

Subtheme	**Description of Practice**	**Illustrative Quote**
Recognition of emotional limits	Staff described consciously setting psychological boundaries around responsibility, accepting that they could not resolve every situation and reducing self-blame.	"If you've done everything you can do, you can't keep beating yourself up."
Behavioural and ritual transition	Everyday activities such as cooking, exercise, or music were used intentionally to create a transition from work to home and to 'switch off' emotionally.	"I might do some cooking, put my music on, I might go to the gym, and I switch it off."
Cognitive processing in transit	Time spent travelling home was used to mentally rehearse and process difficult interactions, allowing emotional decompression before re-entering family life.	"I run through conversations in my head in the car… by the time I get home, I'm all right."
Collective containment and debrief	Informal peer conversations and shared safe spaces provided emotional validation, normalisation, and mutual support following challenging days.	"We've got that safe space at the end of the day… twice a day."
Emotional hardening through exposure	Prolonged exposure to distress sometimes resulted in emotional numbing or 'hardening', enabling continued functioning but potentially signalling cumulative strain.	"After so long of going home and crying every night… you must harden."

4.5. Protective Factors: Relational Autonomy, Trust, and Flexibility

Participants' accounts of relational autonomy, trust, and flexibility align with protective factors identified in the broader literature on vicarious trauma and secondary traumatic stress. Research on trauma-exposed professionals consistently highlights that *social and organisational support* (Baugerud et al., 2018) can buffer the emotional impact of repeated exposure to other people's trauma narratives, reducing the risk of secondary traumatic stress and compassion fatigue.

4.5.1: Organisational Flexibility as Psychological Safety

In the present study, participants emphasised the importance of flexibility at work to mitigate the demands of the job. This was articulated and operationalised in various ways but enables staff to *prioritise relationship-building with students*, and helped staff feel valued and recognised in their roles. This creates a form of autonomy that allows staff to act in ways that align with their professional judgement and relational goals, rather than being constrained by rigid procedural demands:

> We're allowed that week to just… get to know the kids and enjoy… (Teaching Staff, FG1).
>
> It's a two-way street. (Teaching Staff, FG1).
>
> …. I feel like, because I've been afforded that flexibility, I try to be as flexible as possible. (Senior Leadership Team, FG2)

Flexibility appeared in multiple forms like reduced days, late arrivals, working from home and time back after extra work. The sense of going the 'extra mile' was described as mutually beneficial arrangement, in which the effort, commitment and energy was recognised by leaders. In turn this fosters a sense of value but simultaneously translates to reduced anticipatory stress and a sense of psychological safety that life outside school is valued. Care needs to be taken this flexibility is consistently extended to all staff members.

4.5.2: Family and External Support as an Emotional Buffer

Unsurprisingly, staff spoke about support networks outside of the work environment as enabling their capacity to cope. This was often framed in practical terms such as childcare and support networks:

> We've got like, we've even got like good support networks with childcare and stuff like that… (Senior Leadership Team, FG2)

When individuals feel secure, supported, and grounded at home, they are better equipped to manage the emotional intensity of their work, particularly in roles that involve frequent exposure to distress, crisis, or trauma. Effective emotional containment in professional contexts is reinforced by containment and support within the home environment. The impact of vicarious trauma is in turn mediated by the availability and quality of external support systems.

4.5.3: Permission to be Vulnerable

Participants' account suggests that psychological safety within the organisation is cultivated through an explicit recognition of human limitation, variability in expertise, and normalisation of error. Rather than presenting leadership or professional competence as uniformly distributed, staff acknowledge differentiated skill sets across roles. As one participant reflected,

> There are things that the other members of SLT do that I could not dream of being able to do, and I just don't have that skill set at all. (Teaching Staff, FG2)

indicating an environment in which professional differences are accepted rather than concealed or interpreted as personal inadequacy. This recognition appears to reduce competitive or perfectionistic pressures that can intensify stress in high-demand settings.

Similarly, participants described mistakes as inevitable aspects of practice,

> Some people are human, sometimes there's a human error. But it's actually recognising that, and that is hard, like to sit and have that conversation with somebody or even for someone to say that to you, like you may be put in that spot. (Teaching Staff, FG2)

The emphasis is not on fault-finding but on open acknowledgement and collective problem-solving. Such non-judgemental deconstruction of incidents, alongside leaders modelling accountability without defensiveness, contributes to a culture in which staff feel able to speak candidly about challenges. In trauma-exposed work, this form of psychological safety is significant, as it mitigates shame, supports reflective practice, and may buffer against the cumulative emotional burden associated with vicarious trauma.

4.5.4: Access to Professional Support

Unlike informal peer conversations or ad hoc coping strategies, professional psychological support is embedded within the organisational system and offers staff access to specialist expertise when emotional or clinical demands exceed their competence. One participant described how a colleague initially resisted help but later asked for support:

> I reached out to her a couple of weeks later, just sent her an e-mail and said, oh can I have that chat? And I think that working in a school that can just email a psychologist directly and be like can we just have a 10-minute catch-up because I'm really struggling with this thing (Senior Leadership Team, FG2)

This illustrates how the availability of a psychologist creates a low-threshold, non-stigmatising route to support. This simple possibility of being able to email a psychologist was framed as exceptional rather than routine. This immediately appears to function as a form of containment, enabling staff to process difficult material before it accumulates into distress. In the context of VT, where prolonged exposure to others suffering can overwhelm informal coping resources, timely access to professional consultation may interrupt escalation toward burn out or compassion fatigue. Consequently, participant's accounts suggest that structured psychological support is not merely beneficial but constitutes a critical organisational protective factor.

4.5.5 Meeting Staff Basic Care Needs

The data was consistently punctuated with examples of staff meeting one another's basic needs manifesting in talk about providing food, cuddles and care. This contributes to creating an environment of psychological and physical safety whereby staff are able to co-regulate one other, especially in times of vulnerability. Given the intensity and nature of the work environment, these acts and behaviours signal kindness and compassion, that create a sense of coherence and security. Moreover, there was an implicit recognition that psychological safety for the staff is a critical component of being able to effectively manage the children and young people:

> But people like to ask me about myself and give me cuddles all the time. So, I don't ever feel, I don't ever feel like I'm just having to do my work all the time, and that's all I'm here for (Teaching Staff, FG1)

> I do not have the time or the effort to sort my dinner out before I go to work, and I get a free school dinner. So, I like food. So, it's just like I don't have to think about it, and I just know that I am going to get fed. (Senior Leadership Team, FG2)

> We're like running out of time, and then they'll be like, oh, I've got you dinner. And I just think that that's like the epitome…trauma just like caring for colleagues. (Senior Leadership Team, FG2)

> Some of my staff will leave me like a little chocolate on the thingy. (Senior Leadership Team, FG2)

4.5.6 Pride in Team, work they do and Leadership

Feeling valued and trusted by colleagues and leadership was also described as a key protective factor within staff narratives, reinforcing the importance of organisational culture alongside individual coping strategies. Consistent with wider research demonstrating that supportive leadership and collegial trust mitigate the impact of VT (Sutton et al., 2022). A member of staff reflected that,

> We trust each other. We've been quite a well-established team, (Senior Leadership Team, FG2)

suggesting that stability and familiarity foster psychological safety and mutual reliance. Leadership practices were also characterised as fair and humane rather than purely task-driven; as one participant noted, their headteacher was "pretty fair" (Senior Leadership Team, FG2) and understood flexible working needs, emphasising outcomes over rigid presenteeism.

Collective identity emerged not simply as a pleasant by-product of teamwork, but as an active psychological resource that appeared to buffer the emotional demands of the role. When staff described themselves as part of an established, trusting team, they were articulating more than

collegiality; they were signalling a shared sense of purpose, mutual recognition, and belonging. One participant captured this experience by stating,

> …it just makes you feel like you are valued and people understand why you do things (Teaching Staff, FG1).

In high-stress environments such as alternative provision and PRU settings, where exposure to trauma, crisis, and relational intensity is routine, this shared identity functions as a stabilising anchor. Difficult experiences are not carried alone but distributed across the group, transforming what might otherwise be isolating emotional labour into something collectively held.

Pride in the team and the work undertaken further reinforced this protective effect. Feeling that one's efforts are meaningful, valued, and recognised appeared to counterbalance the helplessness and moral strain that frequently accompany vicarious trauma. In this sense, pride operates as a form of resilience reinforcement: it sustains motivation, affirms professional competence, and provides a narrative of impact.

> …because it just means that this is the right place for me. But we have those laughs and jokes all the time as a team (Senior Leadership Team, FG2)

that offsets emotional depletion. Rather than hardening or detaching, staff described being sustained by connection. Thus, collective identity functions as a relational buffer, converting individual vulnerability into shared strength and fostering endurance within emotionally demanding practice contexts.

5. Summary of Findings

The findings illustrate that staff working within Alternative Provision and PRU settings demonstrate exceptionally high levels of compassion, commitment, and relational investment in the young people in their care. Participants consistently described going beyond formal role expectations, operating from what appeared to be an implicitly trauma-informed position in which the complex effects of poverty, educational exclusion, safeguarding concerns, and prior adversity were recognised as shaping young people's behaviours and needs. Staff demonstrated a strong awareness of the stigmatising consequences of school exclusion and appeared highly motivated to mitigate these harms through relational engagement and advocacy.

However, the data also indicate that this relationally intensive environment produces substantial emotional demands. The work was frequently described as morally complex, unpredictable, and emotionally charged. Participants reported experiences of guilt, helplessness, and frustration when

confronted with situations that extended beyond their professional capacity to resolve, particularly in cases involving serious safeguarding concerns or suicidal ideation. These dynamics created a context in which staff were exposed not only to students' distress but also to the psychological burden of responsibility for their wellbeing.

To manage these pressures, staff described a range of coping strategies, including emotional suppression, cognitive processing, informal peer debriefing, and attempts to establish psychological boundaries between work and home. Nevertheless, participants also reported emotional spillover, rumination, and persistent concern about students outside working hours, indicating that the impact of this work frequently extended beyond the school environment.

Organisational and relational protective factors were also evident. Flexibility in working practices, trust between colleagues, and leadership practices that fostered psychological safety appeared to mitigate some of the emotional demands of the work. Supportive team relationships, humour, and everyday acts of care between colleagues also functioned as important forms of informal emotional containment. Despite these protective mechanisms, exposure to students' trauma narratives and crises remained a significant occupational risk factor for vicarious trauma.

In addition, anecdotal evidence within the focus groups suggested that some staff may themselves have experienced educational disadvantage or prior adversity. For these individuals, professional motivation appeared strongly connected to a desire to prevent similar harms from affecting the young people they supported. While this sense of purpose may strengthen commitment and compassion satisfaction, it may also heighten vulnerability to vicarious trauma by intensifying emotional identification with students' experiences.

Taken together, the findings suggest that staff effectiveness in Alternative Provision is closely linked to relational attachment and emotional engagement. These same characteristics that enable staff to support vulnerable young people also increase exposure to the psychological risks associated with vicarious trauma.

5.1 Trauma-Bonding Implications

5.1.1 Defining Trauma Bonding

Trauma bonding refers to the development of strong emotional attachments that emerge through shared experiences of distress, vulnerability, or crisis (Herman, 1992). Such bonds are often characterised by deep empathy, loyalty, and protective instincts, but they may also intensify emotional dependence and psychological strain. Within caring professions, trauma bonding can occur when practitioners become strongly emotionally connected to individuals experiencing trauma, particularly

when these relationships involve sustained exposure to suffering, responsibility for wellbeing, and limited capacity to resolve underlying structural problems. The findings of this study suggest that trauma bonding may operate across multiple relational levels within Alternative Provision environments.

5.1.2 Trauma Bonding and Staff Members' Personal Histories

For some staff, motivations to work within Alternative Provision appeared connected to personal experiences of educational exclusion, adversity, or marginalisation. These experiences contributed to a heightened awareness of the consequences of educational failure and a strong desire to prevent similar outcomes for students. While this connection may foster empathy and commitment, it can also intensify emotional identification with students' experiences. Staff who perceive reflections of their own past within students' lives may feel an amplified sense of responsibility or urgency to intervene, potentially increasing vulnerability to emotional over-investment and vicarious trauma.

5.1.3 Trauma Bonding Between Staff Members

The data also highlight strong relational ties between colleagues. Staff frequently described supportive team cultures characterised by humour, shared responsibility, and everyday acts of care such as providing food, emotional reassurance, and opportunities to debrief. These relationships function as protective mechanisms, allowing emotional burdens to be distributed across the group rather than carried individually. At the same time, the intensity of the work environment may strengthen interpersonal bonds through shared exposure to crisis situations. Collective identity and team pride can therefore operate as both a source of resilience and a reflection of the emotionally demanding nature of the work.

5.1.4 Trauma Bonding Between Staff and Students

The strongest expressions of relational attachment emerged in staff narratives about their relationships with students. Participants frequently described students "choosing" staff members as trusted confidants and forming deep relational connections based on safety and understanding. While such attachment-based approaches are widely recognised as beneficial for young people who have experienced trauma, they also increase the emotional burden placed on staff. Being a preferred confidant may generate a heightened sense of responsibility to provide support, particularly when students disclose distress or suicidal ideation. These dynamics can lead to emotional spillover beyond working hours and contribute to rumination, guilt, and moral distress when staff feel unable to fully resolve students' difficulties.

5.1.5 Breaking Trauma Bonds: Potential Routes for Intervention

Addressing trauma bonding within Alternative Provision settings does not require reducing relational care but rather strengthening the structures that support staff wellbeing. Potential intervention strategies include:

- **Trauma-informed professional development** focused on recognising and managing vicarious trauma.
- **Structured reflective supervision** to support emotional processing and professional boundaries.
- **Reiterating access to psychological consultation** for staff managing complex safeguarding or mental health cases.
- **Organisational policies that reinforce boundaries**, including protected time for decompression and debriefing.
- **Peer-support structures** that formalise the existing culture of mutual care.
- **Training on relational boundaries** to balance empathy with sustainable professional engagement.
- **Leadership practices that maintain psychological safety**, enabling staff to discuss emotional challenges without stigma.

Strengthening these mechanisms may help preserve the relational strengths that characterise Alternative Provision while reducing the cumulative psychological risks associated with sustained exposure to trauma.

6. Conclusion

This study highlights the cumulative emotional demands placed on staff working within Alternative Provision and PRU settings, where exposure to crisis, trauma, and high-risk student behaviours is routine rather than exceptional. Across the data, experiences of helplessness and powerlessness emerged as defining features of staff narratives, particularly when responding to suicidal ideation, severe behavioural dysregulation, and safeguarding concerns that extended beyond their professional control. Such encounters generated moral strain, uncertainty, and a persistent sense of responsibility that frequently carried beyond working hours, aligning closely with established conceptualisations of vicarious trauma and secondary traumatic stress.

At the same time, staff were not passive recipients of these pressures. Participants described actively developing cognitive, behavioural, and relational coping strategies to manage emotional accumulation, including boundary setting, ritualised transitions between work and home, and

collective debriefing practices. These strategies functioned as forms of everyday containment, enabling continued functioning but also signalling the ongoing labour required simply to remain psychologically well in this context.

Crucially, the findings demonstrate that protection against vicarious trauma is not solely an individual responsibility. Organisational and relational factors including flexibility, trust, psychological safety, access to professional support, and strong collective identity operated as systemic buffers that mitigated distress and sustained staff engagement. Where staff felt valued, supported, and able to acknowledge vulnerability without judgement, emotional burdens were shared rather than internalised, reducing isolation and shame. In this sense, resilience was shown to be relational and structural, not merely personal.

Taken together, the findings suggest that while exposure to trauma is inherent to this work, its psychological impact is profoundly shaped by organisational culture and support structures. Effective mitigation of vicarious trauma therefore requires moving beyond individual coping approaches towards whole-system responses that prioritise flexibility, professional support, and psychologically safe team environments. Sustaining staff wellbeing is not ancillary to practice; it is foundational to the capacity of Alternative Provision settings to provide consistent, compassionate care to highly vulnerable young people.

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