How Does it Heal?
Isolation and Re-engaging in Education
the Role of Trauma Related Practice in a Post-Pandemic Britain

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3. This dissertation is the result of my own independent work/investigation, except where otherwise stated.
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Date: 13/05/2024

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My heartfelt thanks to my family for their patience and understanding throughout this process,

I hope you feel as proud of me as I am of all of you.

Finally, I express my unending gratitude to the education staff and students of the 'lockdown generation', unbeknownst to us, we have made history.

Trauma is a fact of life, it does not however, need to be a life sentence'.

Peter A Levine

ABSTRACT

The Covid-19 pandemic, its multiple lockdowns and restrictions have had a well-documented and often discussed effect on the mental health and wellbeing on the whole of the UK and more particularly, on school children who have missed significant periods of schooling (BBC, 2020). Research suggests that, as well as the lack of formal education, the associated experiences gained from school life have also been lost (Ofsted 2020 and DofEd 2022). This literature review adopts a subjectivist approach to collate, examine and compare current and historical research on the impact of trauma, focussing particularly on the impact of childhood trauma on resilience and the ability to learn (McFarlane & Giralmo 1996). It looks at the implications for learning and future health outcomes for those who experienced the Covid-19 lockdowns and examines the evidence of response in terms of an effective response which supports learners and builds resilience with a view to building resilience which is a vital component of effective learning (Maddi, 1999). The dissertation finds that the impact of the Covid-19 pandemic and the restrictions placed on young people can be considered an example of childhood trauma and so a trauma informed response was needed to support children as they returned to schools and continues to be helpful as the long-term impact continues to be revealed (Poston, 2009; Maddi, 1999). The dissertation also finds that the children most impacted were often those who required the most support and suggests that increased funding is necessary to ensure that a whole school approach is employed and that resources are in place to bridge the widened gap between children from affluent and less well-off backgrounds (BBC, 2020; Ofsted 2022).

ACRONYM

Abbreviation	**Definition**
COVID-19	Coronavirus disease
ELSA	Emotional Literacy Support Assistant
GP	General Practitioner
SARS	Severe acute respiratory syndrome
TIP	Trauma Informed Practice
WHO	World Health Organisation

1. INTRODUCTION

In March 2020 the world effectively shut down due to a virus originating in Wuhan, China (BBC 2020). Given the worldwide impact of the Covid-19 Pandemic, its reaches and impacts are currently the subject of a variety of research which is rapidly growing as educators, healthcare researchers and social scientists evaluate the effect of the worldwide lockdown (Department of Health 2023). As the effects of trauma are not always immediately apparent (Merrick *et al* 2016) these impacts may, in some cases, yet to be realised or may just be emerging (Poncela *et al* 2021). Therefore, research is constantly emerging and evolving and the aim of this literature review is to collate some of this research and examine the impacts of trauma in general, the direct result of the continuous exposure to stress, negativity and limitations caused by the pandemic and its restrictions and the effectiveness of the Trauma Informed Practice (TIP) adopted by organisations and schools around the world but specifically in the United Kingdom (Harris & Fallot, 2001). The dissertation is based around the following research questions:

RQ1: What has been the emotional impact of the Covid-19 pandemic and associated lockdowns on school students and staff?
RQ2: Is a Trauma Informed approach sufficient in attempting to mitigate these effects?

With these questions forming the basis of the dissertation, the literature review will examine the government response to the Covid-19 outbreak in terms of schools and the impact of isolation caused by lockdown on students in terms of mental health, resilience and wellbeing (Department for Health & Social Care, 2021). It will begin with an outline of the Government response to the Covid-19 outbreak in March 2020 and will look at how the United Kingdom was placed under severe restrictions (WHO, 2002; BBC, 2022; Public Health England 2923). The literature review will briefly outline the

impact in terms of Covid alert levels, death rates and lifestyle restrictions before moving on to define isolation, socialisation and trauma as well as examining the implications of lockdown on education settings (UK Government,2020). Subsequently the dissertation will examine the impact of trauma before discussing a trauma informed approach to mental health and wellbeing on the return to school (Thomas, Crosby & Vanderhaar (2019) . The dissertation will then look briefly at other examples of good practice in terms of mental health response and recovery in Britain and around the world to determine whether a trauma informed approach is sufficient in mitigating the effects and impacts of lockdown trauma.

The results and discussion section of the dissertation examines the two main themes which have arisen from the literature review. Firstly, it will discuss the link between resilience and learning and will look at Maslow's hierarchy of needs (Maslow 1943, 1954) in terms of the restrictions placed upon learners during the lockdown period. The writer will revisit the literature concerning resilience and its importance when creating confident, independent learners as well as how low levels of resilience can impact upon mental health and intolerance of uncertainty, which can make learning more challenging as learners struggle to focus and concentrate (Goudie and McIntyre, 2023). The second theme which has emerged is the increased impact upon those students from disadvantaged backgrounds or who need extra support. This includes those students with Additional Learning Needs, mental health difficulties, those who are from poor or violent families as well as those who are higher achievers and need extra support to achieve their full potential (Blundell *et al* 2021).

As a result of examining the two themes described above, two recommendations have emerged which could positively impact future practice and ensure that learners of the future have the necessary resources and resilience to learn effectively. The first recommendation looks at the need to fully ensure that the trauma that learners and staff may have experienced as a result of restriction and lack of socialisation as well as the interruption in both academic and social learning is mitigated. Therefore, the writer suggests a whole school trauma informed approach is essential to enable staff to reach and support students with trauma impacts following lockdown so that learners of all ages and at all stages of education are supported. Secondly, the writer recommends that funding be utilised to bridge the gap for those students who have felt a greater impact of isolation and home learning, notably those who are from poorer families or those who may have been exposed to increased levels of trauma causing factors, for example deprivation or abuse. This includes not only a systemic trauma informed approach but also the increase of ICT resources, provision for free school meals in the event of future closures and a widening of provision for those children considered vulnerable.

2. LITERATURE REVIEW

2.1. Introduction

This literature review will examine the impact on learners' mental health and well-being following the imposed isolation from schooling in March 2020 as well as examining ways to help support learners. It will briefly examine the facts surrounding the pandemic including death rates due to Covid in the United Kingdom and will set out the restrictions and conditions imposed by the UK Government in an attempt to slow the spread of Covid-19. It will then examine the impact of isolation upon people's mental well-being and go on to discuss the specific impact of the Covid-19 lockdown firstly on education and then on the mental health of young people. the review will then examine the trauma informed response in schools. The review will also look at the response of other nations and will provide examples of best practice.

2.2. Covid 19 Lockdown: The UK's Response to the Global Pandemic

In early 2020 the attention of the world became focused on the Covid-19 virus. First discovered in Wuhan in China in December 2019, the virus very quickly spread across the globe and was defined by the World Health Organisation (WHO) as 'an infectious disease caused by the SARS-CoV-2 virus' (WHO no date). The virus brought a range of symptoms, from wheezing and mild flu like colds to severe respiratory failure and death particularly in the case of the elderly or those with pre-existing medical conditions (Public Health England 2023). According to the BBC there have been 19 million confirmed cases and over 161,000 deaths in the UK since the start of the pandemic to date (BBC, June 2022). Globally those figures stand at 532,887,351 and 6,307,021 respectively (WHO, June 2002). As the virus spread across the world, governments took drastic steps to attempt to contain and stop the spread and to protect the vulnerable.

In fact, by the end of March 2020 the United Kingdom announced that it was going into nationwide lockdown to prevent the spread of Covid-19 (The Lancet, 2020). The restrictions placed upon the country included instructions to stay at home, limits on travel and contact with others and the closure of schools, shops and any services deemed non-essential (Home Office 2024).

The phrase 'lockdown' has become widely used across the world to describe the restrictions placed upon society in order to contain Covid-19. The Cambridge dictionary defines a lockdown as 'an emergency in which people are not allowed to freely enter, leave or move around a building or area because of danger' or 'a period of time in which people are not allowed to leave their homes or travel freely, because of an infectious disease' (Cambridge dictionary, no date). In the United Kingdom, a report for the Commons Library refers to lockdown laws as being "coronavirus restrictions relating to the restriction of movement, gatherings and high street business operations." (Barber, Brown and Ferguson, 2022). In terms of movement this initially meant "stay home" (UK Government 2020) then "stay local" (UK Government 2020). The first lockdown was the most severe, with serious restrictions placed on all members of society, socialising was prohibited, and people could only leave home for reasons deemed essential, such as grocery shopping and for one local walk per day (Brown & Kirk-Wade, 2021, UK Government 2020). Barber, Brown and Ferguson (2020) describe the restriction on business as non-essential business being closed, this meant that all shops were closed with the exception of supermarkets and only essential items were allowed to be sold. In the health sector, hospitals cancelled clinics, non-urgent operations were cancelled, and GP surgeries and dentists closed their doors, offering instead telephone triage (The Guardian, 2020; Institute for Government, 2022). Pubs

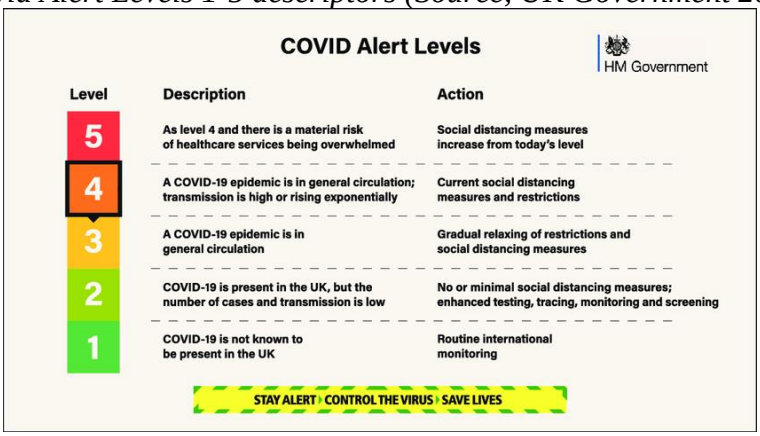
and restaurants ceased trading and thousands of people were put on ‘furlough’ meaning that they remained at home and received a percentage of their wages subsidised by the government (Clark, 2021).

Throughout the pandemic, the UK government maintained that all their decisions were guided by science, with the body that issued guidance to the government during the pandemic being the Scientific Advisory Group for Emergencies (SAGE), the group activated during times of emergency to provide scientific and technical support to government (Barber 2020). The Government used the advice provided by SAGE to inform their decision making when creating legislation and procedures for the country’s lockdowns and responses to Covid-19 (Institute for Government 2020). When creating legislation in normal circumstances, there are several stages that must be passed through. All bills must pass through both houses and receive majority votes before being passed to the Queen for Royal Assent (Legislation.gov.uk, no date). This process can often take up to a year, however, the Coronavirus Act 2020 which allowed for restrictions and emergency style powers to be granted to Government was passed in just four sitting days (Institute for Government, 2020). This Act used broad terms to allow government to make decisions quickly providing it was in the interest of slowing the spreads of the virus and keeping the public safe (Hogarth, March 2020).

In May 2020 the UK Government released details of the five alert levels which attempted to communicate the UK’s current risk in terms of Coavid-19 transmission and case rate as well as the anticipated pressure on healthcare services (Cabinet Office 2020). The alert levels are described below (fig 1) and formed part of the recovery strategy ‘Our plan to rebuild’ (UK Government 2020). These levels were developed

by the United Kingdom Health Security Agency (UKHSA) in consultation with Chief Medical Officers and the Scientific Advisory Group for Emergencies (SAGE) (Cabinet Office 2020). Movement through the alert levels was dependent on various factors, including the Reproduction (R) rate and the perceived pressure on healthcare services, in particular hospitals. De-escalation of alert levels took a minimum of four weeks to allow sufficient time to gauge transmission rates (Cabinet Office 2020). The alert levels dictated the level of response and contact people could have, with Alert Level 1 allowing for all social contact and Alert Level 5 dictating full social distancing and restrictions on movement (UK Government 2020).

Figure 1: Covid Alert Levels 1-5 descriptors (Source, UK Government 2020)



(Source, UK Government 2020).

The Office for National Statistics (ONS) record registrations of death and produce figures on a weekly, monthly and annual basis. The findings are categorised by cause of death as well as age sex and area of residence to provide an overview of death rate across the country and establish trends in mortality (ONS 2020). These figures are taken from actual registration of deaths in the given period and are used to analyse mortality rates by area, sex, age and cause (ONS 2023). Since 2020 there have also been separate lists published to reflect those deaths caused by or registered as being Covid positive within 28 days of death. These Covid related death figures are listed in

Table 1 and show the numbers for the four nations of the United Kingdom for the month of March in 2020, 2021 and 2022 (ONS, 2023).

When recording Covid-19 related deaths, Wallace *et al* (2021) state that there are two methods of reporting. One is the 'headline numbers' (Wallace *et al* 2023) which are published daily by the UK government. These figures have been collected within the previous 24 hours and will show fluctuations in data collection accuracy to delay factors such as weekends, bank holidays or other extenuating circumstances (Wood, 2021) and may also not include deaths from certain setting such as nursing homes. The other method is derived from death certificates and gives the number of deaths by date of death, this registered death data contains figures from all settings and all locations and provides exact date of death. Wood (2021) suggests that this Registered Death Data is more accurate reflection of death rates, and it is this data which is published by the Office for National Statistics. It is also worth noting that the way Public Health England recorded deaths changed in August 2020 in an effort to make data more reliable. Griffin (2020), writing in the British Medical Journal outlines the change from counting the death of a person who had tested positive for Covid –19 at any point as a Covid related death to setting a 28- or 60-day limit on Covid registered deaths. Furthermore, Griffin states that the changes meant that, under the new 28-day definition, England actually had 5,377 fewer Covid-19 deaths (Griffin (2020). This could mean that figures for England prior to August 2020 may not be as accurate as subsequent to that date (Spiegelhalter *cited in* Griffin 2020).

The table shows that, around March 2021 the number of deaths had risen sharply across the four nations of the UK (Table 1). This is also shown in Graph 2 which explores the

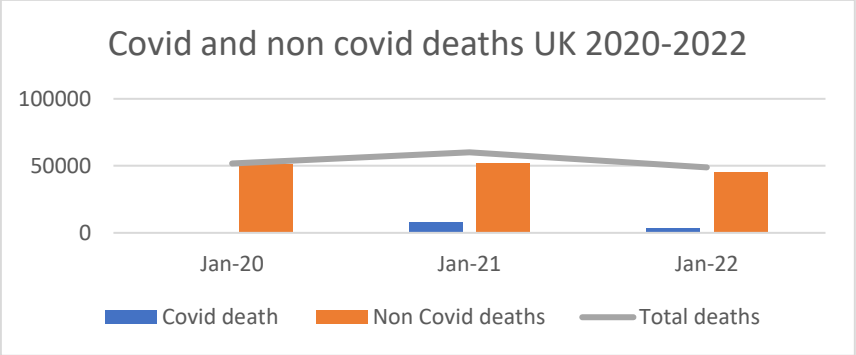
death rates of non-covid deaths; these also peaked at around the same time. Appleby (2020) suggests that this could be misleading as a lack of testing outside hospital settings means that some nursing home or at home deaths may have unknowingly been from Covid-9. Furthermore, Care England estimates that 7,000 Covid related deaths had occurred in care settings in England rather than the 1,043 recorded by the ONS (Appleby 2020). Iacobucci (2023) states the age distribution of Covid associated deaths in 2020 where the distribution was similar to all-cause mortality in 2019. Higher numbers were recorded from vulnerable groups i.e. the elderly or those with underlying health conditions or from deprived areas (Public Health England 2020). The suggestion here is that the vulnerable were hit the hardest by Covid-19 with age being one of the primary factors. Similarly, Mahase (2020) states that, of the overall Covid-19 related death rate, 78% were in people aged over 75 and only 0.0016% in children aged 9 and under (Table 1).

Table 1: Total deaths across the four nations of the United Kingdom in March 2020, March 2021 and March 2022

	March 2020	March 2021	March 2022
Location	Covid Deaths	Covid Deaths	Covid Deaths
Wales	43	358	163
England	620	7,106	2,633
Scotland	73	544	544
Northern Ireland	10	135	124
Total Covid Deaths	746	8,143	3,464
Non- Covid Deaths in United Kingdom	51,134	51,961	45,371

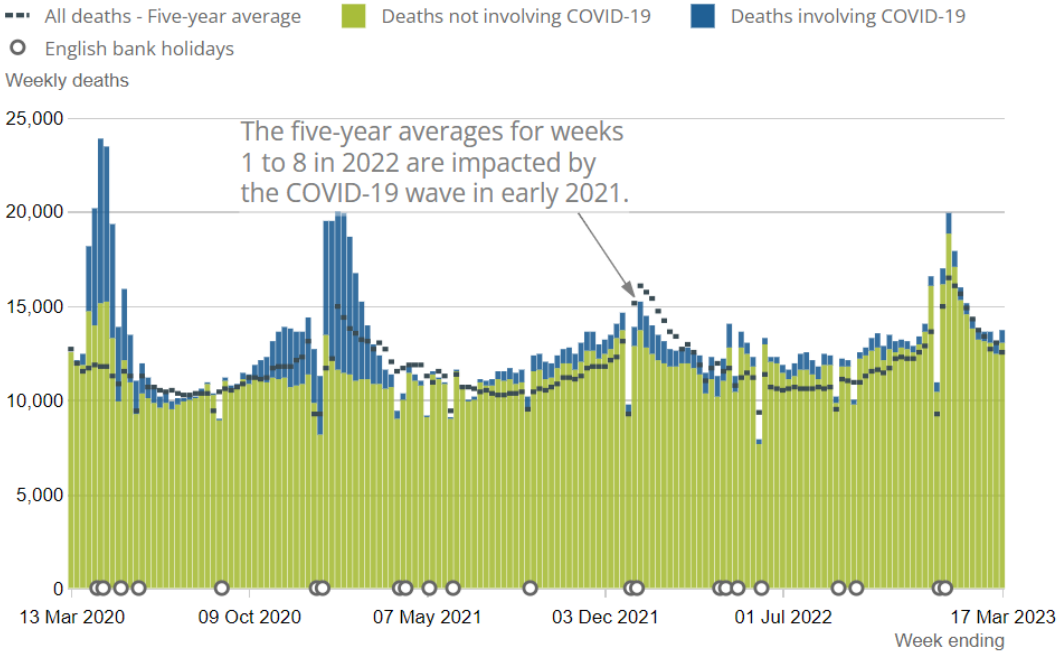
(Source: ONS, 2023)

Graph 1: Covid and non-covid deaths in the UK 2020-2022



(Source: ONS 2023).

Graph 2: Number of deaths registered by week, UK, week ending 13 March 2020 to 17 March 2023



(Source: Office for National Statistics 2023)

2.3. Isolation and Lack of Social Interactions: Definitions and Implications

This section will initially give a short definition of isolation, this will be explored in terms of socialisation and the impact of lockdown. Isolation is caused by a lack of socialisation due either to lack of involvement with family or friendship groups due either to self-exclusion or societal exclusion (Gottman, 1977). To support those at risk

it is important to understand the early socialisation process. Maccoby (2004, p.3) defines socialisation as

> 'processes whereby naïve individuals are taught the skills, behaviour patterns, values and motivations needed for competent functioning in the culture in which the child is growing up'.

Safstrom and Mansson (2004) describe socialisation as the way an individual interacts and exists within society. Furthermore, they state that 'living with others is the most significant relationship in human life' (Safstrom and Mansson 2004, pp.353). Castoriadis (1995) goes further by saying that it is impossible for a human to exist in society without a level of socialisation, of being aware of acceptable social mores and norms and of being able to live alongside others and says that an individual has to understand what it is to be social in order to become part of society. This idea of socialisation being essential to a development of the social norms and values which are expected of a culture in which a person lives is continued by Bauman (1989, pp. 179) who states that 'moral behaviour is conceivable only in the context of coexistence'. In contrast, social isolation is described as 'the distancing of an individual, psychologically or physically or both, from his or her network of desired or needed relationships' (Biordi and Nicholson, 2013, pp85). Thus, the absence of social contact feeds into a sense of isolation.

Developed in 1943 by Maslow, the hierarchy of need has formed the basis for practice in education for decades (Mutch & Peung 2021). Maslow (1943,1954) suggested that in order for children to learn effectively, their basic needs have to be met and in a certain order – the idea being that one cannot achieve one tier on the hierarchy without first addressing the preceding tier. Maslow (1943, 1954) outlines the tiers as follows: physiological, safety, love and belonging, esteem and self-actualisation and suggests

that, in order for a child to learn effectively, the needs of each tier needs to be met. Poston (2009) explains that even the needs of the basic tier remains consistent throughout a person's life. Furthermore, Poston (2009) suggests that those needs, particularly the most basic needs of food, warmth and shelter, must be met consistently and continuously in order for learners to feel the more complex needs of self-actualisation and self-esteem. Boogren (2018) explains that if the lower needs of hunger or thirst are not met, learners will be unable to meet the high levels due to being focussed solely on the inability to meet the lower needs. In many schools across the United Kingdom, it is reported that children from poorer backgrounds are likely to receive the majority of their nutritional and physiological provision from schools (Patrick et al 2021). With the closure of schools many children were missing the hot meals they received in school., some were living in homes which were poorly heated, overcrowded or unsafe due to domestic violence and substance abuse (Dawsey-Hewitt *et al* 2023). It is clear when considering the Maslow hierarchy (Maslow 1943, 1954) that as these children were no longer having their basic needs met, they would be unable to achieve the needs at the top of the hierarchy. They were subsequently less able to learn, less likely to take part in online activities with their peers and more likely to experience social and educational isolation (Sutton Trust 2021).

In their Mental Health and Wellbeing Plan of 2023, The Department for Health and Social Care state that, in 2021, mental health issues in young people had risen to 17.4% from 11.6% in 2017. This increase was, according to the report, more likely to be felt in impoverished or disadvantaged children (Department for Health and Social Care, 2021). Furthermore, the department list some of the impacts of poor mental health on individuals, communities and the economy with the estimated long-term cost of mental

health support for children and young people being approximately £2.35billion (Department for Health and Wellbeing 2023). The ONS concur with the findings of the Government and suggest that mental health and overall wellbeing fell in males and females in the UK during the lockdown period (ONS 2022). In his research for the University of Bristol, Kwong (no date) states that the number of young people experiencing anxiety doubled over the lockdown period, rising from 13% prior to the pandemic, to 27% in January 2021. This impact will be explored in more detail in section 2.5.

2.4. Covid 19 Lockdown and Pupil Isolation: Implications for Education and Schools

As indicated in Section 2.3 isolation and trauma can impact upon the person in a variety of ways, from the loss of basic social skills (Poston, 2009) to long term physical and mental health implications (SAMSHA 2014). Thus, a response that recognises the impact of trauma on the social and educational needs of children and young people would seem appropriate. This response requires practitioners to understand the impact and implications of trauma and trauma response. Therefore, this section will look at the UK response to lockdown in terms of education and schools, as well as the impact on learning and mental health in young people.

When the UK Government announced that the country was entering a period of enforced lockdown, schools were closed with immediate effect (Institute for Government, no date). After a short period, schools moved learning online and in a lot of cases, learning was delivered via internet platforms and via hard copy learning packs Department for Education 2020). However, this was not a whole country approach and

the amount of learning delivered varied dramatically between schools and between the four nations (Sibieta and Cottell, 2020). As an example, one special school in West Wales became an education hub, providing childcare to children with additional learning needs who were identified as being vulnerable or whose parents were keyworkers (School A, 2020). This service was accessed by a relatively small number of children in the county and meant that staff were given a number of days to work on a rota system which was released on a weekly or sometimes daily basis (Table 2). This rota allowed for high staffing ratios due to the complex needs of the children and often meant that rooms would be run on a ratio of five staff to one or two children. Socialisation outside of classroom bubbles was impossible for students or staff and meant that even the students who attended the hub were isolated from their peers. In many cases, the students who did attend displayed extremely challenging behaviour, which was often increased due to the unfamiliar staff and environment. This situation, combined with daily online briefings and increased hygiene precautions such as changing clothes on entry and exit from schools, masks in all areas of school and social distancing created an atmosphere of uncertainty and stress within the setting for both staff and students. Whilst this is an example from just one school and is not necessarily reflective of practice throughout the nation, it is noted in additional research that all schools faced huge challenges in terms of deploying staff safely and effectively (Moss *et al* 2021). No school was unaffected and Moss and *et al* (2021) report that support staff in particularly experienced increased stress and anxiety as a result of the pressures of remote and uncertain working hours and conditions (Table 2).

Table 2 Example of weekly Rota for a Special Education 'Hub'

Room/staff	Monday	Tuesday	Wednesday	Thursday	Friday
Classroom 1	Student A Student B	Student C Student B	Student D Student E	Student A Student C Student F	Student A
staff	Teacher 1 LSA 1, LSA 2, LSA3, LSA 4	Teacher 2 LSA 1, LSA 3, LSA 5, LSA 6	Teacher 1, LSA 2, LSA 4, LSA 7, LSA 6	Teacher 2, LSA 1, LSA 3, LSA 5, LSA 6	Teacher 1 Teacher 2 LSA 2
Classroom 2	Student G	Student G			Student G
Staff	Teacher 3, LSA 8, LSA 9, LSA 10	Teacher 3, LSA 8, LSA 9 , LSA 10			Teacher 3, LSA 8, LSA9, LSA 10
Classroom 3	Student H		Student I Student J		Student I Student H
staff	Teacher 4, LSA 11, LSA 12, LSA 13		Teacher 5 LSA 11, LSA 12, LSA 13		Teacher 4, LSA 11, LSA 12, LSA 13

(School A, 2020).

Additionally, children from disadvantaged backgrounds lacked the appropriate equipment with anecdotal evidence of children in busy households being reduced to sharing time on a parent's phone in order to access learning (Strauss, Washington Post 2020; Mann, 2020). Children with Additional Learning Needs (ALN) were even further disadvantaged by a lack of differentiated resources and face to face learning (Henshaw 2021). Those children in receipt of free school meals often found themselves without the one hot meal they would have a day, with those children whose parents were furloughed or unemployed facing the real issue of food insecurity (Goudie and McIntyre 2021). Children of key or essential workers were offered places in childcare hubs, which usually consisted of one local school being partially reopened and schools offering a booking system for qualifying children (Department for Education 2021).

These settings were not, in the main, operated as educational settings but more as childcare so that workers in emergency and essential services could still attend work (Department for Education 2021). Eventually schools partially reopened on a staggered basis with children attending on given days to "catch up" and check in with an emphasis on re-establishing relationships and routines rather than specific education (Children's Commissioner 2021). After returning to a full timetable in the autumn term, several schools were still subject to partial or complete closures with added firebreak lockdowns and tier systems meaning that schools were closed at short notice (Timmins 2021). This meant that from February 2020 until September 2021 schools were a place of disrupted learning and uncertainty (Sutton Trust, 2020; Timmins, 2021). Exam results for 2020 and 2021 were based on teacher assessment rather than formal examinations and there was marked disparity between the attainment of children from poorer, disadvantaged backgrounds to that of their more affluent peers (BBC 2021). It has subsequently been reported that there was a significant drop in students studying more advanced subjects such as triple science or the English Baccalaureate subjects (Ofsted, 2022) with the suggestion being that this is due to a lack of skills being taught during the lockdown period, and a lack of engagement during remote learning.

The implications for students' mental health and wellbeing are well documented with Singh *et al* (2020) finding that the children who had experienced lockdowns and school closures were more clingy, less independent, and sociable and had increased anxiety. Gurdasani *et al*, (2022) argue that the government's response to the pandemic for schools was in fact far from sufficient on many levels, and that adequate consideration was not given to the way children would be affected in the long term by the removal of one-to-one contact, regular meals and face to face learning. Furthermore, they argue

that when schools eventually reopened, little consideration was given to the effect on children of Coronavirus and that Governments sent them to school in inadequate conditions with inadequate understanding of virus transmission and protection for staff and children (Gurdasani *et al*, 2022). This is a situation which is demonstrated across the world with Mutch and Peung (2021) describing a dramatically altered school environment, with a new emphasis on handwashing, social distancing and sanitising as well as taking into consideration the changed and challenging emotional state of students returning after a prolonged period of disruption. Poncela *et al* (2021) suggest that the role of educators during and immediately subsequent to the lockdown period changed to that of 'Caregiver' as priority had to be given to the emotional stability of a disengaged and traumatised student population.

When looking at the continuing impact of the Covid-19 lockdowns, Sharp *et al* (2020) state that teachers in England estimate that only 66% of the normal curriculum was covered in the school year 2019/2020. Furthermore, they suggest that the learning gap has widened between disadvantaged learners and their peers, due primarily to a lack of resources which led to a disengagement of learners. On a worldwide scale, Reuge *et al* writing in the International Journal of Educational Development (IJED), report a decrease in child protection outcomes and increase in adolescent pregnancy as vulnerable children were left at home without the so-called safety net of education provision (Reuge *et al* 2021). Writing for The Shadow Pandemic: Domestic Abuse Learning Partnership, Dawsey-Hewitt *et al* (2023) refer to the impact of lockdown upon those who are impacted by or witness to domestic violence. Their report highlights an increase in demand for services across the domestic abuse sector as victim-survivors were forced by the lockdown to remain in their homes and have less refuge from abuse.

Womens Aid (2021) reported that over half of adult victims of domestic abuse said that their children were exposed more frequently to instances of abuse and that their children had experienced more abuse targeted directly at them. Nelson, Lynch and Sharp (2021) confirm this on a UK level, with a deterioration in wellbeing, increase in anxiety and obesity as well as a loss of skills for learning, such as concentration, memory and stamina. Furthermore, they state that there has been a real impact on children's ability to cope with transitions, for example the transitions from part time to full time education, from primary education to secondary and from GCSE's to A level, this research suggests that the impact of the covid lockdowns will be felt for many years to come as students' progress through their education (Nelson, Lynch and Sharp, 2021). Crenna-Jenkins *et al* (2021) reporting for the Educational Policy Institute (EPI) wrote in 2021 that a 3-year funding package of £13.5billion was required to reverse the damage to learning. To date, the Institute for Fiscal Studies report that the UK government has pledged a sum of £4.3 billion over two years and, with only £3.0 billion coming directly from government, an additional £1.3 billion has to be found from overspending or existing budgets meaning that in real terms a sum of £3billion is being provided to cope with Covid catch up in schools in England which falls significantly short of Crenna-Jenkins' recommendations (Clarke *et al*, 2021; Crenna-Jenkins *et al*, 2021). In Wales the Welsh Government's Recruit, Recover and Raise Standards initiative has provided £165.5 million to schools as part of their covid recovery efforts (Welsh Government, 2023). In their evaluation report, Andrews *et al* (2023) state that this equates to more than double per pupil when compared to other UK nations and report that the money has been used to provide further staff in an effort to alleviate pressure and allow staff to focus on various aspects of education. Furthermore, they state that this provision is to facilitate staff and pupil wellbeing and building and

maintaining positive relationships with learners and their families in a bid to make the return to education successful (Andrews *et al* 2023). However, there is no real mention in the report of how wellbeing is being targeted or whether funding is being provided or used for external additional mental health support or interventions.

2.5. Covid 19 Lockdown and Pupil Isolation: Children and Young People's Mental Health and Wellbeing and the links to Trauma

As discussed in Section 2.4 there were a number of mental health implications as a result of the Covid-19 lockdown and closure of schools. Boden *et al* (2020, pp.1) observed that 'the Covid -19 pandemic has and will continue to result in negative mental health outcomes.' Furthermore, they go on to state that those in areas of poverty and deprivation would experience a greater rate of social isolation and subsequently distress, depression, anxiety and symptoms of Post-Traumatic Stress Disorder (PTSD) than those from more affluent areas (Boden *et al,* 2020; Shah *et al,* 2020). This is in part due to the lack of community support due to lockdown and reduction in resources such as mental health counselling, social support and direct access to medical services (Boden *et al,* 2020). Emmerson and Costley (2023) state that these factors can create an intolerance of uncertainty which stems from a build-up of anxiety. Furthermore, they suggest that tolerance and understanding of what others are doing and what they are going to do next constitutes as large part of social cognition (Emmerson and Costley 2023). Birrell *et al* (2011) define intolerance of uncertainty as being linked to worry and anxiety and result in individuals displaying certain negative behaviours when faced with uncertainty. These behaviours can include coping behaviours and problem-solving skills and influence the way learners respond to and cope with a situation (Einstein, 2014), for example, those who can tolerate uncertainty will deal with change or the unknown in more positive ways (acceptance, seeking support etc) versus less helpful

methods (self-blame, denial etc) (Rettie & Daniels 2021). Shah *et al* (2020) state that figures from the World Health Organisation suggest that 15% of children in the world experience mental health disorders and conditions and that almost half of mental health disorders start to affect children by the age of 14. Furthermore, increased exposures to stressors such as separation from peers or family members through isolation can lead to an increase in anxiety and depression. Almeida *et al* (2020) looked at the impact of lockdown on women and observed that the gender gap between male and females could lead to greater pressures on women's mental health. Furthermore, it is suggested that this is prevalent particularly in those who had the role of caregiver for children or elderly relatives. Almeida *et al* (2020) concluded that women were more likely to experience negative outcomes than men. That impact affects the mental health of their children as noted by Kahn *et al* (2004), who suggest that maternal depression has a negative impact on child health and wellbeing. Conversely, Phua et al (2015) conducted a review of research into the impact of good maternal mental health on the development and health of children and found that positive mental health in mothers can result in better mental health and general health in children. Ford (2020) reported that mothers were often doing a larger percentage of childcare than fathers during lockdown and that pre-existing gender inequalities actually worsened in some case during the lockdown period. These factors combined suggest that there is a group of children who would have experienced negative mental health outcomes as a result of the period of restrictions.

In order to properly understand and explain the use of Trauma Informed Practice, it seems pertinent to provide a definition and explanation of trauma and what can cause it. It is suggested by various writers that in fact the word trauma has a dual use and can

describe both a wound or physical injury and the condition which is caused by this (Levine, (2021). Freud, A (no date) Roberts and Corcoran, (2000) and Valentine, Roberts and Burgess, 1998). Dumas and Hilorski (2003) suggest that, in fact, an event or circumstance alone is not necessarily a stress or trauma but that the resilience, character and prior experiences of the person experiencing the event can alter the perception of the event and how it affects them. Furthermore, McFarlane and Giralmo (1996, p. 136) state that

> Central to the experience of traumatic stress are the dimensions of helplessness, powerlessness, and threat to one's life. Trauma attacks the individual's sense of self and predictability of the world.

If this is indeed the case then it is reasonable to also assume that the same event can cause different levels of stress and trauma to those experiencing it depending upon their own personalities, life experience and resilience. When discussing resilience, Dulmas and Hilorski (2003) go on to say that resilience is not a fixed condition and can wax and wane. Resilience can be defined as "good outcomes in spite of serious threats to adaptation or development" (Masten, 2001, p. 228 *cited in* Yaeger & Deck 2012 pp303) and can impact how students deal with conflict, both internal and external. Maddi (1999) states that resilience, or hardiness is a key character trait which makes coping with trauma or difficulties possible and is formed during later childhood and teenage years. Furthermore, Maddi (1999) states that academic achievement can be directly linked with resilience levels. Grotberg (1995, pp8) concurs with this and says that 'with resilience, children can triumph over trauma; without it, trauma triumphs.' Grotberg goes on to say that resilience is found in a variety of sources, but ultimately stems from the development and availability of safe, constructive relationships and a feeling of safety (Grotberg 1995). It can also be built and improved which is what a trauma informed practice endeavours to achieve (Harris & Fallot 2001). Historic research

suggests that childhood trauma can affect the areas of the brain which develop organisational and day to day functioning in the mature brain and so it is vital that childhood trauma and its impact be recognised and understood (Perry, 1995).

2.6. Post-Covid 19 Lockdown and Pupil Isolation: Trauma Informed Schools

The trauma informed approach is not a new one, the idea that, to deal with traumatic responses, practitioners must understand and be aware of traumatic experiences both historic and those that are more recent, is documented in research from the 1970s and 1980s and the emergence of rape crisis centres and domestic violence support (Burgess & Holstrom 1974). These ideas were embedded into practice and theory in the 1990s with the idea that practitioners needed to understand the viewpoint of the victim and endeavour to gain an understanding of how trauma can affect the victim in a variety of ways (Harris & Fallot 2001). Thomas, Crosby and Vanderhaar (2019) suggest that Trauma informed practice finds its origins in the work undertaken with returning war veterans as early as the 1860s. Furthermore, they suggest that research shows a link between childhood trauma and substance abuse, mental health issues and generalised health concerns later in life. This is also suggested by a range of theorists and has been accepted by organisations dealing with children and young people across the world (Van der Kolk, 2007; Mulvihill, 2005; Alvarez *et al*, 2011). Indeed Van der Kolk (2014) suggests that trauma can physically and chemically alter human body and have wide ranging health implications. Furthermore, Harris and Fallot (2001) suggest that when dealing with people who have experienced trauma, it is vital to consider the person as whole rather than a series of symptoms. Moreover, they go on to suggest that when a person is exposed to trauma repeatedly or for a prolonged period, their perception of self and of how the world works is fundamentally altered (Harris & Fallot 2001). When

looking at a response to and treatment of trauma, Janet (*cited in* Levine 2010) suggests that a vital step in treatment is the stabilisation of safety needs as well as a self-actualisation which encourages trauma processing. Jiao (2020) suggests that, particularly in the case of the Covid -19 pandemic, resilience and its nurturing is vital for children to be able to cope with the challenges presented by life. Furthermore, Jiao et al (2020) suggest that school staff are part of the network who are ideally placed to provide this nurture and support required to increase resilience. Therefore it seems a logical suggestion that schools, as places of perceived safety, consistency and positive relationships, examine their provision for mental health and wellbeing following any traumatic event, but especially one as wide reaching and prolonged as a period of enforced isolation, especially when combined with the fears and concerns that were experienced during the COVID-19 pandemic (Harris & Fallot, 2001; Hopper, Badsuk & Olivet 2010, Maynard, Farina, Dell & Kelly 2019).

The Trauma Informed Schools UK (TISUK) organisation is a registered community interest company which works in association with the Centre for Child Mental Health to provide accredited training packages to a growing number of schools across the United Kingdom (TISUK 2022). Their training has been recognised by the Department for Education as being beneficial to schools working with children to support mental health (DfE 2018). The Office for Health Improvement and Disparities (2023) states that a trauma informed approach is not the specific treatment of trauma related difficulties, rather it is the practice of support for those who may have experienced traumatic event and the awareness that a traumatic event can negatively impact upon individuals and communities. Furthermore, they outline that the key principles of trauma informed practice as ‘safety, trust, choice, collaboration, empowerment and

cultural consideration' (UK Govt 2023) The primary principles of Trauma Informed Practice in schools are the understanding and acceptance of trauma as an impacting factor on behaviour and response to change, stress or daily life challenges. Trauma informed practice recognises that people who experience one or more Adverse Childhood Experiences (ACEs) are more likely to encounter a range of difficulties which can present immediately or later in life (Merrick et al, 2016). These can range from a reduced resilience or ability to cope in stress situations to physical illness and can include behavioural and mental health problems (Bellis et al, 2013). Bărbuceanu (2023) says that this is because ACE's have a direct impact on the development of the hippocampus, the part of the brain linked to memory and knowledge. The trauma informed practitioner accepts that behaviour and dysregulation can be symptoms of past trauma and aims to support students deal with those symptoms by adopting a curious and playful attitude to problem solving (Guevara et al 2021). This allows learners to feel supported and less pressured when addressing their behaviour and gives them the scaffolding to take control of their situation (David 2021). This is achieved by use of Playfulness, Acceptance, Curiosity and Empathy (PACE) which was first developed to support students with developmental trauma but which has been incorporated into a general trauma informed response to create and build trust between practitioner and learner (DDP network, 2024; Hughes, Golding and Hudson, 2015). Questions that encompass the concepts of Wonder, Imagine, Notice and Empathy (WINE) are also utilised to create a problem solving, collaborative approach to trauma support (DDP Network 2024; David 2021). Barros- Lane *et al* (2021) conducted research into the use of a trauma informed approach in the immediate aftermath of the pandemic and found that such a response improved outcomes in terms of feelings of safety, empowerment

and autonomy which are all essential parts of Maslow's hierarchy (Maslow 1945) and form recognised qualities of successful learners (Apple, Duncan & Ellis 2016)

The Early Intervention Foundation (EIF) (2021) advocate that school staff are best placed in terms of implementing interventions and of noticing changes in children's behaviour or mental wellbeing due to the positive, trusting relationships that school staff are able to foster. However they go on to say that any response needs to be well coordinated and implemented across whole schools with staff being well trained and upskilled in trauma and mental health responses (Clarke *et al* 2021) The suggestion here that it is not sufficient to have a few well liked or trusted adults keeping an eye on things but that effectively supporting students to cope with the impact of Covid -19 and the subsequent lockdowns has to be done in a coordinated, well thought out fashion. This is also stated by UNESCO (2020) who suggest that all school staff should have training in developing Social Emotional Learning (SEL) skills to enable them to prepare and support learners in coping with the return to education and prepare them for future interruptions to schooling.

2.7. Post-Covid 19 Lockdown and Pupil Isolation, Trauma Informed Schools: Identifying Best Practice

Just as every country has differing educational systems and policies regarding Covid recovery, so there have been varying responses to the disruption to learning and impact upon mental health caused by the pandemic. This dissertation focusses on the Trauma Informed Response but it is worth briefly examining examples of practice around the world and more locally in terms of response and recovery. UNESCO (2020) state that

> Building Social and Emotional Learning (SEL) skills can enable behaviour to address stressful situations with calm and emotionally regulated

> responses and strengthen critical thinking to permit more informed decision making and action (Arslan & Demirtas, 2016).

Furthermore, they state that

> only when the brain is socially connected and emotionally secure can it focus on academic content and engage in learning (UNESCO 2020).

Their recommendations are for staff to be well trained in delivery of SEL as a teachable subject akin to numeracy or literacy to enable all learners to better cope with change and uncertainty rather than attempting to use it as a restorative intervention after the event (UNESCO 2020). This is clearly a lesson which can be learned for future catastrophic events but, it could be said, that the damage for this generation is already done. Naff *et al* (2020) writing for the OECD suggest that school staff are best placed to provide consistent support due to their proximity to students and so are often most likely to identify signs of mental health concerns. Furthermore, they suggest that school staff are able to provide links with families to ensure that all is well at home (Naff *et al* 2020). In terms of delivering support, Naff *et al* (2020) stated that in order to support students, staff need to teach healthy coping skills to build resilience and ensure that students are equipped to deal with the effects of isolation. Examples of this have been provided by the Evidence Based Practice Unit (EBPU) in their 2023 briefing paper. That work cites examples from schools across the United Kingdom of an increase in nurture groups, teaching of mindfulness techniques and an emphasis on recreating the sense of community which has been lost during lockdown. Furthermore, the EBPU (2023) also gives examples of schools utilising Mental Health Champions and Mental Health First Aiders, where training and support is given to staff in best caring for student's mental health. The UNESCO recommendations, OECD research and the EBPU suggestions all tie in with a Trauma Informed approach by keeping the person at

the centre of the practice and understanding that each person may carry a trauma that they do not display or even recognise in themselves. Consequently, schools across the country and around the world are providing support under various names and with slight variations but the response universally keeps the impact and trauma experienced by learners at its heart.

2.8. Conclusion

It is clear from the literature previously discussed that the impact of isolation and the restrictions that were placed upon children and young people as a result of the Covid-19 pandemic will be dramatic and long lasting. Indeed, during the ongoing enquiry into the response in Wales, Salmon (year) is reported as saying that the loss of opportunity and the 'economic loss will translate into ill health and loss of life expectancy' (BBC News 2024). Adverse Childhood Experiences (ACE's) can impact across the whole of a person's life (Crandall *et al*, 2019) and isolation, lack of social interaction and exposure to fear or stress can all be considered ACE's (Petruccelli, Davis and Berman, 2019). Therefore, it is apparent that there is a generation of young people who are returning to the learning environment with a range of experiences which can have impacted their mental wellbeing and who may have a reduced resilience, higher intolerance of change and are less able to cope with the pressures that can come with schooling. These effects of these experiences and their subsequent long-term impact on young people, when recognised and treated as trauma, can be supported and, whilst not completely eradicated, at least alleviated so that those affected can develop the resilience necessary for successful learning and living (Bellis *et al* 2018). A trauma informed approach would appear to be at least part of that recovery from the ACE's experienced during the isolation and uncertainty of the Covid lockdown.

3. RESULTS AND DISCUSSION

3.1. Introduction

Although there has been considerable research on the after effects of the Covid 19 pandemic and the resulting lockdowns, more will be revealed in coming years and the full impact may not be fully realised for a considerable time to come. However, there are some clear themes which emerge from current research which will be summarised below. This section will revisit the clear link between mental health and resilience as well as the resulting ability to learn. It will then summarise the increased impact felt by those learners who may be considered disadvantaged, either financially, socially or from having additional learning needs who may require extra support.

3.2. The Link between Mental Health, Resilience and Learning

As previously suggested, it is apparent that, as well as having their physical needs met, a child needs to feel emotionally stable, happy and safe to be able to learn effectively (Poston, 2009, Maslow 1943, 1954). This emotional stability comes from the positive relationships fostered by caregivers, both in and out of school (Safstrom and Mansson 2004,). The following section will summarise the importance of high resilience levels and emotional well-being to facilitate effective learning. It will also summarise some of the challenges to resilience and good mental health posed by the confinement and restriction of lockdown and school closures. Finally, it will touch upon the aims of Trauma Informed Practice in relation to building resilience and good mental health.

When schools were closed, vital staff/student relationships were put on hold or ceased altogether (Department for Education 2020). These relationships between teachers, support staff and the children in their care were essential for building feelings of safety,

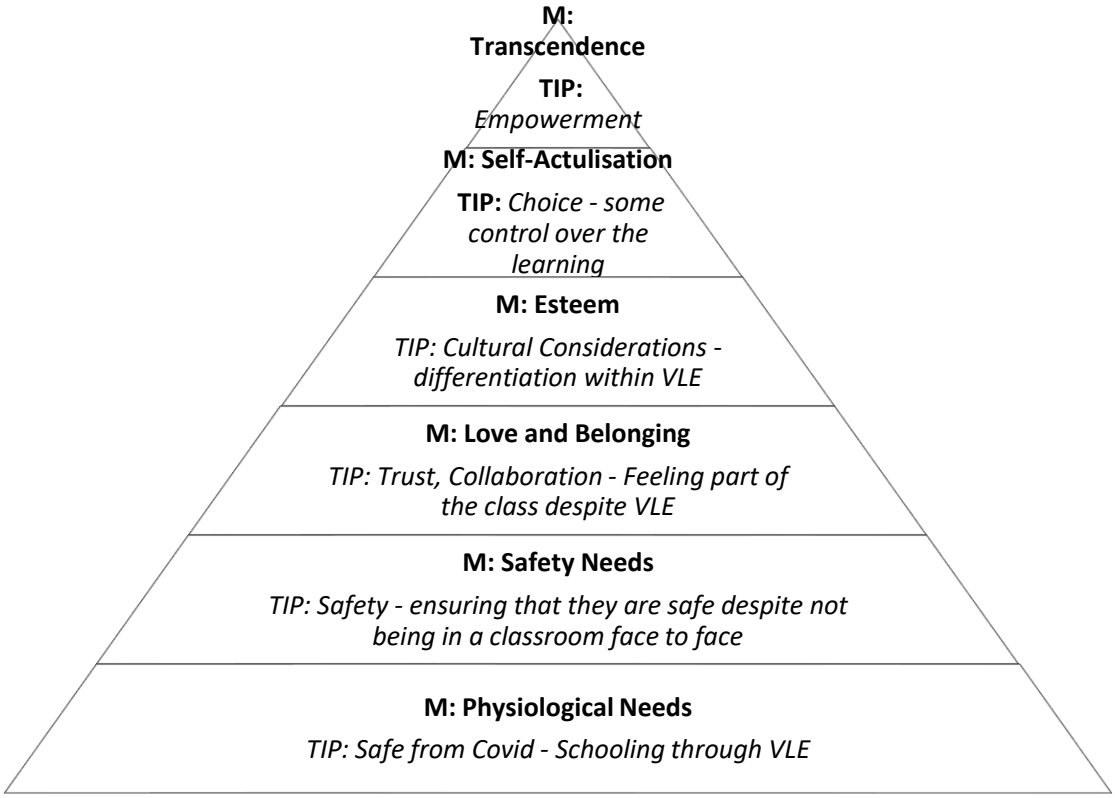
trust and communication and therefore resilience in learners. (Grotberg 1995). Maddi (1999) and Grotberg (1995) link resilience directly to academic attainment, with those individuals who have lower personal resilience likely to cope less well with uncertainty, less likely to take risks and less open to new experiences. Conversely, successful learners who are comfortable with taking risks and who can tolerate making mistakes generally have higher resilience and self-esteem. Furthermore Grotberg (1995) gives examples of resilient children being autonomous learners, more capable of taking responsibility for their own learning and more willing to take risks in their learning journeys.

As mentioned in Section 2.3, Maslow (1954) stated that, in order for people to thrive, their basic needs have to be met. These needs are constant and, if not met, will result in learners becoming less able to achieve the higher more complex levels (Maslow, 1943, 1954; Poston 2009). The physiological needs of food, warmth and shelter are often provided by schools and, in the absence of regular schooling, many children from poor or difficult backgrounds were left without those basic needs being met. Boogren (2018) suggests that this lack and the inability to concentrate on anything other than meeting those needs will mean that the higher levels will not be met. Some children will have experienced lack across the hierarchy to greater or lesser degree whilst being at home for prolonged periods during the lockdown and so may have found return to school more challenging than others as they struggle with issues of lower self-esteem and confidence (Montero- Marin et al 2023). Furthermore, Montero-Marin et al (2023) suggest that those who had no attendance at all at school during lockdown have increased negative mental health outcomes than those who attended partially.

As noted previously, an intolerance of uncertainty impacts upon learner's ability to cope with change or things which are unpredictable (Birrell et al, 2011). The school day is relatively certain and marked by definite routines however as with all environments, it is subject to changes and unexpected challenges. If a learner has a high intolerance of uncertainty, these changes or adaptations to the daily routine may result in presentations of negative behaviour, fight flight or freeze responses and disengagement from learning (Einstein 2014). If it is accepted, as suggested by Emmerson and Cosley (2023) that multiple factors impact upon an intolerance of uncertainty then it is apparent that an enforced period of lockdown, the removal of socialisation and the continual exposure to the fear of infection would all have a traumatic impact upon young minds.

Resilience and good mental health come from feelings of security, safety and of being valued (Grotberg 1995). A trauma informed response looks at sufferers of trauma as people rather than a series of symptoms and endeavours to adhere to the principles of 'safety, trust, choice, collaboration, empowerment and cultural consideration' (UK Govt 2023; Barros-Lane *et al* 2021). These principles tie in with Maslow's theory of hierarchy of need (Maslow, 1943, 1954) and practitioners create a safe environment which allows the sufferers of trauma to build their resilience and reduce their intolerance of uncertainty, by addressing and problem solving for themselves, allowing them to be ready to learn and providing them with the tools to manage their fear or trauma-based responses (Image 1).

Image 1: Maslow and Trauma Informed Schools: Model for Practice



- **M** = Maslow's Hierarchy of Needs
- **TIP =** Trauma informed Practice

(Adapted from Maslow, 1943 & UK Govt, 2023).

Poor mental health in children can result in clinginess, anxiety, and depression (Jiao *et al* 2020). These are all conditions which can cause difficulties for learners, for example a lack of concentration means that children will struggle to take in information and to successfully apply knowledge in different situations and may lead to disengagement, increases in negative behaviour outbursts and disruptive behaviours (Einstein *et al* 2014). These children may subsequently disengage completely from the learning process and become at risk of truancy and associated negative outcomes (Blondal & Adalbjarnardottir 2011). Lumby (2011) suggests that some of the consequences of educational disengagement include a lack of choice to be what one wants to be. Traditionally, those who leave school with little qualifications will be compelled to take

a job out of necessity rather than choice and may have less autonomy over the path their lives take. Furthermore, there is an increased risk of anxiety, mental health issues and self harm for those who disengage from the school system (Lumby 2011). This is also suggested by Loprest *et al* (2019) who go on to say that those disengaged from the school system often go on to be disengaged from employment as well which has further clear implications.

In conclusion it is clear that, to learn effectively, students need to feel safe in terms of their emotional needs. An effective learner needs to be confident taking risks with their learning and to do this, they need to have a level of resilience and confidence (Maddi 1999; Grotberg 1995). This resilience is based on feelings of security and safety as well as self-esteem and self-actualisation (Maslow, 1954; Maddi ,1999; Grotberg 1995). The qualities of resilience and tolerance of uncertainty are primarily developed when young, so it is reasonable to assume that those people who were deprived access to the routine, safety and positive relationships that are often developed in school would be hugely affected (Southwick *et al* 2014). Trauma informed practice aims to help build resilience by helping and supporting students in accepting traumatic experiences and working with them to overcome the negative mental health effects of the deprivation and social exclusion created by events such as the 2020 lockdown (Clark *et al* 2021). This is achieved by creating a curious and playful approach to problem solving, thus removing the feeling of negativity or pressure when looking at the behaviours caused by past or existing trauma and allowing learners to take control of managing their own behaviour (Harris and Fallot 2001).

3.3. The Increased Impact upon Disadvantaged Students or those Requiring Extra Support

Section 2.4 looked at the impact of the Covid-19 lockdown on learners and the fact that disadvantaged learners felt increased effects from the closing of schools. Research for the Institute of Fiscal Studies shows that the vast majority of learners returned to school with gaps in experience or learning but there appears to be an even greater difference between those learners from poorer or less equipped homes than their more affluent peers (Blundell et al 2021). This will mean that those learners could experience higher levels of disengagement, lack of self esteem or self confidence and greater levels of anxiety when thinking about their learning (Reuge *et al* 2021). This section will set out those disadvantages and the ways in which learners from poorer backgrounds, victims or domestic abuse or those with additional learning needs are affected.

UNESCO (2023) use the UNICEF Child Deprivation Rate to establish the wealth, health and well-being of countries. The rate considers 14 factors to determine levels of deprivation including access to space and resources. Whilst popular opinion may be that wealthy countries would have thriving children, this often is not the case. In reality, some of the wealthiest and most powerful countries have high percentages of deprivation with children not having access to regular meals, adequate quiet space to work or access to sufficient Wi-Fi or computers to enable them to access lessons and complete work (Blundell et al 2021). Many children in the United Kingdom who were in receipt of free school meals suddenly found themselves without a hot meal during the day, and in some cases, parents were unable to provide an alternative (Goudie and McIntyre, 2021). Whilst the UK government attempted to provide an alternative, such as provision of food parcels and food vouchers (Parnham *et al* 2022) almost half of

those entitled did not access any type of free school meal provision (Parnham *et al* 2020). This lack of the basic provision of a hot meal links back to Maslow's (1943) hierarchy of need and further illustrates how disadvantaged children suffered further due to the lockdown. As previously discussed, with the lockdown came the introduction of home learning – schools provided a varying degree of interaction via online classrooms and set work for children to complete (Parnham *et al* 2022; Blundel *et al* 2021). This meant that the onus was on the learner to complete work and that, to all intents and purposes, parents became substitute teachers (Sibieta and Cottell, 2020). For most children this proved challenging but for those children who were subjected to chaotic or unstable home environments, or had parents who were not able or inclined to support them, completing work became almost impossible (Blundell *et al* 2021). Those children who were themselves survivor-victims of abuse at home found themselves trapped in the same building as their abuser or witness to the abuse of their parents (Women's Aid 2022). Those who may have previously relied upon completing homework in school, or receiving extra help and respite from what was happening at home whilst in school or after school clubs had this escape removed overnight (Dawsey-Hewitt *et al*, 2023). A lack of parental support or access to the resources provided by school also impacted upon those children who were higher achievers or considered more able. These students found themselves without the intensive provision that comes from school and, in many cases, parents of these children found themselves unable to provide effective support at an appropriate level for those more able children (Blackhall 2021; Samsen-Bronsfeld,*et al* 2023).

Oftentimes school staff are best placed to notice and record areas for concern – be that domestic abuse, neglect or illness in children (Cowie *et al* 2004). The trusting and

consistent relationships that school staff build with children mean that they are best place to spot learning or emotional difficulties and will usually be a great source of support for children who are experiencing difficulties (Jiao *et al*,2020; Cowie *et al* 2004). With the removal of access to school many children did not have access to that support and those relationships will have suffered (EIF 2021). As a result, children who would normally have had access to support and resources such as trained Emotional Literacy Support Assistants (ELSAs), school counsellors and emotionally available adults found they were severely lacking in this support (Department for Education 2023).

It is generally accepted that those children from poorer backgrounds or those with additional learning needs will be likely to experience increased levels of deprivation (Boden *et al,* 2020; Shah *et al,* 2020). However, in usual circumstances the effect of these disadvantages can be lessened by education, with schools providing a warm, safe environment for students in need with the same access to education and resources as their more affluent peers (Cowie *et al* 2004). With the arrival of Covid-19, the temporary removal of this provision during the lockdown period meant that access to food, shelter and safety was unavailable to some children (Goudie and McIntyre 2021; Shah *et al* 2020). Lack of resources such as internet, computers and books also widened the gap between those children who could afford such things and those who could not (Department for Health and Wellbeing 2023). It was also the case that those children who lived in tower blocks and inner cities did not have the access to green spaces that those who lived in the countryside or small towns (Goudie & McIntyre, 2021). Children who were the victims or witnesses of domestic abuse suddenly found they did not have the respite provided by school and were less likely to have access to support

from social services and health professionals that they would have had access to under normal circumstances (Women's Aid 2021). Emotional trauma and the impact of disadvantage are not issues which can be solved quickly, and children will continue to experience that impact for many years both physically and mentally (Cowie *et al* 2004). If it is accepted that staff are best placed to provide emotional and pastoral support as well as identify areas of need it is reasonable to suggest that a whole school response to enable staff to support those learners who are experiencing the impacts of disadvantage and trauma would clearly be of benefit.

3.4. Conclusion

In conclusion, literature shows that trauma can be the cause of a wide range of short- and long-term issues both in the emotional and physical health of those who experience traumatic events. These impacts such as a decrease in resilience and an increase in intolerance of uncertainty can result in learners have increased negative outcomes in their education due to anxiety related behaviours, decrease in engagement or concentration and an increased inability to focus, retain and apply the acquisition of information. These impacts were felt by large numbers of children but evidence suggests that the impact may have been even greater upon those children who come from low income families where resources were less readily available or those children who lived in unstable or volatile households. In addition, children with additional learning needs (ALN) or existing mental health issues who require extra support in school were, in some cases, left without this vital access to staff qualified and experienced in supporting them.

4. CONCLUSION AND RECOMMENDATIONS

The purpose of this dissertation is to examine the literature surrounding the emotional impact on the Covid-19 pandemic with particular focus on the consequences in regard to learning. The Covid-19 pandemic and its associated lockdowns are events which have not been experienced before and so the effects are not yet fully realised. It is therefore important that emerging research be collated and compared with existing evidence about the impact of trauma so that an effective response is utilised. Maslow's research on the Hierarchy of Need (1943, 1954) is widely accepted as being the basis for effective education provision (Aspy, 1969) and how education providers respond to the absence of some of the vital building bocks is pivotal for the future success of those children who went through the isolation and restrictions of lockdown. Learning effectiveness and the ability to achieve potential in school is impacted by loss of resilience which can be caused by trauma (Maddi, 1999). Lockdown can be considered a trauma by McFarlane and Giralmo's 1996 definition due to the feelings of helplessness, powerlessness and lack of control, therefore it can be said that lockdown has had a real impact on the ability to learn. Trauma effects can be varied and can be shown or even not present for many years after the event and so the effect of trauma needs to be recognised and supported in the long term (Department for Health and Wellbeing, 2023). A trauma informed approach recognises the person as whole, and can assume that everyone is subject to a certain degree of trauma (Harris and Fallot (2001). Therefore, it would appear to be an effective method in the response to a trauma which is experienced by the vast majority of the population to some degree.

Two themes emerged from the literature review which will now be considered as to recommendations and future policy

- a link between resilience and educational attainment
- that the lockdown period had an increased impact upon those who need extra support.

A Link Between Resilience and Educational Attainment

In section 3.2 the writer examined literature surround resilience and learning. It focussed upon Maslow's hierarchy of need (1943,1954) and the way in which resilience is affected by the removal of elements of that hierarchy. It also looked at the direct link between resilience and academic attainment, with those individuals who have lower personal resilience likely to cope less well with uncertainty, less likely to take risks and less open to new experiences (Maddi 1999 and Grotberg ,1995). The section identifies that a lack of resilience can result in an intolerance of uncertainty which means that learners are less able to cope with changes (Emmerson & Costley, 2023). This can impact on their ability to successfully transition from primary to secondary settings as well as more day-to-day changes such as staff absence or timetable alterations (Einsten *et al* 2014). This section makes clear that in order to learn effectively, learners need to be supported emotionally and provided with the vital resilience skills necessary to take confident risks in their learning and be able to cope with transitions, changes and challenges (Einsten *et al* 2014; Emmerson &Costley, 2023). This support needs to be holistic and across the entire school system to be effective as research shows that trauma impacts can last far beyond the immediate aftermath of the traumatic event (SAMSHA 2014) A whole school and indeed whole system approach will mean good practice is embedded throughout the education system (Clarke *et al* 2021). Therefore the writer suggests that all school staff are trained in a trauma informed response to ensure that

learners are continuously supported in their recovery from the trauma of isolation. Staff trained to address and support with trauma will mean students are equipped with skills needed to cope with change and uncertainty thereby boosting resilience and allowing them to face the future more positively

That the Lockdown Period had an Increased Impact upon those who Need Extra Support.

Section 3.3 looked at the increased impact on disadvantaged learners. It examined literature concerning the gap between those from affluent families and those families who were more reliant upon state help and how those families were affected by home learning and a removal of school support (Blundell *et al* 2021). It also addressed the issue of those children who lived in violent or abusive homes and their reliance upon schools for safety and physiological support (Women's Aid, 2021 &2022). The main issue which became apparent was that any child who required additional support, be it a hot meal, emotional support or more intensive academic support was disadvantaged due to the removal of access to school during lockdown (Department for Health & Social Care, 2021). To future proof against this occurring again, the writer suggests that adequate funding needs to be made available to provide access to the vital resources provided by schools such as regular hot meals, a safe space and adequate ICT should a lockdown occur again. Also, the writer suggests that those children who were affected by increased exposure to violence, abuse or harm be provided with increased support upon return to school to boost resilience and wellbeing. The evidence shows that a Trauma Informed approach is part of a solution but funding is needed to ensure that all children are getting sufficient access to support, resources and the basics required to ensure they can build resilience and a positive approach to learning (Goudie and

McIntyre, 2021; Department for Health and Wellbeing, 2021). The effects and impacts of trauma and ACE's are long lasting (SAMSHA, 2024) and so any approach developed needs to be embedded and sufficiently funded to remain in place for the foreseeable future.

Throughout this dissertation, the writer has asserted and recognised that trauma and the impacts of ACE's are long lasting (Poston, 2009; Maddi 1999) and it is fair to say that there will be impacts and effects from the Covid-19 lockdowns that have yet to emerge. It is also too early to say whether a response based solely on trauma informed practice is sufficient to fully mitigate and repair the effects. However, not only does the emerging evidence appear promising but the historical research mentioned in this dissertation suggests that adopting a trauma informed approach is an effective method in creating resilient, confident risk-taking learners who are able to meet challenges and uncertainty with confidence and work towards reaching the upper tiers of Maslow's hierarchy (Maslow, 1943,1954). The next months and years will prove interesting in terms of fully evaluating the impact of lockdown and the effectiveness of a trauma informed response in recovery for the lockdown generation.

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6. APPENDICES

6.1. Appendix 1 Proposal Form

PRIFYSGOL CYMRU
Y Drindod Dewi Sant
UNIVERSITY OF WALES
Trinity Saint David

Institute of Education and Humanities/
Yr Athrofa Addysg a'r Dyniaethau

MA Dissertation Approval Form/
Ffurflen Gymeradwyo Traethawd Hir MA
ECGE7002Q

Student Name/ *Enw Myfyriwr*	Melanie Rowland
Degree Scheme/ *Cynllun Gradd*	MA Equity and Diversity in Society
Start date/ *Dyddiad cychwyn*	January 2021

I have completed Part 1 of my degree.
*Please delete as appropriate.

Yr wyf wedi/ ar fun cwblhau Rhan 1 o fy ngradd
** Dileu fel sy'n briodol*

- Title of Dissertation:
- *How does it Heal? A review of current literature on trauma related practices in post pandemic Britain.*
- Research Question
- Cwestiwn Ymchwil
    - What has been the emotional impact of the covid-19 pandemic and associated lockdowns on school students and staff and is a Trauma Informed approach sufficient in attempting to mitigate these effects?

Aims and Objectives:
Nodau ac Amcanion
Given the worldwide impact of the Covid-19 Pandemic, its reaches and impacts are currently the subject of a variety of research. The aim of this literature review is to collate some of this research and examine the impacts of trauma in general, the direct result of the continuous exposure to stress, negativity and limitations caused by the pandemic and its restrictions and the effectiveness of the Trauma Informed Practice (TIP) adopted by organisations and schools around the world but specifically in the UK.

Abstract/Plan

Introduction

Maia et al suggest that there is evidence to show that prolonged exposure to low level trauma or stress, can have a long-lasting impact on mental wellbeing (Maia *et al*, 2006) whilst Palgi et al suggest that prolonged and repeated exposure to stressful situations can result in a reduction in resilience (Palgi *et al*, 2009). The Covid-19 pandemic, its associated lockdowns and restrictions have had a well-publicized effect on the mental health and wellbeing on the whole of the UK and, on school children who have missed significant periods of schooling, as well as the associated experiences they gain from school life (Ofsted 2020 ; DofEd 2022). Mental wellbeing, emotional resilience and an emphasis on creating safe, welcoming environments have been high on the agenda for school leaders and practitioners (Nelson, Lynch & Sharp 2021) and the introducing of TIP has been recommended in schools, healthcare settings and blue light services across the country as part of a return to normality plan for governments in both England and Wales (Mental Health Foundation no date). This research project aims to analyse some of the current and emerging research in this field. It will discuss what trauma is and how it impacts on wellbeing and resilience. Furthermore, it will examine what Trauma Informed practice entails and what theory lies behind it. It will discuss the impact of TIP and look at suggestions for next steps and ways forward.

Literature Review

Williams (no date) defines psychological trauma as being any event or occurrence which has 'overwhelmed an individual's ability to process and integrate psychologically something that has happened to them'. This idea that trauma can cause a sufferer to go 'offline' or switch off from everyday life is also suggested by Classen et al (1992) who also say that this can lead to depression and anxiety states far into a sufferer's life.

Whilst the impact of trauma or continuous stress is well documented, evidence is only just beginning to emerge about the specific impact of trauma post lockdown. Castellini et al (2020) suggest that people who suffer from eating disorders have experienced an increase in symptoms, an increased opportunity for over exercising and a lack of availability of treatment, all directly because of the lockdowns in Italy. Nogueira et al (2021) suggest that 'Usually, large-scale disasters tend to be accompanied by significant increases of psychological distress, depression and anxiety.' (Nogueira *et al* 2021 pp1). Furthermore, they state it is reasonable to assume that the confinement measures of lockdown would have similar consequences. This theory is echoed by Guessoum et al whose research shows that the effects of restrictions upon adolescents and families were extremely high and far reaching (Guessoum *et al* 2020).

In 2020 Ofsted produced guidance for the recovery from the pandemic for schools. In that guidance mental health and wellbeing were assessed to have suffered and that there was a definite negative impact on children's wellbeing (Ofsted 2020).

The National Association for People abused in Childhood (NAPAC) describe TIP as aiming to 'prevent re-traumatisation' (NAPAC no date). NAPAC go on to state that TIP has been used primarily in mental health settings to reduce the use of physical intervention and to create a sense of safety and empowerment so that patients feel positive about their therapy and treatment experiences and are more

likely to continue to engage (NAPAC no date). According to the mentalhealth.org website, 'A trauma-informed approach can be implemented in any type of service setting or organization' and consists of six basic principles which allow individuals to feel safe, supported and valued following a traumatic incident (mentalheath.org, no date). Overstreet and Chafoulea (2016) outline that one of the main starting points with TIP is the understanding from all staff that trauma has an effect and an impact on learning, wellbeing and understanding. This understanding underpins the main philosophy of the Trauma Informed Schools (TIS) initiative which has been taken up by many schools in the UK as part of their post Covid recovery plans (Centre for Mental Health 2020).

Methodology and Methods

Bryman(2008) states that a methodology is 'the study of the methods that are employed' and that it is important because 'It is concerned with uncovering the practices and assumptions of those who use methods of different kinds'(Bryman, 2008 pp160). The suggestion here is that a methodology is the way a researcher comes to their conclusions and how they gather the information they need to make their point. Rheman and Alhorti (2016) go further and state that it is important that a researcher chooses a paradigm based on what they believe to be the most appropriate for their needs and beliefs at the time of researching and also state that this may be different at different times dependent on the subject matter. In scientific research, Kazdin (2016) says that having a clear methodology creates a consistency that is essential for effective research and the same can be said in any type of research, a clear idea of the writers' belief system and viewpoint means that research is carried out consistently and analysed through a clear theoretical lens. With this in mind the writer will set out their methodological position below in terms of this particular piece of research.

As the research question focuses on the opinions and experiences of a subject which the writer has experience of, there is no doubt that the writer will use their own knowledge and experience to shape the way literature is interpreted analysed and assessed. This, according to Punch (2005) is a subjectivist epistemology. Punch goes on to say that 'there is the understanding that the researcher will construct knowledge socially as a result of his or her personal experiences of real life within the natural settings investigated' (Punch, 2005 *cited in* Kivunja & Kuyini 2017 pp33). The suggestion is that our own experiences will shape the way we view the world and information within it. The writer therefore asserts that, when looking at information which is very real and current aspect of their practice a subjectivist approach is a natural assumption on this occasion.

Snyder (2019) states that 'Building your research on and relating it to existing knowledge is the building block of all academic research activities, regardless of discipline.' (Snyder, 2019,pp 333). Further, Onweiegbuzie and Frels (2016) suggest that a literature review is, in itself, a standalone piece of research in that it can present a new viewpoint and understanding of a subject by comparing relevant data and literature. However, Haddaway et al (2020) suggest that a literature review can be subject to the bias of the researcher and how they interpret information and so, they suggest, it is important that a systematic literature review technique is employed to 'minimise susceptibility to bias' (Haddaway *et al* 2020 pp1). When taking a subjectivist viewpoint however, this bias and subjectivity can be used to provide a unique interpretation of various pieces of research (Kivunja & Kuyini

2017). A subjectivist standpoint may also be relevant here because trauma itself is very subjective and individual dependent upon the experiences of the victim (Williams, no date). The writer proposes adopting this literature review as a whole piece of research when deciding on a methodological standpoint- that there is research available to create a viewpoint based on existing knowledge without needing to create further research.

It is in light of the above that the writer suggests that a literature review, analysing current and emerging research and theory, is appropriate when answering the research question. Research is being carried out across the world into the effects of a still existing situation and it is timely to attempt to collate some of this information and look at it through a trauma theory lens, with a view to determining any future steps in the Trauma Informed Practice being employed by schools in the UK.

Results Discussion
TBC
Conclusion/Recommendations
TBC

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Proposed Supervisor:
Associate Professor Caroline Lohmann-Hancock
October 2020

Please indicate whether ethical approval for project is needed – YES/NO
Nodwch a oes angen cymeradwyaeth foesegol ar gyfer y prosiect - OES / NAC OES

Please indicate whether sufficient resources are available for the project – YES
Nodwch a oes digon o adnoddau ar gael ar gyfer y prosiect - OES / NAC OES

The above topic, proposal, and supervisor have been agreed:
Cytunwyd ar y pwnc, y cynnig a'r goruchwyliwr uchod:

Signed : Associate Professor Caroline Lohmann-Hancock
Programme Director/
Date 10/10/2021

6.2. Appendix 1 Ethics Form

APPLICATION FOR ETHICAL APPROVAL

In order for research to result in benefit and minimise risk of harm, it must be conducted ethically. A researcher may not be covered by the University's insurance if ethical approval has not been obtained prior to commencement.

The University follows the OECD Frascati manual definition of **research activity**: "creative work undertaken on a systematic basis in order to increase the stock of knowledge, including knowledge of man, culture and society, and the use of this stock of knowledge to devise new applications". As such this covers activities undertaken by members of staff, postgraduate research students, and both taught postgraduate and undergraduate students working on dissertations/projects.

The individual undertaking the research activity is known as the "principal researcher".

Ethical approval is not required for routine audits, performance reviews, quality assurance studies, testing within normal educational requirements, and literary or artistic criticism.

Please read the notes for guidance before completing ALL sections of the form.

This form must be completed and approved prior to undertaking any research activity. Please see Checklist for details of process for different categories of application.

Delete the Guidance Notes at the end of the form BEFORE submitting your application

SECTION A: About You (Principal Researcher)

1	Full Name:	Melanie Rowland				
2	Tick all boxes which apply:		Member of staff:	☐	Honorary research fellow:	☐
3	Undergraduate Student	☐	Taught Postgraduate Student	☒	Postgraduate Research Student	☐

4	Institute/Academic Discipline/Centre:	Education and Humanities
5	Campus:	Carmarthen
6	E-mail address:	1602402@student.uwtsd.ac.uk
7	Contact Telephone Number:	
	For students:	

8	Student Number:	1602402
9	Programme of Study:	Equity and Diversity in Society (MA)
10	Director of Studies/Supervisor:	Associate Professor Caroline Lohmann-Hancock

SECTION B: Approval for Research Activity

1	Has the research activity received approval in principle? (please check the Guidance Notes as to the appropriate approval process for different levels of research by different categories of individual)		**YES**	☒	**NO**	☐
						Date
2	If Yes, please indicate source of approval (and date where known): ***Approval in principle must be obtained from the relevant source prior to seeking ethical approval***	Research Degrees Committee		☐		
3		Institute Research Committee		☐		
4		Other (write in) Associate Professor Caroline Lohmann-Hancock (Supervisor)		☒		**January 2021**

SECTION C: Internal and External Ethical Guidance Materials

	Please list the core ethical guidance documents that have been referred to during the completion of this form (including any discipline-specific codes of research ethics, and also any specific ethical guidance relating to the proposed methodology). Please tick to confirm that your research proposal adheres to these codes and guidelines.	
1	**UWTSD Research Ethics & Integrity Code of Practice**	☒
2	**UWTSD Research Data Management Policy**	☒
3	***BERA ethical guidelines***	☒

SECTION D: External Collaborative Research Activity

1	Does the research activity involve collaborators outside of the University?		**YES**	☐	**NO**	☒
2	If Yes, please provide the name of the external organisation and name and contact details for the main contact person and confirmation this person has consented to their personal data being shared.as part of this collaboration.					
3	Institution					
4	Contact person name					
5	Contact person e-mail address					
6	Has this individual consented to sharing their details on this form?		**YES**	☐	**NO**	☐
7	Are you in receipt of a KESS scholarship?		**YES**	☐	**NO**	☐
8	Is your research externally funded		**YES**	☐	**NO**	☐
9	Are you specifically employed to undertake this	Voluntary	**YES**	☐	**NO**	☐
10		Employed	**YES**	☐	**NO**	☐

	research in either a paid or voluntary capacity?					
11	Is the research being undertaken within an existing UWTSD Athrofa Professional Learning Partnership (APLP)	If YES then the permission question below does not need to be answered.	**YES**	☐	**NO**	☐
12	Permission to undertake the research has been provided by the partner organisation	(If YES attach copy) If NO the application cannot continue	**YES**	☐	**NO**	☐

Where research activity is carried out in collaboration with an external organisation

13	Does this organisation have its own ethics approval system?	**YES**	☐	**NO**	☐
14	If Yes, please attach a copy of any final approval (or interim approval) from the organisation				

SECTION E: Details of Research Activity

1	Indicative title:	How does it Heal? A review of current literature on trauma related practices in post pandemic Britain		
2	Proposed start date:	January 2021	Proposed end date:	13th May 2024
3	**Introduction to the Research (maximum 300 words)** **Ensure that you write for a <u>Non-Specialist Audience</u> when outlining your response to the three points below:** • *Purpose of Research Activity* • *Proposed Research Question* • *Aims of Research Activity* • *Objectives of Research Activity* Demonstrate, briefly, how **<u>Existing Research</u>** has informed the proposed activity and explain • *What the research activity will add to the body of knowledge* • *How it addresses an area of importance.*			
4	**Purpose of Research Activity** In March 2020 the world effectively shut down due to a virus originating in Wuhan, China (BBC 2020). Given the worldwide impact of the Covid-19 Pandemic, its reaches and impacts are currently the subject of a variety of research which is rapidly growing as educators, healthcare researchers and social scientists evaluate the effect of the worldwide lockdown (Department of Health 2023). As the effects of trauma are not always immediately apparent (Merrick *et al* 2016) these impacts may, in some cases, yet to be realised or			

	may just be emerging (Poncela *et al* 2021). Therefore, research is constantly emerging and evolving and the aim of this literature review is to collate some of this research and examine the impacts of trauma in general, the direct result of the continuous exposure to stress, negativity and limitations caused by the pandemic and its restrictions and the effectiveness of the Trauma Informed Practice (TIP) adopted by organisations and schools around the world but specifically in the United Kingdom (Harris & Fallot, 2001).The purpose of this dissertation is to examine emerging research on the emotional impact of the Covid-19 lockdown in 2020. In particular, the dissertation focusses on the impact in terms of trauma and isolation and looks at whether a trauma informed approach can form an effective part of the school response to lockdown. (this box should expand as you type)
5	**Research Question** • What has been the emotional impact of the covid-19 pandemic and associated lockdowns on school students and staff and is a Trauma Informed approach sufficient in attempting to mitigate these effects? (this box should expand as you type)
6	**Aims of Research Activity** The aim of this dissertation has collated some of the emerging research and examine the impacts of trauma in general, the direct result of the continuous exposure to stress, negativity and limitations caused by the pandemic and its restrictions and the effectiveness of the Trauma Informed Practice (TIP) adopted by organisations and schools around the world and specifically in the UK. • Explore the literature on Trauma Informed Practice (TIP) • Explore how TIP impacts upon children and young people in school • Consider what needs to be changed to improve practice. (this box should expand as you type)
7	**Objectives of Research Activity** The objectives of the literature review are to identify recurring themes which emerge from the literature surrounding the impact of trauma and isolation within the school system. The review will provide recommendations based on those themes which will help inform future practice and mitigate against some of the effects of isolation and trauma. By bringing the literature together and examining it through a trauma informed lens, the writer hopes to provide an overview of trauma informed practice and its benefits when supporting learners on the return to education and beyond. • To develop recommendations for future practice based on the literature reviewed. (this box should expand as you type)
8	**Proposed methods (maximum 600 words)** Provide a brief summary of all the methods that **may** be used in the research activity, making it clear what specific techniques may be used. If methods other than those listed in this section are deemed appropriate later, additional ethical approval for those methods will be needed.

9	The writer proposes creating a literature review as a whole piece of research in itself- that there is sufficient research available to create a viewpoint based on existing knowledge without needing to create further research. It is in light of the above that the writer suggests that a literature review, analysing current and emerging research and theory, is appropriate when answering the research question. Research is being carried out across the world into the effects of a still existing situation and it is timely to attempt to collate some of this information and look at it through a trauma informed lens, with a view to determining any future steps in the Trauma Informed Practice being employed by schools in the UK. (this box should expand as you type)
10	**Location of research activity** Identify all locations where research activity will take place.
11	United Kingdom (this box should expand as you type)

12	**Research activity outside of the UK** If research activity will take place overseas, you are responsible for ensuring that local ethical considerations are complied with and that the relevant permissions are sought. Specify any local guidelines (e.g. from local professional associations/learned societies/universities) that exist and whether these involve any ethical stipulations beyond those usual in the UK (provide details of any licenses or permissions required). Also specify whether there are any specific ethical issues raised by the local context in which the research activity is taking place, for example, particular cultural and/or legal sensitivities or vulnerabilities of participants.
13	N/A *(this box should expand as you type)*

14	Use of documentation not in the public domain: Are any documents **NOT** publicly available?	**NO**	☒
		YES	☐
15	If Yes, please provide details here of how you will gain access to specific documentation that is not in the public domain and that this is in accordance with prevailing data protection law of the country in question and England and Wales. *(this box should expand as you type)*		

SECTION F: Scope of Research Activity

1	**Will the research activity include:**	**YES**	**NO**
2	Use of a questionnaire or similar research instrument?	☐	☒
3	Use of interviews?	☐	☒
4	Use of diaries?	☐	☒

5	Participant observation with their knowledge?	☐	☒
6	Participant observation without their knowledge?	☐	☒
7	Use of video or audio recording?	☐	☒
8	Access to personal or confidential information without the participants' specific consent?	☐	☒
9	Administration of any questions, test stimuli, presentation that may be experienced as physically, mentally or emotionally harmful / offensive?	☐	☒
10	Performance of any acts which may cause embarrassment or affect self-esteem?	☐	☒
11	Investigation of participants involved in illegal activities?	☐	☒
12	Use of procedures that involve deception?	☐	☒
13	Administration of any substance, agent or placebo?	☐	☒
14	Working with live vertebrate animals?	☐	☐
15	Other primary data collection methods, please explain in this box For example, 'focus groups'. Please indicate the type of data collection method(s) in this box and tick the accompany box.	☐	☒
16	Details of any other primary data collection method: (this box should expand as you type)		

If NO to every question, then the research activity is (ethically) low risk and **may** be exempt from **some** of the following sections (please refer to Guidance Notes).

If YES to any question, then no research activity should be undertaken until full ethical approval has been obtained.

SECTION G: Intended Participants

1	**Who are the intended participants:**	**YES**	**NO**
2	Students or staff at the University?	☐	☒
3	Adults (over the age of 18 and competent to give consent)?	☐	☒
4	Vulnerable adults?	☐	☒
5	Children and Young People under the age of 18? (Consent from Parent, Carer or Guardian will be required)	☐	☒
6	Prisoners?	☐	☒
7	Young offenders?	☐	☒
8	Those who could be considered to have a particularly dependent relationship with the investigator or a gatekeeper?	☐	☒
9	People engaged in illegal activities?	☐	☒
10	Others (please identify specifically any group who may be unable to give consent) please indicate here and tick the appropriate box.	☐	☒

11	Other – please indicate here: (this box should expand as you type)		

12	**Participant numbers and source** Provide an estimate of the expected number of participants. How will you identify participants and how will they be recruited?	
13	How many participants are expected?	N/A *(this box should expand as you type)*
14	Who will the participants be?	N/A *(this box should expand as you type)*
15	How will you identify the participants?	N/A *(this box should expand as you type)*

16	**Information for participants:**	**YES**	**NO**	**N/A**
17	Will you describe the main research procedures to participants in advance, so that they are informed about what to expect?	☐	☐	☒
18	Will you tell participants that their participation is voluntary?	☐	☐	☒
19	Will you obtain written consent for participation?	☐	☐	☒
20	Will you explain to participants that refusal to participate in the research will not affect their treatment or education (if relevant)?	☐	☐	☒
21	If the research is observational, will you ask participants for their consent to being observed?	☐	☐	☒
22	Will you tell participants that they may withdraw from the research at any time and for any reason?	☐	☐	☒
23	With questionnaires, will you give participants the option of omitting questions they do not want to answer?	☐	☐	☒
24	Will you tell participants that their data will be treated with full confidentiality and that, if published, it will not be identifiable as theirs?	☐	☐	☒
25	Will you debrief participants at the end of their participation, in a way appropriate to the type of research undertaken?	☐	☐	☒
26	If NO to any of above questions, please give an explanation			
27	*(this box should expand as you type)*			
28	**Information for participants:**	**YES**	**NO**	**N/A**
29	Will participants be paid?	☐	☐	☒
30	Is specialist electrical or other equipment to be used with participants?	☐	☐	☒
31	Are there any financial or other interests to the investigator or University arising from this study?	☐	☐	☒

32	Will the research activity involve deliberately misleading participants in any way, or the partial or full concealment of the specific study aims?	☐	☐	☒
33	If YES to any question, please provide full details			
34	*(this box should expand as you type)*			

SECTION H: Anticipated Risks

1	Outline any anticipated risks that may adversely affect any of the participants, the researchers and/or the University, and the steps that will be taken to address them. If you have completed a full risk assessment (for example as required by a laboratory, or external research collaborator) you may append that to this form.		
2	Full risk assessment completed and appended?	Yes	☐
		No	☒
3	**Risks to participants** For example: emotional distress, financial disclosure, physical harm, transfer of personal data, sensitive organisational information		
4	Risk to Participant: None *(this box should expand as you type)*	*How will you mitigate the Risk to Participant* N/A *(this box should expand as you type)*	
5	If research activity may include sensitive, embarrassing or upsetting topics (e.g. sexual activity, drug use) or issues likely to disclose information requiring further action (e.g. criminal activity), give details of the procedures to deal with these issues, including any support/advice (e.g. helpline numbers) to be offered to participants. Note that where applicable, consent procedures should make it clear that if something potentially or actually illegal is discovered in the course of a project, it may need to be disclosed to the proper authorities		
	N/A *(this box should expand as you type)*		
6	**Risks to investigator** For example: personal safety, physical harm, emotional distress, risk of accusation of harm/impropriety, conflict of interest		
	Risk to Investigator: Potential emotional risk when reading literature with outlines the risks that young people face. *(this box should expand as you type)*	*How will you mitigate the Risk to Investigator:* I can access counselling from student services at UWTSD. *(this box should expand as you type)*	
7	**University/institutional risks** For example: adverse publicity, financial loss, data protection		
	Risk to University: Misrepresentation of literature *(this box should expand as you type)*	*How will you mitigate the Risk to University:* Ensure that I follow academic processes to deliver rigour in my work.	

		(this box should expand as you type)

8	**Disclosure and Barring Service**			
9	If the research activity involves children or vulnerable adults, a Disclosure and Barring Service (DBS) certificate must be obtained before any contact with such participants.	**YES**	**NO**	**N/A**
10	Does your research require you to hold a current DBS Certificate?	☐	☒	☐

SECTION I: Feedback, Consent and Confidentiality

1	**Feedback** What de-briefing and feedback will be provided to participants, how will this be done and when?
	N/A *(this box should expand as you type)*
2	**Informed consent** Describe the arrangements to inform potential participants, before providing consent, of what is involved in participating. Describe the arrangements for participants to provide full consent before data collection begins. If gaining consent in this way is inappropriate, explain how consent will be obtained and recorded in accordance with prevailing data protection legislation.
	N/A *(this box should expand as you type)*

3	**Confidentiality / Anonymity** Set out how anonymity of participants and confidentiality will be ensured in any outputs. If anonymity is not being offered, explain why this is the case.
	N/A *(this box should expand as you type)*

SECTION J: Data Protection and Storage

In completing this section refer to the University's Research Data Management Policy and the extensive resources on the University's Research Data Management web pages (http://uwtsd.ac.uk/library/research-data-management/).

1	Does the research activity involve personal data (as defined by the General Data Protection Regulation 2016 "GDPR" and the Data Protection Act 2018 "DPA")?	**YES**	**NO**
	"Personal data" *means any information relating to an identified or identifiable natural person ('data subject'). An identifiable natural person is one who can be identified, directly or indirectly, in particular by reference to an identifier such as a name, an identification number, location data, an online identifier or to one or more factors specific to the physical, physiological, genetic, mental, economic, cultural or social identity of that natural person.*	☐	**X**
2	If YES, provide a description of the data and explain why this data needs to be collected:		
	N/A *(this box should expand as you type)*		
3	Does it involve special category data (as defined by the GDPR)?	**YES**	**NO**
	"Special category data" *means sensitive personal data consisting of information as to the data subjects' –* *(a) racial or ethnic origin,* *(b) political opinions,* *(c) religious beliefs or other beliefs of a similar nature,* *(d) membership of a trade union (within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992),* *(e) physical or mental health or condition,* *(f) sexual life,* *(g) genetics,* *(h) biometric data (as used for ID purposes),*	☐	**X**

4	If YES, provide a description of the special category data and explain why this data needs to be collected:	
	N/A *(this box should expand as you type)*	

5	Will the research activity involve storing personal data and/or special category data on one of the following:	**YES**	**NO**
6	Manual files (i.e. in paper form)?	☐	☒
7	University computers?	☐	☒
8	Private company computers?	☐	☒

9	Home or other personal computers?	☐	☒
10	Laptop computers/ CDs/ Portable disk-drives/ memory sticks?	☐	☒
11	"Cloud" storage or websites?	☐	☒
12	Other – specify:	☐	☒
13	For all stored data, explain the measures in place to ensure the security of the data collected, data confidentiality, including details of password protection, encryption, anonymisation and pseudonymisation:		
	N/A *(this box should expand as you type)*		
14	**All Data Storage**		
15	Will the research activity involve any of the following activities:	**YES**	**NO**
16	Electronic transfer of data in any form?	☐	☒
17	Sharing of data with others at the University?	☐	☒
18	Sharing of data with other organisations?	☐	☒
19	Export of data outside the European Union or importing of data from outside the UK?	☐	☒
20	Use of personal addresses, postcodes, faxes, emails or telephone numbers?	☐	☒
21	Publication of data that might allow identification of individuals?	☐	☒
22	Use of data management system?	☐	☒
23	Data archiving?	☐	☒
24	If YES to any question, please provide full details, explaining how this will be conducted in accordance with the GDPR and DPA (and/or any international equivalent):		
	N/A *(this box should expand as you type)*		
25	List all who will have access to the data generated by the research activity:		
	N/A *(this box should expand as you type)*		
26	List who will have control of, and act as custodian(s) for, data generated by the research activity:		
	N/A *(this box should expand as you type)*		
27	Give details of data storage arrangements, including security measures in place to protect the data, where data will be stored, how long for, and in what form. Will data be archived – if so how and if not why not.		
	N/A *(this box should expand as you type)*		
28	Please indicate if your data will be stored in the UWTSD Research Data Repository (see https://researchdata.uwtsd.ac.uk/). If so please explain. (*Most relevant to academic staff)*		

	N/A *(this box should expand as you type)*		
29	Confirm that you have read the UWTSD guidance on data management (see https://www.uwtsd.ac.uk/library/research-data-management/)	**YES** **NO**	☒ ☐
30	Confirm that you are aware that you need to keep all data until after your research has completed or the end of your funding	**YES** **NO**	☒ ☐

SECTION K: Declaration

31	The information which I have provided is correct and complete to the best of my knowledge. I have attempted to identify any risks and issues related to the research activity and acknowledge my obligations and the rights of the participants**.** In submitting this application I hereby confirm that I undertake to ensure that the above named research activity will meet the University's Research Ethics and Integrity Code of Practice which is published on the website: https://www.uwtsd.ac.uk/research/research-ethics/		
	Signature of applicant:	Melanie Rowland	**Date:** January 2021

For STUDENT Submissions:

32	Director of Studies/Supervisor:	Associate professor Caroline Lohmann-Hancock	**Date:** **January 2021**
33	Signature:	Associate professor Caroline Lohmann-Hancock	

For STAFF Submissions:

34	Academic Director/ Assistant Dean:		**Date:**
35	Signature:		

Checklist: Please complete the checklist below to ensure that you have completed the form according to the guidelines and attached any required documentation:

☒	I have read the guidance notes supplied before completing the form.
☒	I have completed **ALL RELEVANT** sections of the form in full.
☒	I confirm that the research activity has received approval in principle
☐	I have attached a copy of final/interim approval from external organisation (**where appropriate**)
☐	I have attached a full risk assessment (and have NOT completed Section H of this form) (where appropriate) ONLY *TICK IF YOU HAVE **ATTACHED A FULL RISK ASSESSMENT***

☒	I understand that it is my responsibility to ensure that the above named research activity will meet the University's Research Ethics and Integrity Code of Practice.
☒	I understand that before commencing data collection all documents aimed at respondents (including information sheets, consent forms, questionnaires, interview schedules etc.) must be confirmed by the DoS/Supervisor, module tutor or Academic Director.
☒	I have deleted the guidance notes before submitting the PG2 for consideration