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Evaluation of Bolton's Trauma Informed Schools Pilot

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Signature page

The undersigned confirm that the following protocol has been agreed and accepted by the PHIRST LiLaC chief investigators.

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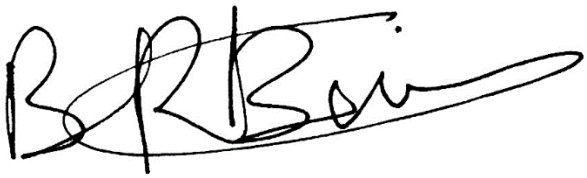

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Plain English summary

Background: Trauma-informed practice (TIP) is about reducing the negative impact of trauma experiences on people's life opportunities. Bolton council has funded a pilot initiative providing training and support to a local secondary school, so staff can better understand what trauma is, and how it affects young people. The pilot is now being rolled out to other secondary schools locally whereby senior school staff are being supported to deliver TIP training to school staff.

Aim: The aim is to make changes to the school environment and the relationships between staff and students to improve students' learning, wellbeing and social outcomes. The initiative is not delivering therapeutic interventions to children and young people. Our research project was requested by Bolton council and is about understanding the delivery and impact of the TIP pilot in the borough.

Methods: The research involves two phases. We are taking a phased approach in order to ensure that the research is carried out appropriately and at pace and to fit in with the school calendar timings. Phase 1 (May to September 2024) included a literature review and a set of interviews with school and other practitioners to help us learn about how the TIP pilot is being delivered and how it is understood to work. Phase 2 (October 2024 - May 2025) will involve an assessment of (i) the pilot's ongoing delivery in the pilot school setting and (ii) rollout across other secondary schools in Bolton. The research will look at how TIP is changing school environments and how TIP approaches may vary in different types of schools.

Public Involvement: A member of PHIRST LiLaC's public involvement panel is part of the research evaluation team. Alongside this, local public involvement opportunities include existing forums in Bolton engaging with students in schools.

Dissemination: We will produce findings that Bolton council and other local authorities and interested organisations can use. We will write a paper to share the findings with other researchers. We also hope to share the findings with practitioners and public groups via presentations and social media.

Contents

Introduction

Trauma-informed practice (TIP) or trauma informed approaches (TIA) are based on the theory that exposure to adversity can have significant adverse effects on life opportunities for groups facing multiple disadvantages (Whitaker et al, 2019). This can include the ability to develop positive relationships as well as influencing physical and mental health outcomes (Department for Levelling Up, Housing and Communities, 2023). In recent years, interest in concepts such as Adverse Childhood Experiences (ACEs) has grown, with the introduction of trauma informed initiatives rolled out in a range of non-clinical settings. While research is similarly evolving, there is a relative paucity of robust evidence on the effectiveness of TIP/TIA initiatives in UK education settings, and their implications for addressing health equity.

This evaluation aims to contribute to this evidence base centering on an initiative designed to embed a TIA across secondary schools in Bolton. The current protocol describes the approach and methods to be used for PHIRST LiLaC's evaluation during a second phase of the study.

About the intervention

Summary of research sites

In 2022, Bolton's public health team commissioned the pilot as part of a wider programme to prevent the negative effects of ACEs in the borough following research undertaken by Public Health Wales and Bangor University (see '*addressing local needs'* in later section). The organisation commissioned to deliver the original pilot is called KCA Training (https://kca.training).

The initiative is ongoing and has been rolled out in two phases:

1. A secondary school in Bolton was the primary site for the implementation of a package of support for introducing a TIA.
2. A rollout of the pilot will take place in 2024 and beyond. The focus is on rollout to secondary schools in the borough.

Overview of the Bolton trauma informed schools pilot

Strand 1: Delivery in pilot school setting

This main pilot phase sought to take a whole school approach providing training across different staff groups in the school setting, additional targeted support to the school's Special Educational Needs (SEN) team, as well as support to embed a TIA in the school's policies and practices. Engagement with the wider community including parents, and Voluntary, Community, Faith and Social Enterprise (VCFSE) organisations has also been attempted. In 2024, KCA's support within the school has shifted to focus on embedding trauma informed practices for the longer term. For example, KCA has helped the school re-write Child Looked After and Mental health policies with a TIA. A revised relationship policy is currently waiting to be ratified by school Governors.

Strand 2: Rollout via Bolton Learning Partnership (BLP)

Wider rollout to other secondary schools in the borough is now being supported. The aim is to ensure a consistent TIA across the Borough. The systems and processes in place include the Bolton Learning Partnership; the Behaviour and Inclusion partnerships (BIPs) and Learning Alliance Executive Board. Schools in the partnership have also agreed to contribute £4,000 to a shared pot to fund school improvement. Nominated senior leads in each school will receive leadership development from KCA and also be responsible for implementing the wider roll-out in their schools via a 'resource the trainer' model.

The following activities are underway/planned:

- A half day visioning session held with members of the leadership team from every secondary school in Bolton. The session also involved representatives from educational psychology, the public health team, virtual schools[1] and a regional mental health team.
- Resource the trainer session(s) were delivered in July 2024 to a nominated lead from every secondary school. The expectation is that this person is a senior leader (e.g. deputy or assistant head) who can champion TIA in their setting and take responsibility for delivering training. All schools identified and sent representatives to attend.
- Each lead (champion) has been provided with a resource pack developed jointly by KCA with educational psychology services. The resource provides around 10 hours of training material which can be delivered at the school's pace with some flexibility to adapt to the local school.
- Champions will pair up to deliver the training. All are committed to delivering some training before a follow up KCA session in Nov 2024.
- Use of the BLP/BIP as a community of practice to help sustain collective momentum for TIA rollout.
- A final element involves engagement with Virtual Schools, children and adolescent mental health services and educational psychology services.

What is already known?

Much research on TIP stems from the USA context (see for example, Saunders et al, 2023), although research on TIP in the UK context is growing (see for example, Hibbin and Warin, 2021; Home Office, 2024; Department for Levelling up, Housing and Communities, January 2023).

[1] The role of the Virtual School is to provide advice and support to children and young people currently or previously in care, as well as their teachers, school governors, support services, social workers, parents, and carers. The concept of the Virtual School was introduced under the Children and Families Act 2014 and updated in 2018.

Recent reviews of international studies have found some evidence of positive shorter-term outcomes associated with TIAs. Cafaro et al (2023) undertook a meta-analysis of studies evaluating teacher-delivered trauma interventions. They found that students reported reduced trauma symptom severity and that teachers' knowledge also improved. Newton et al (2024) reviewed a small number of studies (n=4) of trauma informed interventions in Australia finding these also had positive effects. Wilson-Ching et al's (2023) review of the relational aspect of TIP highlights the potential for greater connectedness to school settings through relationship building between students/teachers and with teachers/parents.

What is the need for this evaluation?

Addressing public health evidence gaps

While research has reported some positive outcomes associated with a TIA, gaps remain in the evidence base in the UK context. A Public Health England (PHE) review (2021) advised that most TIP evaluations are of small-scale interventions, not capturing outcomes across different levels (including both outcomes for organisational and individuals). Maynard et al (2019) also notes there is a lack of clarity about unintended outcomes. Additionally, the complexity of delivering initiatives like TIP has meant it is challenging to identify and isolate the underlying mechanisms through which TIP may contribute to outcomes. For example, Avery et al (2020) recommends the need for research that can illuminate the *'interaction between core elements of a trauma-informed approach, teaching pedagogy and organizational factors that support the embedding, use and transferability of school-wide approaches.'* Finally, reviews have also reported variability in the interpretation and delivery of TIP programmes (Newton et al, 2024 and Wilson-Ching et al, 2023) even where schools are implementing the same trauma-informed framework (Wilson-Ching et al 2023).

Addressing local needs

Reporting in 2021, the Childhood Adversity and Health and Wellbeing during COVID-19 Study was undertaken by Public Health Wales and Bangor University on behalf of Bolton Council (Ford et al, 2021). This reported that just over half (51.7%) of Bolton adult residents reported exposure to at least one ACE before reaching the age of 18 years, reflecting national trends; the report also linked the experience of ACEs to harmful effects on health and wellbeing.

The local authority partner has requested a relatively rapid evaluation to inform its ongoing work on TIP. There is a particular interest in wider generalisability and learning from the pilot to inform the ongoing rollout of a TIA across the education system in the borough. The Local Health and Wellbeing Board has also included a focus on ACEs as a priority theme in delivering the Borough's 2030 vision.

During the academic year 2023/2024 there were 22,198 students in state funded secondary schools in Bolton[2]. The number of students in state secondary schools eligible for free school meals in Bolton also increased rapidly from 856 students in 2020/21 to 1,572 students in 2021/22, indicating a big increase in families on low incomes and in receipt of certain forms of welfare support (Local Government).

Bolton's overall sociodemographic profile is summarised in the Joint Strategic Needs Assessment (JSNA) Bolton

'Bolton in Brief': Source Bolton in brief – Bolton JSNA

- Bolton's population currently stands at 302,000 (mid 2023 population estimate)
- The borough has a higher proportion of older people (65 years plus) than Greater Manchester as a whole
- Around half of Bolton's residents are aged under 40
- Bolton has a richly diverse community; 91% of Bolton's population identify with at least 1 UK national language and 96% speak English as their main language or are proficient in speaking English. The most common ethnic backgrounds of our non-White British residents are Asian Pakistani and Asian Indian, while the proportion of residents who would describe themselves as being from a 'White' ethnic background has dropped 10 percentage points between 2011 and 2021 to 72%. (census 2021)
- As with many local authorities in the north of England, the health of people in Bolton is generally worse over a range of measures than the average for England
- Bolton is one of the 20% most deprived districts/unitary authorities in England (IMD 2019) and 41.6% (30,586) of children live in low income households (End Child Poverty children in low income households 2021/22)
- The gap in life expectancy at birth varies considerably across Bolton by 10.3 years for males and 8 years for females (2016-20). Life expectancy for Bolton as a whole is 2 years less than England for males (76.6 years), and females (80.7 years)(2020-22).

Health equity considerations

The underlying causes of trauma are associated with structural causes. Children living in poverty and in the most deprived areas are at higher risk of ACES (Lewer et al. 2020, Crouch et al. 2020) including child abuse and neglect. When ACES and poverty coincide, families living in poverty lack the resources to mitigate the consequences of ACES and there is a higher risk of trauma, which is likely to be more severe and can last into adulthood (Lacey et al. 2022). Conversely, factors which protect children against the negative effects of ACES include having a

[2] During the academic year 2023/2024 there were 22,198 students in state funded secondary schools in Bolton https://lginform.local.gov.uk/reports/lgastandard?mod-area=E08000001&mod-group=AllMetropolitanBoroughLaInCountry_England&mod-metric=2205&mod-period=3&mod-type=namedComparisonGroup

relationship with one trusted adult, maternal social connectedness and financial and social security.

Smith and Monteux (2023) writing in the context of TIP in social care have highlighted a need for a greater focus on addressing structural and social determinants of ACES. Similarly, PHIRST LiLaC's research on TIP in other settings has also observed that '*careful thought needs to be given by all services offering a trauma-informed approach about the way that this can support a wider aim of addressing the underlying social determinants'* (Collins et al 2024, forthcoming).

Schools themselves may serve as potential contributors to racist and class-based discrimination. A commentary by Davis et al (2022) argues that despite clear evidence of disproportionate trauma exposure among students of colour in the USA, most models of trauma-informed schools do not explicitly address the intersection of race and trauma. They continue that approaches often fail to acknowledge the structural inequities within society and educational systems that contribute to experiences of trauma. An example of this could include overrepresentation of pupils from racially minoritised groups in exclusion and suspension data (Davis et al, 2022).

In the UK context, guidance on TIAs (UK Government, 2022) refers to cultural considerations as a key principle, although it is unclear to what extent this has been embedded in practice and research on TIAs. The Welsh trauma informed framework (Ace Hub Wales, 2022) also points to the importance of considering the adversities relevant to a particular area/setting and its local population and how these may vary across different contexts and groups.

The team will also apply a health equity lens to the research, paying attention to disparities experienced by different groups. Lilac researchers have developed tools and resources to help make research evidence more relevant for action to reduce health inequalities (Popay et al, 2023); these resources are freely available as part of the For Equity website (https://forequity.uk/). There are, however, some limits in what the research will be able to answer. For example, the research can qualitatively explore stakeholders' perspectives on ways in which the TIA initiative seeks to address health and social disparities (e.g. for racially minoritised groups, those experiencing socio-economic disadvantage) and the structural factors that create these. However, the ability of the research to explore differential experiences or outcomes across intersecting social categories is dependent on available secondary data.

Learning from phase 1

We are delivering this evaluation in two phases. Phase 1 of the study was conducted over a short time frame to fit with school timescales and ensure that the research has been able to progress rapidly.

Phase 1 (June-Sept 2024) focused on articulating: (i) the change mechanisms embedded in the initiative's design including how the pilot was expected to lead to anticipated or observed outcomes (ii) the processes of implementation; (iii) what features of the context are perceived to influence pathways to change (iv) the

perspectives of different stakeholders on TIP in school settings and the ways in which it is understood to address local health inequalities. Two main activities were undertaken: (i) a rapid and ongoing evidence synthesis to help further surface change mechanisms underlying TIAs in school settings and (ii) primary data collection involving a set of realist interviews with a range of core stakeholders.

The findings from this phase will be reported in line with the overall evaluation timetable but an initial rapid analysis has been undertaken to inform phase 2 planning, a summary of which is detailed below.

Evidence synthesis

Understanding TIA change mechanisms

A rapid review had already been undertaken during the protocol development phase so for this component, we selected a sample of n=10 review articles and primary papers reporting on TIA where these provided insights across geographical contexts as well as those looking at particular mechanisms (e.g. relational elements of TIA). A number of change mechanisms were identified related to a TIA; these are grouped with respect to change at different levels: knowledge, attitudes and awareness, practice change, and school policy and procedures.

Knowledge, attitudes and awareness: Professional development concerns understanding and awareness of the effects of trauma on children and young people and how this shapes practitioners' engagement with students. Long (2022) suggests that central to the *'success'* of trauma informed approaches in education is *'high quality professional development to increase adult knowledge of the impact of trauma'*. A central hypothesis is that through acquiring new knowledge and awareness, staff groups (not limited to educators) will utilise this new knowledge to *'employ empathetic responses to students who are trauma-exposed and avoiding approaching students from a deficit perspective...*' (Thomas, 2019, 426). Sparling similarly suggests that awareness and knowledge may lead to changes in staff interpretations regarding children's behaviour and in turn more nuanced responses to traumatic experiences (Sparling, 2023). In turn, knowledge and awareness may result in more constructive and positive relationships in schools between adults and children (Long, 2022) and result in reductions in conflict in the school environment (Whitaker et al, 2019)

Existing studies have reported on the positive impact of training (e.g. MacLochlainn, 2022) although it is less clear whether knowledge is retained over time in an organisational setting. It is feasible, for example, that newfound learning could dissipate in a school experiencing high staff turnover, and/or where a TIA is not embedded more widely within the school culture. Teachers or other staffs' receptivity to training may also vary depending on teaching styles as well as their own experience of trauma (Boylan 2023).

Practice change: Change to practice may occur within the classroom setting or wider school environment including the ways in which staff interact and communicate with students on a daily basis (Carfaro, 2023). These practice changes may flow from improved awareness among staff groups as a result of training or changes to policy

and procedures such as discipline procedures. Changes to practice may also arise from how educators/other staff engage with specialist teams/services in the school setting or involve external agencies such as local community/voluntary organisations, as well as mental health, or health and social care services (MacLochlainn, 2022)

School policy and procedures: In order to sustain change over time, research has reported the need for an ethos or culture change to support embeddedness of a TIA. This may be evidenced by adaptations to, or the introduction of new policies and procedures (Avery, 2021). Maclochlainn (2022) suggests that revisions to schools' discipline or behaviour management policy are likely to be required in order for '*any school to authentically embed trauma informed principles*.' This may include, for example, not using suspension and expulsion or having alternatives to detentions. Sparling (2023) also observes that *'once embedded, such practices and processes may influence future decisions such as recruitment of new staff or appointing leaders.'*

Role of champions/leaders: In particular, leadership and the role of champions has been identified as a mechanism influencing embeddedness of a TIA. For example, an absence of senior leadership and mandate was identified as barrier in one study where efforts were being made to change the school's behavioural policy (MacLochlainn (2022). In contrast, for evaluators of a course on trauma-informed practice, the role of leaders was highlighted as the most significant enabler as *'enthusiasts and champions'* emerged, leading to a *'cadre of champions'* developing over time, contributing to a diffusion of learning from the programme (Boylan 2023).

Understanding context

Like any complex intervention, the implementation of TIAs will be shaped by the complexities of contexts within which schools are situated. Long (2022) observes that there are major disparities between individual schools, sectors, and local authorities in England and these could constrain the ability of schools.

The implementation of TIA may be affected by levels of deprivation or geographical factors (Thomas, 2019) and the school environment itself (such as its approach to discipline and exclusion or high levels of staff turnover, already noted). Wider pressures include educational targets, budget cuts and class size increases (Maclochlainn 2022) as well as Ofsted requirements in the UK context (Sparling 2023).

Stakeholder interviews

This section provides a high-level overview from a rapid analysis of professional interviews conducted as part of phase one. This preliminary analysis was done to inform planning for phase 2 of the evaluation, with a more detailed analysis ongoing as part of the overall study. Nine stakeholders with involvement with the TIP in Bolton reflecting diverse staff groups participated in an individual interview during July 2024. A caveat is that most interviews centred on the implementation of TIA within one secondary school in Bolton. It is also possible that our sample was directed towards staff members most engaged in the initiative with particular interest in developing their practice in this area rather than staff members more sceptical about a TIP approach.

Staff interviewed displayed *understandings of TIA* in line with common definitions but there was also variation in the emphases they placed on different aspects (e.g. re-framing teacher understanding of student behaviour). *Perceived impacts of the TIA roll-out* ranged from relational changes (staff to staff, staff-student and staff-parents) and impacts on awareness and understanding. Organisational level impacts included better communication and sharing of information, changes to practice and the school's emotional climate. *Contextual factors* perceived as having an impact on the roll-out of trauma-informed approaches ranged from factors at the borough level (e.g. existing infrastructure to support partnership working); school factors (e.g. school ethos and leadership) as well as individual/personal factors (practitioners' underlying interest in a TIA and if aligned with their approach). The recent pandemic was perceived to be both a potential barrier (negative impact on student behaviour) and a facilitator (strengthened working links between education and public health colleagues). *Other factors* perceived to have affected delivery included delivery of training, staff buy-in and the potential for differences in opinion over how the school's behaviour system should work. The wider policy and practice context were also cited as well as time constraints.

Local evaluation activity

The team has met with KCA to discuss evaluation plans and agree in principle to data sharing where this is required. Within the pilot school only, KCA delivered a survey of staff groups at two time points (baseline and 12 month follow up) with plans to repeat the staff survey a final time in spring 2025. Findings from this survey were included as part of the report submitted to Bolton council (not yet in the public domain) and have fed into planning for this PHIRST evaluation. We have decided against including survey questions in this final wave, as this would provide data only at one time point. To maximise use of resources, our evaluation will undertake a more focused and in-depth case study approach to understand policy and practice changes within the school, in order to avoid any duplication with KCA's data collection plans.

We considered extending the rollout of the KCA survey across other secondary schools but felt this lacked feasibility. The timing of data collection would be problematic as the intervention will be delivered at different times in different schools,

in addition to which some training activities are already underway, making it difficult to establish a baseline.

Evaluation aims and research questions

The overarching aim is to contribute to knowledge and understanding about the implementation and early impact of the TIA initiative within secondary school settings in Bolton. In the second phase, we will focus on (i) understanding ongoing delivery of a TIA within the pilot school setting with a particular focus on policy and practice change. The focus will also extend to investigate the rollout across other secondary schools. This will pay particular attention to the ways in which TIA is interpreted, consistency and intensity of delivery and how it is adapted to different school contexts.

The aims of the phase 2 evaluation are to:

a) Determine the early impacts of the TIA initiative
b) Explore the processes of implementation of TIAs within and across schools
c) Understand change mechanisms underlying the TIA initiative
d) Identify options for longer term evaluation of educational outcomes
e) Understand what is needed to sustain change over time.

In order to achieve these aims we will explore the following research questions:

1) What are the impacts of the TIA initiative on practice knowledge, attitudes and awareness among school staff?
2) What other impacts (e.g. students and parents' experience of the school environment, relationships between staff and with students/parents, partnership working between agencies within and internal to the schools) can be attributed to attempts to embed a TIA within school policies, practice and culture?
3) Does the introduction of the TIA initiative impact on patterns of student attendance and/or suspensions/permanent exclusion and (if feasible to explore) does this vary by school type/characteristics?
4) How does the TIA initiative seek to address health and social disparities (e.g. for racially minoritised groups, those experiencing socio-economic disadvantage) and the structural factors that create these?
5) How are key TIP principles (safety, trust, choice, collaboration, empowerment and cultural considerations) being implemented across secondary schools?
6) Which change mechanisms underpin the TIA within and across schools? How do the change mechanisms work in practice?
7) What is the role of senior school 'champions' in efforts to embed a TIA within and across schools?
8) What are the drivers and barriers to embedding a TIA across different school contexts, including fit or friction with other educational policies or initiatives?
9) To what extent can routine data be used to examine the longer term impacts of a TIA on young people's outcomes?

10) Which elements of the initiative and its implementation appear conducive to ensuring sustainability within and across schools over time?

Evaluation design

This is a mixed methods study consisting of primary qualitative data collection and secondary quantitative analysis. The overarching evaluation is guided by the following methodological/theoretical frameworks outlined below.

Firstly the overall evaluation is informed by realist principles, a form of theory-driven evaluation that seeks to advance understanding of why and how interventions work, for whom and in what context (Pawson and Tilly, 1994; Greenhalgh et al, 2015). Realist evaluation (RE) is appropriate for building evidence about developing interventions and can also aid learning to inform a programme's wider rollout (HM Treasury, 2020). Given the emergent nature of this intervention, we do not anticipate a full RE being feasible but realist thinking will help in surfacing a clearer understanding of change mechanisms related to TIAs.

Secondly, the TIA initiative has the goal of embedding new ways of working and practices across secondary schools. Our data collection and analysis will be guided by normalisation process theory (NPT); a conceptual framework to help understand how people adapt to new approaches and ways of working within organisations (Murray et al, 2010). This framework has also been usefully applied to other evaluations of TIAs (Goldthorpe et al, 2022).

Finally, and specifically with respect to trauma, we will draw on a public health framework that sets out 6 key principles underpinning a TIA (safety, trust, choice, collaboration, empowerment and cultural consideration) (OHID, 2022). This framework is particularly salient because it is being used to guide the rollout of the TIA initiative across Bolton's secondary schools and so will enable us to consider how these principles are interpreted in different school settings.

Data collection plan

This is a mixed methods study consisting of primary qualitative data collection and secondary quantitative and case study analysis. A summary of the RQs and how they are addressed by our data collection plans is detailed in the table below.

Table 1: Overview of aims, research questions and data collection

Research Aim	Research Questions	Main data collection activities
Determine the early impacts of the TIA intervention	• What are the impacts of the TIA initiative on practice knowledge, attitudes and awareness among school staff? • What other impacts (e.g. students' experience of the school environment, relationships between staff and with students/parents, partnership working between agencies) can be attributed to attempts to embed a TIA within school policies, practice and culture? • Does the TIA initiative impact on patterns of student attendance and/or suspensions/permanent exclusion and (if feasible to explore) does this vary by school type/characteristics?	• Interview data from phase 1 • Case study of policy change in pilot school • Focus group(s) with parents and/or students in pilot school • Focus groups with school staff who are recipients of training during rollout • Analysis of national publicly available data on secondary school attendance/exclusions
Explore the processes of implementation of TIAs within and across schools	• How does the TIA initiative seek to address health and social disparities (e.g. for racially minoritised groups, those experiencing socio-economic disadvantage) and the structural factors that create these? • How are key TIP principles (safety, trust, choice, collaboration, empowerment and cultural considerations) being implemented across secondary schools? • What is the role of senior school 'champions' in efforts to embed a TIA within and across schools? • What are the drivers and barriers to embedding a TIA across different school contexts, including fit or friction with other educational policies or initiatives?	• Interview data from phase 1 • Case study of policy change in pilot school • Interviews with TIA champions/stakeholders • Focus groups with school staff who are recipients of training during rollout • Observation of Bolton Learning Partnership (BLP)
Understand change mechanisms underlying the TIA initiative	• Which change mechanisms underpin the TIA within and across schools? How do the change mechanisms work in practice?	• Interview data from phase 1 • Case study of policy change in pilot school • Focus group(s) with students in pilot school • Interviews with TIA champions/stakeholders • Focus groups with school staff • Observation of BLP
Identify options for longer term evaluation of educational and health outcomes	• To what extent can routine data be used to examine the longer term impacts of a TIA on young people's outcomes?	• Assessment of national publicly available data on school attendance/exclusions • Scoping of options for longer term evaluation of educational and health outcomes
Understand what is needed to sustain change over time	• Which elements of the initiative and its implementation appear conducive to ensuring sustainability of the TIA within and across schools over time?	• Evidence review from Phase 1 • Synthesis of findings from the evaluation

Work package (WP) 1: Primary qualitative data collection

WP1.1. Initial pilot school setting

WP1.1.1: In-depth case study of TIA

Building on the learning from Phase 1 interviews in the pilot school setting, Phase 2 will utilise a case study approach to investigate efforts to embed trauma informed approaches within the school. It will combine collection of primary qualitative data collection and analysis of documents.

Our starting point will be a policy change related to the school environment. The policy change could relate to disciplinary/behavioural procedures, or policies related to SEND provision, safeguarding or mental health. The researcher will produce an initial description of policy case, and identify actors involved as well as timelines based on available data from interviews during phase 1 and documentary analysis.

Key stakeholders pertinent to the policy (n=5) will be selected and invited for a semi-structured interview. We intend to interview at least one senior leader; one classroom teacher and one specialist (e.g. SEND) member of staff who have knowledge about the trauma informed approach and the development of the policy. We also intend to interview, if appropriate, up to 2 external members of staff who engage with the school who also have knowledge/experience of the policy and the TIA. A schedule will not be used rigidly, instead serving as a guide to topics and an aid to question-asking. However, the interviews are likely to invite the participant to explore some a priori issues – such as their role and role of others in the policy change, changes to relationships (e.g. with students/families) and partnership working (e.g. between services/professionals within and external to school), and barriers and facilitators (e.g. organisational cultures, role of leadership).

We will ask participants to identify documentary sources relevant to the case during the interviews. The aim will be to include a range of sources that provide different perspectives, shedding light on the way that developments have unfolded. This could include, for example, minuted meeting notes. We will also explore the possibility of utilising local data collected by the school (for example data on disciplines) but this will be contingent on its salience to the policy case, as well as feasibility of data access in the evaluation timeframe.

WP1.1.2: Student and/or parents' experiences of the school environment

Perspectives from students and parents (or carer givers) connected to the pilot school will ideally be gathered via focus groups/discussions, likely to be organised through existing forums/groups (e.g parent or student councils). These conversations will focus on school and cultures and environments (e.g. relationships between staff and students, feelings of safety). and how these are perceived to have changed (or not). They will not focus on students' or families' personal experiences of trauma.

Our ability to conduct this element will be contingent on the feasibility of arranging these sessions, as it will require the input/support of the school staff. To inform this we are consulting with the pilot school's practice stakeholders. Engagement work

would aim to identify in more detail the kinds of outcomes that they consider to be important; to get feedback on how the focus group(s) could be organised and some advice about developing an effective recruitment strategy. Fieldwork with students and parents in other schools is not planned, partially for capacity issues but also because the rollout is at an earlier stage and the most likely changes in the evaluation timeframe will relate to practitioner attitudes, knowledge and awareness.

WP1.2: Secondary school rollout

The setting is the secondary state schools where the initiative is being rolled out more widely. Currently the number of participating schools is approximately 23 schools.

WP1.2.1: Interviews with TIA secondary school leads/wider stakeholders

Sample and recruitment: This component will involve one to one interviews with (a) TIA nominated champions/leads who are senior / strategic staff members working in Bolton's secondary schools (usually assistant/deputy heads and/or behavioural leads) (approx. n=20 participants) (b) professional stakeholders across different parts of the system (e.g. virtual schools, educational psychology, council) (approx. sample: n=5) to understand perspectives on a TIA and its rollout across the borough. These stakeholders may either have some practical involvement in the initiative's delivery (e.g. supporting delivery of training) or are engaged indirectly through their day to day work with schools.

Inclusion criteria:

Potential participants must be:

- An adult over 18 years employed by an organisation that is connected with the Bolton trauma informed secondary schools initiative
- Delivering activities/services relevant to the Bolton trauma informed secondary schools initiative as part of their role
- Have capacity within their workload to take part in an interview (up to 60 minutes)

All potential participants will be identified as meeting the inclusion criteria by council or school staff who are already in email contact as part of their role. The TIA pilot coordinator role is undertaken by school leader(s) in the area. They have agreed to be a conduit for information sharing with champions in the first instance. We are already known to the coordinators and have recently met with the current coordinator to discuss feasibility of the research plan. The coordinator will be asked to initially make contact with eligible participants who will grant permission for their contact details (work emails) to be shared with PHIRST LiLaC researchers. Once agreement to be approached is obtained, a member of the PHIRST LiLaC team with responsibility for the qualitative fieldwork will email potential participants to formally invite them to participate in the study. The coordinators will not be made aware of who decided to take part in the study or not.

Once a potential participant has made contact with a researcher and all their questions about the study have been answered, they will be asked to return a

research consent form via Microsoft Forms. We will accept the printed name of the participant in place of a signature. A suitable date and time for the interview will be arranged between the researcher and participant.

Data generation:

One to one interviews will cover

- Stakeholders' involvement or contact with the TIP schools pilot;
- Salience of TIA in addressing health equity and local needs;
- Acceptability of the TIP model being implemented;
- Early activities to embed TIA principles within and across schools
- How key programme mechanisms are understood to work in practice including the role of champions in delivering a TIA;
- Perceived or anticipated outcomes
- Contextual factors perceived to shape implementation and outcomes

All interviews will take place over a videoconferencing platform (Microsoft Teams). Interviews will involve one researcher and one participant. Recordings will be saved from the video conferencing interviews. It will be made clear in the PIS sheets that participants will have the option to join the interview with their cameras turned off and keep them turned off for the whole duration of the interview. Recordings will then be sent to an external transcriber as soon as possible after the interviews have taken place. The research team will separate the audio file from the video file before sending the audio file only to the transcriber and will ensure that external providers have signed a confidentiality agreement with Lancaster University.

WP1.2.2: Focus group with secondary school staff

The rollout phase involves trauma-informed training, delivered using a "resource the trainer" model. We therefore intend to conduct focus groups with staff who have been recipients of this training.

Sample and recruitment: Schools will be sampled to include secondary schools where (i) training has been delivered by end November 2024 (ii) school status and type (iii) student population characteristics.

A focus group with staff will be held in each of the sampled schools but this will depend on how quickly schools rollout the training so it is difficult to provide precise numbers for the sample. At this stage, we estimate undertaking around n= 5 focus groups in total.

Inclusion criteria

Potential participants must be:

- An adult over 18 years employed by a secondary school connected with the Bolton trauma informed secondary schools initiative
- Participated in training about TIAs as part of the Bolton initiative
- Have capacity within their workload to take part in a focus group (up to 60 minutes)

The gatekeepers for the focus group recruitment will be the TIA lead/champion (detailed in WP1.2.1) in the secondary school. They will be asked to initially liaise with the head teacher to confirm consent for a focus group to go ahead. Once consent has been confirmed, the gatekeeper will email potential participants using an invitation produced by the PHIRST LiLaC research team to formally invite staff members to participate in the study. The email invitation will include the researchers' contact details, and will ask the potential participant to respond directly to the researchers to express interest in taking part. The process for consent/focus groups arrangements will then be led solely by the researchers. The gatekeepers will not be informed who did or did not take part. Participants will be provided with an information sheet and consent form that includes the contact details of the project researchers. The first 10 responses in each school received by the research team will be invited to take part in the focus group. We estimate between 8-10 participants taking part in each focus group. Therefore the approximate number of participants would be n=40-50 participants in total.

Once a potential participant has made contact with a researcher and all their questions about the study have been answered, they will be asked to return a research consent form via Microsoft Forms. We will accept the printed name of the participant in place of a signature. A suitable date and time for the focus group (with advice from the gatekeeper as to timing/location) will have been provided as part of the invitation email.

Data generation:

- Stakeholders' involvement or contact with the TIP schools' initiative
- Role of TIA in addressing health equity and local needs
- Perceptions and experiences of the TIP model being implemented;
- How key programme mechanisms are understood to work in practice
- Perceived or anticipated outcomes (for participants; other school colleagues; students);
- Factors perceived to shape implementation and outcomes

The focus groups will either take place over a videoconferencing platform (Microsoft Teams) or in schools to coincide with gaps in the working day or other opportunities such as after staff meetings. Focus groups will involve an average of 8-10 participants (minimum n=3 and max 10 participants) and two members of the PHIRST LiLaC team. Recordings will be saved from the focus groups. If held online, it will be made clear in the PIS sheets that participants will have the option to join these groups with their cameras turned off and keep them turned off for the whole duration of the focus group. Recordings will be sent to an external transcriber as soon as possible after the interviews or focus groups have taken place. If using the inbuilt recorder in Teams, the research team will separate the audio file from the video file before sending the audio file only to the transcriber and will ensure that external providers have signed a confidentiality agreement with Lancaster University.

WP1.2.3: Observations of Bolton learning partnership events

Observations will take place of activities that provide insight into the implementation and impacts of the TIA initiative. The relative proximity of the team to Bolton means it will be feasible to attend these in person where face to face sessions are held. It is not possible to be specific about the number of observations because a fixed number of events/sessions are not confirmed, however, we envisage having capacity to observe up to five activities in total.

Key activities could be TIA community of practice or wider training events where a group of practitioners from different schools will be in attendance, organised through Bolton Learning Partnership. We will not be observing activities involving interactions with students or parents/carers. We have also decided against observing training events delivered by the TIA champions in their schools. Individuals may be delivering the training for the first time, and thus may feel apprehensive that the researcher is attending to evaluate their personal performance.

We will request permission from the organiser and inform other necessary stakeholders that the research is taking place. Information will be available about the research via information sheets. Where observed activities involve group discussions (where the researcher might be assumed to be a participant) every effort will be made to ensure that the chair/ facilitator as well as other individuals participating understand they are being observed for research purposes. However, we will also make clear that we are not observing or recording identifiable information about individuals in the meetings (e.g. their names, places of employment). It may be difficult to request written consent from participants particularly where the activity is being observed as a one-off activity. For example, we will not know in advance who is attending the activity, and asking the facilitate to assist in this process could place additional administrative burden on them. If written consent requested during the activity, this could be disruptive to the session where time is limited and/or there is a busy agenda and attendees would not tolerate the time this would take up.

From our experience of observing activities in other similar evaluations, we consider that it would not be appropriate to attempt to audio record observations. Attendees might feel apprehensive about the researcher bringing along audio-recording equipment. Alternatively, a researcher will complete an observation template capturing what was discussed in relation to the TIA rollout across schools; roles; changes, impacts, outcomes; nature of challenges or enablers (including responses to challenges) and next steps/future plans.

Qualitative data analysis

Phase two of the evaluation will build upon the findings from phase one relating to the implementation and impact of TIA in the pilot school but the focus will be extended to include the wider roll-out of the TIA.

NVIVO or Atlas.Ti will be used to manage and code the qualitative information from interviews, focus groups, observations and documentary analysis. Interviews and focus groups will be audio recorded and transcribed verbatim. Recordings will be

transcribed using the in-built voice recognition software in MS Teams or if not of sufficient quality to do this, sent to an external transcriber as soon as possible after the interviews or groups have taken place. The independent transcriber will be an approved Lancaster University supplier and will be asked to complete a confidentiality agreement.

We will adopt a realist-informed approach to analysing the qualitative data which will allow us to develop and refine our initial understanding of the trauma informed initiative and its wider roll-out. There will be two separate strands of analysis: the first will be focused upon the impacts and experiences of the trauma informed approach in the pilot school setting (WP 1.1); and the second will be focused upon the wider secondary school roll-out (WP1.2). The coding frameworks for the analyses will be informed by phase one interview findings and guided by concepts drawn from the realist approach; the OHID (2022) trauma informed framework and NPT. However, the analysis will also include an inductive element to ensure we remain open to capturing new perspectives and understandings. We intend to draw upon realist approaches to help us surface the influence of contexts and underpinning mechanisms related to TIA. In addition, Normalisation Process Theory (NPT) (Murray et al. 2010) will help us explore how trauma informed practices and policies become embedded over time. According to Dalkin et al. (2021), combining a realist approach with NPT can enhance the explanatory power of the analysis. The preliminary analysis of Phase 1 interview data will also be used to develop the analysis plan and coding frame for the overall study. This will include for example, testing the NPT framework to clarify the most salient components of this framework.

1.1 *Pilot School Impacts and Experiences*

Data for this work package include an in-depth case study of a TIA policy developed and implemented within the pilot school and focus groups of student / parent experiences of the school environment. Analysis will be focused upon determining early impacts of the intervention and stakeholder experiences.

1.2 Secondary school roll-out

Drawing upon interviews with TIA leads/wider stakeholders; focus groups with school staff and observations of the Learning Partnership meetings the analysis will explore changes in knowledge and attitudes, implementation processes and help us to develop an understanding of what actions are needed to sustain the intervention over time including exploring options for a longer-term evaluation of education and health outcomes.

Currently we intend to use a thematic analysis (Braun & Clarke, 2019) to analyse the qualitative data but as our understanding of the data develops we may re-visit this decision if thematic analysis is not felt to be appropriate.

To enhance the explanatory power of the analysis we would like to draw on a participatory qualitative analysis approach, as was adopted in our PHIRST LiLaC TIRP study in Bristol. This would mean involving relevant key stakeholders (e.g. PHIRST LiLaC public advisor involved with the evaluation from the beginning and, if feasible, members of school staff) alongside PHIRST LiLaC researchers at different

stages of analysing the interview data. There are different ways in which stakeholders could be involved (e.g. coding of the interview transcripts and supporting the development and interpretation of themes.) However, a participatory approach will also need to be proportionate to fit with the timeframe available.

Work Package 2: Assessment of educational data

Overview of data and initial analysis plans

To obtain school-level attendance rates, we will utilise the publicly available dataset "Compare the Performance of Schools and Colleges in England," accessible at https://www.gov.uk/school-performance-tables. This dataset covers the period from 2009 to 2023 within various local authorities in England, enabling us to evaluate effects of the initiative. The dataset includes information on attendance rates, covering both overall absence (the percentage of possible mornings or afternoons recorded as an absence from school for any reason, whether authorised or unauthorised, across the full academic year) and persistent absence (the percentage of pupils who miss 10% or more of the possible mornings or afternoons they could attend; a pupil is classified as persistently absent if their overall absence rate is 10% or higher across the full academic year).

Moreover, the dataset provides information on a range of school-related factors and student demographics over several years. The dataset includes school details such as address, school type, admissions policies, and indicators of the school's inclusion in various performance tables. Additionally, it offers data on student characteristics, including age range, gender distribution, prior attainment levels, language proficiency, and special educational needs (SEN). Data on ethnicity is not recorded.

The academic performance data is similarly detailed, encompassing metrics such as Attainment 8 and Progress 8 scores, GCSE pass rates, and English Baccalaureate (EBacc) performance. These outcomes are further disaggregated by subject area, disadvantaged status, gender, and student mobility.

For school-level exclusion rates, we will employ another publicly available dataset accessible at https://explore-education-statistics.service.gov.uk/data-tables/suspensions-and-permanent-exclusions-in-england. This dataset provides both the permanent exclusion rate and suspension rate at the school level and includes a unique reference number (URN) for each school, enabling us to link the two datasets effectively.

Given that the intervention has only been implemented in a single unit in Bolton, we will employ the synthetic control method to estimate its impact on school attendance and exclusion rates. This approach, originally developed by Brodersen et al.,(2015) has been effectively utilised in evaluating local authority-level policies with a single intervention unit (de Vocht et al., 2017).

The synthetic controls will be estimated using Bayesian Structural Time Series (BSTS), which generates a weighted combination of control areas to approximate the counterfactual. Control schools for this analysis are defined as secondary schools with sixth forms within a set of comparator local authorities, including Walsall, Rochdale, Oldham, Tameside, Bury, Derby, Kirklees, Middlesbrough, Blackburn and Darwen, Stoke-on-Trent, Doncaster, Bradford, Dudley, Telford and Wrekin, and Rotherham. Furthermore, we will investigate the potential to integrate school-level data on Free School Meal (FSM) enrolment, using this as a proxy for the deprivation level of the school's catchment area, to enhance the matching and weighting of control schools in the analysis.

This approach utilises Bayesian model averaging across the time series data from all control areas to construct a synthetic time series that closely aligns with the observed pre-2023 time series of the intervention school. Following this, a post-intervention synthetic time series is generated to represent a counterfactual scenario in which the intervention was not implemented. By comparing the post-intervention outcomes of the intervention unit to this synthetic control, we aim to determine whether any observed changes in attendance and exclusion rates can be attributed to the intervention. The findings will be reported as point estimates with corresponding 95% Bayesian credible intervals (CIs).

Given that there is only one intervention unit and just two years of post-intervention data, the uncertainty surrounding any estimates is likely to be considerable, which may limit our ability to definitively determine the intervention’s effects. Nonetheless, we could establish an analysis repository on GitHub to facilitate easy replication of the analysis as additional follow-up data becomes available and more schools adopt the intervention. As more schools implement the intervention, we may consider transitioning to an alternative analytical approach, such as the multiperiod difference-in-differences (DID) method outlined at: https://yiqingxu.org/packages/gsynth/articles/tutorial.html#implied-weights.

Co-production with the evaluation

The initial stage of evaluation planning involved undertaking an evaluability assessment to review the feasibility of an evaluation and explore stakeholder interests. Below we outline how our approach to knowledge exchange will continue to be guided by key principles of good practice.

Clarify your purpose and knowledge sharing goals

Locally, there is a particular interest on wider generalisability and learning from the pilot to inform the rollout of a trauma informed approach across the education system in Bolton, via its Learning Partnership. Outputs will be aimed at partners in Bolton but will also produce learning that is available to other parts of the country.

Identify knowledge users

Our key knowledge users are the public health team at Bolton Council who originally commissioned the trauma informed pilot and requested this evaluation, educational

stakeholders who are involved in the oversight or delivery of the pilot locally as well as the wider school community including parents/guardians and students.

Agree expectations

The evaluation focus has been discussed and agreed with local partners via regular evaluation meetings. We have met with KCA to consider how their evaluation builds on their internal evaluation activities. It was also agreed with local partners that this PHIRST study will only have a focus on shorter term implementation and outcomes. However, the evaluation will provide recommendations on future evaluation plans to help leave a legacy for future research and practice (see legacy below).

Monitor, reflect and be responsive in sharing knowledge

Through co-production, we will regularly reflect on emerging findings with local partners and share these more widely where appropriate. This will also inform plans for dissemination. Our PHIRST LiLaC oversight group includes representation from national community funders, the Local Government Association, and Directors of Public Health who are PHIRST LiLaC co-investigators and who will advise on opportunities to share findings.

Leave a legacy

Our evaluation will provide recommendations for evaluation of the TIP programme in Bolton. The evaluation will specifically consider learning about sustainability to inform future rollout of the initiative beyond secondary school settings.

Public involvement

Planning the evaluation

To facilitate the involvement of public contributors in PHIRST LiLaC, a Public Adviser panel meets regularly. The Panel is co-chaired by a public contributor and PHIRST LiLaC co-applicant, and also by a Public involvement (PI) academic co-lead. The panel is responsible for reviewing involvement processes and provides advice on engagement and involvement plans across the PHIRST LiLaC team and its research. In addition, individual public contributors are assigned to individual evaluations to provide a lay perspective during the evaluation planning stage. Public contributors are also members of the PHIRST LiLaC Management group alongside other stakeholders with academic, policy or practitioner interests in public health.

During the evaluation

The evaluation team involves a core member of PHIRST LiLaC's Public involvement panel as part of the evaluation team. Jacqui Cannon (public partner to PHIRST LiLaC) is a panel member based in the north west of England with expertise in safeguarding and with strong links to the VCFSE sector. She participates in planning meetings and discussions, supports the development and delivery of evaluation activities as well as participating in the local evaluation group meetings.

Alongside this, our school partners are advising on local public involvement opportunities within the school setting. Local stakeholders have indicated that these would be appropriate forums to engage with these groups, and could also be a more practical way of involving potential participants in research activities.

Ethical and safeguarding considerations

Ethical approval will be sought from the Lancaster University Faculty of Health and Medicine's ethics committee and University of Liverpool's Institute of Population Health Research Ethics Committee. Phase 1 ethics was obtained in spring 2024 and a further application will be made to the university committees to cover ethical clearance for the second phase. Particular ethical considerations are likely to pertain to possible sensitivities of the topic; the involvement of young people as research participants which would have implications for consent processes (whether parental/guardian consent were required). Researchers delivering fieldwork have also obtained enhanced DBS checks.

- All parties will be familiar with respective safeguarding policies and processes for the school, as well as for the universities and NIHR that need to be followed if a safeguarding incident/concern arose.
- For fieldwork activities involving in person visits to the school, researchers will be accompanied by a member of school staff at all times, and will follow any required procedures outlined in the school's safeguarding policy.
- Where public involvement or research activities with students occurs, a member of school staff will be present at all times along with the PHIRST researcher.

Steps to protect anonymity

The transcripts, fieldnotes and reports we write will be anonymised to remove personal identifiable information. Personal information related to participants involved in the research (names/contact details) will be removed from the research data we collect. Even so, sometimes because of the specific nature of people's professional role they might be recognisable in outputs. However, no research outputs will name individuals and the findings will be framed in a way that minimizes the likelihood of compromising post-holders' anonymity, for example, reporting findings thematically or avoiding the use of job titles attached to quotes. The caveats to anonymity are also set out in the participant information sheet and participants will be reminded of these before an interview or focus group begins.

Data management

Files kept on laptops and computers will be encrypted (that is no-one other than the researcher will be able to access them) and the laptop or computer itself password protected. No data will be stored on personal computers/laptops or hard drives of computers/laptops. All personal data (participants' name and email address) will be kept separately from their interview transcript.

A professional transcriber will have access to audio recorded information that is to be transcribed and will be asked to sign a confidentially agreement.

In line with the university's open research access policy, all anonymised research data (transcriptions, fieldnotes) will be archived for a period of 10 years. We will only do this with permission of participants (via consent statement in the consent form) and if it is possible to remove all identifiable information from the data (namely

features that could identify participants, other individuals, organisations or local areas can be removed so the transcript is completely anonymous.)

Dissemination and outputs

Locally, the evaluation delivery phase will embed regular opportunities to discuss the findings via an evaluation project group. We will also share outputs with local partners and invite them to provide feedback prior to any outputs being finalised (giving at least 28 days). After completion of the evaluation, we will also follow up with the Local Authority partner after the evaluation completes to understand how recommendations are being taken forward and to scope opportunities for future research and/or scaling up implementation.

Networks and organisations with interests in TIAs will be a focus for wider dissemination. LiLaC routinely uses a range of formats to disseminate research findings and achieve impact. This includes media and social media; videos; infographics; participants' and professional newsletters; as well as presentations to community groups and service providers.

Public facing outputs will include

- Research briefing/report for local authority audiences
- Peer reviewed paper in an academic journal
- Public output for wider school stakeholders (students, staff)
- Presentations to practitioner/academic networks/conferences

Governance

Drs Michelle Collins (Research Fellow) will lead the study (0.2 wte) and oversee the qualitative component (WP1) with support from Halliday as the PHIRST LiLaC co-lead. Dr Rachel Anderson de Cuevas (0.8 wte) will have day-to-day responsibility for the organisation and delivery of qualitative fieldwork (WP1), work with Collins and Cannon (below) on the analysis of qualitative data as well as contributing to project outputs. Jacqui Cannon is a member of the PHIRST LiLaC public involvement panel and will be a named adviser to the study and core team member. WP2 (secondary data analysis) will be undertaken by Huihui Song with support from Prof Benjamin Barr. Prof David Taylor-Robinson will also provide senior academic advice to the study, particularly concerning the state of evidence for children and young people and advise on opportunities for dissemination beyond the local authority partner. Layla Smith (programme manager) will advise on safeguarding procedures to ensure these are in place/in line with university/funder policies.

Feasibility considerations

Risk	Likelihood	Mitigation/alternative strategies
School stakeholders facing competing work pressures	Moderate to high	During phase 1 we established relationships with school stakeholders who have met with us regularly, facilitated access to practice participants and shared

		information to inform planning. We anticipate this engagement continuing but may be impacted by workload pressures and/or changes in personnel in the schools.
Delay to ethics committee approval	Low	We have already secured ethics approval for fieldwork with practitioners during Phase 1 and so have approved processes in place for fieldwork with staff groups which can be replicated in Phase 2. The student / parent fieldwork will require additional ethical review following engagement. Plans for fieldwork will be informed by engagement within the school to ensure all considerations are given to potential safeguarding/ethics issues (e.g. consent processes; distress protocols) that might be raised by the committees.
Access to secondary data related to attendance/exclusion and education outcomes	Low	Routine educational data are in the public domain and are already used by Liverpool university researchers linked to PHIRST LiLaC. We do not envisage any issues with accessing these data.

Estimated timescales and milestones

Key milestones	**Dates**
Submit phase 2 protocol to NIHR	By late October 2024
Ethics submission for phase 2 protocol	By 28 October 2024 (Lancaster University ethics deadline); then submit to Liverpool for review
Ethics approval	Committee meets November 2024; once approval at Lancaster, submit to Liverpool's committee (fieldwork can commence by Lancaster researchers in meantime)
Phase 1 interview analysis ongoing and preparatory activities for Phase 2 undertaken	October and November 2024
Case study of policy change(s)	Early December to end February 2025 (timing of fieldwork to fit with school calendar)
Interviews and focus groups & observations (TIA rollout)	Early December to end February 2025 (timing of fieldwork to fit with school calendar)
Secondary data analysis (educational data) and recommendations	Early November to end February 2025
Qualitative data analysis	Ongoing but more intensive between March - April 2025
Practice and academic output development (e.g. briefing/slide deck)	March-April 2025
Practice output shared with LA for feedback/review	End of April 2025 (feedback period may need to be extended because of school stakeholder availability during the Easter vacation period)
Submit LA output to NIHR	**31 May 2025**
Submit academic output to journal in 6 months of end data	**30 November 2025**

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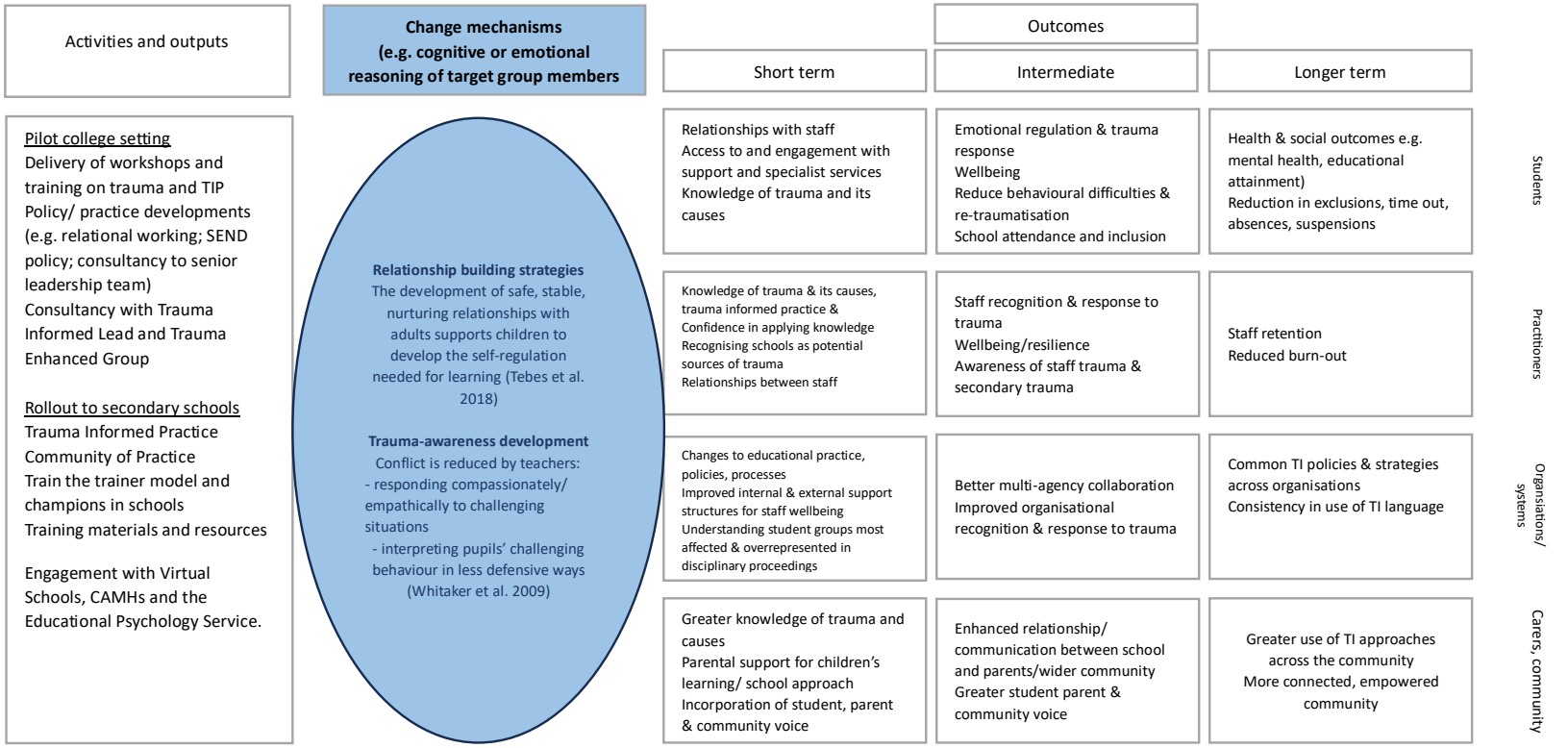
Appendix 1: Logic Model



Examples of contextual factors influencing change

Local area and population (e.g. deprivation, housing conditions, disparities experienced by racially minoritised communities)

School characteristics (e.g. type of school); national policy direction (e.g. statutory guidance for schools, national curriculum, Ofsted)

Legacy of historical events leading to collective trauma (e.g. mass unemployment)