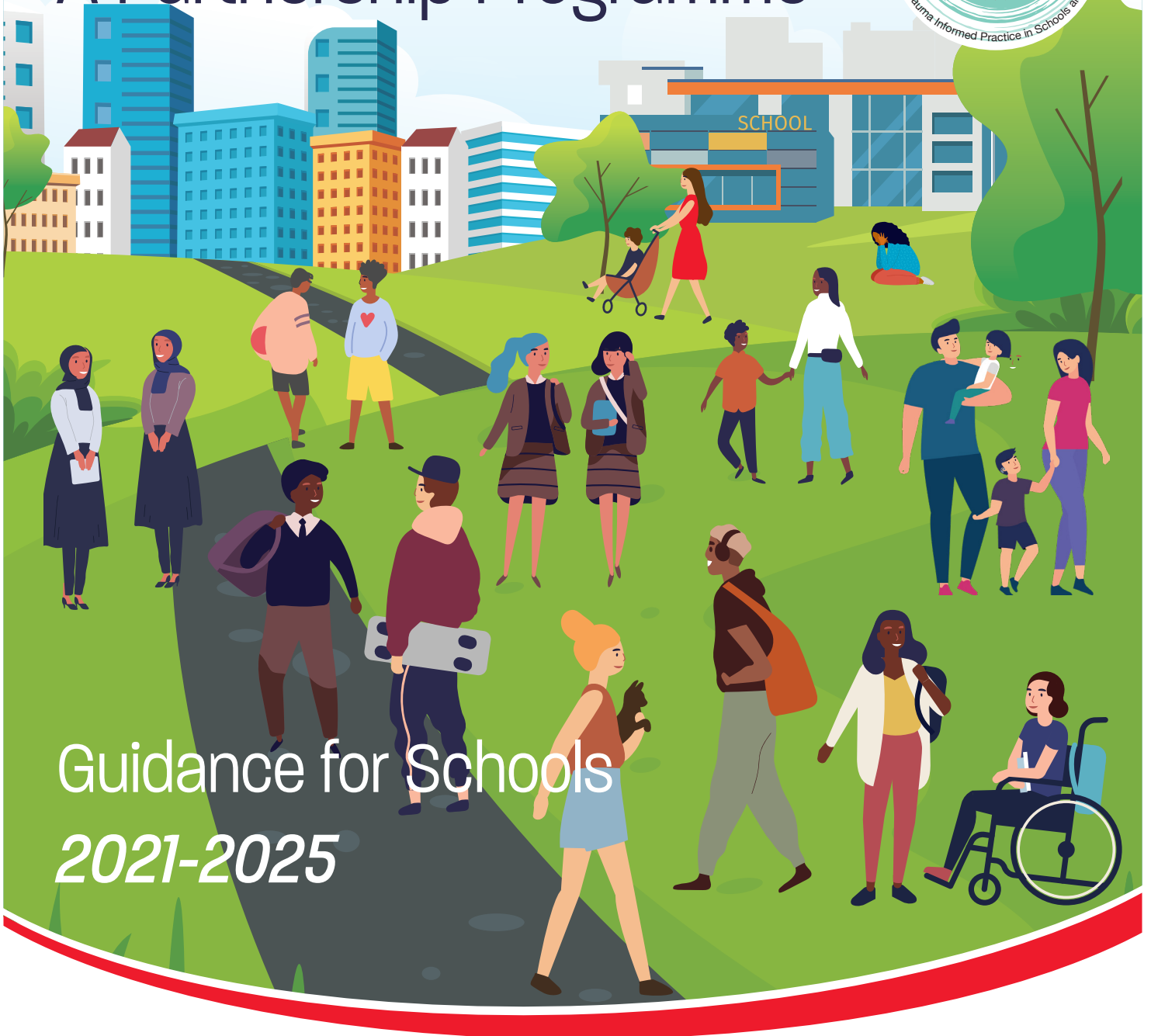


# Enfield Trauma Informed Practice in Schools and Settings

## A Partnership Programme



Guidance for Schools  
2021-2025

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# 1. Introduction

Children spend many of their waking hours during their formative period of development in school - over 15,000 hours. The value of schools to influence every child's development can therefore not be underestimated.

We expect children and young people to come into school each morning feeling settled and ready to learn. But many of our children and young people have nervous systems which are continually on high alert for danger and threat. This can be for a variety of reasons that may be based on their past experiences; their individual difficulties associated with special educational needs but could also be related to their current experience of school and sense of safety. They may display behaviours which are seen to be 'inappropriate'; they may shut down to get through the school day; they may be not attending school. This can affect children's capacity to learn anything and can also lead to disruption where other pupils in the community are also unable to learn and teachers and school staff can also be impacted.

Thinking about one group of children with special educational needs, research indicates that autistic children are more likely to experience traumatic events and the symptoms of trauma than those who are not autistic. This is because they are at higher risk of traumatic life events (e.g. bullying, stigmatisation and sexual abuse). They are also more likely to find daily experiences traumatising due to heightened sensory sensitivities, difficulties making and sustaining trusting relationships, and difficulties processing new information or changes to routines. Further details and references to research on this topic can be found on the National Autistic Society's website: [www.autism.org.uk/advice-and-guidance/professional-practice/ptsd-autism](http://www.autism.org.uk/advice-and-guidance/professional-practice/ptsd-autism)

Our schools and settings provide the care for many children's lives. When we are at our best, we can offer children a sense of safety, calm, connection, control and hope. We also know that our schools and settings have an increasingly vital role in supporting and strengthening families. Trauma informed practice offers a way to identify and celebrate what we are doing well, and a clear action plan for what we can do even better.

Relationships, attachment, nurture and responding to children's emotional developmental stage have been central to the ethos of many Enfield's children and young people services and educational settings for some time, e.g. Enfield was a co-founder of the Nurture Groups

**Enfield Trauma informed Practice in Schools and Settings (E-TIPSS)** builds on and is an extension of this approach and practice and is a borough-wide approach using the **Attachment Regulation and Competency (ARC) Framework**<sup>1</sup>. Kati Taunt (ARC Consultant) is working with Enfield to guide the partnership in implementing this. The modular approach provides a common language, structure and encourages consistency across the workforce to promote relational care, emotional growth and therefore improve children and young people's competency to engage in education and learning. An important module of this framework is recognising the importance of nurturing the wellbeing of staff and parents/carers so that they have the emotional capacity to consistently support the children/young people who most need our help.

E-TIPSS has funding from the Local Authority and is being developed as a partnership across Enfield's schools, settings and services.

Over time, we hope that this partnership approach will be key to developing a shared understanding of the impact of adverse experiences on children's development. We want to become a system of 'containing' caregivers who proactively make sense of children and young people's behaviour so that we can make positive adaptations to the environment and the care we provide for them. We want our children and young people in Enfield to have the best chances to engage in education, learning and have improved futures.

E-TIPSS and applying the **ARC Framework** is not just for thinking about and supporting our most vulnerable children and young people. All children and families will experience the ups and downs of life and therefore this is a preventative approach and can be applied when planning the routines of the day, thinking about our

<sup>1</sup> Blaustein & Kinniburgh (2019) *Treating Traumatic Stress in Children and Adolescents: How to foster resilience through attachment, self-regulation and competency 2<sup>nd</sup> Edition*. Guilford Press: New York London

ethos and environments, delivering the curriculum, developing policies, communicating with and supporting our children, our families, our staff and our whole community.

E-TIPSS is an emerging programme that continues to develop based on our collective learning and reflection and we would like to thank everybody for supporting and engaging with us.

## Enfield Trauma Informed Practice in Schools and Settings Partnership

This is a developing partnership. At the time of writing, the services and educational settings below are currently supporting the roll out of E-TIPSS, i.e. members of their teams are E-TIPSS Champions supporting the delivery of the E-TIPSS programme and the alignment and authentic implementation of the ARC model.

Education and Social Care	Health	Voluntary and Community Organisations
<ul style="list-style-type: none"> <li>• Admissions and Education Welfare Service</li> <li>• Educational Psychology Service</li> <li>• Enfield Advisory Service for Autism</li> <li>• Enfield Communication Advisory Support Service</li> <li>• School and Early Years Improvement Service</li> <li>• SEN Service</li> <li>• SWERRL (Primary Behaviour Support Service)</li> <li>• Virtual School for LAC</li> </ul>	<ul style="list-style-type: none"> <li>• My Young Mind Enfield (Mental Health Support Teams)</li> <li>• Speech and Language Therapy Service</li> </ul>	<ul style="list-style-type: none"> <li>• Our Voice Parent Carers' Forum</li> </ul>

# 2. Government Working Definition of Trauma Informed Practice<sup>2</sup>

## Background

The Office for Health Improvement and Disparities (GOV.UK) has provided a working definition which reflects the original internationally recognised definition developed by the United States Substance Abuse and Mental Health Services Administration (SAMHSA). This working definition is being kept under review and updated where appropriate to reflect new evidence.

## Trauma

Trauma results from an event, series of events, or set of circumstances that is experienced by an individual as harmful or life threatening. While unique to the individual, generally the experience of trauma can cause lasting adverse effects, limiting the ability to function and achieve mental, physical, social, emotional or spiritual well-being.

## Working definition of trauma-informed practice

### **Realise that trauma can affect individuals, groups and communities**

Trauma-informed practice is an approach to health and care interventions which is grounded in the understanding that trauma exposure can impact an individual's neurological, biological, psychological and social development.

### **Recognise the signs, symptoms and widespread impact of trauma**

Trauma-informed practice aims to increase practitioners' awareness of how trauma can negatively impact on individuals and communities, and their ability to feel safe or develop trusting relationships with health and care services and their staff.

It aims to improve the accessibility and quality of services by creating culturally sensitive, safe services that people trust and want to use. It seeks to prepare practitioners to work in collaboration and partnership with people and empower them to make choices about their health and wellbeing.

Trauma-informed practice acknowledges the need to see beyond an individual's presenting behaviours and to ask, 'What does this person need?' rather than 'What is wrong with this person?'.

## Prevent re-traumatisation

It seeks to avoid re-traumatisation which is the re-experiencing of thoughts, feelings or sensations experienced at the time of a traumatic event or circumstance in a person's past. Re-traumatisation is generally triggered by reminders of previous trauma which may or may not be potentially traumatic in themselves.

The purpose of trauma-informed practice is not to treat trauma-related difficulties, which is the role of trauma-specialist services and practitioners. Instead, it seeks to address the barriers that people affected by trauma can experience when accessing [education], health and care services.

<sup>2</sup> <https://www.gov.uk/government/publications/working-definition-of-trauma-informed-practice/working-definition-of-trauma-informed-practice>

## Key principles of trauma-informed practice

There are 6 principles of trauma-informed practice: safety, trust, choice, collaboration, empowerment and cultural consideration.

### Safety

The physical, psychological and emotional safety of service users and staff is prioritised, by:

- people knowing they are safe or asking what they need to feel safe
- there being reasonable freedom from threat or harm
- attempting to prevent re-traumatisation
- putting policies, practices and safeguarding arrangements in place

### Trustworthiness

Transparency exists in an organisation's policies and procedures, with the objective of building trust among staff, service users and the wider community, by:

- the organisation and staff explaining what they are doing and why
- the organisation and staff doing what they say they will do
- expectations being made clear and the organisation and staff not overpromising

### Choice

Service users are supported in shared decision-making, choice and goal setting to determine the plan of action they need to heal and move forward, by:

- ensuring service users and staff have a voice in the decision-making process of the organisation and its services
- listening to the needs and wishes of service users and staff
- explaining choices clearly and transparently
- acknowledging that people who have experienced or are experiencing trauma may feel a lack of safety or control over the course of their life which can cause difficulties in developing trusting relationships

### Collaboration

The value of staff and service user experience is recognised in overcoming challenges and improving the system as a whole, by:

- using formal and informal peer support and mutual self-help
- the organisation asking service users and staff what they need and collaboratively considering how these needs can be met
- focussing on working alongside and actively involving service users in the delivery of services

## Empowerment

Efforts are made to share power and give service users and staff a strong voice in decision-making, at both individual and organisational level, by:

- validating feelings and concerns of staff and service users
- listening to what a person wants and needs
- supporting people to make decisions and take action
- acknowledging that people who have experienced or are experiencing trauma may feel powerless to control what happens to them, isolated by their experiences and have feelings of low self-worth

## Cultural consideration

Move past cultural stereotypes and biases based on, for example, gender, sexual orientation, age, religion, disability, geography, race or ethnicity by:

- offering access to gender responsive services
- leveraging the healing value of traditional cultural connections
- incorporating policies, protocols and processes that are responsive to the needs of individuals served

# 3. Complex Trauma, Adverse Childhood Experiences and trauma informed care



## Adverse Childhood Experiences

The Trauma Informed Practice approach aims to minimise the impact of Adverse Childhood Experiences (ACEs)<sup>3</sup> and Adverse Community Environments on children’s social, emotional development, thinking and problem-solving abilities (cognitive development).

Adverse Childhood Experiences (ACEs) are defined as “highly stressful, and potentially traumatic, events or situations that occur during childhood and/or adolescence (0-17 years). They can be a single event or prolonged threats to, and breaches of the child or young person’s safety, security, trust or bodily integrity.”<sup>4</sup>

The ACEs study<sup>5</sup> is one of the largest investigations of childhood abuse and neglect and household challenges and later-life health and well-being. It was conducted in the USA and involved over 17,000 adults completing confidential surveys regarding their childhood experiences and current health status and behaviours.

ACEs include:

- experiencing violence, abuse, or neglect;
- witnessing violence in the home or community;
- having a family member attempt or die by suicide.

Also included are aspects of the child’s environment that can undermine their sense of safety, stability, and bonding, such as growing up in a household with:

- substance use problems;
- mental health problems;
- instability due to parental separation or household members being in jail or prison;
- poverty.

<sup>3</sup> [Adverse Childhood Experiences](#)

<sup>4</sup> Young Minds, 2018

<sup>5</sup> [Felitti et al. 1998](#)



Families with child(ren) with complex SEND experience daily challenges that are often not obvious or easy to share with others as can be interlinked with the emotional wellbeing and mental health of parents/carers and siblings. Being the parent or carers of an especially vulnerable child can take its toll: physically, mentally and emotionally and, in some cases, this can become complex post traumatic stress disorder which is caused by sustained, or repeated traumas (PTSD UK<sup>6</sup>).

Children and young people presenting with Emotionally Based School Non-Attendance (EBSNA) is becoming more prevalent since the Covid-19 pandemic with recent DfE guidance summarising responsibilities relating to mental health and attendance<sup>7</sup>.

Young carers can be inadvertently overlooked, because of parental ill health and the experience of having a sibling with complex SEND also needs to be carefully considered as a vulnerable group.

There are many other traumatic experiences that could impact health and wellbeing including the intersectionality of ACEs, racism<sup>8</sup>, gender and sexual orientation.

Researchers are developing culturally informed Adverse Childhood Experiences (C-ACE) which seeks to include increased exposure to racism as an ACE for long-term negative outcomes. This is an essential step toward more equitable practices for addressing childhood trauma.<sup>9</sup>

In relation to our refugee population, we know that children seeking sanctuary may have experienced multiple ACEs across their migration journey, e.g. physical, emotional or sexual abuse within residential accommodation, care systems, schools or communities, witnessing violence towards others, experienced bombings, destruction of homes, severe deprivation of basic necessities.<sup>10</sup>

Considering gender, research also indicate that ACEs (by age 5) are related to psychological distress differently for boys and girls, with ACEs being related to both internalised and externalised psychological distress for boys, while ACEs were mainly related to externalised distress for girls.<sup>11</sup>

Lesbian, gay, and bisexual (LGB) individuals, on average, have higher ACEs scores compared to heterosexual individuals. Transgender participants report emotional abuse, physical neglect, and emotional neglect more frequently compared to cisgender LGB people.<sup>12</sup>

ACEs are linked to chronic health problems, mental illness, behaviours of concern and substance use problems in adolescence and adulthood. We know that ACEs can also negatively impact academic achievement, job opportunities, and earning potential.

In a 2014 UK study on ACEs, 47% of people experienced at least one ACE with 9% of the population having 4+ ACEs.<sup>13</sup>

It is important to recognise the limitations of ACEs such as acknowledge system failures ([the pair of ACEs tree aims to address this](#)), the risk of stigmatisation and that it is a deficit model of adversity and trauma.

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6 [PTSD UK](#)

7 [Mental health issues affecting a pupil's attendance: guidance for schools \(2023\)](#)

8 [Strompolis et al, 2019](#)

9 [Bernard et al, 2020](#)

10 [Wood et al, 2020](#)

11 [Jones et al, 2022](#)

12 [Schnarrs et al, 2019](#)

13 [Bellis et al, 2014](#)

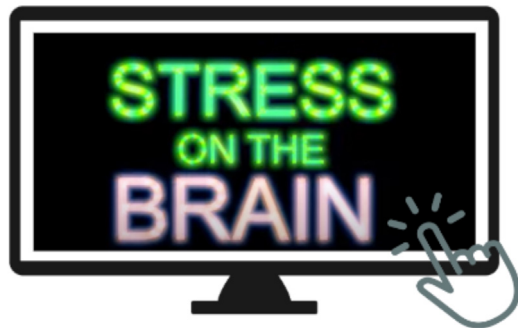


## Impact of stress on brain development

The experience of stress or trauma can have an impact on brain development and risk of developing mental health problems later in life<sup>14</sup> as explained by the UK Trauma Council in this film:



Research tells us that when infants are placed in stressful environments, they are likely to exhibit abnormally raised levels of the stress hormone cortisol. The role of cortisol in the body is to deal with threat and mobilise survival responses, also known as the fight, flight, freeze or flop responses. Cortisol disturbances in young children can impact on brain development and the way they manage perceived threat in the future, e.g. if there is an event in school that the child experiences as threat, this adds to the anxiety and the child's survival instincts will come into force. A film developed by young people in Islington, London explains this well<sup>15</sup>:



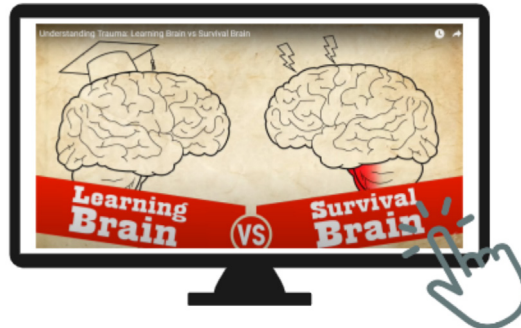
An experience of some amount of stress is a normal feature of human life.... But constant stress can be more detrimental. Stress hormones during childhood are linked to various cognitive functions (e.g. memory, emotion regulation, our emotional memories). High cortisol levels have been linked to poorer executive functioning, an umbrella term for a number of essential life skills that are interconnected, for example:

- Working memory – an ability to retain and manipulate information over short periods of time;
- Self control – enables us to pause and think before acting;
- Mental flexibility – helps us to shift attention in response to different demands or to apply different rules in different settings.
- Metacognition – the ability to reflect on one's own thoughts.
- Emotional regulation – an ability to effectively manage and respond to an emotional experience.

<sup>14</sup> [Short film: Childhood Trauma and The Brain, UK Trauma Council, 2020](#)

<sup>15</sup> [Short Film: Stress on the Brain, New River College, Islington, 2020](#)

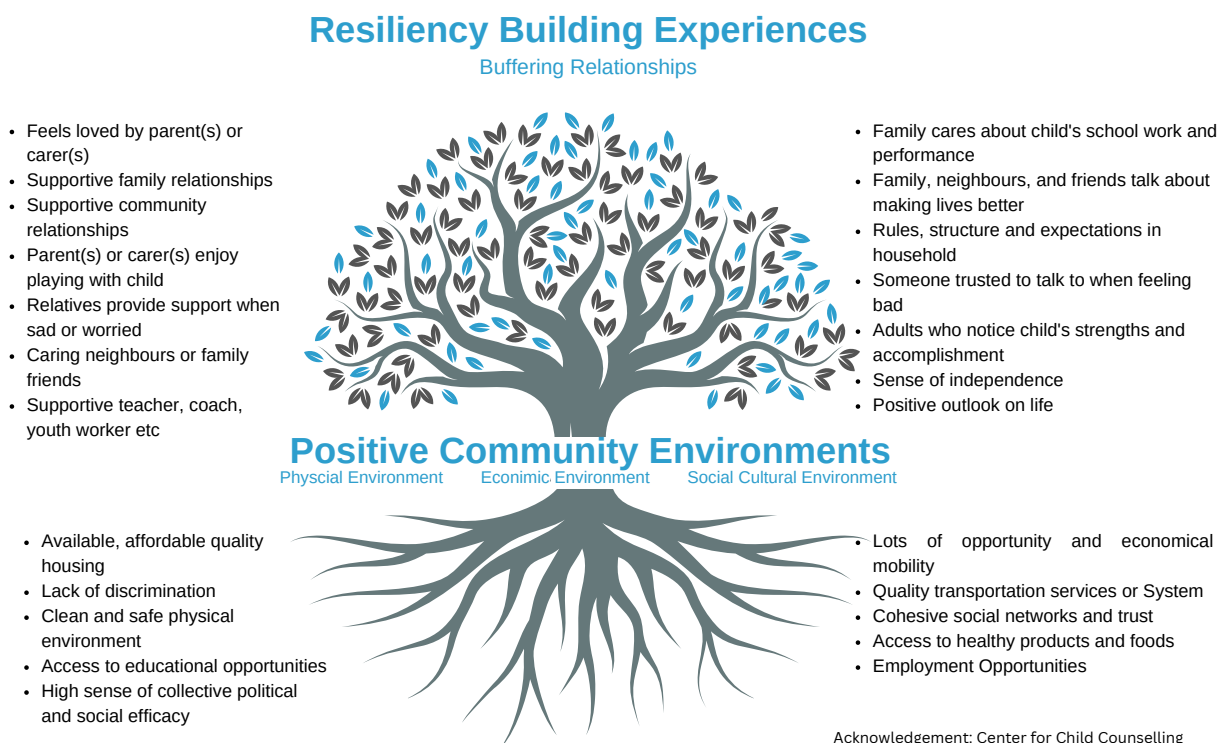
High levels of cortisol within the brain increase the cognitive load as resources are drained by a constant state of hypervigilance and a need to continually scan for evidence of threat. The brain is in a survival state and therefore has reduced capacity for other, less biologically important functions such as maintaining focus on school-based activities. A short film talking about the learning brain versus the survival brain explains this further<sup>16</sup>:



## Trauma informed care

Despite this increasing recognition of the widespread nature of trauma at a population level, addressing trauma has to be also at the individual level. Those who have experienced trauma can be helped through being provided with proactive and sensitive caring experiences and encountering positive community environments that foster growth and hope, see Figure 1.

## Figure 1: Resiliency Building Experiences and Positive Community Environments



<sup>16</sup> [Short Film: Understanding Trauma: Learning Brain Vs Survival Brain, 2017](#)

Experiencing positive and supportive relationships across contexts is key. We know about the importance of and potential impact of second chance learning delivered through our educational settings, e.g. Nurture Groups<sup>17</sup> and the Northamptonshire Baby Room Project<sup>18</sup>.

The Rees Centre at Oxford University is nearing the end of its five-year review of their whole school attachment and trauma awareness in school's programme. The programme worked with over 300 schools across 26 local authorities in England. Participating schools received training in attachment and trauma organised through the local virtual school or educational psychology service, often accompanied by follow-on training and networking opportunities. Preliminary findings suggest that increased awareness can positively influence the school environment, enhance wellbeing and improve learning and educational outcomes for vulnerable young people<sup>19</sup>.

## The Experience of Enfield's Children and Families



**18%**

Dependent children live in low income families  
Enfield Borough Profile 2021

In Enfield, our data tells us that our children and families experience adversity in their lives. A total of 18% of all dependent children live in low income families.<sup>20</sup>

Children and families living and growing up in poverty and low-income households experience many disadvantages. Living on a low-income can increase parental stress levels, in turn affecting relationships and family dynamics.



**5,000+**

Children living in temporary accommodation  
December 2020

People living in poverty are more likely to live in disadvantaged neighbourhoods, and in overcrowded or unsuitable housing. As of December 2020, there were over 5,000 children living in temporary accommodation in Enfield.<sup>21</sup>

Living in an overcrowded or poor quality home negatively affects the chances of young people and is a significant barrier to studying at home.



**257**

Open child protection plans.

**Presenting Issues:**

**63% Neglect**

**20% Abuse**

March 2021

Neglect is the most prevalent presenting factor in Child Protection Plans, Children in Need cases and for Looked After Children in Enfield. As of March 2021, there were 257 open Child Protection Plans of which 63% of new cases had neglect as a presenting issue. While, 20% of new cases had abuse as a presenting issue.

Although data on child protection plans in children social care services provide valuable information, they can only provide a partial picture. This leaves us with a risk that moderate forms of neglect and abuse may be unidentified and therefore unresolved.

In 2019/20, 4,488 cases of domestic violence and abuse were reported to the police in Enfield.<sup>22</sup> Living in a home where domestic abuse happens can have a serious impact on a child or young person's mental or physical wellbeing, as well as their behaviour.

<sup>17</sup> [Times Educational Supplement How Effective are Nurture Groups, 2019](#)

<sup>18</sup> [The Northamptonshire Baby Room Project](#)

<sup>19</sup> [Rees Centre, Alex Timpson Attachment and Trauma Awareness in Schools Programme, 2022](#)

<sup>20</sup> Enfield [Borough Profile 2021](#)

<sup>21</sup> Annual Equality and Diversity Report 2020

<sup>22</sup> Enfield Joint Strategic Needs Assessment



**266**

Serious Youth Violence victims (March 2021).  
Decrease of **46.7%** compared to same time in 2020

Enfield continues to record the highest number of Serious Youth Violence victims in London. There were 266 Serious Youth Violence victims in Enfield in the year ending March 2021, a decrease of 46.7% compared to the same time in 2020.



**30%**

Victims of knife crime in Enfield were aged **10-19 years** in 2021

There has been a 40% decrease in total victims of serious youth violence in London, from 8,526 in the year ending March 2020 to 5,463 in the year ending March 2021. In 2021, 30% of victims of knife crime in Enfield were aged 10-19.

This was the highest age group of victims. Furthermore, consistently over the last 3 years to 2021, 80% of victims were male<sup>23</sup>.

The British Crime Survey shows that people on lower incomes are over-represented as both the victims and perpetrators of crime, and in Enfield offences are concentrated in the poorest Wards. Children and young people suffer from stress and worrying of avoiding incidents in public spaces.

Most parents or carers who drink alcohol or use drugs do it in moderation, but if their drinking or drug use becomes harmful, this is substance misuse and it can stop them providing safe care for their children. Using national methodology, it is estimated that just under 3,000 people in Enfield have an alcohol dependence<sup>24</sup> and just under 300 are estimated to be injecting opiates and/or crack cocaine.<sup>25</sup>

ACEs often happen within family and school systems which are themselves stressed.



**84,309**

Number of children aged 0-17 in Enfield 2019



**2,689**

Children 'in need' due to issues including abuse, neglect, DV, substance misuse, mental ill health, disability or caring responsibility

Of the 84,309 children aged 0-17 years living in Enfield in 2019<sup>26</sup>:

- 42% of children were living in poverty, compared with 30% nationally;
- 2,689 children were 'in need' due to issues including abuse, neglect, domestic violence, substance misuse, mental ill health, disability or caring responsibilities;
- 2,663 households with children were living in temporary accommodation;
- 166 assessments of children in need identified the risk of child sexual exploitation, 66 identified the risk of trafficking and 231 identified the risk of gang affiliation;
- 14 children were referred to the National Referral Mechanism as being at risk of criminal exploitation; *and*
- 39 looked after children went missing at least once, with 195 missing incidents recorded.

23 Enfield Equality and Diversity Annual Report 2021/22

24 Health Survey for England 2014/15

25 Drug Interventions programme 2014/15

26 [The Children's Society \(2020\) Children's Lives in Enfield.](#)

# 4. Enfield Council's strategies, trauma informed practice & E-TIPSS

Based on what we know about the experiences of some of our Enfield's children and families, the importance of implementing trauma informed practice in our schools has been a consistent recommendation through key strategic documents published by Enfield Council; initially in Enfield's Poverty and Inequality Commission Report (2020)<sup>27</sup>. Here follows some excerpts for reference.

In **Empowering Young Enfield (2021-2025)** Enfield Council advocated '*Work with young people, families and our partners to promote better choices about their physical health, emotional wellbeing and mental health as early as possible.*' To do this 'we will..... explore funding opportunities to develop **Enfield Trauma Informed Practice in Schools & Settings (E-TIPSS)**..... a whole system approach that aims to promote the emotional wellbeing of every child and young person in Enfield.....'.<sup>28</sup>

**Enfield's Early Help for All Strategy (2021-25)** describes **Trauma Informed Practice in Schools** as a 'training and implementation programme designed based on evidence and research. It will help schools and the wider educational settings to integrate this approach into their policies and everyday practice..... Once implemented, this programme will help inform every interaction, action and decision relating to every child/ young person in every school in Enfield.'<sup>29</sup>

**Enfield's Special Educational Needs and Disabilities Partnership Strategy (2023-27)** has trauma informed language and approaches threaded throughout. However, there are two areas where E-TIPSS is explicitly cited in relation to priority 3 & 5.

Priority 3 - Make sure inclusion is at the heart of our services and communities: 'Looking ahead we will:

- Build our networks of inclusive early years settings, schools and colleges that have signed up to and are living by the principles of the Inclusion Charter.
- Support early years settings, schools, colleges and our partners to implement and embed trauma-informed practice in their day-to-day work. We are delivering this through our **Enfield Trauma Informed Practice in Schools and Settings (E-TIPSS)** initiative, which is helping our workforce to understand the importance of having the capacity to observe and make sense of the emotional needs underlying children's behaviours and to respond appropriately.'

Priority 5 – Develop opportunities for children and young people with complex needs to have high aspirations, participate and thrive. 'Looking ahead we will:

- Make sure that our workforce across the SEND Partnership is equipped with the knowledge, skills and approaches they need to provide the right help for our children and young people with the most complex needs. This includes training and ongoing practice guidance in the areas of trauma informed practice, Positive Behaviour Support and meet Restraint Reduction Network Standards.'<sup>30</sup>

<sup>27</sup> [Enfield Poverty and Inequality Commission Report \(2020\)](#)

<sup>28</sup> [Empowering Young Enfield \(2021-25\)](#)

<sup>29</sup> [Enfield's Early Help for All Strategy \(2021-25\)](#)

<sup>30</sup> [Enfield's SEND Partnership Strategy \(2023-27\)](#)

**Enfield's Equality and Diversity Annual Report (2022)** reported that 'in 2021, we launched **Enfield Trauma Informed Practice in Schools** to support mental wellbeing and prevent the traumatisation of children, young people and their families in service settings that are meant to support them. This approach fosters a culture of trusting and supportive relationships across the school. It is based on an understanding of behaviour as communicating need. In September, the Council held a two-day training session, which was open to all schools. 30 schools were represented along with around 30 partners. Furthermore, five schools have received training as a whole school community, and our **E-TIPSS Champions** are being trained, so our schools are supported to embed the approach.'<sup>31</sup>

**Enfield's Inclusion Charter** (launched in 2022) sets out a shared vision for inclusion and offers 8 principles by which schools, education settings and related services can achieve inclusive education for children and young people with Special Educational Needs and Disabilities (SEND).<sup>32</sup>

The principle '*All behaviour happens for a reason*' specifically references how an inclusive school would support children and young people in relation to this:

- 'Foster the development of positive relationships between everyone in the school community.
- Help children and young people to learn to recognise and regulate their emotions so that they can learn, play, make friends and achieve in school and life.
- Maintain a curiosity about understanding and making sense of children and young people's behaviour.
- Understand children and young people's life challenges and ongoing emotional needs so that they can be supported appropriately.
- Let children and young people know that the school staff care, notice and value them.
- Recognise that routines and rhythms create safety for children and young people who have experienced trauma and/or traumatic events.'

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<sup>31</sup> [Enfield's Equality and Diversity Annual Report \(2021 - 22\)](#)

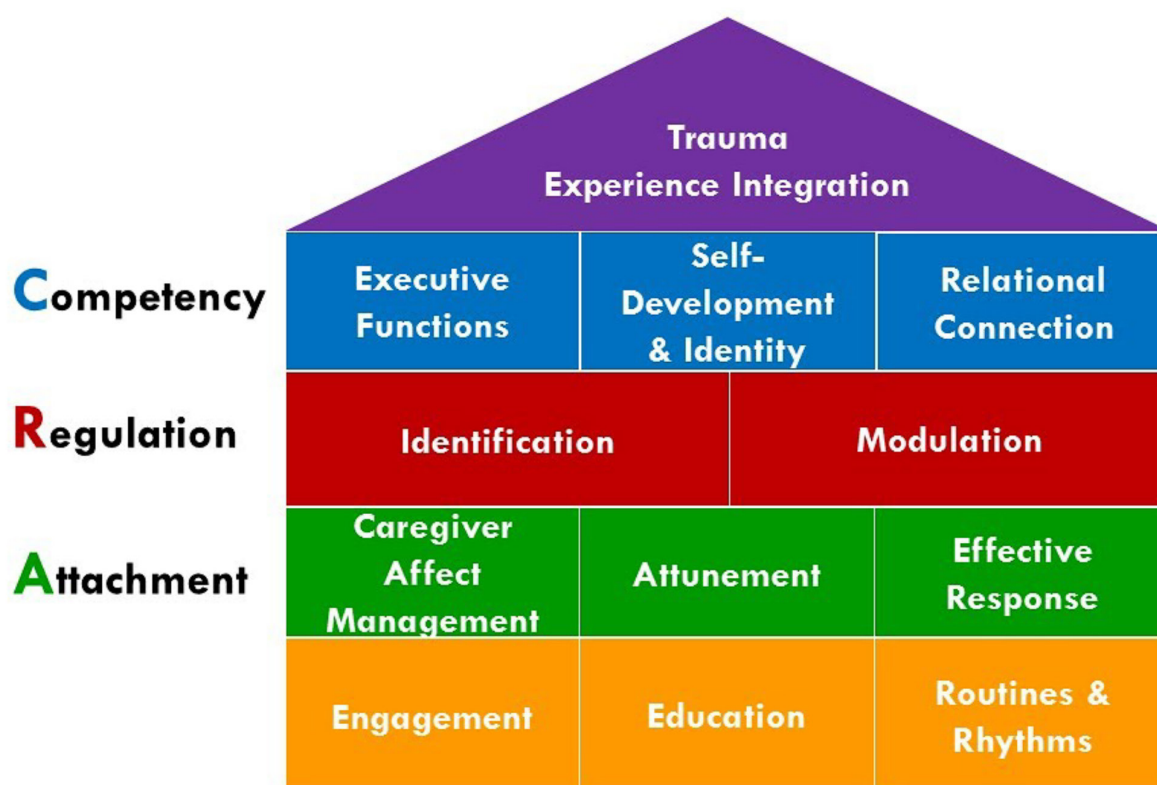
<sup>32</sup> [Enfield's Inclusion Charter](#)

# 5. The 'Attachment, Regulation and Competency' Framework

In Enfield, we have chosen to implement trauma informed approach through the **ARC** framework (Blaustein & Kinniburgh, 2019), which is built on research of children's development, traumatic stress, attachment and the importance of relational care, neuroscience risk and resilience.

**ARC** stands for **A**ttachment, self-**R**egulation and **C**ompetency and is a framework that provides us with a clear structure and language, so that we can think together about children and young people's needs and know what we can do to help them. **Figure 2** below provides a visual representation of the ARC Framework.

**Figure 2: Attachment Regulation Competency Framework<sup>33</sup>**



Graphic by Jeremy Karpen, 2017. Adpated from ARC Blaustein & Kinniburgh, 2010; Kinniburgh & Blaustein, 2005

With **attachment**, we focus on strengthening the caregiving system surrounding children and young people. This focusses on:

- **Caregiver affect management:** supporting school staff to recognise, understand, accept and manage their own emotional and physiological responses;
- **Attunement:** helping school staff to make sense of and deepen their understanding of individual children's behaviour, and enhancing their relationships with children and young people; and
- **Effective responses:** supporting staff to respond in an effective and trauma-informed way to children and young people.

<sup>33</sup> Blaustein & Kinniburgh (2019)



With **regulation**, we support children and young people through a focus on:

- **Identification:** develop their awareness and understanding of their feelings, body states, and associated thoughts and behaviours;
- **Modulation:** build their capacity to tolerate their physiological and emotional experiences and learn the skills needed to self-regulate.

With **competency**, we build children and young people's skills through focussing on the following:

- **Executive functioning:** supporting them to observe, pause and evaluate everyday situations (that are potentially emotionally triggering), control their own responses and develop the skills to make considered decisions.
- **Self development and identity:** helping them to explore, reflect and accept who they are as individuals; their life experiences, gender identity, cultural background, role models, family and social media.
- **Relational connection:** increasing their capacity to tolerate, build, sustain and repair relationships with other people;

The ARC framework emphasises the importance of **foundational strategies** that includes:

- **Engagement:** recognising the importance of enabling participation and collaboration in a shared goal);
- **Education:** teaching about emotions so they make sense to children and young people and the adults around them) and
- **Routines and rhythms:** creating a predictable environment and caring experience across home and school to provide a sense of safety for all.

# 6. iThrive, trauma informed practice and the ARC Framework

Developing trauma informed practice across our schools and settings aligns with the iTHRIVE Framework which is being implemented across North Central London's Integrated Care Partnership.

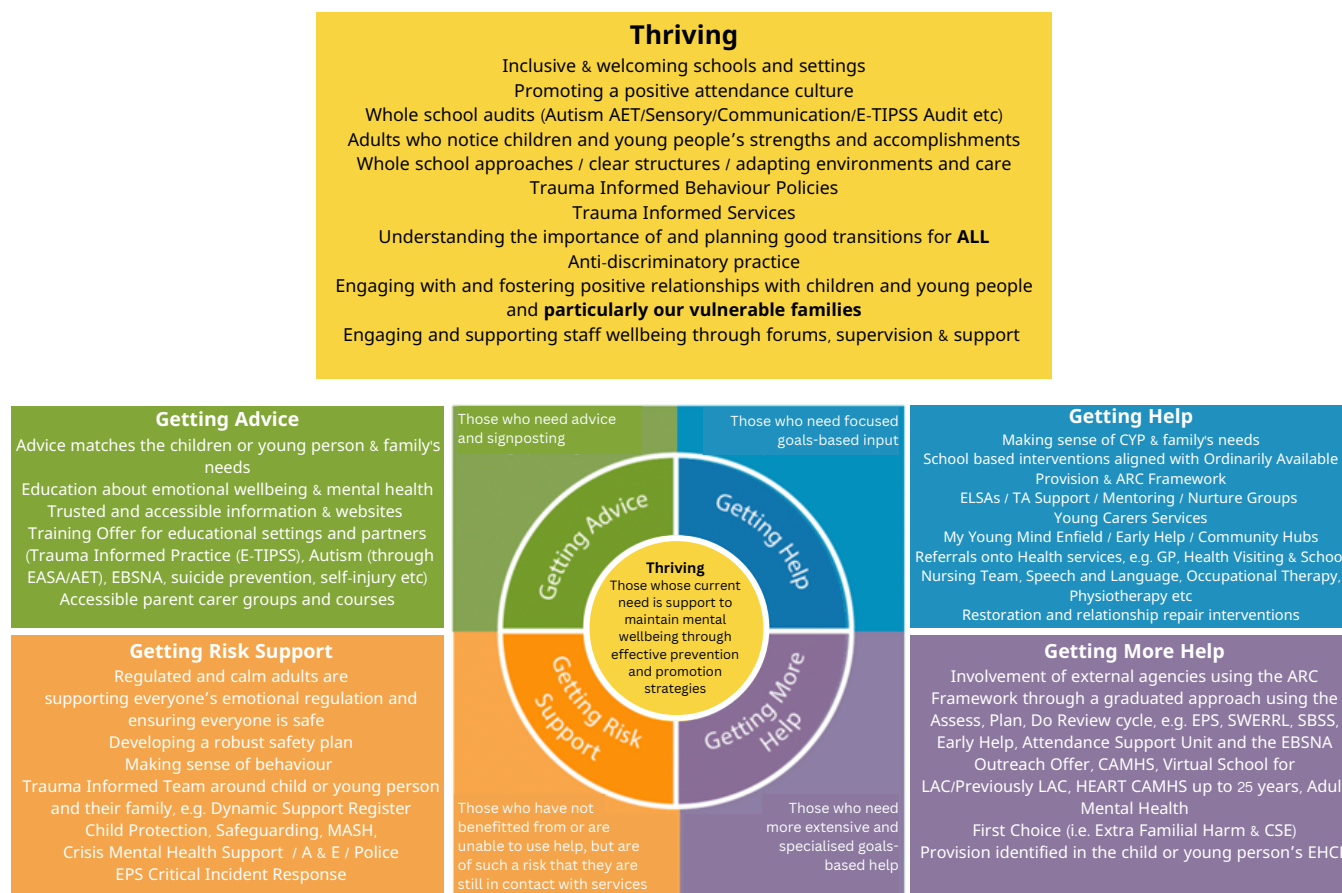
The iTHRIVE Framework<sup>34</sup> is a way of organising emotional wellbeing and mental health support for all children and young people aged 0-25 (and their families).

It involves thinking about the needs of the child or young person rather than focusing on a diagnosis and is organised into five groups:

- Thriving
- Getting Advice
- Getting Help
- Getting More Help
- Getting Risk Support

Figure 3 provides examples of how ARC trauma informed approaches align with iThrive.

**Figure 3: iThrive, trauma informed practice and the ARC Framework**



<sup>34</sup> <http://implementingthrive.org/>

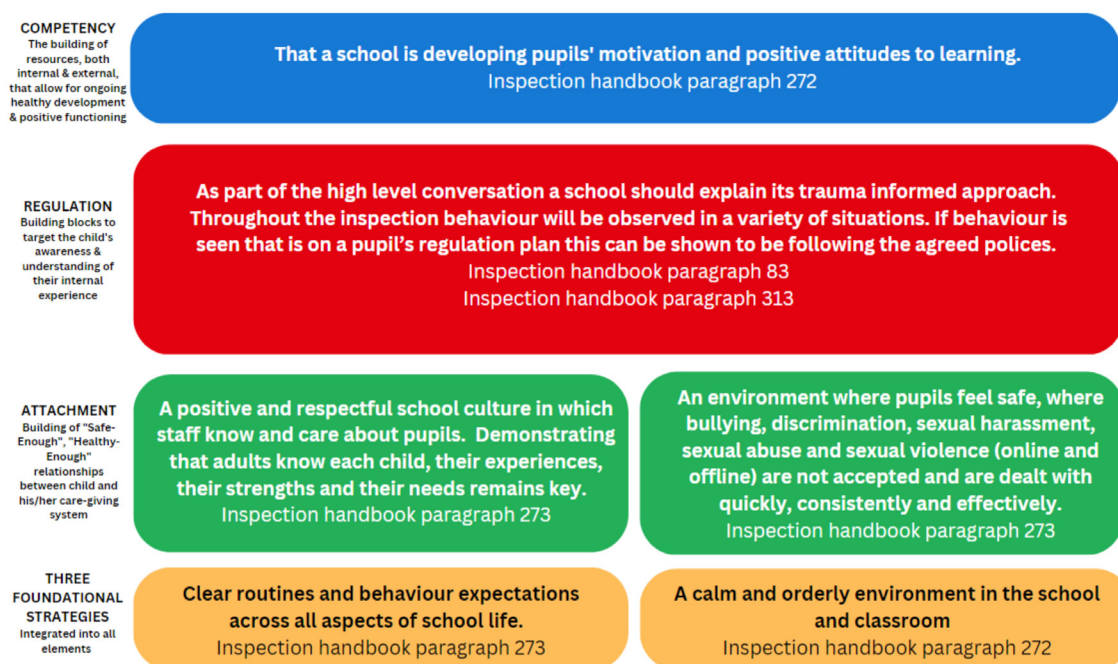
# 7. Ofsted, Whole School Wellbeing and Senior Mental Health Leads in Schools

The Government has been gradually increasing its focus on the importance of schools in relation to mental health and this is detailed through their website *'Promoting and Supporting Mental Health and Wellbeing in Schools and Colleges'*<sup>35</sup>. The 8 Principles of Promoting Children and Young People's Mental Health and Wellbeing: A whole school or college Approach (2019 updated) has guided the roll out of the Mental Health in Schools Agenda and is the chosen model to structure the DfE approved training for Senior Mental Health Leads<sup>36</sup>.

Enfield has been adhering to these 8 principles for some time in relation to promoting whole school wellbeing, i.e. from the initial roll out of the Sandwell Chartermark (2018) to the adaptation to the Whole School Wellbeing Audit delivered through My Young Mind Enfield and now the E-TIPSS Audit Framework (2023). Senior Mental Health Leads will experience a coherency with the DfE training where they can utilise the E-TIPSS Audit Framework to meet any coursework needs.

The Ofsted School Inspection Handbook<sup>37</sup> sets out what inspectors will want to see. The Enfield E-TIPSS programme has aligned key expectations to the ARC Framework in **Figure 4**. If schools choose to implement E-TIPSS this provides reassurance that there is good alignment when producing evidence in the context of any inspection.

**Figure 4: Ofsted School Inspection Handbook aligned to the E-TIPSS / ARC Framework**



<sup>35</sup> <https://www.gov.uk/guidance/mental-health-and-wellbeing-support-in-schools-and-colleges>

<sup>36</sup> <https://www.gov.uk/guidance/mental-health-and-wellbeing-support-in-schools-and-colleges>

<sup>37</sup> <https://www.gov.uk/government/publications/school-inspection-handbook-elf/school-inspection-handbook>

# 8. The Developing E-TIPSS Local Area Partnership

E-TIPSS is a partnership initiative to develop whole-system change across Enfield's schools and services. We are working in close partnership with Kati Taunt (ARC Consultant) with ongoing guidance and support provided by the E-TIPSS Champions who are located in Enfield services.

Our E-TIPSS Implementation Schools have been a key part of this early partnership and development, and their commitment to embedding this in their schools and supporting the development has been invaluable.

E-TIPSS partners have representation at the E-TIPSS Steering Group that provides governance for the E-TIPSS programme. Figure 5 provides the E-TIPSS Governance structure:

**Figure 5: E-TIPSS Governance**



# 9. The E-TIPSS Implementation Programme:

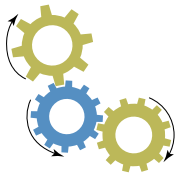
The E-TIPSS Partnership is committed to implementing trauma informed practice across the whole system and this is undertaken through three implementation priorities:

- **Priority 1:** E-TIPSS is an Enfield wide partnership programme. This is well-publicised and sustained by E-TIPSS Champions who will deliver the programme across schools & settings and through their services.
- **Priority 2:** E-TIPSS has an appropriate and sustainable training offer which is inclusive of core training, a full implementation programme, bite-sized and/or bespoke training offer and ongoing opportunities for reflective practice.
- **Priority 3:** E-TIPSS has an impact on education outcomes and inclusion for children and young people in Enfield.

The E-TIPSS partnership has a range of elements that support delivery of these priorities to support engagement of Enfield schools, settings and partner agencies at all levels of the system. **Figure 6** provides a pictorial overview of all delivery elements.

**Figure 6: Delivery elements of E-TIPSS**





## Strategic alignment & planning

E-TIPSS partners:

- Ensure the programme is well led and is accountable through an E-TIPSS Steering Group and monthly consultations with Kati Taunt (ARC Consultant).
- Align implementation of trauma informed practice and the ARC framework with key developments and strategies, e.g. Early Help for All, SEND Partnership Strategy, Inclusion Charter etc.
- Provide briefings and updates about E-TIPSS and the ARC framework at Strategic Partnership Boards, e.g. Enfield Learning Excellence Board, SEND Partnership Board, Schools Forum, Integrated Care Partnership Groups etc.
- Develop practice guidance for educational settings that aligns with trauma informed practice and the ARC framework, e.g. Ordinarily Available Provision (2022)<sup>38</sup>
- Report performance data to the Council's Strategy & Policy Team to evidence the delivery of corporate strategic outcomes.



## E-TIPSS Champions across services & settings

E-TIPSS Champions are Enfield employed professionals who already have proven knowledge and experience in complex trauma, trauma informed care, attachment and emotional development and in delivery of training or support.

E-TIPSS Champion's general day to day work involves working directly with children and young people or providing consultation to schools and/or settings to make sense of children's behaviour promote to promote their inclusion, engagement and achievement.

All E-TIPSS champions have the approval of their service manager and have been allocated capacity to support the E-TIPSS programme. They have received enhanced ARC training and participate in the monthly E-TIPSS Champions Network Meeting.

E-TIPSS Champions support the programme in a variety of ways:

- Strategic - ensure strategic alignment and planning through involvement with strategy and policy developments in the local area.
- Service / team development - to develop knowledge and practice within their teams in the ARC framework so that the language and structure becomes commonly used in their day-to-day practice in schools and settings, e.g. EPS, SWERRL, ECASS, EASA, My Young Mind Enfield etc.
- Training delivery – deliver or co-deliver the centrally organised briefings and ARC training (with Kati Taunt, ARC Consultant).
- Community based reflective practice - facilitating PODS and further workshops for schools and settings.
- Consultation and Guidance – provide regular support for implementation schools

<sup>38</sup> <https://traded.enfield.gov.uk/public-assets/attach/6514/Ordinarily-Available-Provision-2022-2025.pdf>



## Awareness raising & briefings

- E-TIPSS partners advertise and deliver briefings for leadership team members across educational settings and partnership agencies, bookable via the Professional Learning Portal or through contacting [eps@enfield.gov.uk](mailto:eps@enfield.gov.uk)
- E-TIPSS partners provide updates at strategic and partnership meetings, e.g. SEND Partnership Board, Senior Mental Health Lead Network Meetings, SENCo Briefings, Enfield Thrives Together.



## Training on complex trauma & the ARC framework

**E-TIPSS central training is open to all staff working in Enfield's educational settings and partner agencies:**

- 1 and/or 2-day E-TIPSS/ARC Framework training is bookable through the Professional Learning Portal or by contacting [eps@enfield.gov.uk](mailto:eps@enfield.gov.uk)

**E-TIPSS training for school communities:**

- E-TIPSS/ARC framework training is also delivered to schools by approved E-TIPSS Champions through their usual service delivery to schools, e.g. EPS traded, The Virtual School, EASA, SWERRL, My Young Mind Enfield (Mental Health Support Teams) etc. Schools can approach professionals and/or individual services who are working with them.
- A professionally produced film of the 2-day ARC framework training is available to support sustainability of the approach in the context of staff changes in settings or schools – available upon request from [eps@enfield.gov.uk](mailto:eps@enfield.gov.uk).



## Implementation across educational settings and services

Schools can become implementation schools and are supported by the E-TIPSS champions across the partnership.

Our aim is to provide implementation support for 5-10 additional schools a year. See 10.1 for detailed information on the support offer.



## Reflective & practice support through network meetings

- Kati Taunt joins a monthly network meeting for all E-TIPSS Partner Champions. This is to support practice and provide space for reflective discussion to support the local area roll out.
- E-TIPSS PODS are reflective practice discussions for schools and partners to share practice, problem solve and reflect on implementation of the ARC framework in their setting. PODS are facilitated by E-TIPSS Champions and offered on a half termly basis.



## Evaluation

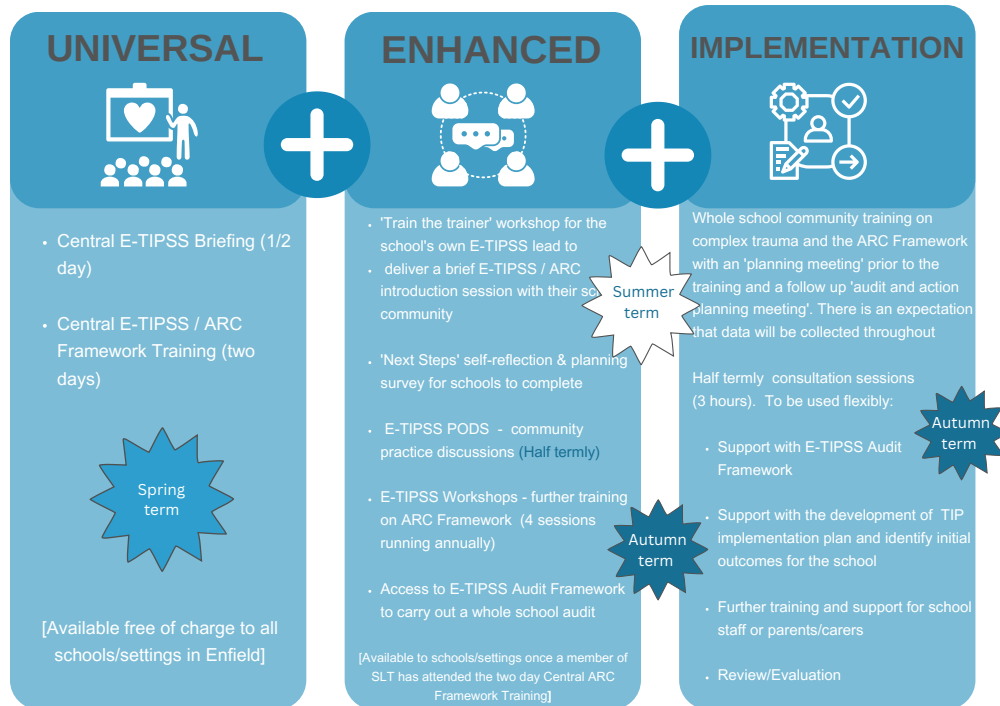
E-TIPSS is an emerging programme which encourages partnership reflection and learning. There is a full evaluation in place to support this process and involves:

- Collecting feedback following briefing and training sessions to ensure the programme is meeting needs and improving the knowledge of the workforce.
- Delegates to rate their knowledge and confidence (pre and post training) to assess impact of training.
- Action research approach for implementation schools to assess impact against agreed outcomes.

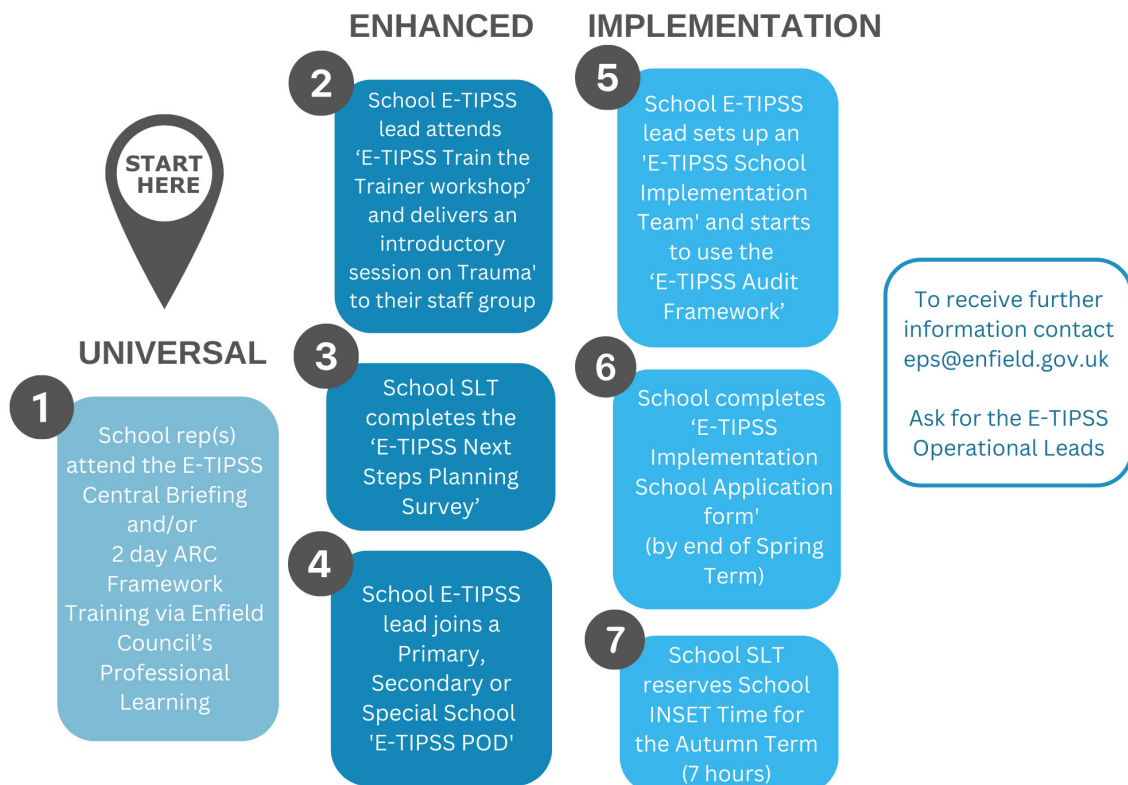


# 10. Information for schools

## 10.1 The E-TIPSS stranded offers for schools<sup>39</sup>



## 10.2 How schools become involved



<sup>39</sup> NB this is the core offer and other training and support opportunities are made available by the E-TIPSS Champions across the Local Area

### 10.3 Additional information for potential E-TIPSS implementation schools

**Every adult in your school community** shapes the environment and interactions which your pupils, parents/carers and staff experience each day, so we encourage schools to include their whole school community in their process of becoming trauma informed; this includes governors, reception staff, caretakers, peripatetic teachers and visiting professionals.

Schools on the full E-TIPSS implementation programme identify a core group of staff who will be the **Trauma-Informed Practice in School (TIPS) Implementation Team**.

This TIPS Implementation Team will be most effective if it includes representatives from across the school community (e.g. teaching, support, administrative and leadership staff).

To support the implementation of TIPS, the E-TIPSS partnership has developed an **audit framework** which is aligned with the 8 principles outlined in Promoting Children and Young People's Mental Health and Wellbeing: a Whole College Approach<sup>40</sup>.

The audit framework translates the ARC model into achievable outcomes and actionable steps and provides a helpful framework to support collaborative thinking and planning with schools, but does not direct or specify how schools should do things.

All schools in the implementation programme will receive half termly 3-hour support sessions (which can be used flexibly) over two years to help them move towards successfully achieving their identified outcomes.

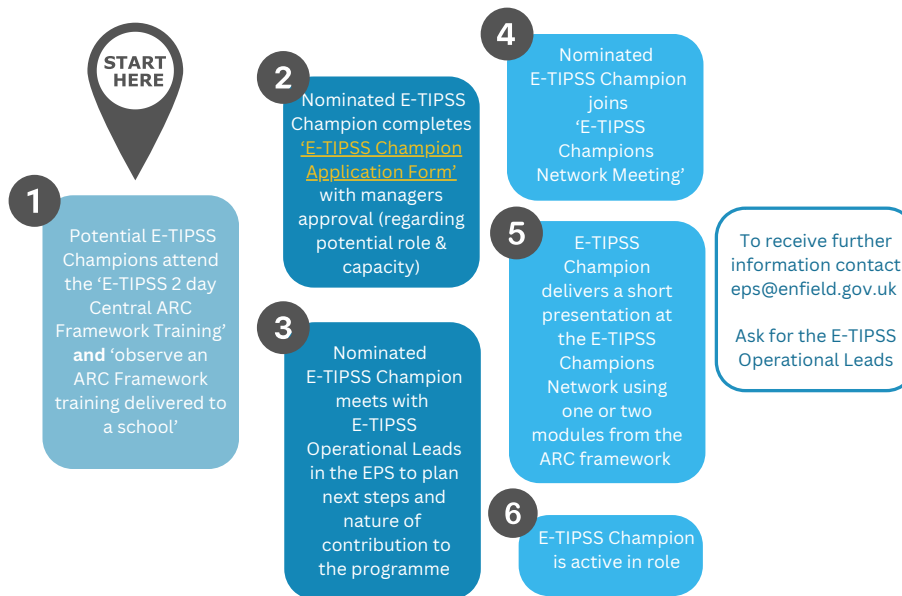
E-TIPSS Partnership Champions will deliver or co-deliver the training and provide implementation support for schools.

*There is no cost to schools for the E-TIPSS offer outlined in this brochure. The offer is accessible to all schools, although, due to current funding arrangements the E-TIPSS Partnership currently has capacity to work with a maximum of 10 schools a year in relation to the full implementation offer. The extended offer of E-TIPSS training and support may be offered across Enfield according to additional funding arrangements, e.g. via the Virtual School for LAC.*

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<sup>40</sup> [Public Health England, Promoting Children and Young People's Mental Health and Wellbeing: a Whole College Approach, 2021](#)

# 11. How Enfield services / teams become E-TIPSS champions



# 12. Making a difference: what our schools and partners say...

For schools or settings who are part of the implementation offer, we evaluate the impact of the work they are doing, including:

- measuring staff confidence and skill before the programme, after the initial two-day training and after two years of support
- measuring the impact on inclusion, attainment, referrals, seclusion, bullying and exclusions
- measuring the progress towards the schools chosen ARC implementation outcomes

The benefits of being a trauma informed school will depend partly on your areas of focus, and your bespoke action plan. We hope that you and your community will notice:

- A calm and purposeful school environment
- Children who are calm and focussed, ready to learn
- Improved relationships with parents, pupils and staff
- Reduced staff stress

Feedback from our schools and partners following the 15-hour ARC TIPS training:





