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**Ormiston Academies Trust
Trauma-Informed Short-Term
Managed Intervention Centres**

Pilot report

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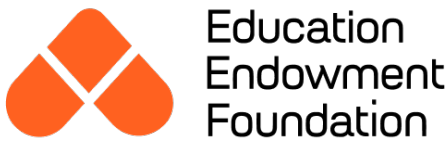


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This project is part of a joint funding round with the Youth Endowment Fund (YEF). The YEF and the Education Endowment Foundation (EEF) are partnering to find, fund, and evaluate programmes and practices in England and Wales that could keep children safe from involvement in violence and/or improve academic attainment, by increasing school presence.

The YEF and the EEF have independently followed their internal review process for the projects they manage in this joint funding partnership.




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About the Youth Endowment Fund


The Youth Endowment Fund (YEF) is a charity with a mission that matters. We exist to prevent children and young people becoming involved in violence. We do this by finding out what works and building a movement to put this knowledge into practice.


Children and young people at risk of becoming involved in violence deserve services that give them the best chance of a positive future. To make sure that happens, we will fund promising projects and then use the very best evaluation to find out what works. Just as we benefit from robust trials in medicine, young people deserve support grounded in the evidence. We will build that knowledge through our various grant rounds and funding activity.

And just as important is understanding children and young people's lives. Through our Youth Advisory Board and national network of peer researchers, we will ensure they influence our work and we understand and are addressing their needs. But none of this will make a difference if all we do is produce reports that stay on a shelf.

Together we need to look at the evidence and agree what works, then build a movement to make sure that young people get the very best support possible. Our strategy sets out how we will do it. At its heart it says that we will fund good work, find what works, and work for change. You can read it [here](#).

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Table of contents

About the evaluator.....	5
Executive summary.....	6
Introduction.....	8
Methods	17
Findings.....	26
Conclusion	61
References	70
Appendices.....	73

About the evaluator

The Ormiston Academies Trust Trauma-Informed Short-Term Managed Intervention Centres were independently evaluated by the Centre for Evidence and Implementation evaluation team, which comprised of: Dr Katherine Young; Tamara Pemovska; Shania Rankin; Ssanyu Kayser; and Dr Paula Verdugo. The evaluation team was also advised by Professor Neil Harrison from the School of Education at the University of Exeter.

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Executive summary

The project

Two new short-term Managed Intervention Centres (MICs) in Stoke-on-Trent and Lowestoft aimed to provide trauma-informed and individually tailored support for young people at risk of school exclusion, aligned with the Attachment, Regulation and Competency (ARC) framework, which was designed to support children and families experiencing trauma. Trauma-informed practice was defined as an approach grounded in the understanding that trauma exposure can impact an individual’s neurological, biological, psychological and social development, and in principles of safety, trustworthiness, choice, collaboration, empowerment and cultural consideration.

The centres were developed by Westminster Education Centre, part of Ormiston Academies Trust (OAT). The MICs provided full-time, five-week offsite placements for pupils in Years 7 to 10 who were at risk of permanent exclusion or for whom schools had exhausted internal behaviour management approaches. Each MIC could accommodate a maximum of 15 pupils per cycle, supported by two teachers, two higher-level teaching assistants, and guided by a lead teacher. Across five cycles of delivery between June 2024 and April 2025, 12 schools referred 164 pupils to the centres. The MIC used trauma-informed practices through tailored curriculum, behaviour policy, routines, staff language, regulation strategies and reintegration planning for returning to mainstream school. Pupils received bespoke Personal, Social and Health Education (PSHE) four times weekly, addressing emotional regulation, anger management and resilience, alongside a basic academic curriculum (daily English, Maths, Science, Humanities and Arc classes). The MICs aimed to improve pupils’ behaviour, support participation in mainstream lessons, and prevent permanent exclusion from school.

This pilot study used a mixed-methods approach to evaluate the feasibility and appropriateness of implementation, evidence of promise, and readiness for trial of the OAT trauma-informed short-term MICs. The study was part of a joint funding round between the Education Endowment Foundation (EEF) and the Youth Endowment Fund (YEF) in ‘A Safe, Positive Place to Learn’ funding round. Evaluation activities included analysis of administrative and monitoring data, including pupil demographics, referrals, attendance, engagement, completion of programme activities, staff training and reintegration planning, which were used to assess feasibility and evidence of promise. Evaluation activities also involved qualitative research, including interviews with MIC staff, schools, OAT staff and the ARC trainer to explore all three aims of the pilot study, while lesson observations, and curriculum/materials review assessed fidelity to trauma-informed practice. School perspectives were also explored via a school-staff survey. Pupil outcomes included post-placement school status measured at a single timepoint at the end of the pilot, and changes in Strengths and Difficulties Questionnaire (SDQ) self-report scores between pre-and post-MIC placement.

Table 1: Summary of pilot findings

Area of research	Findings
Feasibility and appropriateness of implementation	<p>Overall, MICs were broadly feasible and largely appropriate, with strong engagement and support for staff and pupils. However, important operational and contextual challenges were also identified.</p> <p>MIC staffing was seen as broadly appropriate, but teams reported needing additional staffing capacity, as well as clearer role definitions, and further upskilling to successfully implement the MICs.</p> <p>The accessibility of MIC sites posed challenges, particularly in relation to geographical location, transport, and physical environment. Training successfully introduced core concepts, though some questioned how easily trauma-informed approaches could be replicated in mainstream school settings.</p> <p>MICs reached the intended population, but referral processes were hindered by differing interpretations of eligibility criteria between MIC/OAT and school staff, particularly around defining which pupils at risk of exclusion were most suitable, and difficulties with online forms. MIC activities were viewed as flexible, responsive, and aligned with the ARC framework, though some school staff questioned the academic rigour and noted inconsistencies between MIC and school policies. Attendance and engagement at the MICs were high overall and improved over time. Support for schools and reintegration planning was</p>

	<p>mixed: while liaison with MICs was strong, training and reintegration support were found to be inconsistent, generic, and difficult to implement in mainstream contexts.</p>
Evidence of promise	<p>Overall, there is some evidence of promise, with some positive findings observed in relation to pupils' engagement, self-awareness, and reintegration in mainstream schools. However, limitations were noted with respect to the consistency of implementing trauma-informed practice, mixed views on pupil behaviour improvements, and lack of alignment with mainstream school contexts.</p> <p>ARC training influenced MIC practices, aligning partially with trauma-informed principles, but MICs were more consistent with a trauma-aware approach, recognising trauma without driving more systemic and holistic change. Reintegration plans were described as tailored to individual needs by MIC staff, but school staff reported inconsistent quality and limited value, noting challenges in implementation due to resource constraints. The findings also highlighted a mismatch between trauma-informed approaches and mainstream school expectations, with limited focus on structural change or equity groups.</p> <p>Improvements were observed in pupils' self-awareness and engagement. However, views on behaviour and risk of exclusion were mixed, and there was little overall change in SDQ scores, which may reflect variability in outcomes or limitations in the measure. Schools generally did not make sustained changes in response to training or reintegration plans.</p> <p>Monitoring data showed that most pupils remained in mainstream schools at the end of the evaluation period, though the follow-up period was short and varied by cycle. School staff reported mixed views on reintegration success, with some noting short-term improvements and others ongoing or worsening challenges. Positive relationships were a key strength, but sustaining progress was difficult, particularly given short placements and limited alignment with mainstream school practices.</p>
Readiness of the intervention for trial	<p>Before progressing to an efficacy trial, the intervention requires further development, particularly around its aims and ways of working, training model, referral and eligibility criteria, geographical accessibility, and implementation of trauma-informed approaches. Once strengthened, it would need additional piloting, with consideration of strengthening monitoring and fidelity data collection to ensure greater specificity, and the identification of a viable funding route.</p>

Additional findings

The pilot evaluation identified several additional findings that extend beyond the core research questions. While the MIC model was broadly feasible, the programme aims and how the programme is intended to help, including the MIC curriculum, practices and materials, would benefit from review to align more closely with trauma-informed principles and language, adopting a broader view of young people's experiences, relationships and triggers beyond the MIC, with a particular focus required on modifying practices in mainstream schools to allow for successful reintegration and long-term sustainable support for pupils. Additionally, tensions were noted between MIC's focus on relationship-building, emotional regulation, and trauma-informed support and the need to maintain academic progress, suggesting that curriculum delivery may need further tailoring, potentially with additional staff support, to help mitigate these challenges and to better meet the needs of young people at risk of exclusion. Five-week placements were generally seen as too short to establish sustainable trusting relationships, indicating a need to consider longer placements, phased reintegration, or continued contact post-placement balancing against budget and curriculum progress. Training for MIC and school staff could be strengthened through simplified, prioritised content, greater engagement of school staff, earlier input from trauma-informed experts, and better alignment between training and organisational practice. Referral and eligibility processes may require refinement to encourage earlier referrals, broaden the range of pupils considered, and provide additional specialist support for pupils with complex or neurodivergent needs.

Overall, while the MIC model was broadly feasible to implement, the programme's aims and ways of working would benefit from further development to better reflect trauma-informed principles, including a stronger focus on pupils' wider experiences and greater whole-school engagement to support reintegration and long-term sustainability. The findings highlight a key tension between trauma-informed, relationship-focused support and the mainstream school environments to which pupils return. Without changes to mainstream school practices, any benefits of offsite trauma-informed support are unlikely to be sustained.

Introduction

Background evidence

Around two-thirds of young people will experience traumatic events during their childhood, for example, the death of a family member or a car accident (Carlson *et al.*, 2020). For most, these will be rare and/or mild, with only short-term impacts on their ability to regulate emotions, manage relationships, and engage successfully with learning. However, some young people experience profound events (e.g. war) or ongoing circumstances (e.g. poverty or domestic violence) that heighten stress levels and lead to significant, long-term impacts in brain functioning and mental health (Anda *et al.*, 2006; Teicher *et al.*, 2016). In these instances, young people tend to develop responses to everyday stress that emphasise their own safety, often informally typified as ‘fight’ (oppositional behaviour), ‘flight’ (situational removal), or ‘freeze’ (withdrawal or detachment).

The relationship between trauma exposure and problematic school-related functioning is well-established (Berger, 2019), not least as schools can be stressful environments for young people due to bullying, relationships with peers, academic pressures, or behavioural expectations. Trauma exposure in childhood is associated with adverse effects on cognitive functioning (e.g. memory, attention), behaviours (e.g. discipline, drop-out, attendance), academic performance, emotional regulation, and social competence (Perfect *et al.*, 2016). Engaging with the consequences of childhood trauma is, therefore, an important challenge for schools.

Drawing on established practice in medicine and social work and informed by educational psychology and neuroscience research, trauma-informed approaches in schools aim to ameliorate impacts of trauma through policies and everyday practices that emphasise emotional regulation, safety, trust, and positive relationships, problematising the school environment rather than individual young people (Trivedi and Harrison, 2022; Thomas, Crosby, and Vanderhaar, 2019). However, rigorous evidence on effectiveness and possible unintended consequences is still scarce (Maynard *et al.*, 2019). A growing body of research has found predominantly positive outcomes across a range of areas, including behavioural change and trauma symptoms (Avery *et al.*, 2020) and existing studies in the UK report positive changes in the school environment, staff practices, pupils’ perceived well-being, educational engagement and learning outcomes, and reduced use of sanctions and exclusions (Harrison, 2020; Maynard *et al.*, 2019; Rose *et al.*, 2019; Rose *et al.*, 2016; Dingwall and Sebba, 2018a; Dingwall and Sebba, 2018b; Fancourt and Sebba, 2018; Hyde-Dryden *et al.*, 2022; Harrison, 2022). Important within these studies is the ‘whole school’ approach that emphasises holistic changes that permeate both teaching and support staff (Avery *et al.*, 2020).

Research examining specific aspects of trauma-informed approaches have highlighted several key elements. These include Emotion Coaching for improving self-regulation and behaviour, strengths-based relational practices for improved behaviour and learning outcomes (Gus, Rose, and Gilbert, 2015) and encouraging trauma-affected students to develop insights into their own needs and strengths, including how they can best be supported (Rose *et al.*, 2019). Previous evaluations have also highlighted the importance of having a significant adult in school that the pupil trusts and providing spaces and processes by which children can work to calm down and self-regulate (Dingwall and Sebba, 2018b). The Office for Standards in Education, Children’s Services and Skills (Ofsted) have begun to recognise the value of trauma-informed approaches (for an example of an ‘Outstanding’ school in which trauma-informed practice is foregrounded, [see](#) and several local authorities are implementing cross-service initiatives to support young people (Research in Practice, 2020).

Regarding the format of effective interventions, prior evidence indicates that effective approaches include enhancement of academic skills, counselling and mental health interventions, mentoring/monitoring, reward systems as part of a broader teacher classroom management strategy (EEF, 2021), and skills training for teachers, the latter two showing the most promising and stable results (Valdebenito *et al.*, 2018; Gaffney, Farrington, and White, 2021). However, implementation of trauma-informed approaches in schools has been described as challenging, time-consuming, and complex (Wassnik-de Stigter *et al.*, 2022). There is also limited evidence on how individuals from different demographics and ethnic groups experience trauma-informed practice in educational contexts, and how effective it is (Bartlett *et al.*, 2018).

Furthermore, there is ongoing scholarly and professional debate about the precise elements that determine whether a school or other setting might be considered to be trauma-informed. It is readily apparent that this is not a simple binary threshold, but rather a matter of degree, such that a specific intervention or approach may represent a greater or lesser engagement with the implications of childhood trauma. For example, Wall, Higgins, and Hunter (2016) argue that practices may illustrate a basic understanding of trauma in the absence of a commitment to systemic and holistic change, with such practices being better described as ‘trauma-aware’ or ‘trauma-sensitive’. Alternatively, becoming trauma-informed might be typified as an ongoing organisational ‘journey’ that requires reflexive and responsive change over a protracted period (e.g. Hyde-Dryden *et al.*, 2022).

The current pilot study aims to evaluate the feasibility, appropriateness, and evidence of promise of short-term intervention centres that aim to use the Attachment, Regulation, and Competency (ARC) trauma-informed framework for young people at risk of school exclusion.

The ARC framework was developed by practitioners to support children and families experiencing trauma stress.¹ It is a flexible intervention designed to help support young people who have experienced complex trauma, operating at both an individual and organisational level. It focuses around the three domains of ARC. Targets within each domain are:

- **Attachment:** Strengthening the caregiving system² via:
 - supporting individuals providing care (e.g. parents/carers, teachers, etc.) to recognise and understand their own emotional and physiological responses;
 - enhancing ‘rhythm and reciprocity’ in adult–child interactions; and
 - building effective, trauma-informed responses to difficult behaviour.
- **Regulation:** Building youth awareness and skills in understanding and managing internal experiences via:
 - supporting development of understanding of feelings, body states, thoughts, and behaviours;
 - building capacity to tolerate and manage physiological and emotional experiences; and
 - enhancing tolerance for and skill in building relationships and connection with others.
- **Competency:** Building resilience and increasing positive outcomes via:
 - increasing opportunities for choice and empowerment, skills in recognising choice and effective decision-making; and
 - identifying and exploring aspects of self-identity and building coherence through development of narrative around key life experiences.

Intervention

The Westminster Education Centre (WEC) developed the Managed Intervention Centres (MICs) approach to implement trauma-informed and tailored support for pupils at risk of school exclusion (see Figure 1 for the Theory of Change [ToC] and Appendix A for a completed Template for Intervention Description and Replication [TIDieR] checklist), aligned with the principles of the ARC framework. The aims for pupils are that they will have improved behaviour, are able to participate in mainstream lessons, contribute to classes, and avoid permanent exclusion from school. While the aim for mainstream schools is not a direct consequence of the MIC intervention, the ToC states as a long-term outcome that school staff implement a trauma-informed approach for pupils displaying inappropriate behaviour and provide a supportive mainstream school environment. This approach has previously been implemented in London by the WEC since 2013, now

¹See <https://arcframework.org/what-is-arc/> for more information on the framework.

²‘Caregiving systems’ covers a variety of systems of care, including primary (i.e. biological, kin, and foster parents), milieu (i.e. residential, group, and home), and organisational (i.e. teachers, and youth programme providers).

part of Ormiston Academies Trust (OAT) since 2021. The MICs have shown preliminary evidence of supporting children at risk of permanent exclusion to remain in mainstream education. Internal OAT monitoring data indicate that approximately 70% of pupils who were reintegrated into school following a WEC placement remained in school 12 months later, based on records covering over 3,000 pupils across nine schools over a ten-year period, with local authority data providing supporting verification. The MIC approach requires pupils to attend off-site centres for short-term (five-week) placements, following which they return to mainstream schooling, along with a trauma-informed reintegration plan developed by MIC staff to facilitate engaging the pupil effectively in a mainstream environment.

According to the ToC, the intention of the off-site MIC provision is to create geographical separation from referring schools, to emphasise to pupils the seriousness of the intervention and the potential consequences of continued poor behaviour (i.e. school exclusion). The MICs are intended for pupils in mainstream schools who:

- have behaviour inappropriate for learning (e.g. continuous low-level disruption or persistent disobedience);
- are at risk of fixed-term or permanent exclusion; and
- for whom on site behavioural interventions have not been effective.

Informed by the ARC framework, the MIC approach includes a tailored curriculum, approaches to behaviour policy, routines, staff language (use of positive language, praise, being attuned to pupil state/needs), regulation strategies (brief activities that help pupils to regulate their energy for learning), and reintegration plans for returning to mainstream school.

The tailored curriculum combines bespoke Personal, Social, and Health Education (PSHE) classes (informed by the national curriculum and adapted to local contexts by MIC staff) with a basic academic curriculum (daily classes on English, Maths, Science, Humanities and Art, as per the national curriculum). PSHE lessons form a core part of the MIC intervention, providing pupils with an understanding of the issues they might have been dealing with in school and other areas of their lives, and offer a basis upon which to reflect on their own experiences, and to discuss in weekly self-reflection sessions with teachers. Specific lessons can also be tailored for individual groups of pupils within a specific cohort aiming to address the reasons why pupils were having issues in school, covering topics such as emotions and the brain, anger management, answering back, resilience, and self-esteem. Behaviour policies centre around activities to support pupils to learn about, reflect on, and better manage their own behaviour, through progress charts, review/reflection, and feedback.

The current pilot evaluation assessed two new MICs, located in Stoke-on-Trent and Lowestoft, and serving referring OAT schools in the area local to each MIC (throughout the report, MICs are referred to as MIC A and MIC B, to maintain anonymity). The creation of each MIC centre involved acquisition of new properties to host the off-site provision, recruitment, and training of MIC staff, set-up of transportation for pupils, and recruitment of referring schools. This pilot evaluation assessed the new MIC centres from their operational beginning, including evaluation of set-up, recruitment, and training processes. The new MIC centres delivered short-term (five-week) placements over five cycles.

Three groups of staff were involved in MIC delivery: i) OAT core team; ii) MIC staff; and iii) school staff. The OAT core team provide organisational and operational support to each MIC. Beyond the initial set-up phase the delivery of the MICs was led by one OAT core staff member. MIC staff include teachers, higher-level teaching assistants (HLTAs), supported by a lead teacher (i.e. centre lead), with a ratio of two teachers and two support staff working with a maximum of 15 pupils at a time. MIC staff were recruited by the OAT core team, and candidate selection criteria included a preference for individuals with a demonstrated understanding of the impact of trauma on children and adolescents, and who had prior experience collaborating with multidisciplinary teams to support pupils with trauma histories. Staff at the MICs received four-day training in the ARC Framework of Trauma-Informed Practice from an ARC-accredited trainer, monthly consolidation training sessions delivered by the ARC-accredited trainer each lasting 90 minutes (Fehrenbach *et al.*, 2022) and coaching in effective delivery of the bespoke PSHE curriculum. MIC lead teachers (i.e. centre leads) also received coaching, consisting of weekly meetings, led by the OAT core team.

School staff who had contact with the MICs includes senior leaders, heads of year, school lead contacts, and pastoral/inclusion team representatives, in referring schools. In this pilot, school staff were also invited to receive two days

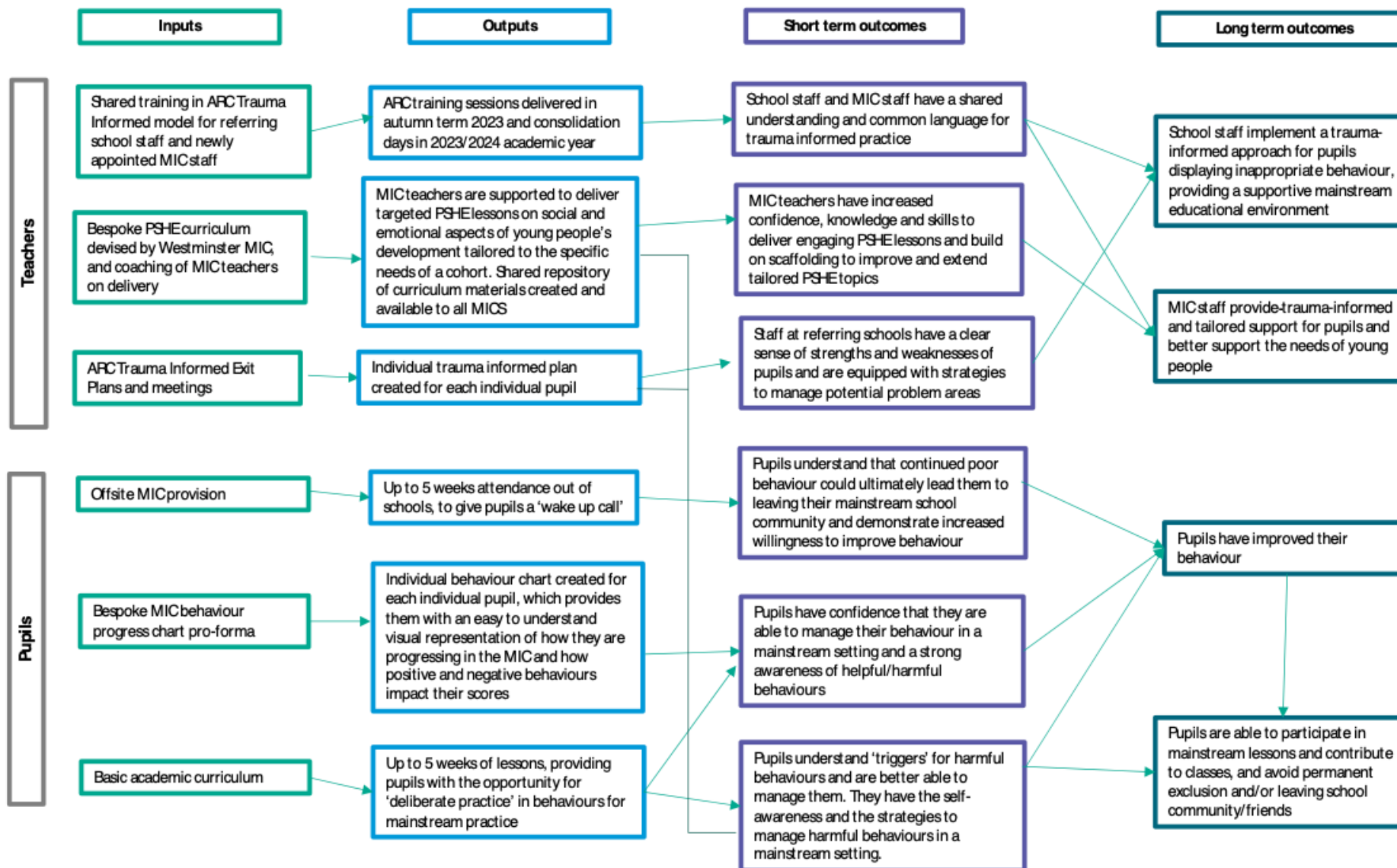
of ARC training, led by the ARC trainer, with the aim of developing a shared understanding and common language for trauma-informed practice. They also received information and recommendations about managing pupil behaviour through trauma-informed practice via pupil reintegration plans. However, it is important to note that this was not a school-wide trauma-informed intervention for referring schools, with no school-wide training or support to implement trauma-informed practices throughout mainstream schools. Rather, selected staff members were invited to attend ARC training, with the aim for schools to be able to refer suitable pupils, participate in induction and end-of-placement meetings, receive regular updates on attendance, progress, and safeguarding, and support reintegration of MIC pupils into mainstream school using trauma-informed principles, including attending a two-day long ARC training.

Schools were asked to refer pupils based on the following criteria: i) pupils who had multiple suspensions and/or were at risk of permanent exclusion; ii) had exhausted internal behaviour management approaches; and iii) were in Years 7, 8, 9, or 10. Pupils with an education, health, and care (EHC) plan, were not eligible for MICs unless they had been specifically discussed with staff and agreed that their individual needs could be met. School staff referred pupils to MICs by completing an online form (one per pupil), providing background information about the pupil. The MIC lead then liaised with referring schools to explore the suitability and timing of the placement (considering additional needs, safeguarding, evaluation of risks, and pupil dynamics within the centres). For pupils accepted into the MIC an induction meeting was set-up with pupils, their parents/carers, referring school lead contact (an individual known to the pupil), and MIC staff, outlining expectations for their time at the centre. If in agreement, a contract was signed by all parties during this meeting agreeing expectations for the MIC placement. Pupils then completed an induction self-assessment, recording their understanding of why they are at the MIC, their views on attending an off-site placement, and their targets for the placement.

Progress in the MIC was tracked using a merit system (see Appendix B): pupils received daily merits for attendance, punctuality, uniform, equipment, and home learning, as well as for being respectful, engaged, and responsible in each lesson. Merits were withheld for poor behaviour. Merits were tracked in graphs within pupil notebooks, reviewed each week by MIC staff with pupils to discuss their progress, and informed end-of-placement reviews and self-assessments. Self-assessments recorded pupils' views on why they were attending the MIC, how their behaviour had changed, what goals they had for returning to school, and any achievements, moments, or comments they wished to share with their original referring school. They also included ratings to be completed by pupils and parents/carers on the quality of the support received and the impact of the intervention. Self-assessments were reviewed in end-of-placement review meetings.

Each pupil's attendance was recorded and sent to the referring school daily. Schools also received updates on pupil progress regularly (daily on attendance, as well as weekly on progress) and were informed of any safeguarding concerns or referrals made, immediately. At the end of the placement, referring school lead contacts attended an end-of-placement meeting with MIC staff, pupils, and parents/carers, to review and celebrate progress during the placement and discuss a trauma-informed reintegration plan. A verbal and written report was prepared by the MIC lead teacher. The reintegration plans were created by MIC staff and contained a summary of the placement and suggestions that the school could implement to help the pupil in a mainstream environment, based on a template created by WEC.

Figure 1: ToC of the OAT Trauma-Informed Short-Term MICs



Research questions

This pilot evaluation focused on the MICs short-term approach that sought to use trauma-informed practices to support children at risk of exclusion. The evaluation aimed to answer 13 research questions across three main areas: i) feasibility and appropriateness of implementation; ii) evidence of promise; and iii) readiness of the intervention for trial.

Feasibility and appropriateness of implementation

1. Is the creation of MICs in new areas feasible, with appropriate staffing and locations?
2. Do MICs reach the intended population of young people, and do referral and induction processes operate as intended?
3. Is the training, support, and resources provided to MIC staff sufficient?
4. What activities are involved, how do they vary between children and equity groups?³ Do they reflect the MIC model, and are they viewed as acceptable and appropriate by MIC staff and school staff?
5. Are children across equity groups attending and engaged in the activities?
6. Is the support for schools perceived as being sufficient, and are reintegration plans perceived as being appropriate, trauma-informed, and are schools able to implement them?

Evidence of promise

7. To what extent does the ARC training inform other components of the intervention (i.e. MIC PSHE curriculum, MIC lesson delivery, behaviour policy, routines)?
8. Are the activities in reintegration plans supported by evidence, trauma-informed, and accommodating the needs of different equity groups, without potential adverse impacts?
9. What are the perceived impacts on children's self-awareness, behaviour, and engagement with schools and likelihood of being permanently excluded and do these vary for equity groups?
10. What changes do schools make, either in response to training or to support reintegration plans, and are these sustained?
11. What percentage of children reintegrate successfully to the referring school, have a managed move to an alternative school, receive onward referrals to alternative provision (either medical needs placements or behavioural placements), or are effectively home educated (EHE) as a result of exclusion, as recorded at the end of the pilot delivery period?
12. What are the perceived mechanisms of change? And do they reflect a trauma-informed approach?

Readiness of the intervention for trial

13. What should the next stage of development and evaluation involve? Is there sufficient evidence for a trial, is the MIC model sufficiently clear, and what trial design is needed?

The research questions outlined above were developed to align with, and to test, the MIC ToC in Figure 1. The ToC outlines inputs and outputs, as well as short- and long-term outcomes for pupils, MIC staff, and referring schoolteachers, and lists causal and contextual assumptions. The ToC was developed initially by the OAT core team, facilitated by the Education Endowment Foundation (EEF) through ToC workshops, and then revised between Centre for Evidence and Implementation (CEI) evaluators, the OAT core team, and the EEF.

³ Equity groups identified for this evaluation are: pupil age; gender; English as an Additional Language (EAL) ethnicity; Special Educational Needs and Disabilities (SEND) status; Children Looked After status; Children in Need or other agency involvement; and free school meals (FSM) entitlement.

Ethical review and data protection

As a pilot trial aimed at establishing the feasibility of delivery and evaluation, this trial was not registered. Ethical appraisal of the pilot evaluation plan and documentation was sought from the Social Research Association (SRA) Ethical Appraisal Committee, with a favourable opinion provided.⁴ The Committee appraised overall plans for the evaluation including research questions, research methods, data collection plans, recruitment and consent of study participants, plans for data confidentiality, data handling and data analysis, and potential sensitivities for study participants.

Consent from participating referring schools was agreed through a Memorandum of Understanding (MoU)⁵ and School Information Sheet,⁶ which described the pilot evaluation and outlined what participation would involve. Schools could only take part in the intervention if they also agreed to take part in the evaluation, as confirmed by signing of the MoU. Additionally, as part of the MoU, each school agreed to the following set of responsibilities:

- pay a £500 nominal fee (per school) for the provision;
- amend behavioural policies to include referral to the MIC so that pupils and parents/carers understand the role of the MIC and the conditions under which they would be asked to attend;
- facilitate participation of school staff, including members of the senior leadership team (SLT), in trauma-informed ARC training;
- be open to accommodate elements of trauma-informed practice as suggested by the MIC in the reintegration plans to help children regulate in a mainstream setting, for example, using a fidget toy, having five minutes 'timeout', and offering self-calming techniques such as mindfulness; and
- appoint a senior member of staff to be the point of contact with the MIC, to complete referrals, to liaise with parents/carers, and to attend induction and exit interviews at the MIC.

Agreement for adult individuals to participate in the evaluation was obtained through information sheets and consent forms. In the case of school staff (senior leaders, heads of year, school lead contacts, and pastoral/inclusion team representatives), the OAT core team invited them to participate through a School Staff Information Sheet⁷ and initial consent to be contacted for evaluation activities was obtained through an 'opt-out' process, where those who did not wish to be part of the evaluation could opt-out by filling out an online withdrawal form. No staff opted out of the evaluation, thus all staff initially contacted were invited to evaluation activities by email, and explicit consent for each evaluation activity was obtained either through online forms (i.e. integrated to online surveys) or written in the case of face-to-face activities (i.e. interviews). In the case of MIC staff (teachers, HLTAs, and the lead teacher/centre lead), the evaluation team invited them to participate in evaluation data collection activities via email, providing a MIC Staff Information Sheet⁸ requesting consent via an online consent form.⁹ Their consent to participate was obtained at the beginning of the evaluation and re-confirmed verbally at the start of each activity (i.e. observations and interviews). In the case of OAT core team, the one OAT core staff member was invited to evaluation activities by email by the evaluation team, providing an OAT Core Team Information Sheet¹⁰ and re-confirmed verbally at the start of each activity (i.e. interviews). Additionally, written consent from the ARC-accredited trainer was obtained prior to their interview.¹¹

Parents/carers of eligible pupils were informed in writing about the MIC and the processes involved at the point of referral to the MIC. Given the set-up of the programme with only OAT schools, referral to the MIC was considered part of the school's standard behavioural policy and so, parental consent for the placement itself was not sought. Rather, parents/carers of the pupils identified for referral were informed about the evaluation of the MICs using a Parent/Carer Information Sheet and

⁴ SRA Project Reference: 'CEI Global, School exclusions and MICs'.

⁵ See Appendix C for a copy of this document.

⁶ See Appendix D for a copy of this document.

⁷ See Appendix E for a copy of this document.

⁸ See Appendix F for a copy of this document.

⁹ See Appendix G for a copy of this document.

¹⁰ See Appendix H for a copy of this document.

¹¹ See Appendix I for a copy of this document.

withdrawal form (standard and easy-read versions were available),¹² presented to them during MIC induction meetings. Parents/carers could choose to withdraw their child from the evaluation—but not from the MIC placement itself—by signing the withdrawal form, attached to the information sheet. In this case, it was clearly noted in the programme administrative data, to ensure that information about these pupils was not evaluated (84% consented, 137 out of 164 referred pupils). Additionally, MIC staff facilitated online completion of the Strengths and Difficulties Questionnaire (SDQ) by pupils at both the start and end of their placement. The SDQ introduction outlined its purpose, assured participants of anonymity and confidentiality, confirmed that parental consent had been obtained, provided instructions for completion, and sought pupils' assent to proceed. Pupils who did not assent had their survey terminated. For MIC lesson delivery observations, MIC staff informed parents at least one week in advance that an observation would take place during their child's placement, referring to the initial parental consent, which explained that some lessons might be observed and outlined the purpose of the observations, and invited any objections. As no objections were raised, observations proceeded as planned. The researcher was introduced to pupils by MIC staff prior to the observation.

A full Data Protection Impact Assessment (DPIA) was undertaken for this project by the CEI, and a Data Sharing Agreement (DSA) established between CEI and OAT. The purpose of the research, and therefore, the purpose of processing personal data within the research was defined by CEI and OAT, who were joint controllers. All data were stored and processed in line with the General Data Protection Regulation (GDPR, 2016) and the UK Data Protection Act 2018. All data procedures were overseen by CEI's data protection officer.

DSAs were fully executed between schools and OAT as agreed in the MoUs as part of the MIC pilot and its evaluation. Personal data was not shared, stored, or accessed outside the UK or the European Union. Personal data will be held by CEI two years after the completion of this project, after which point it will be securely destroyed. Pupil personal data and outcomes data will be archived at the end of the study, so that it is accessible for future secondary research, in line with the EEF guidance (EEF, 2021).

School and MIC staff were also informed, at the beginning of each interview, that the evaluation team could report safeguarding concerns during the interview. A protocol for management of disclosure was drawn and used by the evaluation team. All research participants were provided with a data privacy notice (DPN) as part of the information sheet and consent process, detailing their rights as data participants, including their rights to withdraw data from the evaluation. Participants were reminded about the anonymous and confidential handling of their data at the start of each survey or interview. Informed consent was gathered for all participants in the research, and participants were informed they could withdraw their consent up until the point of data analysis. No participants withdrew their consent.

¹² See Appendix J for a copy of this document.

Project team

The project team is presented in Table 2.

The WEC developed the MIC approach and became part of OAT in 2021. OAT sought to establish new centres within their own Multi-Academy Trust (MAT) and make them accessible to other MATs. OAT was responsible for developing and overseeing the new MICs, providing organisational and operational support for programme delivery. This included recruiting referring schools, coordinating training and induction for MIC and school staff, supporting recruitment for evaluation activities and facilitating lesson observations, collecting administrative and monitoring data, including pupil outcome data, supplied required MIC materials, ARC training resources, and other documentation, and participated in evaluation interviews.

CEI is a global, for-purpose evidence intermediary and advisory organisation specialising in the use of evidence-based methods in practice and policy to improve the lives of people facing adversity. CEI conducted the evaluation of this pilot study. They were, therefore, responsible for collecting data on the implementation of the MICs use of trauma-informed practices from all the institutions involved (using a variety of data collection instruments, analysing all data gathered, and compiling this report).

Table 2: Project team details

Name	Role	Institution	Responsibilities
Christopher Linehan	Delivery team	OAT	Pilot lead for the EEF MIC project
Wasim Butt	Delivery team	OAT	Director of Alternative Provision and Special Academies
Julia Hayes	Delivery team	OAT	Strategy and projects manager
Jane Lewis	Evaluation team	CEI	Executive director Pilot evaluation project director (early/mid-project phase)
Dr Katherine Young	Evaluation team	CEI	Associate director Pilot evaluation project director
Professor Neil Harrison	Evaluation team	University of Exeter	Professor at the School of Education Pilot evaluation content advisor
Anne-Marie Baan	Evaluation team	CEI	Principal advisor Pilot evaluation project researcher (early project phase)
Tamara Pemovska	Evaluation team	CEI	Advisor Pilot evaluation project manager
Shania Rankin	Evaluation team	CEI	Research assistant Pilot evaluation project researcher (mid/late project phase)
Ssanyu Kayser	Evaluation team	CEI	Research assistant Pilot evaluation project researcher (late project phase)
Dr Paula Verdugo	Evaluation team	CEI	Advisor Pilot evaluation project researcher (late project phase)

Methods

Recruitment

Schools and school staff

Recruitment of schools was conducted by the OAT core team during January 2024 to February 2024. Eligible schools were OAT schools located within a reasonable geographical distance (up to one-hour travel time) of each new MIC. External, non-OAT, schools were not eligible. To ensure sufficient referrals of pupils (N=180 due to MIC's capacity of 15 spaces per site across initially planned six cycles of MIC delivery), 12 out of 13 eligible schools were invited to participate in the pilot and its evaluation, expecting between 17 and 18 referrals from each school across six cycles of MIC delivery (or two to three pupils per school per cycle). Twelve schools were invited to refer pupils to the MICs (seven to one MIC, and five to the other MICs). Recruitment in the pilot was arranged by the OAT core team via joint meetings with school leads, presentations to principals, and one to one meetings with principals and behavioural leads, where schools were provided with an information sheet and MoU, detailing that schools could only take part in the programme if they also agreed to take part in the evaluation.

All school staff invited to attend the trauma-informed practice training received an information sheet from the OAT core staff member, with initial consent for participation in the evaluation obtained via an opt-out process. As no staff opted out, contact details for 43 school staff including school, MIC site, role, and key contact status were shared with the evaluation team by the OAT core staff member. School staff who attended the first training session (N=25) were invited by the OAT core staff member to complete a post-training survey, and the 43 representatives from all referring schools were purposively selected by the evaluation team for interviews to ensure diversity in role, MIC location, and key contact status. We aimed to conduct 21 interviews with school staff at three time points throughout the pilot, spread across the participating schools. The appropriateness of selected school staff for interviews, based on their level of involvement with the MIC partnership, was confirmed with the OAT core staff member prior to recruitment to ensure that staff with no involvement were not approached. Recruitment for school staff interviews was supported by the OAT core staff member, leveraging their established relationships.

MIC staff

Recruitment of MIC staff (centre leads, teachers, and HLTAs) for the pilot was carried out by the OAT core team. MIC staff candidate selection criteria included a preference for individuals with a demonstrated understanding of the impact of trauma on children and adolescents, and who had prior experience collaborating with multidisciplinary teams to support pupils with trauma histories. At the beginning of the evaluation, all eight MIC staff were contacted by the evaluation team and provided consent via an online form to participate in and receive invitations for evaluation data collection activities (interviews and observations). We aimed to conduct eight interviews in total with MIC staff across two time points, ensuring diversity in roles.

Pupils

Each participating school (N=12) was invited by the MICs to refer eligible pupils at risk of permanent exclusion for a five-week full-time intervention placement between June 2024 and June 2025. Schools were asked to refer pupils based on the following criteria: i) pupils who had multiple suspensions and/or were at risk of permanent exclusion; ii) had exhausted internal behaviour management approaches; and iii) were in Years 7, 8, 9, or 10. Pupils with an EHC plan, were not eligible for MICs unless they had been specifically discussed with staff and agreed that their individual needs could be met. The primary exclusion criterion was pupils who had previously attended a MIC.¹³ An additional exclusion criterion determined during Cycle 1 of MIC placements was for pupils that had previously been excluded, as the placements were intended to be an early intervention approach and were not tailored to the needs of pupils who had already experienced exclusion.

¹³ Pupils can only access the MIC once during their mainstream schooling, i.e. they cannot attend for multiple five-week interventions or use the five weeks in multiple placements.

The referral process from schools to MICs began with schools completing an online form (one per pupil), providing background information about the pupil to the MIC. The OAT core staff member then liaised with the referring school to explore the suitability and timing of the placement (e.g. considering additional needs, safeguarding, evaluation of risks, and pupil dynamics within the centres). For pupils accepted into the MIC an induction meeting was set-up with pupils, their parents/carers, referring school lead contact (an individual known to the pupil), and MIC staff, to outline expectations for their time at the centre. After agreement, a contract was signed by all parties during the meeting agreeing expectations for the MIC placement, and pupils completed an induction self-assessment recording their understanding of why they are at the MIC, their views on attending an off-site placement, and their targets for the placement.

Parents/carers of the pupils identified for referral were informed about the evaluation of the MICs during the induction meetings and could choose to withdraw their child from the evaluation—but not from the MIC placement itself. The evaluation did not involve direct engagement of the evaluation team with pupils, due to MIC placements being a challenging time for pupils and the collective decision that it would not be in pupils' best interests to ask them to engage with research interviews during their placements. We used lesson observations, administrative and monitoring data, and pupil-rated survey to understand children's engagement with MIC processes and outcomes, as well as interviews with MIC and school staff to understand perceptions of pupil's experiences and impacts. Administered with the help of MIC staff, pupils completed the SDQ at both the start and end of their placement, for which we sought their assent. Additionally, for lesson observations, MIC staff informed parents/carers at least one week in advance that lessons might be observed and invited any objections.

Data collection

The evaluation used a convergent parallel mixed method design, relying on several research methods to answer the research questions, each described below in terms of their purpose, sample, data collection procedures, and analysis. Data collection was planned across one year of programme operation (June 2024 to June 2025, covering six cycles of five-week placements of MIC delivery). However, due to changes in planned project delivery, the MIC pilot was shortened in March 2025 to five cycles of delivery, thus ending in April 2025. Implications for data collection are detailed as relevant below.

Programme administrative and monitoring data

To explore reach, engagement, delivery, and fidelity, the evaluation team received data collected by the schools and the MICs in relation to pupil demographics and outcomes, and staff training and activities. Pupil data considered: characteristics of pupils referred to the MICs (including Year group, gender, ethnicity, SEND status, EHC plan status, Looked After Children status, Children in Need or other agency involvement, FSM entitlement, and EAL), pupil identifiers (name, date of birth, home postcode, unique pupil number [UPN]), reason for referral, and pupil attendance at the MIC (start and end date of placement, attendance rate, punctuality), and completion of weekly merit charts and self-reflection exercises. These data were held within school and MIC administrative systems, and MIC referral forms. Staff data consisted of attendance at training (both for school and MIC staff), staff role, school identifier (e.g. unique reference number [URN], local authority establishment number [LAESTAB]), completion of pupil reintegration plans. These data were shared with the evaluation team by the OAT core staff member at the end of each MIC cycle in a tracking sheet. Proposed data collection templates were reviewed with the OAT core team to ensure they met the evaluation needs, and the data received was reviewed for quality and completeness throughout the project.

Programme monitoring was analysed with descriptive statistics to inform the assessment of fidelity to the programme.

MIC curriculum and programme materials

The evaluation included content analysis of the ARC trauma-informed model training resources and MIC documents, including curriculum materials, induction documents and templates, behaviour procedures, templates of the merit system, self-assessments, self-reflection, and reintegration plans to examine the extent to which trauma-informed principles as delivered in the ARC training were reflected in practice. The relevant materials for this document review were shared with the evaluation team by the OAT core staff member during September 2024. At the end of the project, the evaluation team confirmed with the OAT core staff member that most documents had not changed in a meaningful way

since September 2024. Exceptions included the reintegration plan template, which was updated for Cycle 4 and Cycle 5 to more closely mirror the WEC version, be more concise, targeted, and student-specific following feedback from schools that earlier versions were too lengthy and limited the ability to prepare for pupils' reintegration; timetables, which evolved across cycles; and the PSHE curriculum, which was refined into a core set of 15 consistent lessons and ten elective lessons tailored by region or cohort.

Pupil-related MIC materials

A sample of pupil end-of-placement self-assessment forms (N=20, four per cycle across five cycles) and pupil reintegration plans (N=25, five per cycle across five cycles) were selected for content analysis for additional assessment of the extent to which trauma-informed principles were reflected in practice. The content analysis was conducted between July 2025 and September 2025. Documents were provided to the evaluation team by the OAT core staff member, with self-assessment forms shared as scanned copies and reintegration plans in digital format at the end of each cycle. Following the completion of Cycle 5, the evaluation team randomly selected reintegration plans for content analysis using UPNs. The 20 self-assessment forms included in the content analysis had already been uploaded by the OAT core staff member at the end of each cycle and were therefore, randomly selected by the OAT core staff member.

School staff surveys

The initial evaluation plan aimed to administer two school staff surveys, to examine school staff views (estimated N=~70 per survey at each time point, approximately five or six per school) on the feasibility and evidence of promise. The first survey invited all school staff members who attended the first ARC training session (N=25) to complete a brief post-training survey to capture feedback about the training, understanding of trauma-informed practice, and potential plans to apply trauma-informed training content. In addition, a second online survey was planned to be administered towards the end of the project to school staff members who attended the original training, as well as to relevant new staff, and other staff members who had contact with the MICs to ask questions on liaison and engagement with the MICs, perceived impacts for pupils, feasibility, implementation of trauma-informed reintegration plans, and changes in schools. However, the initial post-training survey had a low response rate (N=8), likely related to low attendance during the training and fewer school staff members than anticipated being directly involved with MICs. The end of project survey was cancelled due to the low level of baseline data and the shortening of the delivery period of the intervention, meaning that the only feasible data collection window for a survey would have coincided with the final round of interviews, with largely the same participant group.

School staff training, originally planned for completion in May 2024 to June 2024, was extended to December 2024 to better accommodate school staff schedules. Consequently, the post-training survey was administered first in July 2024, after the second training session, and again in December 2024, following the final session. The survey, delivered via Qualtrics and distributed by the OAT core staff member by email, assured participants that their responses would remain confidential and be shared only with the evaluation team. The survey included contextual information on staff roles, experience level, and schools, as well as measures of feasibility and acceptability. Appropriateness and acceptability of the training was assessed in relation to its duration, content, and format, and items relating to staff understanding of, and attitudes towards, trauma-informed approaches. These included self-assessment by staff on how their understanding and/or practice of trauma-informed approaches had changed following the training. It also assessed the confidence in their ability to apply trauma-informed approaches and plans to apply training content within their job.

Responses to the post-training survey were analysed with descriptive statistics, with responses to open questions analysed thematically.

Interviews

Semi-structured interviews with school staff, MIC staff, the OAT core staff member, and ARC trainer aimed to capture detailed feedback across most aspects of the evaluation, examining perspectives on the feasibility and acceptability, evidence of promise, and readiness for trial. The number of recruited interviewees and conducted interviews is presented in Table 3.

School staff interviews were conducted across participating schools, totalling 17 interviews (16 individual and one joint interview with two participants) with 15 school representatives, three of whom were interviewed twice, from ten schools (seven referring to one MIC and three referring to the other). Interviewed school staff participants included senior leaders (principals, vice principals, assistant principals), pastoral staff (heads of year, pastoral managers, Pastoral and Learning Programme - PALP coordinator, pupil support staff), and safeguarding leads. The majority school staff interviewees (10 of 15) were key MIC contacts, providing direct liaison between the schools and the MICs. Interviews took place at two time points: during Cycle 3; and at the end of the project. Seven referring schools were interviewed twice, with three of these involving the same participants at both time points. Two of the 12 referring schools (both referring to the same MIC, i.e. the same one noted above where three of the interviewed schools referred to) did not participate in interviews, despite repeated recruitment efforts by the evaluation team and the OAT core staff member. Additionally, although the study protocol set a target of 21 school staff interviews across three time points, due to the intervention timeline being shortened from six delivery cycles to five, the planned second and third rounds of school staff interviews were merged into a single end of project round. Some schools interviewed during this revised second round therefore, no longer required a further interview, reducing the total number completed to 17. Interviews with school staff explored the interface and liaison with the MICs, perceived impacts on pupils, the feasibility of implementing the trauma-informed reintegration plans, and potential changes made by schools in response. School staff interviews lasted an average of 45 minutes, with durations ranging from 27 to 66 minutes.

MIC staff interviews were evenly distributed across the two MICs, with a total of eight interviews conducted with six participants (four per centre, with two participants interviewed twice) at two time points (Cycle 3 and end of project). These interviews explored implementation, delivery of activities, and perceived impacts on pupils. Interviews lasted an average of 67 minutes, ranging from 52 to 90 minutes.

Four interviews with the OAT core staff member were held at three time points during the delivery period (Cycle 2, Cycle 4, and two interviews were conducted at the end of project), and explored barriers and facilitators to implementation, issues raised in delivery and how they were addressed, and learning and plans for further development. Interviews with the OAT core staff member lasted on average 65 minutes, ranging from 34 to 88 minutes. A single interview was also conducted with the trainer contracted by OAT responsible for delivering ARC training during Cycle 4 of the MIC delivery.

Table 3: Number of recruited interviewees and interviews conducted.

Participant group	No. of recruited participants	No. of interviews conducted
OAT core staff member	1	4
ARC trainer	1	1
MIC staff	6	8
School staff	15	17
Total	23	30

All the participants selected for interviews were contacted via email and invited to participate in an online interview via Microsoft Teams. Interviews were conducted virtually/by telephone. Audio recordings of interviews were transcribed for analysis. Transcripts were analysed using the Framework thematic content analysis approach (Spencer *et al.*, 2014), with mainly deductive analysis (based on implementation dimensions and research questions) and some inductive analysis, and with within-group and between-group comparisons.

Observations

Lesson observations

Selected lesson observations (N=2 per MIC, total N=4) were conducted to evaluate feasibility in relation to adherence to the MIC model, pupil engagement, and inclusion of elements of the ARC training. These observations were conducted in Cycle 4 (Week 3) and Cycle 5 (Week 5) at both MIC sites. Observations from these lessons was captured by a member of

the evaluation team in both written notes and in structured templates indicating key fidelity indicators examining important aspects of trauma-informed approaches, with no visual or audio recording.

Review meetings observations

Half-termly review meetings between the MIC lead teacher and participating schools were proposed to be observed in the project evaluation plan. However, in the delivery of the MICs, these review meetings were not implemented. Consequently, additional interviews (N=4) were conducted with key school staff MIC contacts to assess the appropriateness of the support for schools and of the reintegration plans, and to explore changes made in schools following training in supporting reintegration and how sustained these practices have been.

Fieldnotes from lesson observations were analysed using the Framework thematic content analysis approach (Spencer *et al.*, 2014).

Pupil outcomes

Pupil outcomes data

The evaluation team analysed data on pupils' school outcomes (post-MIC placement) related to exclusion, suspension, or managed moves. Data for all pupils were extracted at the end of the pilot phase in April 2025, rather than June 2025 as originally planned, due to the shortened project delivery. Post-MIC placement outcomes reflect pupils' school status as of 28 April 2025. Given the short-term placements in the MIC conducted throughout the academic year, this time point reflected varying periods of post-intervention follow-up for individual pupils.

Pupil outcomes measure

Pupils were asked to complete the online SDQ (11–17-year-old version) at two time points: on their first day attending the MIC as a 'baseline' assessment of their behaviours, emotions, and relationships; and at the end of their placement. The SDQ is a validated scale with established evidence base, which measures behaviours, emotions, and relationships across 25 items. Pupils were asked for their assent to complete the SDQ through a consent form embedded within the online survey link. Rates of pupils accepting/declining to participate were recorded. The SDQ was included in the pilot evaluation to assess the feasibility and acceptability of including pupil self-reported outcomes measures of the direct impact of the MIC placement, and whether it accurately captures changes in pupils emotional and behavioural outcomes in line with the ToC.

MIC staff were responsible for administering the SDQ, and if needed, support pupils to complete the questionnaire. Accordingly, MIC staff were required to be present when pupils completed the questionnaire and checked that pupils completed the measure, supporting where necessary. The completed online SDQ questionnaires were submitted to CEI for analysis.

Data on exclusion, suspension, or managed moves and the SDQ were analysed with descriptive statistics. Where sample sizes allowed, we report the results by equity groups identified using characteristics of pupil age, gender, EAL, ethnicity, SEND status, Children Looked After status, Children in Need or other agency involvement, and FSM entitlement.

Table 4 provides an overview of the evaluation activities, including details on the completion of data collection for each activity.

Table 4: Overview of evaluation activities

Evaluation activity		Data collection completion
Programme administrative and monitoring data		Five cycles
Pupil behavioural outcome measure (SDQ baseline and follow-up)		65 pupils with matched baseline and follow-up SDQs (62.5% of baseline completers, 48.0% of pupils who consented to be part of the research)
Interviews	OAT	Four interviews at three time points (Cycle 2, Cycle 4, end of project)
	ARC trainer	One interview (Cycle 4)
	MIC staff	Eight interviews with six participants (two interviewed twice) at two time points (Cycle 2, end of project)
	School staff	17 interviews (16 individual, one joint) with 15 school representatives (three interviewed twice) from ten schools at two time points (Cycle 3, end of project)
Observation of MIC delivery		Four observations at two time points (Cycle 4, Cycle 5)
Review of training content and MIC materials		Trauma-informed practice training resources and 11 types of MIC documents (Cycle 2)
End-of-placement self-assessment forms and reintegration plans		20 self-assessment forms (four per cycle across five cycles) and 25 reintegration plans (five per cycle across five cycles)
Post-training survey		Eight records, of which two are incomplete

Data analysis

Data from each research element was analysed separately, then triangulated and integrated, identifying areas of difference and reinforcement, and using different sources to substantiate and explain findings. Table 5 maps out each data source contribution to each research question.

Table 5: Evaluation matrix

Data source		Research question													
		1	2	3	4	5	6	7	8	9	10	11	12	13	
Programme administrative/monitoring data			x	x	x	x	x						x		
Interviews	OAT core staff member	x		x	x	x		x	x	x				x	x
	ARC trainer	x		x			x	x			x		x		
	MIC staff	x	x	x	x	x		x	x	x			x		
	School staff	x	x		x	x	x		x	x	x		x	x	
Observation	Lesson delivery				x	x		x							
Post-training surveys of school staff							x								
Pupil behavioural outcome measure (SDQ)														x	

Assessing success indicators

The pilot study aimed to assess the MIC’s feasibility and appropriateness, evidence of promise, and readiness for trial. Success indicators were defined to reflect the core elements of the programme, providing measurable criteria to determine whether the intervention was successful.

Table 6 outlines the criteria used by the EEF to assess if the pilot evaluation was sufficiently successful for the intervention to proceed to the next stage of evaluation. The table also sets out a description of the aspects of the evaluation that were drawn upon to assess whether the criteria were met. These are linked to the three overarching areas of inquiry (feasibility and appropriateness, evidence of promise, and readiness for trial) and to the research methods. No thresholds for meeting success indicators were set, rather the evaluation team triangulated data from multiple sources to inform a qualitative judgement around whether the indicators were met, partially met, or not met.

Table 6: Success indicators of the pilot evaluation

Pilot criteria	Success indicator	Information source(s)
Feasibility and appropriateness of implementation	Two new MICs were able to deliver the programme with fidelity (as per fidelity criteria in relation to the core component – see Table 7)	<ul style="list-style-type: none"> • Interviews with MIC staff • Programme monitoring data
	The intervention reached the intended population of young people	<ul style="list-style-type: none"> • Programme monitoring data • Interviews with MIC and school staff
	School contacts considered that reintegration plans were appropriate and feasible to implement	<ul style="list-style-type: none"> • School surveys • Interviews with school staff
Evidence of promise	Staff perceived impacts on children’s self-awareness (in relation to their behaviour), behaviour, engagement with schools and likelihood of being permanently excluded	<ul style="list-style-type: none"> • School surveys • Interviews with MIC and school staff
	70% of referred children stayed in mainstream education	<ul style="list-style-type: none"> • Programme outcome monitoring data
	Unintended negative consequences minimal	<ul style="list-style-type: none"> • Interviews with MIC and school staff • Observation • School surveys
Readiness for trial	Mechanisms/strategies to collect monitoring and fidelity data were functioning (considering completeness and reliability of the data)	<ul style="list-style-type: none"> • Administrative data • Programme outcome monitoring data • Pupil outcome measure data (SDQ)
	Viable efficacy trial option identified	<ul style="list-style-type: none"> • Synthesis of evaluation data • Workshop report

Assessing fidelity

A variety of sources of data were collected to explore whether the MICs delivered a trauma-informed provision as intended at each site. This assessment was based on the following measures of fidelity, developed by the evaluation team and the OAT core team as indicators of what were seen as the core components of the MIC intervention. While thresholds were provided for certain measures of fidelity, these were considered indicative only and the evaluation involved triangulating from quantitative analysis with qualitative exploration of the circumstances in which thresholds were met or not met. Table 7 gives an overview of the measures, thresholds, and data source of fidelity for implementation.

Table 7: Measures of fidelity for implementation

Measure	Threshold	Data source
Adherence: The MIC intervention is delivered as intended	School staff refer appropriate pupils, 90% of referrals are taken on by MICs	MIC referral administrative data
	Behaviour policies are implemented, namely: <ul style="list-style-type: none"> • Pupil contracts are in place for all students • Data monitoring of progress through the merit system undertaken on 90% of student days • Weekly one to one time (self-reflection with a teacher) provided with 90% completion 	MIC administrative data
	Core PSHE lessons are delivered consistently (four per week)	MIC timetables
	Reintegration plans are created for each pupil and shared with schools for all pupils	MIC administrative data
Dosage/exposure: Pupils receive exposure to the intervention	Pupils consistently attend the MICs and are punctual with 80% attendance	MIC Student Information Management System (SIMS)
Quality: Staff attend and engage with training and support	MIC staff attend ARC training and monthly consolidation sessions with 90% attendance of each	Training attendance records
	Invited school staff attend ARC training with 90% attendance	Training invitation and attendance records
	MIC staff deliver teaching and behaviour management in the MICs in line with trauma-informed principles	School observations and staff interviews
	School staff attend start- and end-of-placement reviews for all pupils	MIC administrative data

Timeline

A timeline of all activities related to the pilot evaluation of the OAT Trauma-Informed Short-Term MICs is shown in Table 8.

Table 8: Timeline

Date	Activity
November 2022 – October 2024	IDEA workshop, set-up, familiarisation Evaluation plan, recruitment materials, data protection processes and ethics
June 2024 – January 2025	Development and test of research instruments (survey, interview topic guides, observation guides)
January 2024 – February 2024	School recruitment
May 2024 – March 2025	Training, induction, and consultation sessions
June 2024 – April 2025	Programme delivery
June 2024 – April 2025	SDQ data collection (start- and end-of-placement) Programme administration and monitoring data
July 2024 – December 2024	Post-training survey of school staff
September 2024	Content analysis of the ARC trauma-informed model training, and MIC materials and curriculum
September 2024 – December 2024	Interviews with MIC staff, school staff, and the OAT core staff member
January 2025	Observations of lesson delivery
February 2025	Interviews with the OAT core staff member and ARC trainer
March 2025	Observations of lesson delivery
April 2025 – June 2025	Interviews with MIC staff, school staff, and the OAT core staff member
June 2025	Pilot feasibility and sustainability workshop discussion
July 2025 – Sep 2025	Content analysis of pupil end-of-placement self-assessment forms and pupil reintegration plans
May 2025 – September 2025	Analysis and write-up of evaluation report

Findings

Participants

A total of 12 schools referred pupils to the two MICs involved in the pilot evaluation (seven referred pupils to one MIC and five to the other), who attended the MICs for five weeks, across five cycles, between June 2024 and April 2025. Table 9 details the characteristics of these schools.

Table 9: Characteristics of referring schools.

Characteristic	Category	No. of schools
Local authority:	Norfolk	6
	Halton	2
	Suffolk	1
	Stoke-on-Trent	3
Urban/rural:	Rural	7
	Urban	5
School size:	501–1,000	7
	1,001–1,500	4
	1,501+	1
FSM-eligibility:	Medium (18–25%)	2
	High (25–40%)	6
	Very high (over 40%)	4
School type:	Academy converter	3
	Academy sponsor-led	9
Ofsted rating:	Requires improvement	1
	Requires improvement / Good	1
	Good	8
	Good / Outstanding	1
	Outstanding	1

Note: Ofsted inspections completed in 2025 no longer have a single rating, the outcomes are denoted by the range of ratings included in the inspection report.

A total of 164 referrals were made to the MICs (referrals per school ranged from 6 to 21), with 147 placements offered, and 142 placements accepted. Of these 142, 135 agreed to being included in research. Unless otherwise specified, references to ‘pupils’ throughout the report refer to the sample of 135 pupils who consented to participate in the evaluation. Table 10 shows the details of pupils referred, placements offered, placements accepted, and consenting pupils across delivery cycles. Among consenting pupils, 40% were female, 33% were in Year 9 (13% Year 7, 30% Year 8, and 24% Year 10), 97% had English as their first language, 94% had White British ethnicity¹⁴ (6% had other ethnicities¹⁵), 46% had SEND support, 1.5% had Looked After Children status, 40% were recorded as having ‘involvement with other agencies’ (e.g. Early Help

¹⁴ Representative of local areas based on ethnic group data from the 2021 Census for East Suffolk (local authority for Lowestoft: www.ons.gov.uk/visualisations/censusareachanges/E07000244/ and Stoke-on-Trent: www.ons.gov.uk/visualisations/censusareachanges/E06000021/).

¹⁵ Proportions too small to report by group.

Team, Social Services, Child and Adolescent Mental Health Services [CAMHS], etc.), 70% were eligible for FSM. Compared with national pupil statistics for academic year 2024/2025, the MIC cohort appears to overrepresent pupils eligible for FSM¹⁶ (70% vs 26% nationally) and those receiving SEND support¹⁷ (46% vs 14% nationally), suggesting that the MIC cohort represents a more disadvantaged group of pupils than the general school population. Comparison with publicly available data from the 12 referring schools, the MIC cohort was overrepresented pupils eligible for FSM (70% vs 39% across referring schools).¹⁸

Table 10: Number of referrals, placements offered, placements accepted, and pupils who consented to participate in research per cycle.

Cycle	No. of referrals	No. of placements offered	No. of placements accepted	No. of pupils who consented to participate in research
Cycle 1	33	30	29	28
Cycle 2	34	31	31	25
Cycle 3	37	32	30	30
Cycle 4	30	27	26	26
Cycle 5	30	27	26	26
Total	164	147	142	135

Mean attendance at the point of referral was 74.0% (standard deviation [SD]=17.4%), with a range of 0–100% (median=79%). Mean punctuality at point of referral was 97.9% (SD=12.4%), with a range of 0–100% (median=100%). The number of behaviour points was also reported at referral, however, given differences in behaviour policies score ranges between schools, these are not aggregated here. The average number of consenting pupils referred and who accepted placement in each cycle of MIC delivery was 27 pupils. On average, each school referred 1.4 eligible, consenting pupils per cycle (range 0–4). A total of 95 eligible, consenting pupils were recorded as having completed their MIC placement (70%), with 40 (30%) who did not complete (of which one deferred).

Feasibility and appropriateness of implementation

Research question 1: Is the creation of MICs in new areas feasible, with appropriate staffing and locations?

Source: To assess whether the creation of MICs in new areas is feasible, interviews with OAT core staff, the ARC trainer, MIC, and school staff were analysed.

Summary: Staffing numbers at the MICs were generally seen as appropriate, but additional support, clearer responsibilities, and upskilling were identified as areas for strengthening. Regarding location, challenges with site accessibility, transport, and the physical environment, particularly at MIC A, had a negative impact on feasibility of the MICs. Importantly, the set-up of MICs experienced substantial delays, both in the procurement of suitable properties and in the recruitment of staff. The original proposed timeline to begin the pilot evaluation in November 2023 was consequently delayed, with the pilot starting in June 2024.

Staffing structures were broadly appropriate but required strengthening to ensure adequate support

The number of staff at the MICs was generally seen as suitable, with staff-to-pupil ratios considered appropriate, and recognised as much better for pupils than mainstream settings. However, school, MIC, and OAT core staff highlighted that additional staff would improve delivery. Around half of the interviewed school staff commented on MIC staffing, and among them, half felt the MIC was understaffed and recommended increasing staff capacity.

¹⁶ See: <https://explore-education-statistics.service.gov.uk/find-statistics/school-pupils-and-their-characteristics/2024-25>.

¹⁷ See: <https://explore-education-statistics.service.gov.uk/find-statistics/special-educational-needs-in-england/2024-25>.

¹⁸ Publicly available data on pupil characteristics from referring schools was only available for FSM eligibility, see: <https://get-information-schools.service.gov.uk/Search>.

The OAT core staff member and MIC staff noted that the loss of even a single staff member significantly strained delivery and made implementation more challenging. Multiple interviewees gave the example of staff members needing to leave the site to collect lunch for pupils or needing to be occupied with administrative demands. A couple spoke about the demands of challenging behaviour requiring more staff, while one staff member raised the concern that providing one to one SEND support takes away attention from the rest of the pupils. OAT core staff additionally noted issues around blurred responsibilities for MIC staff, with expectations often stretching further than their core responsibilities—they described a day where they were writing business proposals and presenting to governors, then later cutting grass on site. Overall, there was a general consensus that having one more staff member to handle administrative responsibilities and non-teaching tasks would have helped delivery, including staff stress levels.

As far as teaching and learning, four is great, but ideally, you'd need an admin staff to help with all the bits that maybe take up two hours in a day to do, and you're backwards and forwards doing bits and pieces.

(MIC staff)

MIC staff were praised for being passionate about their roles and their ability to build relationships with pupils; but they were seen to lack in some specific skills. School staff and MIC staff both drew attention to MIC staff's ability to build positive relationships with pupils as a strength, one mentioning that staff are very good at *'building instant relationships with children'* (School staff), although one school staff member noted that some pupils face challenges interacting with staff they are not familiar with. In addition, the OAT core staff member noted that the success of the intervention is largely due to staff resilience, positivity, and adaptability. MIC teams effectively overcame challenges through problem-solving, demonstrated strong motivation, and showed genuine care for the project, with a clear willingness to do whatever is required.

[MIC staff's] ability to get around [challenges] and find solutions has been brilliant. They are the number one reason that it's been successful. They've been superb. (The OAT core staff member)

However, the OAT core staff member highlighted the need to build MIC centre leads' confidence in communicating with senior school staff, while one MIC staff member noted that the HLTAs required upskilling to be more confident to deliver small group teaching effectively. One school staff member briefly noted that they regarded the MIC staff as highly trained, while some of the school staff questioned the appropriateness of their skills. Namely, they mentioned they lacked the experience to handle behavioural situations and proposed they needed staff with expertise around counselling and mental health. One school staff interviewee noted that, in a few instances, MIC staff sought guidance from the school on handling safeguarding or behavioural incidents that the interviewee felt could have been managed in-house and attributed this to a likely need for additional experience in handling safeguarding concerns rather than any safeguarding failure. Furthermore, one school noted pulling out from the programme due to a combination of factors they felt were *'detrimental'* for their pupils. These included misalignment between the MIC's approaches and standards of delivery with the school's existing practices, limited perceived pupil progress, the short five-week placement duration, and limited guidance received for reintegration.

MIC locations posed significant challenges that undermined feasibility

School, MIC, and the OAT core staff agreed that MICs lacked accessibility due to the far locations of both MIC sites for many pupils attending. Although geographical separation from the school was a key feature in the ToC, much of the discussion focused on how the distance impacted the schools, the pupils, and parental engagement; as well as the distinct challenge of transporting pupils to the sites.

MIC and the OAT core staff noted that the location being a separation from the school environment is valuable, with placements acting as a five-week *'fire break'*, removing pupils from risky environments and providing targeted support.

However, the extent of the geographical distance was perceived to make it harder for parents to attend entry meetings, which appeared to be associated with lower buy-in, and less parental engagement with MIC staff when parents could not attend in person. One strategy considered helpful in this context was the creation of a virtual video of the MIC site to share to parents. It was also observed by school staff that the distance limited *'responsiveness, reactivity, and reintegration'*

efforts and likewise MIC staff felt the sites felt too external and *'out of the way'*, which could skew the process and affect reintegration back to home schools. Additionally, MIC staff reported that schools located further from the MIC were harder to keep in contact with, which contributed to less successful placements, whereas more local schools maintained regular contact, school staff visited pupils during their MIC placements, which helped them feel connected to their home school.

Transportation to MIC locations was consistently highlighted as a major challenge for pupils. In one MIC, pupils were provided with a minibus service that was generally viewed as positive by school staff. However, one school staff interviewee thought that pupils from their school, who were the last to be picked up on the shared minibus, sometimes felt *'ganged up on by the other children that are already on the bus'* (School staff). The interviewee attributed this to group dynamics during transport, particularly the time other pupils spent together before the final pick-up of pupils from their school, age mix of pupils, and the mix of pupils from different schools, each with their own needs—noting that this was perhaps inevitable when transporting pupils with varied backgrounds and experiences together. Further, MIC staff highlighted that time spent on the bus could lead to conflicts, dynamics which could continue to impact the rest of the day after arrival at the MIC.

In the other MIC, pupils were transported by taxi, which raised different challenges around reliability, high costs and, as noted by one school staff member, a lack of clear expectations around behaviour during taxi journeys. The school staff interviewee contrasted the MIC transportation model with their previous experience managing school-led transport, where travel time was used to reinforce expectations such as wearing uniform and communicating appropriately. The taxi arrangement was described as a simple *'pick-up/drop-off'* service, which they felt reduced opportunities to maintain school ethos and contributed to a less structured experience for pupils, *'undoing the [school] systems and processes that have been embedded'* (School staff). They suggested that future models could make transport arrangements *'more regimented'* (School staff).

Transport at both sites was provided between the MIC and schools, meaning that pupils also had to travel to/from home and school. For pupils with later drop-offs at the end of the day, transport arrangements were reported to create long days. One school staff interviewee from a rural referring school described an isolated example in which a pupil missed their usual school bus, and as transport providers could not drop pupils directly in their home villages, the pupil reportedly waited over an hour at a bus stop in the dark, resulting in an approximately 11-hour day. This account illustrates logistical challenges specific to rural settings, posing a need for more flexible transport arrangements. Moreover, long morning journeys delayed the start of the day and, in some cases, increased anxiety for pupils, particularly when travelling with peers they did not know. MIC staff and the OAT core staff member noted that pupils needed resilience to manage longer journeys, often arriving frustrated, tired, or hungry due to waking up earlier.

Efforts were made to make transportation more trauma-informed, such as providing ARC training to the minibus drivers transporting pupils to the MIC A, as recorded in the monitoring data to have taken place in February 2025. This was described by the OAT core staff member and ARC trainer as part of wider attempts to integrate trauma-informed practice across all aspects of MIC delivery, although no further feedback on the training's impact was provided in interviews.

Physical environments of centres limited their ability to provide a supportive and engaging setting

MIC and school staff raised concerns about the physical environment of the MIC sites, with differences noted between sites.

According to observations by a member of the research team, MIC A was located on the ground floor of a repurposed large school building with five rooms accessible to all pupils, all spacious, bright, and pleasant. The rooms comprised one mid-sized classroom, one small classroom, one computer or self-study room, one common room, and one library also used as a regulation room. The common room consisted of a large space with windows, two circular tables, a kitchenette, and a ping-pong table. A small number of school staff raised concerns about the MIC A building, describing the building as *'wasn't brilliant'*, *'half-done, looking rundown'*, and *'a really horrible, old, decrepit building [with] no outdoor space'*, with the state of the building perceived by one school staff member to do little to encourage pupils who already did not want to be at the MIC. Another school staff member also reported that some pupils had referred to it as a *'prison school'* and thought pupil felt *'farmed off with all the other naughty kids in the area'*; this reflects staff interpretation rather than direct pupil feedback. Similarly, MIC staff expressed largely negative views of the MIC A building, most notably highlighting the lack of outdoor

space and concerns about the potential impact of that on pupils (psychological effect, restlessness, limited opportunities for physical activity).

I feel it created a sense of entrapment, and so I wonder if some of the behaviours that we see, particularly at the higher end, are due to the fact that they are technically trapped within the building, and I wonder what psychological effect that has. (MIC staff)

MIC staff reported that budget constraints meant there was limited access to resources to improve the environment, such as adding plants or soft furniture to create a more trauma-informed-friendly space. Additionally, one MIC staff also noted lack of heating in the building.

MIC B, by contrast, faced fewer but still notable issues. According to observations by a member of the research team, this MIC was located within a small, shared building, with half of the building occupied by the MIC and the other half occupied by a primary school used for after-school clubs. The MIC section of the building contained two small classrooms, an IT corner with eight desktop computers, a lunch area with fold-out tables, a regulation room, and an outdoor grass area with a basketball hoop. Regarding the perceived negative features of the site, school staff highlighted poor signal in the area, which made urgent conversations difficult and even led to missed entry meetings. One MIC staff also said they would have preferred a bigger building to allow for group activities if needed.

Research question 2: Do MICs reach the intended population of young people, and do referral and induction processes operate as intended?

Source: To assess whether MICs reach the intended population of young people and if referral and induction processes operate as intended, monitoring data and interviews with MIC and school staff were analysed.

Summary: Findings indicate that the MICs largely succeeded in reaching their intended target population of young people. Referral processes underwent changes to their initial design, while induction processes operated as intended from the outset. Detailed findings below discuss pupil eligibility, referral, and induction processes.

MICs managed to reach their eligible population of young people

MICs were intended for pupils in mainstream schools between Year 7 and Year 10 who have had multiple suspensions and/or are at risk of permanent exclusion and had exhausted internal behaviour management approaches.

In total, the two MICs had capacity to offer 30 placements per cycle (15 placements per site), amounting to a total of 180 expected placements across six cycles, reduced to 150 placements following the cancellation of Cycle 6. In practice, schools referred a total of 164 pupils, and 147 placements were offered, 2% below the expected number of placements. Monitoring data revealed that MICs had a high referral success rate, with 147 out of 164 (89.6%) of all referred pupils being offered a placement (135 of whom consented to their use of data for research purposes; 92%; see Table 10 above for number of placements offered, ranging from 26 to 31 pupils per cycle).

Issues with the understanding of eligibility criteria for young people

Despite the high referral success rate, difficulties were encountered during the referral process, that evidenced tensions between staff groups regarding how the eligibility criteria of young people was defined and applied. One issue, related to age group eligibility, was that some school staff were apprehensive about whether pupils in Year 10, the older age group, would be suitable candidates with some views that older pupils had either '*gone too far*' or become '*too entrenched*' and have generally lost faith in the education system, which may lead them to feel the MIC would not work for them. Despite this perception, monitoring data showed that 23.8% of MIC referrals belonged in this year group (N=39), with fewer younger pupils being referred (Year 7; N=19, 11.6%). The reported reason for lower referral of younger pupils was that they were perceived to have greater parental influence and could therefore, be better supported through school-family behaviour strategies. The monitoring data suggests that the age groups deemed as most appropriate for referrals were pupils in Year 8 and Year 9 (N=46, 28.0% and N=60, 36.6%, respectively). Albeit one school participant raised the concern that sending a 13- or 14-year-old to a new building with pupils from different schools was a challenge.

A second, more significant issue, raised by both the OAT and MIC staff, was that schools initially referred pupils whose characteristics did not align with the MIC's intended purpose, particularly during Cycle 1. This led to pupils being referred who were not seen as suitable, for example, because they had already spent a considerable amount of time away from school at Pupil Referral Units (PRUs) or needed therapeutic support, for which CAMHS would have been more appropriate. Some MIC staff reported that they believed schools referred pupils to the MIC that they did not want to welcome back after placement.

Table 11 reports that the most common reason for referral was 'not following school behaviour policy', with at least 80% of pupils per cycle listed under this reason. This was followed by the reason of 'multiple suspensions' and then pupil 'low-level disruption'. The least frequent reason for referral was 'serious incident/physical' with 14.8% of pupils referred across cycles under this reason.

Table 11: Frequency of reasons for referral per cycle^a

Cycle	Referral reason						Other
	Attendance	Low-level disruption	Multiple suspensions	Not following school behaviour policy	Serious incident – physical	Serious incident – verbal	
Cycle 1	11 (39%)	17 (60.7%)	26 (92.9%)	23 (82.1%)	7 (25%)	9 (32.1%)	2 (7.1%)
Cycle 2	4 (16%)	15 (60%)	21 (84%)	20 (80%)	5 (20%)	6 (24%)	1 (4%)
Cycle 3	9 (30%)	20 (66.7%)	14 (46.7%)	24 (80%)	3 (10%)	3 (10%)	3 (10%)
Cycle 4	8 (30.8%)	19 (73.1%)	12 (46.2%)	22 (84.6%)	3 (11.5%)	3 (11.5%)	3 (11.5%)
Cycle 5	7 (27%)	14 (53.8%)	14 (53.8%)	24 (92.3%)	2 (7.7%)	4 (15.4%)	1 (3.8%)
Total	39 (28.9%)	85 (63%)	87 (64.4%)	113 (83.7%)	20 (14.8%)	25 (18.5%)	10 (7.4%)

^aPupils could have more than one reason per referral.

According to the monitoring data, 17 pupils (10%) were deemed unsuitable for the MIC. Some school staff expressed frustration questioning why their pupils were not being accepted by the centres. Three reasons emerged to explain the issue of rejected referrals by schools: i) schools prioritising referral of pupils to meet their own needs over meeting MICs' criteria (primarily noted by school staff); ii) differing interpretations of pupil eligibility criteria citing a lack of clarity in communication and changes in eligibility criteria as challenging to interpret (shared by MIC and school staff); and iii) that online referral forms were not fit for purpose (shared by MIC and school staff). Regarding the changing criteria, some school staff reported that they were initially told that the MICs were for pupils at risk of permanent exclusion or repeat suspensions, or who had committed significant offences. Later, they were told to refer pupils who 'needed a bit of a break' and were not perceived as challenging. The following quote exemplifies the views of and frustrations arising among school staff due to the conflicting messages on the criteria:

That was noticeable in cycle two when we put students through for selection and they were declined, and then that's where the shift came, so then we had to go back, and we had to really think then again with heads of year. (School staff participant)

Interestingly, while school staff initially found the change in criteria confusing, MIC staff viewed it as a strategy to provide schools with greater clarity when selecting pupils for referral. Indeed, an MIC interviewee believed that communication with schools regarding which pupils did not fit the eligibility criteria had improved. Likewise, school staff interviewees conceded that over time, they perceived MICs as more appropriate for pupils with moderate behaviour scores, and not for their highest-need pupils.

Regarding the online referral forms, interviewees raised concerns about the limited capacity of these forms to capture nuanced background information of the pupils referred. Interviewees felt that the forms were both labour-intensive and yet

did not ask enough questions about the young people. MIC staff also felt that these forms did not ensure that schools provided key information that would likely negatively affect the acceptance of referrals.

To address the three issues identified above, pre-referral meetings were introduced to the referral process in which MIC staff met pupils and key school staff to ensure the appropriateness of referrals. MIC and school staff perceived this introduction as positive, recognising it as a useful way for MICs to gain a more honest account of the pupils referred and their needs. School staff, for their part, generally valued these conversations as helpful and as an opportunity to clarify expectations. However, some suggested that it would have been better if the referral form had asked for more detailed evidence, rather than having to make up for that in a conversation.

The findings show that difficulties with the referral process and reach were overcome throughout the implementation period, with interviewees from both types of institution mentioning that it took time and dialogue for both parties to reach an understanding of the right combination of pupils to refer.

Induction process operated as intended

The induction process entailed an entry meeting with pupils, parents/carers, a school lead contact, and MIC staff, to outline expectations for their time at the centre. Generally, MIC and school staff shared positive opinions of these meetings, which were described as 'good', 'fine', and 'valuable'. Furthermore, according to these participants, entry meetings were beneficial for establishing relationships between school staff, pupils, and MIC staff. Specifically, MIC participants valued these meetings as an opportunity to get to know pupils from the perspectives of both schools and their parents/carers. MIC staff also believed that the entry meetings helped ease the anxiety of some nervous pupils by allowing them to familiarise themselves with the space. However, some school staff recognised that these meetings were still difficult for pupils who were more challenging and reluctant to embrace new experiences.

Even though the induction process was generally viewed positively, school staff raised concerns about the organisation of the entry meetings, which affected participation. One issue raised was the difficulty of setting aside time in the schedules of key school staff to attend these meetings at the MIC. When this was not possible, another member of staff would attend the meetings instead, and some staff expressed disappointment at being unable to participate further in the process. Although there is no precise information on how many lead contacts attended these meetings, monitoring data revealed that 130 out of 135 entry meetings were attended by school staff (96%). Another issue reported by school staff was the difficulty of getting parents/carers to attend due to work commitments, geographical distance from the MIC, and the belief that their presence was optional. However, this was not the case for all participants: some mentioned attending with parents/carers and frequently associated a successful induction with parental engagement. Indeed, monitoring data supports this last view, since 97 of 135 meetings were attended by at least one parent/carer (72%).

There was very little information from school and MIC staff regarding their views on the expectations outlined during the entry meeting, other than that it took place. One school participant expressed the view that the meetings could have gone into more detail about what they entailed and what was expected of pupils. Nonetheless, monitoring information evidenced that 131 out of 135 learner agreements were signed by pupils (97%).

Furthermore, a content analysis of templates of the learner agreement and other induction day materials revealed some aspects that could have affected the intended operation of the induction process. The learner agreement template was found not to be written in child-friendly language and to employ a mildly punitive approach. Regarding the analysis of the induction materials, marked differences were evident between the MICs. The former was found to focus mainly on getting to know the pupils and setting expectations, whereas the latter was found to contain content that was not trauma-informed, for example, references to incarceration or early death.

Research question 3: Is the training, support, and resources provided to MIC staff sufficient?

Source: To evaluate whether training, support, and resources provided to MIC staff was sufficient, monitoring data and interviews with MIC staff, the OAT core staff member, and the ARC trainer were analysed.

Summary: The findings suggest that the training, support, and resources provided to MIC staff were sufficient, with perceptions of journeying through a learning curve being dominant and increasing perceptions of sufficiency being noted as the implementation progressed. Findings for this research question focus on MIC staff experience of the training, the continuous support and resources provided, and perceptions on the sufficiency of these components.

Training introduced MIC staff to trauma-informed practice

The ARC trauma-informed practice training (equivalent of two full days) was delivered by an ARC-accredited trainer: the first to MIC staff only; and the second jointly with school staff. The MIC staff-only training was delivered over two days in person in May 2024. The training jointly delivered to MIC and school staff involved one face-to-face training day in May 2024, followed by three online sessions in July 2024, October 2024, and December 2024 to fit with school staff schedules.

Regarding the two days of training exclusively for MIC staff, most participants agreed that the training was an appropriate length and that it was beneficial to complete it before the intervention began in a face-to-face format to be able to start strong. However, the ARC trainer somewhat questioned the timing of the training so close to their constitution as teams.

[The MICs] ...were a very new team when I met them. They'd got no building. They didn't know really where they were going or what they were doing. It was all very new. I don't know why, but I think it was almost like the first or second time they'd met each other or something like that, so they weren't formed as a team yet. (ARC trainer)

Furthermore, the OAT core staff member shared their perception that there were no challenges during the in-person training of MIC staff, whereas the online provision faced some access issues related to permissions on the selected platform (Zoom).

According to the ARC trainer, the content of the training was tailored to reflect MIC staff's existing understanding of trauma, including enough new content and depth for staff. On this, the OAT core staff member further explained that MIC staff received generalised training on trauma-informed practice. Notably, MIC staff primarily came from mainstream educational backgrounds and had received limited prior training in trauma-informed approaches or related topics. Consequently, they generally considered the trauma-informed practice content to be new and different from what they had experienced before. Several MIC staff members gave positive feedback on the content, describing it as 'good', 'empowering,' and 'eye-opening', and a couple said it had given them trauma-informed knowledge to enable trauma-informed practice responses during delivery.

Information on the ARC training resources was subject to content analysis and was found to align with mainstream trauma-informed practice for young people. This analysis revealed that a substantial amount of content was shared with participants, including a large number of frameworks, acronyms, and diagrams. While some of the content was found to be drawn from reputable academic sources, the evidence base for other elements was unclear, and the compatibility of the different sources with each other was not established. One specific concern arising from the analysis, is that the table and related checklist for recording incidents found in the training materials, while seen to be broadly appropriate, it was also found to over-emphasise the young person and underplay the environment and actions of teachers and other adults.

MIC staff levels of understanding of trauma-informed practice after training, was mixed. On the one hand, some reported that the ARC framework at the MIC was similar to mainstream school practices, with the difference that MICs could offer more staff capacity. For others, MICs were understood as a space that could hone-in on the impact of trauma with pupils in a way that mainstream schools are generally not capable of adopting.

Tensions between trauma-informed practice and the realities of school implementation

MIC staff and the OAT core staff member particularly expressed concern that the training content was not possible to replicate in mainstream school settings, although it was mostly perceived as appropriate to the reality of the MIC. Interviewed staff also found it challenging to align trauma-informed practice with real-life school rules and expectations, particularly in relation to striking a balance between providing trauma-informed support and reintegrating pupils into the expectations of mainstream school. This tension was also repeatedly expressed by the OAT core staff member, who contrasted the behaviourist approach to sanctions adopted by schools with the relational and flexible approach of the MIC.

Additionally, certain MIC interviewees regarded specific strategies as ill-suited for their respective pupil groups, as they were regarded as infantilising (e.g. the use of bubbles). Another point of tension was if MIC could lead to pupils' stigmatisation. For instance, one MIC interviewee described pupils' apprehension that trauma-informed spaces are places for '*children with special needs*', which prevents them from feeling '*normal*'. A similar apprehension was shared by the ARC trainer, who expressed concern about the term 'Managed Intervention Centre' questioning how it might feel to pupils and suggesting it could carry negative connotations and proposed an alternative term '*belonging settings*'.

Changes to continuous support to facilitate tailored implementation

According to the initial design of the intervention, further support for MIC staff was planned to consist of monthly sessions led by an ARC-accredited trainer to consolidate the training content and coaching in the effective delivery of the bespoke PSHE curriculum. MIC lead teachers/centre leads were also expected to receive weekly coaching sessions led by the OAT core team. Regarding the monthly consolidation sessions, the OAT core staff member mentioned that these were originally designed as an evaluative tool for each site, but the format and purpose changed quickly after receiving feedback from MIC staff who suggested that the sessions could serve as an opportunity to discuss pupils' cases. In response to this feedback, instead of taking place monthly, OAT arranged for the meetings to be held at the midpoint of each delivery cycle—one per cycle, amounting to five throughout delivery—and for staff from both sites to attend together, with monitoring data showing that these took place between October 2024 and March 2025 and were attended by all eight MIC staff members. The reported rationale behind combining sites to provide these meetings was that all parties could benefit from hearing each other's stories and recognising the differences and similarities in their experiences. While most MIC staff did not comment on this specific change, two interviewees shared opposing views: one wished the sessions had remained separate; while the other valued the group understanding they achieved.

The new timing of these sessions mid-cycle allowed for discussion of pupils who were currently attending MICs, and MIC staff sent case studies to trainers ahead of meetings for discussion and to ask for practical advice or clarifications. MIC interviewees were positive about this change, valuing the opportunity to discuss specific case studies with their trainer and access more personalised sessions and helpful resources.

The ARC trainer reflected that MIC staff faced extreme behaviours and pupils with very complex, intersecting needs, that in their opinion exceeded the scope of the MIC, exemplified by the case of a pupil with undiagnosed autism that in their experience can be mistaken for trauma-related behaviours.

According to the OAT core staff member, the remaining time for support sessions were used to review specific topics, the curriculum and resources with the ARC trainer, ensuring that they remained trauma-informed. In effect, the ARC trainer explained they reviewed how staff record and describe pupil behaviour in MIC reports, seeking to promote a language that reflects a trauma-informed understanding rather than attributing behaviours to choice or defiance. On this, MIC staff appreciated the support to use trauma-informed language in exit reports and in strategies for communicating with pupils and parents/carers in a clear and simplified manner.

Regarding the individual coaching of MIC lead teachers/centre leads, the OAT core staff member met with them once every two weeks instead of weekly between Cycle 1 and Cycle 2. According to the OAT core staff member, these meetings mostly dealt with ongoing monitoring to ensure quality control by challenging the leads' processes. More specifically, the OAT core staff member provided ongoing support via coaching sessions with MIC leads, analysis of referral data, and the Child Protection Online Monitoring System (CPOMS) and reviewing action plans to identify the staff's additional training needs.

Learning curve to a sense of sufficiency

MIC staff, the OAT core staff member, and the ARC trainer, alluded to staff's necessary developmental journey along a 'learning curve' throughout the programme's implementation. This suggests that training alone was insufficient, but that the combination of training, support, and gained experience through MIC delivery, eventually provided a greater—though not a full—sense of sufficiency. According to the OAT core staff member, by the end of Cycle 4, it had become apparent that staff were still struggling to articulate the extent to which they had adopted a trauma-informed approach in their practice during observation debriefs. Similarly, the ARC trainer appraised MIC staff development as increasingly trauma-informed, as evidenced by staff use of trauma-informed language.

The steepness of this learning curve varied between staff. For instance, according to some MIC interviewees, even before training they were already engaging in trauma-informed practices that came naturally to them, either because of the subject area they taught, or personal characteristics. These participants valued the training as it provided them with a knowledge base to feel more secure in their practices. In contrast, other participants mentioned that they had engaged in self-guided learning. One expressed that the area was '*...a bit of a wormhole, isn't it? You open one door, and it leads to 100 others*' (MIC staff).

Nevertheless, over time, staff reported becoming more confident in their methods and felt less pressured to adapt to the schools' wishes in their reintegration plans (as further detailed under research questions 6 and 8).

Research question 4: What activities are involved, how do they vary between children and equity groups? Do they reflect the MIC model, and are they viewed as acceptable and appropriate by MIC staff and school staff?

Source: To explore how MIC activities varied between pupils and equity groups, and to evaluate the extent to which they reflected the MIC model and were perceived as acceptable and appropriate, monitoring data, lesson observations, and interviews with MIC staff, school staff, and the OAT core staff member were analysed.

Summary: MIC activities were generally viewed by MIC staff as flexible, responsive to pupil needs, and reflective of the ARC framework, with bespoke curriculum adaptations, daily routine, and pupil review activities supporting progress and engagement. However, school staff raised concerns around academic rigour and potential knowledge gaps, the merit system and self-reflections showed mixed impact and limited trauma-informed practice, and there were inconsistencies between the MIC and mainstream schools' behaviour policies and systems. While the activities seemed to be responsive to individual pupil needs, there was little evidence of variation between different equity groups.

As detailed in the evaluation plan, MIC delivery activities were designed on the approach developed by WEC, aligned with the principles of the ARC framework. Findings concerning these activities are organised into three core domains: i) the curriculum and lesson delivery; ii) pupil review activities; and iii) the behaviour policy and routines.

Curriculum and lesson delivery

MIC staff generally viewed the curriculum and lesson delivery as both acceptable and appropriate. This is particularly due to the flexibility to tailor it to the local context, designing a bespoke curriculum based on individual pupil wants and needs. This flexibility was perceived as a significant strength of the MIC model, enabling delivery to be more meaningful and relevant to the pupils.

MIC staff described the curriculum as delivering an undercover learning of trauma techniques without explicit mention of trauma. Rather than direct teachings on trauma, MIC staff felt it was more in their application of practical strategies during lessons where trauma-informed practice shone through. However, in subjects like PSHE and Strengthening Minds, trauma was more overtly addressed in teaching. Lesson observations found that MIC staff frequently adapted activities to meet pupils' needs. In one observed lesson, for example, the cohort was divided to improve focus, with three pupils beginning the lesson together. Shortly after, two pupils were taken to a Lego Therapy session tailored to their needs, leaving one pupil in the class. This occurrence seemed to disengage the remaining pupil, who showed signs of withdrawal such as yawning, fidgeting, and resting their head on the desk. This prompted the teacher to change their approach. Rather than continuing

with the planned lesson, the teacher acknowledged the pupil's frustration and initiated a discussion that successfully re-engaged them in a writing activity.

Across both sites, there were overt examples of the MIC model curriculum and its focus on emotional regulation and well-being displayed on site walls. At MIC B, displays covered topics such as coping with emotions, managing stress, safe sexual relationships, and positive affirmations. Similarly, MIC A displays covered emotional regulation techniques, acceptance of emotions, and understanding stress and the human body.

School staff reported limited engagement with and understanding of the curriculum. A small number expressed disappointment and concern over the quality of the curriculum and the potential for young people to fall behind due to a five-week knowledge gap caused by the MIC placement:

I was quite astonished about the lack of work they'd done and the quality of work they'd done. I know the students and the work they produce here, it was like they'd gone back into primary school. (School staff)

Concerns were also raised by a few pupils regarding the content of the curriculum during lesson observations. For example, more than one pupil had individual lessons with a teacher to focus on GCSE content due to the pupil's worry that they might fall behind and eventually fail due to their MIC placement.

Pupil review activities (merit system and self-reflections)

Pupil review activities that were used to track progress included the merit system, which awarded merits for demonstrating expected behaviours and withheld them when these expectations were not met, and pupil self-reflections, which recorded pupils' views on their personal development and behaviour change. Monitoring data shows that participation in these activities was high. The data showed that 87% of pupils (117 out of 135) completed weekly merit sheets, and 84% (113 out of 135) completed self-reflection exercises across the five delivery cycles (although it was unclear from available data if this was related to daily or weekly self-reflections). Progress was monitored daily during placements through the merit system by MIC staff for all pupils who completed weekly merit sheets. MIC staff found these activities broadly useful, particularly the merit system, which provided pupils with visible proof of their progress and helped guide discussions and goal setting. In some cases, this allowed pupils to make a conscious effort to improve behaviour throughout the day.

Content analysis of the reintegration plans found that while high prominence was given to descriptive data about 'merit points', and that this may have utility for schools, the system was seen to be inconsistent with a trauma-informed approach. Additionally, the utility of the 'merit point' data was found to be unclear, as few pupils showed clear trends over time, and the system was reported to be less effective for pupils who had struggled with behaviour, as they found the reflection difficult. The charts were found to be hard to interpret as absences were shown as zeros rather than missing data, leading to potentially misleading profiles. Reintegration plans are further discussed in research questions 6, 8, and 10. Further challenges were noted regarding the merit system by MIC staff.

The quality and impact of self-reflections were said to be varied by MIC staff and the OAT core staff member. The OAT core staff member reported that the timing of the self-reflection influenced effectiveness where MIC A conducted reflections in the morning to set targets, while MIC B did so at the end of the day. The OAT MIC lead also shared that this was difficult for many pupils due to limited skills in self-reflection. Similarly, content analysis of the self-assessment forms, which were conducted at induction, midpoint, and at the end-of-placement, found that they did not offer significant insight, as most were very brief and focused on behaviours that they were attempting to avoid in future rather than offering reflective insight.

No school staff mentioned the merit system or self-reflections, suggesting a broader lack of familiarity with the MIC's delivery and internal processes.

Behaviour policy and routines

MIC staff generally reported the behaviour policy and daily routines to be acceptable and aligned with the ARC framework, which was said to be embedded into MIC rules and expectations. Regarding MIC routines, MIC staff noted that movement

breaks, slow starts to the day, and having the opportunity to have regular check-ins with pupils, worked well. These approaches were seen as effective in influencing pupil's understanding of behaviour, self-regulation, and well-being.

It was evident from observations at both sites that pupils generally had freedom to move through the MIC, provided a member of staff was present to oversee them. For example, during a lesson observation, pupils and staff members entered and exit the classroom at their will. Similarly, at lunchtime in one MIC, pupils could choose to move between the main dining area and the IT room. Lunchtime at both MIC sites was observed as a time for building relationships between pupils and MIC staff. This was achieved through activities such as eating together, casual conversations, and playing games. Observations showed pupils actively seeking interactions with MIC staff at lunchtime.

It's lunchtime and that social time, you're not teaching them, as in you're not in a lesson and you're not that authoritative figure. You can actually chat to them a bit more, be a bit more relaxed, (...). It helps build that relationship. (MIC Staff at observation debrief meeting)

Additionally, observations found that wall displays at the sites contributed to the reinforcement of the behaviour policy. For instance, at MIC A there was a display of protocols for 'Start of the Day', 'Lunchtime', 'Lessons,' and 'Breaktime'. According to MIC staff, the ten-rule system was described as clear and easy for pupils to follow. This system was displayed in the common spaces of both MICs, which detailed the following ten expectations:

- Follow instructions first time given.
- Be in the right place at the right time.
- Be polite and respectful to everyone around you.
- Wear full school uniform correctly all day.
- Stay focused and on task in lesson.
- Have everything you need each day including equipment, homework, and PE (Physical Education) kit.
- Phones will not be seen or heard—they will be handed in at the start of the day.
- Keep hands, feet, objects. and inappropriate comments to yourself.
- Follow all health and safety rules.
- Make every effort to improve your behaviour and show progress.

Additionally, across MIC sites, consistent enforcement of behaviour policies was observed. At all observations, MIC staff routinely corrected pupil's use of inappropriate language using phrases such as '*Language!*', '*Mind your language,*' or '*Shush!*'. When pupils became disruptive, either after repeated minor disruptions (i.e. excessive talking) or more significant incidents such as throwing a chair, staff commonly invited them to take time to calm down in a regulation room. Pupils were often, but not always, accompanied by a staff member and generally returned to class after a short period, re-engaging without further disruption. Notably, other pupils appeared generally unfazed by these situations, suggesting such approaches were well-established within the MIC setting. However, one MIC interviewee mentioned that it was challenging for some pupils to understand the rationale behind their behaviour policies, as they were unfamiliar with the concept of non-punitive sanctions. This is often the case in trauma-informed schools, such as the MICs, where sanctions do exist but are used sparingly, with restorative justice replacing them.

Furthermore, several school staff reported concerns about the behaviour approach and operational consistency between the MICs and mainstream school. In particular, differences in safeguarding and behaviour policies and systems created barriers to information sharing. One example was the use of CPOMS in the MIC to manage safeguarding, which was not used by all schools, leading to difficulty implementing suggestions at the point of reintegration. Some school staff also

expressed frustration that MICs relied too heavily on schools for behaviour management support, which was viewed as unsustainable given competing demands within their schools and the distance of the MIC.

Consideration of equity groups

Across MIC and school staff interviews, there was limited explicit discussion of variation in delivery across different equity groups. However, MIC staff described the small class sizes and '*nurture-centred approach*' as conducive to meeting the needs of SEND and Looked After Children pupils in particular.

Research question 5: Are children across equity groups attending and engaged in the activities?

Source: To evaluate whether pupils from different equity groups were attending and engaging with MIC activities, monitoring data, lesson observations, and interviews with MIC staff, school staff, and the OAT core staff member were analysed.

Summary: Attendance and engagement at the MICs were viewed as higher than expected and generally positive but there was notable variation across cycles. Monitoring data showed good levels of attendance, very high punctuality, and completion rates that improved over time, while MIC staff highlighted that engagement generally increased as pupils settled into the new routines and relationships with staff. However, patterns of attendance and engagement were influenced by group dynamics, parental involvement, and pupils' prior disengagement from education. Differences between equity groups were limited but interview accounts suggested that younger pupils and girls were particularly responsive, while boys also benefited from the less pressured environment. Monitoring data indicated potential lower engagement among younger pupils and those with other agency involvement.

Attendance considered high or better than expected but variable

Across interviews with MIC staff and the OAT core staff member, there was a consistent view that attendance was high and exceeded expectations, particularly when compared to perceived mainstream school averages. Monitoring data supports this positive view, although it highlights some variability.

Across the five cycles, average attendance for pupils (N=135) was moderate overall, with a mean attendance of 71% and a median of 80%. Attendance was highest in Cycle 5 (mean 81%) and lowest in Cycle 3 (mean 62%). However, variation across pupils was substantial, with SDs ranging from 16% to 27%. This indicates that while many pupils were attending regularly, a subset of pupils with very low attendance negatively skewed the average. On the other hand, average punctuality for pupils (N=135) across the five cycles was very high, with a mean punctuality of 98%, a median of 100%, and an SD of only 2%. Cycle 1 had the lowest punctuality (mean 98%), while Cycles 3, 4, and 5 had the highest, with mean scores rounding to 100%. It is worth mentioning that transport was provided for all pupils, with taxis for those attending one MIC and a minibus for the other. This arrangement likely contributed to the consistently high punctuality, as pupils were not required to manage their own travel.

School staff had very limited perspective on attendance but one did highlight parental engagement as a key barrier, which impacted whether pupils attended consistently, explored further in the next theme.

Engagement improved throughout the cycles

Staff at both MIC sites and the OAT core staff member reported that pupil engagement tended to increase as cycles progressed. Engagement was described as difficult in the first week of each cycle but steadily improved over time. MIC staff attributed this to:

- the merit system and reflective conversations, which encouraged participation;
- the bespoke curriculum adaptations;
- positive relationships built between staff and pupils; and
- the calm, less pressured environment of the MIC compared to mainstream settings.

Monitoring data reinforces these views. Over two-thirds (70%) of pupils completed their MIC cycle (95 out of 135). Completion rates improved as cycles progressed, rising from 68% and 64% in Cycles 1 and 2, to 77% in both Cycles 4 and 5. Of the 30% of pupils (N=40) who failed to complete their placement, the most common reasons were failing to meet placement expectations (N=13) and major behavioural challenges (N=9). The remaining cases showed a variety of other reasons (e.g. failure to engage due to mental health, becoming home educated, concerns about travelling alone, placement deferred). Of this 30%, 67% (N=27) were in mainstream education when monitoring data collection ended. Within the group who failed to complete their placements, a higher proportion of pupils were permanently excluded (22%, N=9), two pupils underwent a managed move to an alternative school, and one pupil was on elective home education (missing data for one pupil). For those who failed to complete their placement, the average duration of placement was 12 days in Cycle 1, 11 days in Cycle 2, 18 days in Cycle 3, 16 days in Cycle 4, and 19 days in Cycle 5.

Furthermore, MIC staff interviews and observation debriefs indicated that pupil engagement typically fluctuated across the placement. MIC staff noticed that the first weeks of placements often showed lower engagement and increased behaviour challenges as pupils adjusted to the new environment. Dips in engagement were also reported to occur at both MICs towards the end of the cycle as pupils anticipated leaving. As one MIC staff member explained:

At that point of the cycle, some are on their last day today, aren't they? Some are in their last couple of days. So, they will start playing up and displaying a bit more challenging behaviour, won't they? (MIC staff, at observation debrief meeting)

School staff contributed few insights on engagement, likely due to their limited visibility of day-to-day MIC delivery. However, where they did comment, parental buy-in was stated to influence pupil engagement, with lower levels of parental involvement perceived to link to weaker pupil commitment. This lack of parental engagement is evidenced at their attendance at entry and reintegration meetings. While 68% of parents/carers were present at entry meetings (92 out of 135), only 44% were present at reintegration meetings (60 out of 135). MIC staff also noted that pupils who were already long-term disengaged from education prior to referral were the hardest to engage with the programme.

Group dynamics and pupil equity groups influenced engagement

A repeated theme across interviews with school staff, MIC staff, and the OAT core staff member was that engagement was impacted by the mix and dynamics of pupils referred within each cycle. Issues with peer dynamics led to negative engagement, which was difficult for delivery teams to predict. The OAT core staff member shared that they attempted to mitigate this by adjusting groups and the curriculum, but it remained a challenge for both MIC delivery teams. School staff noted that pupils with existing poor relationships were sometimes referred on the same cycle, and these tensions often escalated at the MIC leading to poorer engagement. MIC staff at one site also described challenges arising from pupils coming from different areas, which could result in animosity and territorial behaviour, essentially fighting for who was 'top dog'.

If chemistry or dynamics between them all, once they were in that environment weren't right, that was problematic. (School staff)

Across MIC staff interviews, some distinctions in engagement were found in different equity groups. For example, one MIC staff member reported that younger pupils were generally more engaged, as they were less preoccupied with external pressures such as romantic relationships. Another MIC staff member found that it was easier meeting the needs of girls, describing them as 'more open', which they speculated might be due to the all-female staff team. However, they also described how the programme worked well for some boys, who felt comfortable to drop the 'macho' persona they might feel they need to adopt in mainstream school:

I do wonder if that's because we're women, and they don't have to do the macho man, 'There's a male teacher. I'm going to be all intimidating,' or whatever. The last cycle where we had four Year 10 boys, and I'd say three of them enjoyed being with us because they could just be boys. Not men, if you know what I mean. (MIC staff)

Attendance and engagement across equity groups

Levels of engagement (quantified as percentage of placements completed) and levels of attendance (percentage attendance among pupils who completed placements) were reviewed across equity groups from administrative data (Table 12). Overall, engagement was somewhat higher in older year groups (70–80% placements completed), compared to younger year groups (55–70% completed); slightly higher among pupils with SEND status and FSM-eligibility; and slightly lower among pupils with other agency involvement. Among pupils who did complete placements, attendance was highest among Year 8 and Year 10 pupils, and notably lower among Year 7 pupils, with minimal differences observed across other equity groups. Data exploration demonstrated insufficient variance to examine attendance and engagement by ethnicity (89% White British). These findings should be interpreted with caution due to the small numbers of pupils, particularly among some subgroups, and the descriptive nature of the data. The findings suggest that engagement of younger pupils and those experiencing notable additional challenges outside of school (indicated by other agency involvement) should be considered in future evaluation or delivery of the programme.

Table 12: Summary of engagement and attendance by equity group

Equity group category	Subgroup	Engagement (placements accepted, N=136)				Attendance (placement completers, N=97)		
		N	Complete	Incomplete	% complete	N	M	SD
School Year:	Year 7	17	10	7	58.8	10	64.2	30.7
	Year 8	41	28	13	68.3	28	78.6	23.9
	Year 9	46	36	10	78.3	36	71.4	26.3
	Year 10	32	23	9	71.9	23	77.4	17.5
Gender:	Female	55	40	15	72.7	40	74.3	23.3
	Male	81	57	24	70.4	57	74.1	25.2
SEND status:	No	74	51	23	68.9	51	72.7	23.9
	Yes	62	46	16	74.2	46	75.8	25.0
FSM-eligibility:	No	40	25	15	62.5	25	78.5	25.1
	Yes	96	72	24	75.0	72	72.7	24.1
Other agency involvement:	No	82	62	20	75.6	62	74.3	23.5
	Yes	54	35	19	64.8	35	73.9	26.1

Research question 6: Is the support for schools perceived as being sufficient, and are reintegration plans perceived as being appropriate, trauma-informed, and are schools able to implement them?

Source: To evaluate the extent to which support for schools was perceived as being sufficient, and whether reintegration plans were perceived as being appropriate, trauma-informed, and implementable by schools, monitoring data, the school staff post-training survey, and interviews with school staff and the ARC trainer were analysed.

Summary: Overall, support for schools was perceived as mixed. While communication with MIC staff was consistently described as strong, clear, and responsive, the trauma-informed training support offer was viewed more negatively, with limited attendance, a lack of depth, and insufficient follow-up support reducing its impact. Reintegration plans were also seen as inconsistent in quality and often generic, providing a lack of new insights, and in many cases, were difficult to implement in mainstream school contexts. There was also a lack of clarity around the extent to which the plans reflected trauma-informed practice. Although improvements in the reintegration process were reported over time, including earlier sharing of reintegration plans and the introduction of an early pre-exit meeting, both the training and reintegration process was perceived as broadly not meeting the schools’ needs.

Predominantly negative perceptions of training support with some variability

Around half of school staff interviewees felt that trauma-informed practice was important in supporting pupils at risk of permanent exclusion while others raised concerns about its role in mainstream schools. Three participants in particular emphasised that while trauma-informed practice was valuable it should not become the primary focus. They argued that wider barriers to learning, such as literacy, cognition, and communication, also need to be addressed, and that trauma-informed practice must be aligned with other school priorities rather than treated as a stand-alone aim. Despite this, across school staff interviews there was a view that training for staff was essential to ensure consistency in behaviour management approaches.

As part of the support for schools, OAT provided trauma-informed practice training, delivered through an initial in-person session followed by three online sessions.

Across interviews with school staff, fewer than half reported not attending the training or having no to limited feedback to share from colleagues who attended. Among those who did attend, the majority expressed negative perceptions, noting that the training did not meet their needs. A repeated theme was that the training lacked depth and did not provide new content, with many staff reporting substantial knowledge of trauma-informed practice from prior training within their schools or through external settings. As a result, the training was often described as a 'refresher' or 'reminder' rather than adding new value. A few participants also highlighted the training's emphasis on theory, with limited practical strategies or school-specific guidance. One suggested that a more tailored, practice-focused approach would have been more beneficial.

Concerns were also raised about who was invited to attend. While trauma-informed practice training is usually delivered on a whole-school basis, including non-teaching staff, with initially anticipating up to 70 school staff members who would engage with the training and with the MICs, only a few school staff members were invited to attend the OAT trauma-informed practice training. Some participants felt that sending senior leaders, who were already knowledgeable in trauma-informed practice, was '*preaching to the converted*'. Instead, they suggested that middle leaders and classroom teachers would have benefited more, as they were less likely to have had prior exposure. The ARC trainer similarly reflected on challenges with school staff attendance and engagement. While MIC staff were perceived as more enthusiastic, school staff participation was described as poor, with inconsistent attendance that declined over the course of the online sessions. Engagement was found to be strongest among self-selecting staff such as Special Educational Needs Coordinators (SENCOs), designated leads, and pastoral heads who were already concerned about high exclusion rates. Wider school staff were described as often struggling to prioritise the training due to workload, scheduling conflicts, and competing demands. Online sessions were found to be particularly hard to engage school staff, with participants often distracted, lacking continuity across sessions, and with low overall attendance (25 school staff at first in-person training, May 2025; but only three attending online trainings in July 2025 and October 2025, and four attending online training in December 2025). School staff who attended training included senior leadership (principal, vice principals, assistant principals), pastoral and year-level managers, and student support/welfare roles (designated safeguarding leads, attendance support, behaviour inclusion supervisor, pastoral and learning programme coordinators, internal exclusion unit managers, and pupil welfare staff).

Another theme was the lack of follow-up support. Staff reported uncertainty about how to apply the training in practice and felt additional resources would have supported next step implementation. In particular, the absence of Continuing Professional Development (CPD) materials was described as a missed opportunity, as such resources could have enabled schools to better cascade learnings down to colleagues and embed trauma-informed practice more school-wide.

Further challenges included the training being time-consuming, described as '*long*' and '*onerous*' given competing demands, and in one case, a perception that the training content was not applicable to the school environment. This view was supported by the ARC trainer who explained that the training was seen as incompatible with existing school policies, particularly strict behaviour management policies that conflicted with trauma-informed practice. They noted that this made school staff feel limited in applying the training because systemic constraints prevented meaningful change.

Overall, the ARC trainer reflected that while the training itself was standard, its impact was constrained by low attendance and misalignment with school practices.

Despite these challenges, a minority of school staff participants reported positive experiences. They described the training as *'helpful'*, and *'informative'*. Some highlighted the trainer's expertise and engaging delivery style, while others valued the opportunity to network with other schools and MIC staff, and the opportunity to gain reassurance about where their pupils were being placed.

Although completion rates were very low, introducing a large degree of selection bias to the survey findings, the school staff post-training survey provides additional insight into perceptions of training. In total, eight responses were received, two of which were incomplete (one from a respondent who had not attended any training and another containing only basic identifying details) resulting in six responses available for analysis. In line with the interview findings, survey respondents generally felt that the training was moderately useful, with four respondents reporting that it *'only met some of their needs'* in incorporating trauma-informed practice in their work. While most participants were *'quite satisfied'* with the content and format of the training (N=4), the feedback suggested that the training was viewed more as a refresher rather than new learning, echoing interview findings. Additionally, following the training, only two respondents felt that they had a very clear idea of how to define trauma-informed practice and only two felt *'very confident'* in their ability to incorporate trauma-informed approaches into their teaching or classroom support. Notably, all respondents preferred face-to-face delivery, stating more interaction, fewer distractions, and better opportunity for discussion when compared to online sessions, reinforcing qualitative findings on poorer engagement during online sessions. Suggestions for improvement included shorter, more frequent sessions, more practical strategies for daily use, and CPD opportunities for wider school staff members. Despite these limitations, nearly all respondents indicated that they definitely intended to apply what they had learned in the training in their work, and most reported some increased confidence in their ability to incorporate trauma-informed practice, suggesting some positive impact.

Clear, fluid communication from MIC supported strong programme delivery

The majority of school staff interviewed reported highly positive experiences of communication with the MIC. Communication was frequently described as *'strong'*, *'fluid'*, *'clear'*, and *'exceptional'*. School staff praised the responsiveness of centre leads and MIC staff, noting that they were available by phone or email, often even outside of school hours. MIC staff were also praised for their openness to feedback and willingness to adapt practices in response. For example, following a school's request, they created a video tour of the MIC to help parents better understand the placement and what it involved. While overwhelmingly positive, a small number of school staff did identify areas for improvement. These included inconsistency in weekly performance updates, with some describing communication as *'random'* or *'ad hoc'*, a desire for more structured, routine updates rather than communication only when issues arose, and practical challenges, such as the absence of a landline at MIC, poor signal at the MIC's location, and occasional delays of up to two days in receiving responses to queries.

School staff perceived the reintegration plans as largely inappropriate, inconsistent, and offering limited new insight

Reintegration plans were completed for 92% of pupils who completed their placement (87 out of 95; eight pupils did not have reintegration plans completed). This was broadly consistent with school staff engagement in reintegration meetings, with school staff attending 61% of exit meetings (N=83).

However, the majority of school staff interviewed viewed reintegration plans as inappropriate or of limited value. They frequently reported that the plans did not provide new information or innovative strategies but rather just confirmed existing school practices. Staff described the plans as *'generic'*, *'not always useful'*, and *'very similar'*, with concern around the inconsistent quality and an expectation that plans would have been more personalised. As one school staff member explained:

I don't think that a lot of them actually delved deep enough into the child. A lot of them were very superficial and also very behaviour-led. One of them came back and said that she's coercive towards younger children, and that was one of the things on there. It was like, 'We know that. We knew that before

we sent her to you. What I want to know is why, why that's happening and how we can prevent it happening, and if it does happen how we can regulate it,' and that wasn't in there. I didn't feel they were as in-depth as they needed to be. (School staff)

Timing was also a significant issue. In earlier cycles, schools often received reintegration plans after the young person had already returned, which left them feeling unprepared and unable to implement recommendations effectively. Staff described the reintegration process under these conditions as *'unmanageable'*, suggesting that a *'framework of best practice'* to standardise when and how plans should be received and used would improve the usefulness of the plans and likelihood of a successful reintegration.

Following feedback, improvements were made from Cycle 3 onwards. Plans were shared in advance, and a pre-exit meeting was introduced one week before reintegration. These meetings were described as more useful than the written plans, as they allowed school staff to hear directly what had and had not worked at the MIC, and to align strategies with mainstream school practices. School staff highlighted these meetings as particularly valuable in smoothing transitions and avoiding confusion for parents.

Although a minority view, some school staff did find the reintegration plans useful. They reported that plans sometimes provided detailed insights into what worked for specific pupils, including those with SEND and FSM needs (e.g. slow start to the day by joining a free breakfast club). One plan was described as detailed enough that it prompted a referral for a pupil for Autism Spectrum Disorder (ASD). While MIC staff generally perceived the reintegration plans as working well, they also acknowledged areas for improvement. They noted that pupils often struggled during their final week at MIC, sometimes acting out to sever ties with staff. To address this, staff suggested a slow reintegration process with follow-up contact after the young person had been back in mainstream school for two weeks. They felt this would support more sustained engagement and ensure the plans were used more effectively. One example was given of a young person whose school attendance dipped after reintegration until MIC staff re-established contact, which MIC staff felt highlighted the risks of insufficient post-reintegration support.

MIC staff also reflected on how the quality of their relationship with schools influenced the effectiveness of the plans. Where relationships were weaker, MIC staff reported that schools tended to take a backseat in exit meetings, making it harder to set expectations for reintegration and prepare pupils for the transition. In contrast, stronger relationships enabled more open and honest discussions, with schools giving MIC staff space to lead exit meetings and work in collaboration. These stronger partnerships were seen as resulting in more effective reintegration and smoother handovers. However, MIC staff and the OAT core staff member noted that some schools were reluctant to engage with suggested activities in the plans, which was viewed as limiting their impact.

Lack of clarity about how trauma-informed reintegration plans were

Perceptions of how trauma-informed the reintegration plans were mixed but limited across the school staff interviews. Some school staff described the plans as reflecting a child-centred approach, including work on Strengthening Minds, self-esteem, and aspirations. An equal amount of staff felt the plans did not adequately reflect trauma-informed practices and were instead largely behaviour-focused. As noted in the content analysis, the exit report template risked reinforcing behaviour-led focus, with less attention to pupils' needs and relationships.

Perceived impracticability of implementation in mainstream school contexts

A strong theme across school staff interviews was that many recommendations in the plans were difficult to implement in mainstream settings. Suggested strategies, such as shorter lessons, smaller or quieter class environments, movement breaks, part-time timetables, preference for male staff, and one to one support, were described as *'totally impractical'* due to resource constraints, pupil-to-staff ratios, or lack of available space. School staff felt that MICs had not always considered the practical applicability in a mainstream setting, where levels of flexibility are more limited compared to the MIC. On the other hand, a smaller amount of school staff reported implementation not being an issue. In some cases, the reintegration plans were described as aligning with existing school practices and ethos, which made them easier to adopt. In one case, it was mentioned that this was due to the MIC centre lead's background in mainstream school settings.

Implementation was also perceived to have become easier as cycles progressed, due to the shift in referral eligibility criteria in later cycles (see research question 2). This meant that less complex pupils were referred and therefore, reintegrated.

Evidence of promise

Research question 7: To what extent does the ARC training inform other components of the intervention (i.e. MIC PSHE curriculum, MIC lesson delivery, behaviour policy, routines)?

Source: To evaluate the extent to which the ARC training influenced other components of this intervention, the ARC training content, and a large number of MIC materials (e.g. MIC curriculum) were reviewed, and MIC staff, the OAT core staff member, and the ARC trainer perceptions and lesson observations were incorporated.

Summary: The document review identified elements consistent with a *trauma-aware* approach, but further development is deemed needed to become fully *trauma-informed*.² Similarly, MIC staff and the OAT core staff member indicated that, although they attempted to embed part of the ARC trauma-informed model within the MICs' guiding principles, they recognised that, in practice, the MICs' components were not fully trauma-informed but rather worked towards this goal. One general finding was that while documentation was limited in the extent of the trauma-informed approach, observation generally demonstrated evidence of more nuanced trauma-informed understanding and practice by staff on a day-to-day basis. The findings of this research question are organised according to the principles of the ARC model (empowerment, choice, safety for pupils and staff, collaboration, and trustworthiness) recognising that these served as a guide for MICs daily operations.

Empowerment

Empowerment in the ARC model concerns the efforts made to share power and give implementation users and staff a strong voice in decision-making. This is intended to be achieved by validating the feelings and concerns of all individuals involved, listening to people's wants and needs, supporting individuals to make decisions and take action, and acknowledging that individuals who have experienced trauma may feel powerless to control what happens to them and may experience feelings of isolation and low self-worth.

Following training, most MIC staff reported feeling confident in their ability to work in a trauma-informed way. Additional support processes were set-up during the delivery period including regular sessions with the ARC trainer, tailored to the needs of MIC staff. This modification gave MIC staff a voice at an organisational level, helping validate their concerns and support them in their work. Several MIC staff shared that the training and support process had not only helped them in their work with pupils, but also to learn more about themselves.

The MIC curriculum materials included content on brain function, stress/adverse childhood experiences (ACEs), trauma, and mental health. OAT and MIC staff described how they were inspired by the ARC training to empower pupils with knowledge of how their brains work in response to different scenarios during PSHE and Science lessons. Observation of MIC routine delivery noted staff often engaging in empowerment-related behaviours like displays of empathy; listening to the needs of individual pupils and collaborating to understand how these needs can be met.

OAT allowed for MIC leads to develop highly bespoke curricula and support, adapted to the specific needs of their cohort and even to individual pupils, thereby supporting them in making decisions, aligning with the principle of empowerment. Content analysis of the PSHE curricula suggested that the scheme of work at the MIC B was more richly developed than MIC A, with the resources linking concepts around trauma and mental health, including work on role models, and self-portraits related to returning to school. In contrast, the outline scheme of work for MIC A provided no explicit links to trauma-informed practice. On the contrary, some individual lessons emphasised personal responsibility for regulating behaviour, contradicting trauma-informed approaches that consider the wider environment of relationships and triggers. However, PSHE lessons observed at MIC A revealed a more nuanced approach to trauma-informed practice than demonstrated in curriculum materials, including discussion of rules in the context of keeping society together; and a lesson on behavioural misconduct and related case studies of pupils for pupils to reflect on the actions they would deem appropriate.

Finally, content analysis of the self-assessment documents revealed a lack of trauma-informed principles, with questions focusing on behaviour and perceived fairness of placements rather than needs, emotions, relationships, and concepts such as self-esteem and self-efficacy. The specific question about the perceived fairness of the placements does not demonstrate a trauma-informed approach, as it could be considered leading and reinforcing notions of individual responsibility rather than supporting individuals to make decisions.

Choice

The choice principle of the ARC model ensures that participants are supported in making shared decisions, setting goals, and determining the course of action needed for healing and moving forward. For MICs, adhering to this principle would have required ensuring that pupils and MIC staff had a voice in the organisation's decision-making process; listening to the needs and wishes of pupils; clearly and transparently explaining choices; and acknowledging that young people who have experienced trauma may feel a lack of control over their life, which could hinder the development of trusting relationships.

Content analysis of MIC behavioural procedure documentation revealed a general intention to favour trauma-informed approaches in the behaviour procedures. However, there was room for improvement, including a sharper focus on relationship-building and how pupils can perceive professionals. More so, some documents, were less consistent with a trauma-informed approximation. For example, the list of sanctions and daily reflections sheets due to the language used: asking pupils why their school would want them back, could reinforce feelings of rejection, and included a question about how they have let themselves down, which could undermine their self-esteem.

In contrast, observation of lesson delivery frequently demonstrated that MIC staff employed practices that leveraged choice:

...it's a really important part of our invention is—we always look from a trauma-informed point of view about choice, and choice...To have a choice, you have to understand the full extent of the consequence, and if you don't understand that there's [permanent exclusion], managed move, it's going back to school could look like this. Then, you're not actually making a choice with your behaviour. (MIC staff at observation debrief meeting)

Safety for pupils and staff

The safety principles refer to the physical, psychological, and emotional safety of pupils and MIC staff. In theory, safety is prioritised by ensuring that individuals know they are safe or know what they need to feel safe, providing reasonable freedom from threat or harm, preventing re-traumatisation, and establishing policies, practices, and safeguarding arrangements.

MIC lesson delivery and routines demonstrated that safety was a core principle of this intervention. According to MIC staff, it was important to them that pupils felt safe, and they aimed to provide consistency in rhythms and routines to foster feelings of security. MIC staff also shared that, thanks to the training, they had tailored their timetables to ensure they were trauma-informed and could therefore, help pupils feel safe before engaging in more formal learning processes. Specifically on routines, it was said by the OAT core staff member that more structure had been implemented by MIC B over Cycle 2, which led to positive outcomes such as focused conversations about pupils over the content they were teaching. This is somewhat at odds with observational findings at this site, which revealed a lack of clear daily structure, with lessons started later and finishing earlier than planned, and lunchbreaks overrunning by 30 minutes. MIC A, by contrast, established a routine, but subsequently encountered greater challenges in maintaining it, owing to the enrolment of pupils showing more challenging behaviour according to MIC staff.

Several MIC staff shared that, when faced with dysregulated pupils, they would use the knowledge they had acquired through training to manage their behaviour. They prioritised everyone's safety and postponed discussions until pupils were ready to engage with them, employing reset rooms for pupils to self-regulate. During observations, pupils who exhibited disruptive behaviour were asked to leave the classroom and go to a designated room for a few minutes for behavioural regulation. According to field notes, this practice did not seem to disrupt the remaining pupils for the most part.

...my lesson was a little bit more staggered because we had students going in and out to regulate when...So, one young person, quite clearly, she was worrying about the heat and stuff, so we know that's a trigger. As in, okay, we are getting to the point that we are going to dysregulate, so we will take them out instantly to do that, and then she came back. (MIC staff at observation debrief meeting)

As explained by MIC staff, discussions on disruptive events often took place once pupils were more settled. For example, one MIC staff member said that whenever a pupil became dysregulated, they would try to recognise the young person's feelings and encourage them to talk about them when they were ready. Other strategies employed by MIC staff included remaining calm and giving pupils a break from the lesson. Indeed, observation of lesson delivery often revealed that staff were attuned to their pupils.

Regarding the safety of the staff, both OAT and MIC staff described how MICs would hold staff meetings at the start and the end of each day, with the purpose of checking on each other and ensuring staff were not adversely affected by what was happening.

Collaboration

The ARC model views collaboration as recognising the value of staff and pupils in overcoming challenges and improving the system as a whole. In theory, this principle involves using formal and informal peer support and self-help, as well as asking actors (in this case staff and pupils) what they need and collaboratively considering how to meet those needs. It also involves focusing on working alongside and actively involving pupils in the implementation process.

According to OAT and MIC staff, relationship-building was at the core of how MICs engaged in trauma-informed practices. One MIC interviewee mentioned that the most important aspect from trauma-informed practice that they have applied was regarding attachment and relationships. The OAT core staff member mentioned that daily staff meetings would look at the relationships the MIC staff were building with pupils and reflect on their practice. Content analysis found that trauma-informed worksheets used at MIC B had useful prompts for MIC staff to engage in positive and relational conversations with pupils who had experienced trauma, albeit some language was more appropriate for young adults than for school pupils in terms of language and themes. Observations showed that pupils actively sought interaction with staff, for example, inviting them to join in games during lunchtime and frequently engaging in conversation. During observed lessons, teachers and HLTAs asked pupils personal questions related to the lesson topic to further engage them, showing genuine curiosity when pupils shared their stories, which was an effective strategy for keeping them engaged. In addition, one observed PSHE lesson involved pupils working individually or in pairs on a shared task, which led to reports of genuine collaboration between peers and between pupils and teachers. All of this led to the perception of a strong sense of trust and rapport between teaching staff and pupils, which appears to have fostered greater engagement and emotional openness in the latter.

MIC staff often highlighted collaboration, mentioning or implying they had formed positive relationships with each other, noting for example that the process of adapting their curriculum to their pupils, required collaboration between staff in each site and between sites. One MIC staff member said they felt lucky to have learned to work well together as a team.

Trustworthiness

This principle concerns the transparency of an organisation's policies and procedures, which are intended to build trust among staff, pupils, and the wider community. An organisation and its staff are trustworthy when they can explain what they are doing and why, when they do what they say they will do, when they make clear what is expected of them, and when they do not overpromise. In the case of MICs, trustworthiness applies to how their policies and procedures fostered trust between MIC staff, pupils, parents/carers, and their schools.

The ARC trainer reported that the training was well-integrated into staff behaviour and relational approaches, though structural embedding remained limited. Positive examples were noted around MIC staff focusing on self-regulation, maintaining calm, staying curious about pupil behaviour rather than taking it personally, prioritising pupil engagement, relationship-building, and down-regulation instead of punishment.

The OAT core staff member recognised that a key challenge of the intervention was for MICs to maintain a trauma-informed response at all moments. They noted that staff sometimes find it difficult to manage instinctive reactions to challenging behaviours and would engage in strategies more akin to mainstream or alternative provision that did not fully fit the MIC contexts. Nonetheless, this participant also considered that these were occasional challenges, since overall staff were increasingly responding to situations in a trauma-informed way.

Indeed, several trauma-informed practice indicators were observed throughout lesson delivery, as accounted for in Appendix K. In contrast, throughout the observation of lesson delivery, situations in which MIC staff responded with practices conflicting with the ARC model were also identified, which further supports the idea that MICs did not engage in trauma-informed practice at all times. Appendix L provides an overview of these observations.

Recognising this challenge to maintain a trauma-informed practice at all times, the OAT core staff member mentioned they encouraged MIC staff to be transparent about mistakes and consider how their practices could be improved. Indeed, a couple of MIC interviewees also recognised they had struggled with relating to a few pupils following a trauma-informed approach. Perhaps the biggest tension in keeping with the ARC principle of trustworthiness, was expressed by MICs and OAT concerns that pupils in their cohorts would return to schools with different rules and a behaviourist approach that is in contradiction with their more flexible responses focused on setting boundaries and more dialogue-based systems.

In summary, although many of the intervention's components were intended to align with the ARC training, this was only partially successful and reveal that MICs practices mainly reflected first phases along the trauma-informed continuum. This limitation was recognised by staff from the delivery organisation, who said that it was challenging to address every aspect of the framework. Notably, the documents reviewed showed a general absence of clear connections between the training provided and the policy documents, work schemes, and other materials used in the MICs. Furthermore, the extent of this absence differed between the MIC sites. In particular, MIC A materials showed little evidence of a trauma-informed approach, with some even displaying clear signs of opposition. Nonetheless, observations and staff interviews indicated evidence of stronger understanding and implementation of trauma-informed practices than was typically reflected in documentation.

Research question 8: Are the activities in reintegration plans supported by evidence, trauma-informed, and accommodating the needs of different equity groups, without potential adverse impacts?

Source: To assess whether reintegration plans were evidence-based, trauma-informed, and accommodated the needs of different equity groups, interviews with MIC staff, school staff, and the OAT core staff member were analysed.

Summary: Overall, reintegration plans were developed collaboratively and grounded in evidence from pupil placements, with positive attempts to capture pupil voice and tailor recommendations to individual pupil needs and school contexts. However, three key themes were identified including inconsistencies in plan templates and quality, tensions between trauma-informed practices and mainstream school expectations, and limited attention to equity groups or intersectionality. Together these findings suggests that while the reintegration plans were well-intentioned and often compassionate, their impact was limited by variability in quality, implementation, lack of systemic focus, and gaps in addressing wider equity considerations.

Reintegration plans were evidence-based and developed collaboratively, but inconsistently

MIC staff reported that reintegration plans were created using evidence gathered during placements, with daily pupil-observations informing report writing. MIC staff stated that the process was collaborative, drawing on holistic discussions of what was working and what was not for each pupil. They also aimed to frame the plans positively, prioritising information they thought was important for school staff to know so they can appropriately support the pupils on their reintegration. A key element was the incorporation of pupil voice, reported to be done through the use of 'safety plans' co-produced with pupils to include their personal views on their triggers, signs of dysregulation, and effective support strategies.

Both MIC staff and the OAT core staff member described the plans as evolving over cycles in response to challenges and feedback. For example, one MIC staff member noted that plans became increasingly bespoke to individual schools'

practices and policies, adapting to reflect both the contextual reality of participating schools and their willingness to adopt recommendations. The OAT core staff member reinforced this, describing how, on one occasion, MIC staff reviewed a young person's school behaviour policy to align the reintegration plan with context-specific issues such as uniform rules.

However, MIC staff and the OAT core staff member highlighted difficulties with terminology, particularly around using accessible language for both parents and schools. Templates were later reformatted to reduce length and improve consistency across delivery sites.

Despite these changes, many school staff continued to perceive plans as inconsistent in quality and lacking depth (see research question 6). Content analysis identified two different plan templates, with one notably stronger as it explicitly prompted consideration of the young person with deeper reflection with the ARC framework in mind, whereas the other was more factual and descriptive, focusing primarily on pupil engagement with the MIC. Additionally, clear stylistic differences were found between the various MIC staff preparing the plans. This inconsistency likely contributed to the schools' variable experiences of plan quality.

Tensions between trauma-informed practices and mainstream school expectations

While there was a lack of clarity from school staff on the extent to which the reintegration plans were trauma-informed, MIC staff and the OAT core staff member largely considered the plans to be trauma-informed. The OAT core staff member reported that the templates were explicitly informed by the ARC framework and reviewed by both a trauma-informed school leader, who provided insight of its usefulness in mainstream school, and the external ARC trainer, with feedback incorporated over time.

However, MIC staff described a mismatch between trauma-informed recommendations and mainstream school expectations. MIC staff reported having to '*cut back*' on trauma-informed strategies to make them more acceptable and realistic for schools to implement. Suggestions that aligned closely with trauma-informed practices were sometimes replaced with more traditional behaviour management practices, as schools were not always willing or able to adopt trauma-informed strategies. This created a tension between MIC's intentions and what schools viewed as feasible.

Content analysis of the reintegration plans further highlighted this tension. For example, the descriptions of undesired behaviour described in some of the plans appeared mild (e.g. low-level disruption or swearing) relative to others (e.g. violence, risk-taking or opposition to staff), which may indicate that the pupils' schools had markedly different expectations around behaviour. If this is the case, this could impact the effectiveness of the MIC model and the scope for successful reintegration of the pupils. Further, while many plans demonstrated clear application of the ARC framework principles (insightfully using trauma-informed terminology, emphasising successes with academic work and behaviour management, and reflecting compassionately on progress), others were notably more detached and disapproving in tone, listing negative behaviours, like the use of swear words, without deeper analysis. From a trauma-informed perspective, the weaker plans tended to focus on describing incidents or recurring behaviours, risking reinforcement of stereotypes on the young person's reintegration to mainstream school and made generalised suggestions for reintegration. Whereas the stronger plans were found to:

- attempt to identify the causes of behaviour, including drawing on external context (e.g. about home life);
- explore the young person's relationships with trusted adults (and peers);
- consider the young person's emotional life and their capacity to internally understand and externally express their emotions;
- reflect on the success or failure of engagement or emotional regulation activities; and
- make specific and thoughtful onward suggestions, contextualised within the school to which the young person was returning.

However, most suggestions in the plans focused on changing routines, pedagogy, and support for individuals, such as having scope for 'time out', check-in time with a trusted adult, access to calming activities, and seating arrangements. Only one plan suggested Emotion Coaching in the school, which is more aligned with a trauma-informed approach, with its focus on school staff being trained in a technique that can be applied universally. Together, the plans suggest that the MIC model was generally 'trauma-aware', but not meeting the higher expectations associated with 'trauma-informed' practice.

A further limitation found from the content analysis was that many of the suggested strategies in the plans were reliant on the active involvement and cooperation of classroom teachers, such as in permitting fidget toys or the use of 'time-outs'. This may be significantly difficult to ensure consistently in a busy secondary school context, where numerous teachers will be interacting with pupils across the week. This is likely to lead to differences in implementation, depending on whether individual school staff have had training in trauma-informed practice and are committed to its principles. With many of the pupils in the sample felt to benefit from stability and routine, uneven implementation could particularly exacerbate their difficulties. Additionally, most suggested strategies were focused on mitigating or managing difficult incidents rather than avoiding them or addressing structural issues. With a few exceptions, such as the Emotion Coaching, none focus on structural changes to policy and practice that might help to promote a calmer, trusting, and more relational school environment that would benefit pupils with a history of trauma. In this sense, while the plans incorporated trauma-informed concepts, they stopped short of driving systemic change, resulting in tensions between the trauma-informed goals of the MIC and the practical and operational realities of a mainstream school environment.

Bespoke plans based on specific pupil needs but limited attention to equity groups and intersectionality

Across all interviews (MIC staff, school staff, and the OAT core staff member), there was limited evidence that reintegration plans accommodated the needs of different equity groups. The most common example cited was the inclusion of SEND needs, which was positively valued by schools. Beyond this however, explicit mention of equity groups was rare, therefore, making it unclear whether the plans adequately accommodated diverse needs or avoided potential adverse impacts.

Content analysis of the reintegration plans further highlighted this gap. While all plans provided contextual information about the young person and their behaviours at the MIC, the depth varied significantly. Only around one-third of plans made links to trauma histories (e.g. fight/flight/freeze responses, self-harm, or difficulties maintaining relationships with peers or professional staff). In contrast, around half contained indicators suggestive of neurodivergence, particularly autism, attention deficit hyperactivity disorder (ADHD), or dyslexia (e.g. missing social cues, restlessness, over/under-stimulation, monotone voice, verbal responses that appear repetitive or rehearsed, and words appearing to move around when reading). Several pupils were also in contact, or waiting to be, with CAMHS for anxiety issues, but no references to Educational Psychology Services were made in the sample.

Additionally, it was found that the plans rarely engaged directly with SEND diagnoses or suspicions of undiagnosed needs. For example, while one plan referred to 'autistic traits' this was not linked directly to reintegration strategies. This raises the questions whether the MICs should have a broader focus, viewing behaviours through a neurodiversity lens as well as a trauma-informed lens. For some pupils, particularly those who are neurodivergent or those with diagnosed/diagnosable mental health conditions, different strategies other than trauma-informed practice could be more effective. As these categories are not mutually exclusive (where many neurodivergent pupils may also have a potentially linked history of trauma), this suggests that the plans did not reflect the intersection between trauma, neurodivergence, and mental health, limiting their capability to fully accommodate the needs of different equity groups and in some cases their non-engagement with neurodiversity may reflect a disregard of an equity group despite established good practice for supporting neurodiverse pupils (e.g. those with autism).

Research question 9: What are the perceived impacts on children's self-awareness, behaviour, and engagement with schools and likelihood of being permanently excluded and do these vary for equity groups?

Source: To evaluate perceived impacts on pupils' self-awareness, behaviour, engagement with school, and likelihood of permanent exclusion, and to explore variation across equity groups, qualitative data from interviews with MIC staff, school staff, and the OAT core staff member were analysed.

Summary: Overall, results were mixed, with MIC staff predominantly reporting positive impacts, while school staff were roughly evenly split between positive and negative perceptions. To address this question, findings are presented under two themes: i) mixed views on MIC's impact on pupils; and ii) positive impact on pupils' self-awareness and engagement. Regarding differences in impact across equity groups, none were identified or discussed, and no information was reported regarding varying outcomes among these groups.

Mixed views on MIC's impact on pupils, with some improvements observed but negative or unsustainable changes also reported

The mixed views around perceived impact included some mention of observable improvements, others recognising relapse in behaviour signalling short-term impact, and others highlighting an overall negative impact. Notably, within these observations, school staff, MIC staff, and the OAT core staff member highlight varying outcomes of the intervention, speaking to its stronger impact for some pupils compared to others.

Around half of school staff interviewed, and the majority of MIC staff, reported positive changes they had seen in pupils. School staff observed changes in pupils' behaviour with peers and improvements in self-management, with one staff member expressing optimism about the potential long-term impact. The OAT core staff member echoed these observations, sharing that they too had been hearing positive stories of pupil progress from school staff. However, some school staff acknowledged that improved behaviour stemmed from seeing the MIC as a punishment and not wanting to go back. MIC staff also recognised that they were not seeing the same behaviours that the pupils were known to engage in. They reported observing improvements, citing an example of one pupil who initially tried to start fights with peers but, by the end of the intervention, was seen laughing and joking with them. Positive impact was additionally noticed by parents with one MIC staff member mentioning, '*parents have done nothing but sing our praises actually...In fact, one of them told me, I've got my little boy back*' (MIC staff). MIC and school staff also drew out the impact the MIC has had on pupils' socio-emotional well-being, highlighting the impact it has had on their growing confidence, self-identity, feeling that their voice matters, and recognising they can trust adults. One school staff interview illustrated this impact:

Are they going to be leaving us with absolute top-notch GCSEs? No, they're not. Are they going to make it to the end? Yes, they are. That's been the impact, whether it was just a fire break that they needed, or that opportunity to just reflect on and have their voice be heard, and they feel heard, and they feel like somebody's taken an interest and valuing them. That's the biggest impact that it's had. (School staff)

Several school staff primarily spoke to the short-term impacts perceived, one describing it as a '*nice little honeymoon period*' of pupils returning with improved behaviour. The pupils reintegrate well in the short-term, but after a while that impact is lost drawing attention to how the positive outcomes are not sustainable. Another school staff member highlighted that the '*biggest downfall of the whole process*' was that pupils were not able to transfer learnings from the MIC into their daily life in mainstream settings.

Around half of school staff highlighted the negative impact they perceived from pupils' behaviour following their time at the MIC. Several staff described returning pupils as having experienced similar or new sets of challenging behaviours, with some reporting that behaviours had worsened compared to before attending the MIC. As an explanation, one staff member offered that the influence of peer dynamics was as a contributing factor, with behaviours sometimes exacerbated by interactions with other pupils.

Moreover, some pupils were reported to receive permanent exclusions upon returning to their mainstream school. More information on the number of pupils permanently excluded can be found under research question 11.

Positive impact on pupils' self-awareness and engagement with school staff observed

School staff reported that the MIC had a noticeable positive impact on pupils' self-awareness and communication with school staff. Many pupils developed a better understanding of their emotions and were able to express themselves more appropriately. Furthermore, it was highlighted that pupils were able to avoid permanent exclusions as a result of reflecting

on and developing strategies to improve their behaviour. To illustrate, one staff member noted that the MIC supported a young person maturing, better understanding themselves, and engaging with school more effectively. As mentioned, the MIC helped pupils develop trust in adults and recognise them as individuals genuinely there to provide support. This translated into behaviours adopted upon reintegration. For example, one school described how pupils now approach a school officer to use regulation strategies learned at the MIC, rather than running ‘amok’. Improved engagement with staff was also observed among school staff, particularly related to communication. Even alongside the negative behaviours indicated, school staff recognised that pupils were better able to open dialogue, communicate what was happening for them, and show willingness to listen. During pupils’ time at the MIC, the staff members similarly observed the development of increased understanding of one’s behaviours, particularly highlighting their ability to discern ‘*why they shouldn’t be doing that [behaviour]*’ (MIC staff). Additionally, pupils’ improved ability to identify and recognise their feelings has been highlighted as a key success. Regarding engagement at the MIC, staff noticed that later in the intervention, particularly Week 4 to Week 5, more pupils were actively engaging in lessons and building good relationships with staff. They also reported a greater overall willingness among pupils to engage with the programme, and this improved attitudes towards school as a whole.

Research question 10: What changes do schools make, either in response to training or to support reintegration plans, and are these sustained?

Source: To assess whether schools implemented and sustained changes in response to the OAT trauma-informed practice training or the reintegration plans, interviews with the ARC trainer and school staff were analysed.

Summary: Overall, findings suggest that schools generally did not implement any systematic changes as a result of the training and/or reintegration plans, with few exceptions to this trend.

Limited to no school changes reported in response to training or to support reintegration plans

Regarding changes in schools after training, school staff often said that they had not made any. The main reason given for this was that the trauma-informed training aligned with their existing practices. Relatedly, the ARC trainer argued that a low attendance of school staff and OAT leadership at ARC training limited its impact. They emphasised that trauma-informed practice requires a whole-system approach and a focus on belonging, continuity, and attunement to pupils’ needs when they return to school. A systemic change that, in the ARC trainer’s view, was not possible to attain considering the low participation rates of school staff.

There were a few exceptions to this trend, one school staff member reported their school’s decision to upskill the pastoral team and heads of years. In their words: ‘*The whole team was upskilled, and then that had a ripple effect*’ (School staff). Another example of a school-wide change at a different school, described how the review of their support after training had led them to seek more effective ways to support their trauma-informed practices. For example, one school introduced a de-escalation room for pupils and a Thrive Room for self-regulation, where pupils could engage in calming activities for 15–20 minutes. The school also reviewed its behaviour policy to ensure that reasonable adjustments were in place for pupils with ACEs and triggers. According to one interviewee from this school, these changes would be sustainable as the school was committed to improvement.

Individual staff members did report changes in their professional practices as a result of the training. For example, one participant mentioned that their inclusion mentor, who had attended the training, had changed how they provided support to pupils. Such changes were considered sustainable based on the idea that, once professionals had learned about trauma-informed practice, it would no longer make sense to work with pupils any differently.

With respect to changes highlighted in reintegration plans, school staff primarily stated that they had not changed their practices. Some exceptions to this included one participant who mentioned that their school had provided a young person with ‘*1:1 settle time*’ in the morning to help them settle back in. The same school also provided one young person with a part-time timetable. A participant from a different school emphasised the need for significant changes to the behaviour curriculum to ensure clarity and consistency in the support systems for pupils and explained they appointed a behaviour officer responsible for analysing behaviour data.

There was some evidence of smaller changes to school practices that demonstrated adaptations or ‘tweaks’ to routine provision, which helped pupils’ transition back after their MIC placements. For instance, one interviewee said that they had adapted a timetable to include fewer classes and daily morning check-ins with a designated member of staff in case issues arose, to help one young person integrate. Similarly, staff from other settings said that, as part of their pupils’ reintegration plans, they had reinforced their use of certain practices. For instance, one setting said they reintegrated the young person into a class with fewer pupils. Another school mentioned using their internal inclusion hub more prominently. However, these interviewees were adamant that these practices were not a result of the training or reintegration plans from the intervention, but rather school procedures relevant to the MIC programme.

Research question 11: What percentage of children reintegrate successfully to the referring school, have a managed move to an alternative school, receive onward referrals to alternative provision (either medical needs placements or behavioural placements), or are EHE as a result of exclusion, as recorded at the end of the pilot delivery period?

Source: This research question is primarily answered by the findings derived from pupils’ monitoring data, with some insights from school staff perceptions.

Summary: Findings evidenced that a large percentage of children managed to remain in mainstream education post-MIC placement.

According to the monitoring data, of the 135 pupils with consent to participate in the evaluation, 70.4% (N=95) completed their placement, while 29.6% (N=40) did not. Table 13 shows the number of completed placements per cycle and shows that the last two cycles (Cycles 4 and 5) had a higher average completion rate than the first three cycles (Cycles 1 to 3).

Table 13: Percentage of completed placements per cycle and differences of pupils in mainstream schools by placement completion status

Cycle	N	No. of completed placements	% of completed placements	Completed placements		Incomplete placements	
				No. in mainstream schools	% in mainstream schools	No. in mainstream schools	% in mainstream schools
Cycle 1	28	19	67.9%	15	79%	5	55.5%
Cycle 2	25	16	64%	16	100%	5	55.5%
Cycle 3	30	20	62.5%	20	100%	7	70%
Cycle 4	26	20	76.9%	18	90%	5	100%
Cycle 5	26	20	76.9%	19	95%	5	100%
Total	135	95	70.1%	88	92.6%	27	67.5%

Notably, of the 95 pupils who completed their placements, 92.6% (N=88) were in mainstream education when monitoring data collection finished. Table 13 further disaggregates the data showing completion rates per cycle of pupils who did and did not complete MIC placements. Pupils who completed their placements but were not reintegrated into their mainstream schools included three who were permanently excluded from Cycle 1, two who were transferred to a different school (one from Cycle 4 and one from Cycle 5), and two who became EHE (one from Cycle 1 and one from Cycle 4). All of these pupils, except for one who was permanently excluded and one who became EHE, who were referred to MIC B.

The perceptions of school staff showed a more contrasting view of pupils’ reintegration. Around half of the interviewees explicitly mentioned the perceived successful reintegration in mainstream education of their pupils, while the other half described varying trajectories. Some interviewees mentioned that an important factor for pupils when reintegrating was looking forward to seeing their friends, while others believed it was an attempt to avoid a similar placement in the future, explaining that some pupils asked never to be sent back to a MIC. Regarding those that did not remain in mainstream

referring schools at the end of the evaluation period, some school interviewees said that their pupils had been permanently excluded after the MIC placement even though they had been successful at the MIC. Similarly, others said that their pupils had not re-engaged, had moved to alternative schools, or had started home education. None of the study participants—whether they completed or failed to complete their placements—were recorded as receiving referrals for alternative provision such as placements for medical or behavioural needs.

Research question 12: What are the perceived mechanisms of change? And do they reflect a trauma-informed approach?

Source: Synthesis of findings from other research questions in relation to MIC ToC.

Summary: The findings presented so far for evidence of promise, alongside those for feasibility and appropriateness of implementation, when compared with the intervention’s ToC, show participants shared mixed views or partial support of the causal chains in the ToC. In synthesis, the ToC proposed for school/MIC staff that training in the ARC trauma-informed model and MICs bespoke delivery of PSHE curriculum and reintegration plans for pupils would lead to school staff implementing trauma-informed approaches for pupils displaying inappropriate behaviours and MIC staff providing trauma-informed and tailored support attentive of the needs of pupils had mixed supporting evidence. Limitations were primarily linked to the disconnect between MICs and referring schools, in terms of the level of support for school staff, and the ability to implement trauma-informed approaches in mainstream settings. For pupils, the model proposed that an off-site MIC provision with bespoke elements would enable pupils to improve their behaviour and participate in mainstream lessons, avoiding permanent exclusions and/or leaving school community and friends. Findings indicated that school and MIC staff viewed the outputs of MIC placements differed from the ToC, with emphasis on the personal relationships built with pupils, rather than as a ‘wake-up call’. Longer-term outcomes found mixed evidence of improved pupil behaviour and largely supported successful reintegration and again highlighted the importance of small group or individualised support in achieving these goals, with limitations highlighted in relation to the relatively short duration of placements and the contrast with mainstream school experiences upon reintegration.

School staff perceived mechanisms and reflection of a trauma-informed approach

Beginning with the causal chains for school staff, the ToC of the intervention had three inputs, each directly related to a different output component shown in Table 14.

Table 14: ToC association of expected inputs and outputs for school staff

Inputs	Outputs	Evidence
Shared training in ARC trauma-informed model for referring school staff and newly appointed MIC staff	ARC training sessions delivered in Autumn Term 2023 and consolidation days in 2023/2024 academic year	Partially supported
Bespoke PSHE curriculum devised by Westminster MIC, and coaching of MIC teachers on delivery	MIC teachers are supported to deliver targeted PSHE lessons on social and emotional aspect of young people’s development tailored to the specific needs of a cohort. Shared repository of curriculum materials created and available to all MICs	Supported
ARC trauma-informed exit plans and meetings	Individual trauma-informed plan created for each individual pupil	Partially supported

As reported in the feasibility findings, the second association in Table 14, is supported by sufficient evidence (see research question 3). However, there is more mixed evidence regarding support in the first and third rows. Regarding the first row referring school staff after an initial engagement with training, exhibited very low attendance at subsequent sessions (see research question 6). Therefore, there is evidence to support this association for MIC staff, but not for school staff. On the associations of the inputs and outputs of the third row, monitoring data showed that eight pupils who completed their placements did not have an individual reintegration plan.

Concerning long-term outcome associations for school staff (Table 15), evidence is less supportive. Findings presented above generally did not support the short- and long-term outcomes for school staff, such as understanding of trauma-informed practice, use of common trauma-informed language, and implementation of a trauma-informed approach for

pupils in a mainstream educational environment (see research questions 6, 8, and 10). Most school staff had a negative perception of the training (lacking in depth and new content, see research question 6), considering it more a useful refresher of trauma-informed knowledge. Additionally, several members of staff expressed that a shortcoming of the training was the lack of follow-up on how to apply it to their school practices.

School staff had varying views on reintegration plans (see research questions 8 and 10), reporting a mix of quality, with some highlighting a lack of depth, providing no new information on their pupils, and deemed them impractical overall. In line with these views, schools did not report making any systematic changes to their approach when dealing with pupils displaying inappropriate behaviour. Significantly, MIC staff hypothesised that school staff outcomes were influenced by their ability to build relationships with the referring school. According to MIC staff, stronger relationships with referring schools enabled more open and honest conversations, leading to productive discussions about pupils and reintegration plans; while weaker relationships led to perceptions that some schools were not going to ‘get it’, in terms of the rationale of the intervention. The ARC trainer also alluded to this mechanism of change and suggested that stronger communication between MICs and schools (e.g. teachers visiting pupils, maintaining contact, and welcoming them back) is key to achieve changes.

Table 15: Causal chain for school and MIC staff outputs

Outputs	Short-term outcomes	Long-term outcomes	Evidence
Individual trauma-informed plan created for each individual pupil	Staff at referring schools have a clear sense of strengths and weaknesses of pupils and are equipped with strategies to manage potential problem areas	School staff implement a trauma-informed approach for pupils displaying inappropriate behaviour, providing a supportive mainstream educational environment	Not supported
ARC training sessions delivered in Autumn Term 2023 and consolidation days in 2024/2024 academic year	School staff and MIC staff have a shared understanding and common language for trauma-informed practice	MIC staff provide trauma-informed and tailored support for pupils and better support the needs of young people	Partially supported
MIC teachers are supported to deliver targeted PSHE lessons on social and emotional aspect of young people’s development tailored to the specific needs of a cohort. Shared repository of curriculum materials created and available to all MICs	MIC teachers have increased confidence, knowledge, and skills to deliver engaging PSHE lessons and build on scaffolding to improve and extend tailored PSHE topics		

For MIC staff, there was supporting evidence for the short-term outcomes. MIC staff perceived that the knowledge they acquired from training and ongoing support took them through a learning curve, eventually providing them with the confidence and perceived skills to deliver engaging PSHE lessons (see research questions 3 and 4). However, the mechanisms of change concerning long-term outcomes were only partially supported by evidence. Although MIC staff and OAT core staff considered reintegration plans to be increasingly bespoke and largely trauma-informed, some staff recognised a mismatch between these recommendations and school expectations. This led them to align some of their suggestions with more traditional behaviour management practices (see research question 8).

Pupils perceived mechanisms and reflection of a trauma-informed approach

For pupils, the associations between inputs and outputs were mostly supported by the information collected and presented under feasibility of implementation see research questions 4 and 5; Table 16).

Table 16: ToC association of expected inputs and outputs for pupils

Inputs	Outputs	Evidence
Off-site MIC provision	Up to five weeks attendance out of schools, to give pupils a ‘wake-up call’	Partially supported
Bespoke MIC behaviour progress chart proforma	Individual behaviour chart created for each individual pupil, which provides them with an easy-to-understand visual representation of how they are progressing in the MIC and how positive and negative behaviours impact their scores	Supported
Basic academic curriculum	Up to five weeks of lessons, providing pupils with the opportunity for ‘deliberate practice’ in behaviours for mainstream practice	Supported

The primary exception to ToC inputs and outputs for pupils was the framing of the output of off-site MIC provision by school and MIC staff. Both groups reported that instead of serving as a ‘wake-up call’, MICs created for pupils a break from school and from their usual routines, allowing them to ‘reset’ and take a physical break from negative influences, disrupting the patterns that led them to negative behaviours. For a few MIC staff, this break also meant a chance for pupils to reflect on their behaviour and influences. However, some school staff suggested that observed improvements in behaviour may have been influenced by pupils perceiving the MIC as a form of punishment and wanting to avoid it. Perceived mechanisms of change also differed from the ToC, with staff reporting that getting to know pupils in-depth, identifying what made each pupil ‘tick’ and professional support to help pupils correct their behaviours and develop a strategy for improvement influenced long-term outcomes, rather than just the bespoke curriculum or behaviour procedures. Some MIC staff also reported that the MIC provided pupils with physical distance from schools, which they also found beneficial and conducive of change.

Evidence on the short- and long-term outcomes for pupils revealed varied perceptions (Table 17). Some participants reported observable improvements in pupil behaviour, others argued they had noticed a relapse in pupil behaviour, and a few even contended the intervention had had an overall negative impact (see research question 9). Significantly, some participants considered that the intervention worked better in certain behavioural areas, such as relationships with peers, self-management, and communication with school staff. However, positive changes were not considered to be sustainable in the long-term.

Table 17: Causal chain for pupils’ outputs

Outputs	Short-term outcomes	Long-term outcomes	Evidence
Up to five weeks attendance out of schools, to give pupils a ‘wake-up call’	Pupils understand that continued poor behaviour could ultimately lead them to leaving their mainstream school community and demonstrate increased willingness to improve behaviour	Pupils have improved their behaviour	Mixed evidence
Individual behaviour chart created for each individual pupil, which provides them with an easy-to-understand visual representation of how they are progressing in the MIC and how positive and negative behaviours impact their scores	Pupils have confidence that they are able to manage their behaviour in a mainstream setting and a strong awareness of helpful/harmful behaviours		
MIC teachers are supported to deliver targeted PSHE lessons on social and emotional aspect of young people’s development tailored to the specific needs of a cohort. Shared repository of curriculum materials created and available to all MICs	Pupils understand ‘triggers’ for harmful behaviours and are better able to manage them. They have the self-awareness and the strategies to manage harmful behaviours in a mainstream setting	Pupils are able to participate in mainstream lessons and contribute to classes, and avoid permanent exclusions and/or leaving school community/friends	Mostly supported
Up to five weeks of lessons, providing pupils with the opportunity for ‘deliberate practice’ in behaviours for mainstream practice			
Individual trauma-informed plan created for each individual pupil			

Specifically on the possibility of sustaining pupil changes, the ARC trainer argued that because mainstream schools generally kept non-trauma-informed behaviour policies, MIC staff were faced with an ‘*impossible task*’, because trauma-informed practice requires whole-school engagement to achieve sustainment. Hence, they argued that without changes in mainstream school practices, pupils would return to the same triggers and responses, undermining progress made at MICs. In their words:

They may be able to manage perfectly in a small setting with really attuned, kind members of staff, but you put them back into the same setting, the same triggers are there. If a flower doesn't bloom, you change the soil, not the flower. When [pupils have] gone back [to school], if nothing's changed, asking an 11, 12, 13-year-old with a history of complex trauma to change rather than changing the system for them is unlikely to be effective. (ARC trainer)

Long-term outcomes regarding pupils' ability to participate in mainstream lessons, contribute to classes, and avoid permanent exclusions and/or leaving the school community/friends were partially supported. Monitoring data showed that most pupils who participated in and completed placements at MICs were able to reintegrate into mainstream school, and several school staff attested to their pupils having successfully reintegrated. However, a few others shared that their pupils did not reintegrate and were permanently excluded after the placement was over (see research question 11).

Finally, participants also shared alternative mechanisms of change that could lead to long-term outcomes for pupils. The most frequently argued mechanism was that providing pupils with the opportunity to build positive and trusting relationships with MIC staff facilitated positive behavioural change. Paraphrasing the words of school staff, MICs gave pupils the opportunity to really talk to people they are not coming into conflict with on a daily basis. These interviewees frequently highlighted this idea, emphasising that the relationships pupils could build with MIC staff allowed them to engage in different dynamics with adults. Furthermore, school staff also argued that the MIC staff-to-pupil ratio allowed ‘*intensive small group setting support*’ that was ideal for working with vulnerable young people, emphasising that the intensity of interactions was a key driver of change.

However, these participants also recognised that placements were short, and that trust usually takes a longer time to develop. This was also noted by the ARC trainer who argued the placement duration was seen as unrealistic for children with complex trauma, noting that trust and behavioural change take much longer to establish. Notably, MIC staff proposed that to be successful and achieve the intended impact the intervention needed more time and resourcing.

Readiness of the intervention for trial

Research question 13: What should the next stage of development and evaluation involve? Is there sufficient evidence for a trial, is the MIC model sufficiently clear, and what trial design is needed?

Source: To determine what the next stage of development and evaluation should involve and whether there is sufficient evidence for a trial, OAT core staff interviews and SDQ outcomes data was analysed.

Summary: Across delivery cycles, MIC systems and processes were refined and improved, with the OAT core staff member reporting well-established and effective processes by the end of the pilot phase. Regarding SDQ data, high-completion rates suggest it is acceptable to pupils and feasible, and results indicate that it is potentially a useful and sensitive measure for change. There was little evidence of change in scores between baseline and follow-up, with a negligible effect size. This may reflect variability in pupil outcomes or limitations in the SDQ's ability to capture the types of changes observed in pupils through qualitative assessments.

Further development needs identified by OAT included collaborative planning between sites, refining curriculum, practice, and materials to be as trauma-informed as possible, while retaining flexibility for local adaptation, along with sustaining practices of early referral and careful planning around reintegration. Funding was identified as a barrier to further roll out, with proposed solutions including co-location with schools or local authority support. For future evaluation, extended observations, complementary pupil measure, curriculum review workshops, annual audits, collection of longer-term

outcomes, as well as examining potential changes to schools' behaviour policies are recommended. Significant changes to the MIC model also indicate the need for refinement of the ToC, and a review of the appropriate outcome measures, along with further pilot testing, particularly with respect to challenges in some elements of data capture, and the mixed outcomes observed for pupils. Broader considerations around areas for improvement and future research are further discussed in the 'Conclusion' section.

The OAT core staff member's considerations for next stage of MIC model development and further roll out

By the end of Cycle 5, the OAT core staff member felt that MIC systems and processes were well-established and functioning effectively. They believed that the MIC set-up model is now replicable and that set-up would be easier than during the pilot phase, due to clearer understanding of the MICs, the barriers involved and established school relationships.

I always describe it to the [MIC] team as forming, storming, norming, performing. We can definitely reduce the storming phase of what we're looking at because I think there's a better understanding of what we are.

(The OAT core staff member)

The OAT core staff member viewed the next stage of development as requiring more collaborative planning between MIC sites, building on recent joint work to develop a common language about the focus of the MIC. They suggested a critical review and refinement of MIC practice, curriculum, and materials to ensure they are as trauma-informed as possible, while maintaining flexibility for local adaptations, in collaboration with the ARC trainer and centre leads. They also highlighted the importance of early referrals from schools to allow for more time to discuss suitability and replace referral if needed, and recommended placing greater emphasis on planning pupils' transition back to school to support their sustained success after attending the MIC.

Funding was a key barrier for the next stage of MIC development. The OAT core staff interviewee suggested co-locating MICs with schools or securing local authority subsidies to reduce costs by removing transport requirements and reducing staff costs (e.g. OAT oversight role), thereby lowering the annual per-pupil cost. However, this view is at odds with the MIC model's intended geographical separation from referring schools. A MIC staff interviewee suggested that if the model were adjusted to allow access for non-OAT local schools, travel requirements could be reduced, and the MIC could serve as a more accessible midpoint intervention, particularly given that PRUs are often at capacity.

Substantial changes to the MIC model, including refining processes, implementing different elements of trauma-informed practice, and alterations to location and integration with schools, should be considered before scaling to a larger evaluation. Changes to the model, and findings in this evaluation, suggest that refinement of the ToC is required, with further piloting and implementation evaluation conducted to investigate whether changes overcome challenges in delivery and fidelity.

The OAT core staff member's considerations for further MIC evaluation

The OAT core staff member reflected that a longer pilot period would have been beneficial, given that early cycles focused on establishing policies, processes, and logistics, while later cycles saw improvements in attendance, placement completion, and staff delivery. They noted that if the pilot were to start now, it would run more smoothly given the learning accumulated. They considered the quantity and richness of data collected during the pilot sufficient to inform the next stage of development, although they had limited knowledge about randomisation and trial design, and therefore, did not comment on this aspect.

In terms of data collection and evaluation methods, the interviewee highlighted the value of observations and suggested extending them beyond a single day, for example, by observing over a week or at both the start and end of cycles to enable comparisons of pupil progress over time. They also recommended incorporating assessments focused on pupils' perceptions of behaviour, such as the Boxall Profile,¹⁹ to complement survey data.

¹⁹ The [Boxall Profile](#) is a standardised assessment tool used to understand the social, emotional, and development needs of children.

For the next stage of evaluation, the interviewee suggested including a workshop with MIC centre leads to review the curriculum, alongside an ongoing annual audit of key MIC aspects. Such an audit could involve centre leads, the ARC trainer, and the evaluation's independent academic expert to discuss the rationale behind curriculum and practice decisions. They also emphasised the importance of collecting longer-term data on pupils' school status outcomes, for example, one to two years post-MIC, including GCSE attainment. Finally, the interviewee was interested in exploring whether MIC participation had influenced schools' behaviour policies, suggesting this could be assessed through school visits and interviews with former MIC pupils to examine changes in pupil attitudes and outcomes.

SDQ: Missing data

As shown in Table 18, 84% of pupils (114 out of 135) were administered a baseline SDQ, of whom, 91% (104 out of 135) agreed to complete the measure. For 16% of pupils there was no record of completing the measure (either completing the survey or declining to participate). For follow-up SDQs, 78% (76 out of 135) of those who completed the cycle were administered a follow-up SDQ, of whom, 97% (74 out of 135) agreed to complete the measure. Looking at the pattern across cycles, there were higher administration and completion rates of both baseline and follow-up SDQs with successive cycles, indicating that initial challenges or barriers to implementing the SDQ were successfully overcome.

The OAT core staff member raised potential limitations with SDQ, observing that pupils in Week 5 were less motivated to return to school, which may have biased SDQ responses. While they considered the SDQ questions appropriate, they raised concerns about pupil engagement and the risk of hastily completed responses. They observed that some pupils responded without much thought, potentially compromising data quality. To address this, the SDQ was integrated into the mentoring intervention cycle and completed in a one to one setting with staff, rather than in a group context, which they felt improved the quality and reliability of responses. Alternatively, future research might consider parent/carer or teacher reported SDQs, possibly in combination with pupil-reported SDQs to capture a broader range of views in changes in pupil emotional and behavioural challenges.

Despite concerns about the acceptability of the SDQ to pupils, and the potential for the questions to cause distress, the completion rates were >90% for those who were administered this measure, indicating the use of the SDQ may be deemed acceptable to pupils. One MIC staff member expressed frustration with the SDQ process, feeling disconnected from the data and unclear about its purpose, which limited their ability to target support effectively. They reported that pupils were generally compliant, viewing it as *'just another test'*, with minor challenges around understanding or motivation, and highlighted the need for greater transparency and information sharing to help staff feel more included in the process.

Table 18: Rates of SDQ completion across cycles

Cycle	No. of pupils who consented	Administered baseline SDQ N (%)	Completed baseline SDQ N (%)	Completed cycle N	Administered follow-up SDQ N (%)	Completed follow-up SDQ N (%)
Cycle 1	28	21 (75%)	15 (71%)	19	10 (53%)	10 (100%)
Cycle 2	25	18 (72%)	16 (89%)	17	13 (76%)	13 (100%)
Cycle 3	30	25 (83%)	23 (92%)	21	16 (76%)	15 (94%)
Cycle 4	26	25 (96%)	25 (100%)	20	17 (85%)	16 (94%)
Cycle 5	26	25 (96%)	25 (100%)	20	20 (100%)	20 (100%)
Total	135	114 (84%)	104 (91%)	97	76 (78%)	74 (97%)

SDQ: Descriptive statistics

Matched baseline and follow-up SDQ data was available for 65 pupils (62.5% who completed baseline SDQs, and 48% of pupils who consented to be part of the research). Descriptives statistics for all available data at baseline, plus the subsample of 65 pupils with matching baseline and follow-up data is presented in Table 19, and histograms are shown in

Figure 2. It is notable that the mean scores on the SDQ across samples was around 19.5, with a score of 20 or greater considered 'high/very high' severity of emotional and behavioural problems.

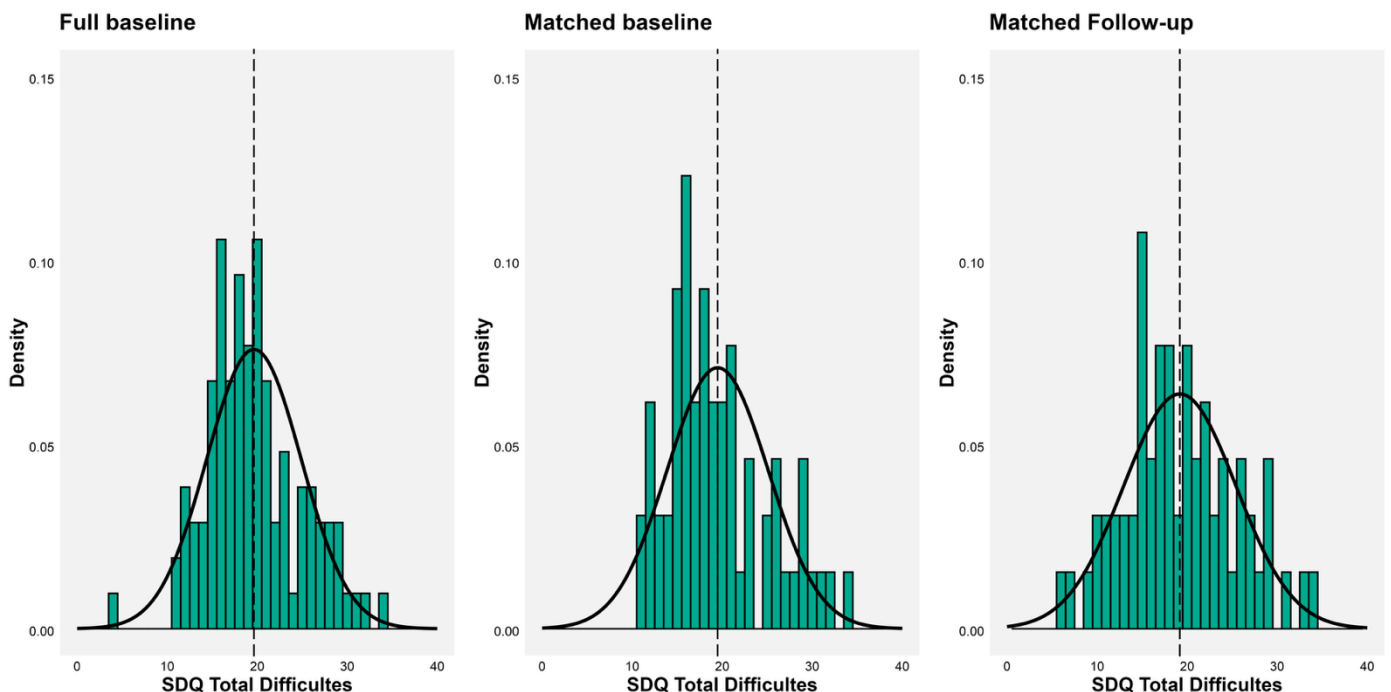
Shapiro-Wilk tests indicated that both the full baseline sample and matched baseline sample were significantly non-normally distributed. Inspection of histograms indicate a slight negative skew in the baseline samples, with few scores in the lower quartile of the possible range, as would be anticipated given the nature of the sample. Follow-up data was normally distributed according to the Shapiro-Wilk test, and visual inspection indicates more scores in the lower quartile. The SDQ is a widely used and validated measure. Results demonstrated here indicate that it is potentially a useful and sensitive measure for change, with no evidence of ceiling or floor effects.

Table 19: Descriptive statistics for SDQ data

Sample	N	N missing	% missing	Mean	SD	SE	Median	Min	Max	Range	Skew	Kurtosis	Shapiro-Wilk	P-value
Full baseline sample	104	31	22.7	19.63	5.25	0.52	19	4	34	30	0.34	0.16	0.97	0.036
Matched baseline sample	65	70	51.9	19.49	5.62	0.70	18	11	34	23	0.68	-0.36	0.94	0.004
Follow-up sample	65	70	51.9	19.18	6.25	0.78	18	6	34	28	0.24	-0.44	0.99	0.756

SD=standard deviation; SE=standard error; Min=minimum; Max=maximum; % missing is based on total N pupils who consented to be part of the research (135).

Figure 2: Histogram density plots demonstrating distribution of SDQ data (Total Difficulties score)



Baseline to follow-up SDQ changes

A paired samples t-test was conducted on matched baseline and follow-up SDQ scores. There was little evidence of change in SDQ scores from baseline to follow-up ($t(64)=0.47$, $p=0.641$), with a very small effect size ($d=0.06$). Given the pilot nature of the study, the sample was not powered to detect small changes, and these findings should be interpreted with caution. The results indicate that there was insufficient evidence to detect a change in pupils' emotional and behavioural difficulties over the study period. This may reflect substantial heterogeneity in outcomes (i.e. the intervention is effective for some pupils but not others), or limitations in the SDQ's ability to capture the types of changes observed in pupils in the qualitative findings. As discussed above, school staff reported observing mixed outcomes for pupils returning to mainstream settings. Further consideration of the SDQ as an outcome measure is discussed in the 'Future research and publications' subsection in the 'Conclusion' section below.

Exploratory SDQ subgroup analyses

Descriptive statistics by equity group were conducted for pupils with matched baseline and follow-up data to explore potential differential impacts of the MIC. A total of 64 datasets with matching demographic data were available for analysis. Pre-defined equity groups were: pupil age; gender; EAL; ethnicity; SEND status; Looked After Children status, Children in Need or other agency involvement, and FSM entitlement. Data exploration demonstrated insufficient variance to examine EAL status (6% with EAL status), ethnicity (89% White British), Looked After Children status (3% with status). Other results by subgroup are shown in Table 20. Data presented should be considered very preliminary, given the small numbers of pupils involved in this pilot, and within subgroups of pupils explored. Notably, subgroups of Year 7 pupils and those with SEND showed a trend of increasing (i.e. worsening) of SDQ scores.

Table 20: SDQ descriptive statistics, by equity subgroup

Equity group category	Subgroup	N	Baseline		Follow-up	
			Mean	SD	Mean	SD
School Year:	Year 7	5	18.80	7.19	22.20	9.91
	Year 8	18	18.67	6.52	18.39	6.29
	Year 9	22	19.14	4.68	18.45	6.26
	Year 10	19	21.42	5.74	20.84	4.98
Gender:	Female	32	21.41	6.25	20.81	6.46
	Male	32	17.91	4.62	18.06	5.79
SEND status:	No	36	19.47	4.82	17.69	5.27
	Yes	28	19.89	6.81	21.68	6.74
FSM-eligibility	No	19	19.53	4.89	19.58	5.16
	Yes	45	19.71	6.10	19.38	6.70
Other agency involvement:	No	45	18.47	5.29	18.49	5.80
	Yes	19	22.47	5.87	21.68	6.81

Conclusion

Two MICs were implemented serving 12 OAT schools and providing support to 142 pupils in Year 7 to Year 10 at risk of school exclusion. The MICs aimed to implement a trauma-informed approach and individually tailored support for young people at risk of school exclusion. This pilot evaluation of the OAT Trauma-Informed Short-Term MICs examined the feasibility and appropriateness of the implementation and whether it seemed likely to achieve the intended changes for pupils and staff who participated. It also explored potential mechanisms of change and potential next steps for evaluation. The evaluation, therefore, focused on three overarching areas of interest of the MICs: i) feasibility and appropriateness of implementation; ii) evidence of promise; and iii) readiness of the intervention for trial. As detailed in earlier sections of this report, each of these areas had specific research questions in their evaluation, with six research questions (1 to 6) focusing on feasibility of implementation, six research questions (7 to 12) on the evidence of promise, and one research question (13) on readiness for trial. These research questions and the corresponding findings are summarised in Table 21 below. The findings suggest that what the MICs were able to achieve for individual pupils is likely to have varied across schools, pupils, and MIC sites, looking different depending on local circumstances.

Table 21: Summary of pilot findings

Area of research	Findings
Feasibility and appropriateness of implementation	Overall, MICs were broadly feasible and largely appropriate, with strong engagement and support for staff and pupils. However, important operational and contextual challenges were also identified.
	MIC staffing was seen as broadly appropriate, but teams reported needing additional staffing capacity, as well as clearer role definitions, and further upskilling to successfully implement the MICs.
	The accessibility of MIC sites posed challenges, particularly in relation to geographical location, transport, and physical environment. Training successfully introduced core concepts, though some questioned how easily trauma-informed approaches could be replicated in mainstream school settings.
Evidence of promise	MICs reached the intended population, but referral processes were hindered by differing interpretations of eligibility criteria between MIC/OAT and school staff, particularly around defining which pupils at risk of exclusion were most suitable, and difficulties with online forms. MIC activities were viewed as flexible, responsive, and aligned with the ARC framework, though some school staff questioned the academic rigour and noted inconsistencies between MIC and school policies. Attendance and engagement at the MICs were high overall and improved over time. Support for schools and reintegration planning was mixed: while liaison with MICs was strong, training and reintegration support were found to be inconsistent, generic, and difficult to implement in mainstream contexts.
	Overall, there is some evidence of promise, with some positive findings observed in relation to pupils' engagement, self-awareness, and reintegration in mainstream schools. However, limitations were noted with respect to the consistency of implementing trauma-informed practice, mixed views on pupil behaviour improvements, and lack of alignment with mainstream school contexts.
	ARC training influenced MIC practices, aligning partially with trauma-informed principles, but MICs were more consistent with a trauma-aware approach, recognising trauma without driving more systemic and holistic change. Reintegration plans were described as tailored to individual needs by MIC staff, but school staff reported inconsistent quality and limited value, noting challenges in implementation due to resource constraints. The findings also highlighted a mismatch between trauma-informed approaches and mainstream school expectations, with limited focus on structural change or equity groups.
	Improvements were observed in pupils' self-awareness and engagement. However, views on behaviour and risk of exclusion were mixed, and there was little overall change in SDQ scores, which may reflect variability in outcomes or limitations in the measure. Schools generally did not make sustained changes in response to training or reintegration plans.
	Monitoring data showed that most pupils remained in mainstream schools at the end of the evaluation period, though the follow-up period was short and varied by cycle. School staff reported mixed views on reintegration success, with some noting short-term improvements and others ongoing or worsening challenges. Positive relationships were a key strength, but sustaining progress was difficult, particularly given short placements and limited alignment with mainstream school practices.

Readiness of the intervention for trial	Before progressing to an efficacy trial, the intervention requires further development, particularly around its aims and ways of working, training model, referral and eligibility criteria, geographical accessibility, and implementation of trauma-informed approaches. Once strengthened, it would need additional piloting, with consideration of strengthening monitoring and fidelity data collection to ensure greater specificity, and the identification of a viable funding route.
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Furthermore, for each of the three domains of the pilot evaluation, success indicators were mapped out in the initial stages of the research design. Details of the assessment of each of these indicators based on the evidence analysed are set out in Table 22.

Table 22: Summary of success indicators

Pilot criteria	Success indicator	Evidence of success	Assessment of whether success indicator was met
Feasibility and appropriateness of implementation	Two new MICs were able to deliver the programme with fidelity (as per fidelity criteria in relation to the core component)	<p>MICs delivered part of the intervention with fidelity. The core components that were delivered with fidelity were:</p> <ul style="list-style-type: none"> • Median attendance of pupils who started placements was 80% • Punctuality was >80% • MIC staff attendance at ARC training and monthly consolidation sessions reached 90% each • Core PSHE lessons were consistently delivered four times per week <p>Evidence indicates that MIC staff predominantly delivered teaching and behaviour management practices that reflected an initial understanding of trauma-informed principles, indicative of a trauma-aware or sensitive organisational phase of the trauma-informed continuum</p> <p>The following core components were conducted but did not quite meet pre-established criteria:</p> <ul style="list-style-type: none"> • Percentage of appropriate referrals was down by less than 1% of the 90% threshold • Learner agreements for completed placements were not signed for two pupils • Reintegration plans were not created for eight pupils who completed their placements • School staff attended 96% of entry meetings and 61% of exit meetings <p>The following component fell substantially short of planned criteria:</p> <ul style="list-style-type: none"> • On average, invited school staff did not attend ARC training with 90% attendance, with a decline of average attendees after the first session to less than 15% of staff 	The intervention had mixed results in terms of feasibility of implementation. There was mixed evidence on the ability of MICs to deliver all the core components of the programme with fidelity considering adherence, dosage/exposure, and quality
	The intervention reached the intended population of young people	MICs largely reached the intended population of young people with 147 out of 164 (89.6%) of all pupil referrals being offered a placement, falling just outside the 90% threshold	
	School contacts considered that reintegration plans were appropriate and feasible to implement	School staff exhibited divergent perspectives on reintegration plans, indicating inconsistencies in the quality of plans and, on occasion, an absence of fresh insights. The majority of school	

Pilot criteria	Success indicator	Evidence of success	Assessment of whether success indicator was met
		staff regarded them as having limited value or poor practical application.	
Evidence of promise	Staff perceived impacts on children’s self-awareness (in relation to their behaviour), behaviour, engagement with schools, and likelihood of being permanently excluded	Staff perceptions were mixed. Both MIC and school staff generally perceived positive impacts on pupils’ self-awareness. Regarding behaviour, engagement with school and likelihood of permanent exclusion, MIC staff generally reported positive impacts. However, school staff were evenly divided between those who perceived positive impacts and those who perceived negative impacts and cautioned that positive impacts may be short-lived	Evidence of promise of the programme had mixed findings over the perceived impacts for young people. Specifically, there were varying perceptions over changes in young people’s behaviour, school engagement, and likelihood of permanent exclusion, albeit positive perceptions over self-awareness. Yet, findings revealed that most pupils offered a placement at MICs remained in mainstream education afterwards. Notably, there were some unintended negative consequences perceived for pupils, concerning worsened behaviour, anxiety, and concerns around falling behind academically
	70% of referred children stayed in mainstream education	Available evidence indicated that over 70% of pupils referred to MICs were in mainstream education at the end of the evaluation period. Of those who completed their placement, 92.6% were in mainstream education. Of those who did not complete their placement, 67.5% were in mainstream education	
	Unintended negative consequences minimal	Some unintended negative consequences were perceived: <ul style="list-style-type: none"> Some school staff reported pupils’ worsened behaviour after completing their placement All staff reported concerns related to transportation arrangements of pupils to MICs leading to anxiety and very long days; and negative behaviours prompted by peer dynamics at the MICs Evaluation members and school staff shared pupils’ concern around falling behind in their academic progress 	
Readiness of the intervention for trial	Mechanisms/strategies to collect monitoring and fidelity data were functioning (considering completeness and reliability of the data)	The mechanisms for collecting monitoring and fidelity data worked for the most part, but some measures needed further disaggregation to accurately capture the achievement of success indicators, particularly those concerning MIC activities and implementation of behaviour policies	Evidence supports that the intervention requires further refinement of the mechanisms of collecting, monitoring, and fidelity data. Likewise, evidence suggests that further development of the intervention, and more pilot work is required to progress to a viable efficacy trial
	Viable efficacy trial option identified	The available evidence suggests that the intervention requires further development and a viable funding option to progress towards an efficacy trial. Further piloting, perhaps through an internal pilot phase, would be beneficial to understand feasibility of a refined intervention and to implement improvements to evaluation data capture	

Formative findings

Based on information gathered throughout the evaluation, we recommend some areas for improvement to the OAT Trauma-Informed Short-Term MICs, particularly in relation to its ToC, training approach, referral and eligibility criteria, and MICs accessibility.

Aims and ToC

We recommend that a review of the programme's aims, and ToC be conducted to facilitate greater alignment between these and trauma-informed principles and practices. Given the ambition of the MICs to be trauma-informed, we propose that causal chains be reviewed to achieve greater alignment with trauma-informed principles, practices, and language. For instance, we recommend modification of outputs such as MIC attendance serving as a 'wake-up call', and outcomes on 'continued poor behaviour'. These expressions do not resemble trauma-informed language or practice, since they position the 'problem' as resting primarily with the young person. We propose a further process of reflection and reworking of these associations towards conceptions that incorporate a systemic view of the need for off-site provision. This should include an understanding of young people's context and environment beyond the MIC, in mainstream school and at home. Similarly, the MIC curriculum, practices, and materials across both sites would benefit from further review and refinement to ensure alignment with trauma-informed principles and greater consistency between sites, while retaining flexibility for local adaptation.

In addition, a review of the MICs approach to curricular coverage is recommended, with notable concerns from pupils and staff around falling behind in academic work while attending the MICs. This is likely to be a difficult balance. On the one hand, the ARC trainer posited that, given the prevalence of anxiety among young people, a greater emphasis on relationship-building than on the imparting of academic content might have been more beneficial. However, this needs to be balanced with appropriate academic input to adhere to the national curriculum, and to prevent pupils from falling behind, likely causing further challenges when returning to mainstream settings, particularly for pupils at GCSE level and those already experiencing attainment gaps. This balance is likely to be particularly challenging in practice, given that pupils come from multiple year groups, attend different schools at different times of the year, and staffing resources are limited. Future attempts of the MIC model could benefit from greater clarity on the aims of the programme, how to balance academic curriculum delivery with therapeutic, trauma-informed, and relational approaches to better meet the needs of young people at risk of exclusion. This might include more tailored individual or small group delivery of the academic curriculum, likely requiring additional staffing, which would also have direct budget implications. Careful consideration of how best to support pupils in GCSE years or determine the most appropriate year groups for participation in the MIC programme would also be beneficial.

Finally, a recurring concern shared by multiple types of participants was that five weeks of attendance at MICs was insufficient for pupils to establish trusting relationships with adults that could effectively and sustainably instigate therapeutic work that resulted in changes to their responses to trauma. Acknowledging this challenge, we propose that OAT consider options for either extending the duration of placements or modifying reintegration processes to offer more phased re-incorporations and continued contact between pupils and MIC staff, balancing against budget and curriculum progress.

Training approach

Our findings suggest that the training for MICs and school staff in trauma-informed approaches should be revisited to ensure more engagement on behalf of schools, enable better working relationships between MICs and school staff, and allowed for a deeper learning of the trauma-informed practice approach. Concerning engagement, while MIC staff attended training in full, school staff showed little engagement and a further significant dip in attendance after the first session. We propose that training of school staff becomes a core component, training content is revised to ensure that it is appropriate given the existing experience of school staff in trauma-informed approaches, and to enhance buy-in from schools, particularly with regard to creating a shared understanding of how trauma-informed practice can be implemented that can be made in mainstream settings, and collaboration on reintegration plans. Our findings also suggest strengthening school staff training by placing greater emphasis on familiarising them with the MIC's delivery, including its activities, curriculum, and internal processes. Improving attendance at training, tailoring training content, alongside providing practical implementation guidance and CPD resources to support staff in applying learning in practice and cascading trauma-informed approaches more widely across schools to promote collaboration is likely to allow MICs and schools to build better relationships that benefit the success of the intervention.

Our findings also suggest that the trauma-informed training could have been strengthened by simplifying and prioritising content. A 'less is more' approach in terms of transmitting key concepts and approaches may support both MIC and school

staff to retain and apply learnings more effectively. Relatedly, we also propose that the frequency of training sessions is reviewed, to allow for participants to reflect on the content, consolidate it, and experience its application, aiming for discussion of case studies as part of the training experience.

Training could also be enhanced through earlier and broader input from trauma-informed experts and trainers during programme design. The ARC trainer noted that their later involvement represented a missed opportunity, as they would have advocated for a different structure of support for MICs and schools to ensure more consistency between training and organisational practices and language. For example, they would have replaced punitive 'inclusion rooms' in mainstream schools with 'nurture bases' and provided trauma-informed training for all school staff.

Referral and eligibility criteria

Based on the findings presented in this report, we recommend clarifying and specifying the referral criteria for pupils at risk of permanent exclusion, as current interpretations of this criterion showed to vary between MIC staff/the OAT core staff member and school staff and appeared to limit shared understanding of suitable pupils for the MICs between the staff involved. This greater clarity would likely facilitate the referral of pupils considered to be better suited to benefit from the MIC placement, namely, those not at the cusp of permanent exclusion, and improving the potential for positive outcomes, while minimising unfilled or underutilised places. We also recommend revising the online referral form to ensure it is more fit for purpose and meets the needs of both MIC and school staff, which in turn could reduce the need for a pre-referral meeting between MIC and school staff.

We also suggest that eligibility criteria are reviewed and determine if it is necessary or desirable to either increase or reduce the scope of the MIC. Our findings indicated that several pupils were referred that may have benefited more from a neurodiversity-based intervention. While not contradictory to a trauma-informed approach, providing support to pupils with neurodivergent needs may require more specialist involvement to tailor support and enhance engagement at the MIC. This may require review alongside existing detection and provision for pupils with additional needs, in order to determine what support is most appropriate for which pupils. Inclusion of pupils with complex needs at MICs may require additional small group or one to one support. Findings also suggested potential involvement from an educational psychologist, mental health practitioner, or trauma-informed clinicians within staff teams. This could provide in-situ consultation, direct support for high-need pupils, and weekly reflective process groups for MIC staff to process the challenges and emotional impact of their work, and to promote adherence to a trauma-informed approach.

MICs accessibility and transportation arrangements

The evaluation found that the MICs' locations created challenges for feasibility and engagement. While separation from schools provided a therapeutic 'fire break', long travel distances reduced parental involvement, limited school-MIC contact, and increased pupil fatigue and anxiety. Transportation arrangements (minibuses or taxis) added logistical and cost challenges, with some social tensions reported during travel. Extended travel also reduced the time and energy pupils could dedicate to the placement, sometimes leading to conflicts between pupils on transport that carried over into the day.

Adjusting the financial and operational model to allow access for nearby non-OAT schools, reducing the maximum travel times, or situating MICs closer to referring schools could reduce transport challenges, increase placement feasibility, and support long-term sustainability.

Interpretation

Overall, the evaluation shows that the MIC model was broadly feasible to implement, with appropriate staffing structures and delivery capacity close to target, though additional staff, clearer role definitions, and upskilling were identified as areas for strengthening. Practical challenges were reported with site accessibility, transport, and the physical environment. MICs successfully reached the intended population, although it was unclear how many of the referred pupils had experience of trauma, which may have limited the suitability of a trauma-informed framing for addressing their needs. Instead, the population appeared to present a complex range of needs that may not be solely addressed through a trauma-informed approach. Referral processes were hindered by differing interpretations of eligibility criteria and difficulties with online referral forms. Training, support, and resources were largely sufficient, introducing trauma-informed practice and

supporting staff development, though concerns were raised about replicability of trauma-informed approaches in mainstream schools. MIC activities were viewed as flexible, responsive, and broadly aligned with the ARC framework, with high and improving attendance and engagement (likely due to reduced pupil exposure to potential stressors), though school staff raised concerns about academic rigour and inconsistent behaviour policies and practices between MICs and schools. There appeared to be uneven buy-in from referring schools, with some resistance to trauma-informed practice, resulting in a lack of systemic ‘whole-school’ engagement—an important trauma-informed practice principle. Evidence partially supports the ToC, particularly in relation to pupils’ self-awareness and engagement, but impacts on behaviour, exclusion risk, and longer-term outcomes were mixed, and modest and few sustained changes were reported by schools. Additionally, some unintended negative consequences were reported, including instances of worsened pupil behaviour post-placement, anxiety, and long days linked to transport arrangements (sometimes exacerbated by challenging peer dynamics), and concerns from pupils and school staff about falling behind academically. The MIC model shows promise but requires further development, particularly refinement of monitoring and fidelity mechanisms, strengthening of trauma-informed practice, and identification of a viable funding model, before progressing to further evaluation or an efficacy trial.

Limitations of the evaluation

Several limitations should be noted when interpreting the findings of this pilot evaluation. Survey data from school staff were limited, with low post-training response rates and no survey measure relating to evidence of promise conducted, which restricted the ability to triangulate findings for some research questions. Similarly, two referring schools were not represented in the interviews due to unsuccessful recruitment, limiting the coverage of staff perspectives.

The evaluation did not involve direct engagement with pupils due to the challenging context of MIC placements, and the collective decision that it would not be in the pupils’ best interests to ask them to engage with research interviews during their placements. Consequently, data collection with pupils was limited, restricting the inclusion of their perspectives concerning their experiences of the intervention in the evaluation. Similarly, the perspectives of parents/carers, particularly related to MIC induction and mainstream school reintegration, were not captured in the evaluation, which limited insight into young people’s experiences and perceived changes. Additionally, observations of MIC lesson delivery were brief, covering only a single day of each of two cycles of the five-week placements at each site, which constrains conclusions about fidelity and engagement over time. Monitoring data were not always specific enough, particularly regarding merit sheets and self-reflection forms, limiting the ability to assess fidelity in detail. Data capture for much of the monitoring data relied on manual extraction and consolidation by the OAT core staff member, meaning it was not automated and may be subject to errors. For the content analysis, reintegration plans were randomly selected by the evaluation team, but the 20 self-assessment forms included were randomly selected by the OAT core staff member, as the full set was no longer accessible due to forms being returned to pupils at exit meetings.

High SDQ completion rates suggest this approach is feasible and acceptable to pupils, and the SDQ appears potentially sensitive to change. However, analysis of the SDQ data in this pilot did not indicate meaningful changes in outcomes, with considerable variability and some instances of increased behavioural and emotional difficulties. This may indicate that the SDQ is not the most appropriate measure to capture changes observed in pupil outcomes during MIC placements (which may extend to improvements in pupils’ self-awareness and reflection, but not to meaningful change in emotional or behavioural problems), or alternatively, may reflect a deterioration in emotional and behavioural difficulties for some pupils. Longer-term follow-up with the SDQ or another outcome measure considered most appropriate would allow observation of longer-term impacts of MIC placements.

Moreover, post-MIC outcomes were extracted at a single timepoint (28 April 2025) for all pupils, resulting in varying lengths of follow-up depending on the cycle attended. This limited the ability to assess consistent post-intervention pupil school status outcomes and the longer-term sustainment of potential effects.

Finally, the short timescale of the pilot likely made the effective implementation of a trauma-informed approach challenging, as schools that have successfully adopted such approaches typically describe an 18–24-month process. Importantly, it also restricted the evaluation’s ability to measure the sustainment of any potential changes, particularly in school practice or pupil post-placement outcomes.

Future research and publications

Based on the recommendations to further develop the MIC model and to strengthen the implementation of trauma-informed approaches, a primary consideration for future research is further piloting to understand the feasibility, acceptability, evidence of promise, and scalability of a revised intervention. The current pilot provides insight into a range of important areas requiring reconsideration, improvement or refinement, with early evidence indicating some feasibility but mixed outcomes for pupils. Given the existing knowledge and understanding of the efficacy of the MIC model from the current pilot, we recommend that a future pilot be integrated within a larger scale evaluation—a design known as an ‘internal pilot’ (Avery *et al.*, 2017). An internal pilot with pre-determined progression criteria allows for further pilot testing of a refined intervention, while maximising efficiencies by allowing inclusion of all collected data (pilot and full trial) in final analyses). Key questions to be addressed in an internal pilot include consideration of appropriate outcome measures, and randomisation procedures and control conditions. We address each of these below.

Outcome measures

Pupils’ reintegration success in mainstream school provides a simple and interpretable metric of success of the MICs, describing at a glance what percentage of pupils were able to remain in mainstream school. However, use of this measure becomes more challenging when comparing with a control condition (as would be required in a larger trial) due to the relative infrequency of exclusion or other negative outcomes (likely requiring a larger sample size than other outcomes to provide sufficient statistical power), and the varying practice across schools in the use of exclusions as compared to alternative provision, and managed moves to other schools. We suggest that further piloting work should include mapping of school exclusion policies in participating schools to understand the comparability of approaches across schools and informing the design of randomisation procedures to account for this variance, for example, through stratification.

The only quantitative measure implemented in this pilot evaluation was the SDQ. While adherence to administration of this measure did not reach 100%, sufficient data was collected to allow consideration of the SDQ in further research. The SDQ is a widely used, standardised outcome measure, demonstrating robust psychometric properties making it a particularly useful comparator with other studies. However, analysis of SDQ data in this pilot failed to show evidence of a meaningful change in SDQ outcomes, with notable heterogeneity and evidence of worsening behavioural and emotional problems in some instances. While this may reflect varying outcomes reported by school staff upon return to mainstream settings, it is also possible that the SDQ is not an appropriate measure to capture realistic changes achievable by pupils during their placements at the MIC. During interviews, both MIC staff and school staff noted improvements in pupils’ self-awareness about their behaviour, an outcome also noted in the existing ToC. Given the short five-week placement of pupils at MICs and the significant challenges of pupils attending, a more realistic outcome of the intervention in its current form might be a measure of self-awareness. Continued use of the SDQ might also consider implementation of teacher (i.e. MIC staff) or parental report and triangulation of outcomes as changes in emotional and behavioural problems may be observable to others, even if pupils themselves do not identify, reflect on, or report changes in themselves.

Finally, refinement of the MIC model and ToC may inform a broader range of potential outcome measures that are applicable to testing the impact of the MIC intervention. These discussions should include careful consideration of the most meaningful and relevant outcome measure for inclusion as a primary outcome, as well as which secondary outcomes measures might help to meaningfully inform the ToC.

Randomisation procedures and control conditions

In order to scale and further evaluate this type of intervention, further pilot work is recommended to examine the feasibility and acceptability of randomisation and data collection from control schools. The recommended design for a larger scale trial is cluster randomisation with a ‘business as usual’ control condition, anticipating that individual-level randomisation is unlikely to be acceptable to referring schools. Individual randomisation of trauma-informed support for vulnerable pupils may pose both ethical concerns in terms of denying access to support on an individual basis (for pupils randomised to a control condition), and contamination risk for the trial, particularly regarding changes implemented in referring schools, which would ideally be conducted at a whole-school level. Cluster randomisation could occur at a school or local authority/regional level, depending both on the scope of the evaluation, and the geographic reach of implementation

models for off-site provision (e.g. in the current pilot study, only OAT schools could refer to MICs, resulting in smaller referral pools in each geographical region than if non-OAT schools could have also referred pupils).

We recommend 'business as usual' as the control condition for a future trial, in order to address the primary research question of the impact of the MICs (or other comparable trauma-informed off-site provision models) on pupil outcomes, relative to current practice. However, as noted above, schools implement different policies and practices with respect to school behaviour policies, exclusion, use of managed moves, and alternative provision. We suggest that pilot work should carefully document and examine the range of policies and practices within schools recruited to a future trial to develop a fuller understanding of them and to either inform potential variables for stratification of randomisation (i.e. ensuring schools with greater/less use of exclusion are equally represented in intervention and control arms of a trial), or as potential covariates for use in statistical analyses. Data capture from control schools is also a key consideration and related to the discussion on outcome measures above. Administrative data capture (e.g. school exclusions) offers advantages in terms of routine data collection and comparable data from different settings; albeit with buy-in required from participating control schools in providing access to data and administering sufficient informed consent procedures to pupils and parents/carers. Use of pupil, parent/carer, or teacher reported measures would place considerable additional burden on control schools and careful consideration of: i) whether/how to select pupils for completion of this measure in a control setting (e.g. based on behavioural incidents or requiring control schools to identify pupils who could benefit from further support); or ii) administering to a broader group of potentially eligible pupils/whole school, with the need to administer to a comparable group of pupils in interventions schools, even though not all will go on to receive the intervention. Each of these considerations has impacts on required sample sizes and is most likely best informed through co-design and piloting with participating schools.

Considerations for delivery of short-term trauma-informed provision in future research

As highlighted in the feasibility and appropriateness of implementation findings and evidence of promise, as well as in the formative findings detailed above, there are several areas of improvement highlighted for future delivery and research of short-term trauma-informed interventions. Challenges encountered in the development and delivery of this pilot included: delays in procuring and setting-up appropriate physical premises; limitations in physical premises; delays in recruiting appropriate staff; some limitations in staffing levels and resourcing; transportation; and geographical reach of MICs. Regular review and refinement of the ToC is also likely to benefit future delivery and evaluation, noting that in the current pilot evaluation, outcomes and mechanisms of change perceived by staff implementing the programme differed from the initial ToC developed prior to delivery. Aligning the ToC to the experiences and routine practices of individuals directly involved in programme delivery can help to shape both future implementation and evaluation.

In terms of physical premises, the establishment of two new MICs was a substantial logistical and practical challenge for the delivery organisation. While ultimately achieved, substantial delays were encountered and staff across the delivery organisation were perceived to have dedicated high levels of time, energy, and commitment to making this happen, a process which is unlikely to be sustainable or reproducible across other contexts. Consideration of additional support, resourcing, or extension of timelines is recommended for future programmes of this type. The evaluation also highlighted concerns with the physical premises of the MICs, with a lack of outdoor space, lack of modernisation, and lack of phone service posing substantial challenges to effective delivery.

In terms of staffing, delays in set-up also impacted recruitment and induction timelines for staff, again resulting in substantial time pressure for the delivery organisation in terms of recruitment, onboarding, and induction. Overall staffing levels at MICs was perceived as appropriate, but areas for improvement highlighted included a desire for additional support, clearer responsibilities, and some areas for upskilling. While training and support provided to MIC staff was reported as sufficient, there was also a broader reflection that delivering trauma-informed practice was a learning curve, with substantial improvements experienced as implementation progressed. Future implementation might consider longer induction or lead-in time for staff. The MICs represented an early and evolving intervention model that incorporated learning and adaptations across delivery cycles and sites, with ongoing development and refinement of practices observed and reported over time. This approach is valuable for ongoing improvement but poses a challenge for evaluation over five full cycles. Future evaluation of potential efficacy would likely to benefit from a focus on more established teams and practices.

Finally, a consistent finding across multiple areas of this pilot evaluation was the disconnect between MICs practices and what is achievable in a mainstream school context. Future implementation of similar programmes might consider more extensive co-design, involving school staff and senior leadership to refine or develop short-term interventions that are designed with the return to mainstream settings in mind. Co-design of this nature may help to focus intervention activities to build skills that can be more readily translated into mainstream settings (where there is less resource for tailored and one to one support), and where schools can implement practices aligned with trauma-informed principles to support pupils following the end of short-term placements. Additional support for schools and school staff is likely to be required, as is careful consideration of implementation factors and determinants, which may impact the success of reintegration in different contexts.

Logistical considerations for larger scale evaluation

Scaling up to a larger evaluation would benefit from resolving some of the additional challenges encountered in this pilot. First, some administrative data elements were captured with insufficient detail in order to examine fidelity (i.e. weekly merit charts and self-reflection). Data capture for much of the monitoring data reported here required manual extraction and consolidation of data by the OAT core staff member, which would benefit from standardisation and automation in a larger evaluation. Similarly, pupil outcomes when returning to referring schools was collated on a school-by-school basis by OAT staff, whereas a larger trial may benefit from use of collated datasets (e.g. the National Pupil Database, or through collaboration with organisations who can automatically gather data from school management information systems).

Scaling to a larger trial will also require consideration of how to ensure training is sufficient and available to all participating schools and MICs, and that any changes to the model of support are consistent and quality-assured across settings. A final consideration for trial design and statistical analysis would be to consider the ability to examine the impact on different subgroups (e.g. by age, ethnicity, SEND, EHC plan, Looked After Children status, Children in Need or other agency involvement, or FSM entitlement). Preliminary data presented here indicated potential disparities in outcomes, with indications of worsening SDQ scores among younger pupils and those with SEND status. Although these findings should be interpreted with caution based on the small number of individuals included and the noted heterogeneity in data, future research with larger samples should carefully consider potential disparate effects in different groups.

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Appendices

Appendices A – J can be found on the project page published as a separate document ‘Appendices’.

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