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More Good Days At School (MGDAS): Building relationships to promote health, happiness, and learning

Submission date
18/09/2023

Registration date
17/10/2023

Last Edited
28/01/2025

Recruitment status
No longer recruiting

Overall study status
Completed

Condition category
Mental and Behavioural Disorders

[ ] Prospectively registered
[X] Protocol
[ ] Statistical analysis plan
[ ] Results
[ ] Individual participant data
[ ] Record updated in last year

Plain English summary of protocol
Background and study aims
More than one in three young people are exposed to potentially traumatic events by the age of 18 years. Experiencing or witnessing traumatic events can, for some, result in enduring distress, difficulties and changes in brain structure and function, which may impact cognitive, social, and emotional development. Trauma-informed practices aim to increase understanding of the impact of trauma and how to recognise it, avoiding replicating patterns that result in re-traumatisation, and embedding policies and practices, for example, that are underpinned by interpreting behaviour in the context of trauma and patterns that may have been advantageous during or after the event. More Good Days At School (MGDAS) is a whole-school trauma-informed practice programme. It focuses on building the capacity for school staff to understand the impact of trauma and the importance of pupil-teacher relationships and enabling staff to have access to relational approaches for addressing challenging behaviour and boosting their self-resilience. This project aims to examine the effectiveness of whole-school trauma-informed practice on pupils' mental health and social connections, as well as school staff's wellbeing, and their knowledge and awareness of trauma. It will also investigate how the programme is implemented in schools and what the pupils' and staff members' experiences are with it. This project has been commissioned by the Youth Endowment Fund. Knowledge Change Action and Warren Larkin Associates are part of the training delivery team, and the Evidence-Based Practice Unit at Anna Freud and UCL will collect data and independently evaluate the programme.

Who can participate?
Secondary schools across England are invited to participate

What does the study involve?
This study involves schools being allocated to either a whole-school trauma-informed practice programme together with existing school wellbeing support or continuing with existing school wellbeing support. Schools will be allocated in two cohorts: cohort 1 in November 2023, and cohort 2 in February 2024. The trauma-informed practice has three overarching stages: collaborative enquiry to understand the needs of the school, delivery of training (for staff, senior leadership teams, and pastoral/inclusion leads), and reflective practice. Schools that are

not allocated to the programme will continue with existing well-being support at the school. There will be three waves of data collection. First, baseline survey data will be collected from school staff and Year 8 and 9 pupils, and then the schools will be randomly allocated to either receive the training or to continue with the school's existing support. In the middle of the programme, survey data will be collected from Year 8 and 9 pupils and staff again and participants will be invited from four case school studies to take part in interviews about their experiences. The final round of data collection will be conducted after the programme has finished.

What are the possible benefits and risks of participating?
Data from this study will help the government and researchers understand what interventions may help improve mental health and well-being in schools. A pilot evaluation found promising evidence that school staff, over the course of the trauma-informed practice programme, felt better able to talk to pupils about their emotions, manage their own emotions, and manage challenging behaviours. There were also indicators of improvements in pupils' mental health difficulties, behaviour, and academic attainment, and reductions in sanctions and exclusions. However, there is no guarantee of these outcomes in the current study.

We do not anticipate that the study will pose any risk to participants. However, part of the research involves pupils and school staff members completing surveys, interviews, or training about their mental health and social relationships, which may bring up difficult emotions or memories. The research and intervention teams have safeguarding procedures in place to make sure that participants are protected. Participants can choose to not answer questions and they can choose to withdraw from the study at any time without providing a reason. Resources to mental health charities have also been provided on the information sheets for additional support.

Where is the study run from?
The Evidence-Based Practice Unit at University College London and Anna Freud (UK)

When is the study starting and how long is it expected to run for?
May 2023 to July 2025

Who is funding the study?
The Youth Endowment Fund (UK)

Who is the main contact?
Prof Julian Edbrooke-Childs, julian.childs@annafreud.org
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Contact information

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Additional identifiers

Clinical Trials Information System (CTIS)
Nil known

ClinicalTrials.gov (NCT)
Nil known

Protocol serial number
Nil known

Study information

Scientific Title
A cluster randomised controlled trial of a whole school trauma-informed practice programme in secondary schools

Acronym
MGDAS

Study objectives
The aim of the present evaluation is to address the gap in evidence on the effectiveness of whole-school trauma-informed practice programmes. The overarching research question is: How effective is the implementation of a whole-school approach to trauma-informed practice, including senior leadership support, frontline practitioner training, and ongoing reflective practice (context), in improving safe social connections (mechanism) and reducing externalising difficulties (primary outcome), thereby reducing the likelihood of young people becoming involved in crime and violence in the future (long-term outcome)?

Ethics approval required
Ethics approval required

Ethics approval(s)
approved 26/07/2023, University College London Research Ethics Service (Gower Street, London, WC1E 6BT, United Kingdom; +44 (0) 20 7679 2000; ethics@ucl.ac.uk), ref: 14037/012

Study design
The overall design of the study is a cluster (school) randomised controlled efficacy trial, with a nested mixed methods convergence design qualitative-driven implementation process evaluation.

Primary study design
Interventional

Study type(s)
Quality of life, Efficacy

Health condition(s) or problem(s) studied
Mental health and wellbeing in pupils and school staff

Interventions
Current interventions as of 31/10/2023:
More Good Days at School (MGDAS) is a universal whole-school trauma-informed practice approach. The content focuses on training and capacity building for all school staff in four areas:
1. Understanding the impact of individual and collective adverse experiences and trauma;
2. Understanding the importance of the staff-pupil relationship as being foundational to helping pupils address barriers to learning and increase engagement;
3. Utilizing relational rather than punitive approaches for addressing challenging or

dysregulated behaviour;
4. Utilizing tools, techniques, and strategies to look after one's own mental health and that of others (e.g., pupils, and colleagues).

The programme is delivered during school time. There are two main stages of the programme.

Stage one is collaborative enquiry. It involves focus groups with staff and surveys with pupils to identify existing knowledge and practice, and strengths and challenges, to inform and co-design priorities for enabling the school to become trauma-informed. This stage is also an opportunity for the delivery team to form relationships and model the trauma-informed approach with school staff by using, for example, collaborative, empowering, and asset-based approaches.

Stage two is training and reflective practice, delivered in person and online. Training is tailored to different audiences, and it is supported by a learning platform with resources (e.g., further e-learning courses, journals, workbooks).

School staff receive three taught modules:
1. Brain science, trauma, and resilience (part 1): two-hour training on the brain, attachment, and child development.
2. Brain science, trauma, and resilience (part 2): two-hour training on behavioural manifestations of trauma and stress and ways of responding to these manifestations to promote emotional and relational safety.
3. Relationships, trauma, and the brain: three-hour emotion coaching training for responding to dysregulated behaviour (e.g., recognising, validating, and labelling feelings; setting limits on behaviour; problem-solving to support emotional regulation skills).

Senior, pastoral, and inclusion leads receive three taught modules:
1. Therapeutic ideas for non-therapists: three-hour training on fundamental knowledge and skills in therapeutic processes, using appropriate therapeutic techniques, and limitations of therapeutic practices for school staff.
2. Reflective practice: two-hour training on reflective practice techniques.
3. Building and maintaining individual and community resilience: three-hour training on resilience, supporting one's own mental health, and supporting the mental health of staff in their school.

Senior leads receive two additional workshops:
1. Reflective practice: 4.5 hours over three sessions to increase confidence and competence in reflective practice and to build an action plan for becoming trauma-informed.
2. Review of policies, processes, and procedures: three hours over two sessions to first review, update, and possibly re-write behaviour and attendance management policies; consider reward structures; and discuss emotional and mental well-being support processes.
Then in the follow-up session, senior leads review progress in implementing changes to policies, processes, and procedures.

Pastoral and inclusion lead receive an additional workshop: Reflective practice: 4.5 hours over three sessions to explore the impact of working with vulnerable pupils and families and how (if at all) this has changed over the course of the programme.

Senior, pastoral, and inclusion leads can use the online learning platform to curate their own directory of locally relevant information, resources, and support. In particular, the directory aims to provide information and signposting for wraparound support for vulnerable pupils and their families. This dynamic directory can then be accessed by all school staff.

The delivery team is comprised of staff from two organisations (Knowledge, Change, Action and Warren Larkin Associated Ltd.) from practitioner and research backgrounds including clinical psychology, criminal justice, education, homelessness, nursing, and social work.

After baseline data collection, schools will be randomised to a) business-as-usual and MGDAS or b) business-as-usual only. Randomisation will be performed by a Clinical Trials Unit not otherwise involved in the research, stratified by the Local Authority (LA). To maximise school recruitment, we will be randomising schools in two cohorts: cohort 1 in November 2023, and cohort 2 in February 2024. The intervention and follow-up data collection points will be at similar points for both cohorts.

Previous interventions:
More Good Days at School (MGDAS) is a universal whole-school trauma-informed practice approach. The content focuses on training and capacity building for all school staff in four areas:
1. Understanding the impact of individual and collective adverse experiences and trauma;
2. Understanding the importance of the staff-pupil relationship as being foundational to helping pupils address barriers to learning and increase engagement;
3. Utilizing relational rather than punitive approaches for addressing challenging or dysregulated behaviour;
4. Utilizing tools, techniques, and strategies to look after one's own mental health and that of others (e.g., pupils, and colleagues).

The programme is delivered during school time. There are two main stages of the programme.

Stage one is collaborative enquiry. It involves focus groups with staff and surveys with pupils to identify existing knowledge and practice, and strengths and challenges, to inform and co-design priorities for enabling the school to become trauma-informed. This stage is also an opportunity for the delivery team to form relationships and model the trauma-informed approach with school staff by using, for example, collaborative, empowering, and asset-based approaches.

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2. Reflective practice: two-hour training on reflective practice techniques.

3. Building and maintaining individual and community resilience: three-hour training on resilience, supporting one's own mental health, and supporting the mental health of staff in their school.

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After baseline data collection, schools will be randomised to a) business-as-usual and MGDAS or b) business-as-usual only. Randomisation will be performed by a Clinical Trials Unit not otherwise involved in the research, stratified by the Local Authority (LA).

Intervention Type
Behavioural

Primary outcome(s)
Current primary outcome measure as of 31/10/2023:
Externalising difficulties measured using the conduct and hyperactivity difficulties subscales of the child-reported Strengths and Difficulties Questionnaire at baseline, mid-programme and end of programme

Previous primary outcome measure:
Externalising difficulties measured using the conduct and hyperactivity difficulties subscales of the child-reported Strengths and Difficulties Questionnaire at baseline, 8 months, and 18 months

Key secondary outcome(s))
Current secondary outcome measures as of 31/10/2023:
Pupil-reported surveys
1. Internalising difficulties measured using the emotional symptoms and peer problems sub-scales of the Strengths and Difficulties Questionnaire at baseline, mid-programme and end of the programme
2. Impact of mental health difficulties measured using the impact score of the Strengths and Difficulties Questionnaire at baseline, mid-programme and end of programme

3. Prosocial behaviour measured using the child-reported prosocial behaviour subscale of the Strengths and Difficulties Questionnaire at baseline, mid-programme and end of programme
4. Teacher-student relationships measured using the teacher-student relationships subscale of the Student Engagement Instrument at baseline, mid-programme and end of programme
5. Peer support for learning measured using the peer support for learning subscale of the Student Engagement Instrument at baseline, mid-programme and end of programme
6. Control and relevance of school work measured using the control and relevance of school work subscale of the Student Engagement Instrument at baseline, mid-programme and end-of-programme
7. Future aspirations and goals measured using the future aspirations and goals subscale of the Student Engagement Instrument at baseline, mid-programme and end-program
8. Bullying perpetration measured using the bullying perpetration subscale of the Illinois Bully Scale at baseline, mid-programme and end-of-programme
9. Bullying victimisation measured using the bullying victimisation subscale of the Illinois Bully Scale at baseline, mid-programme and end-of-programme

Staff-reported surveys
1. Underlying causes of problem behaviour and symptoms measured using the underlying causes of problem behaviour and symptoms subscale of the Attitudes Related to Trauma-Informed Care (ARTIC 35) at baseline, mid-programme and end of programme
2. Self-efficacy at work measured using the self-efficacy at work subscale of the Attitudes Related to Trauma-Informed Care (ARTIC 35) at baseline, mid-programme and end-of-programme
3. Response to problem behaviour measured using the response to problem behaviour subscale of the Attitudes Related to Trauma-Informed Care (ARTIC 35) at baseline, mid-programme and end of programme
4. Reactions to work measured using the reactions to work subscale of the Attitudes Related to Trauma-Informed Care (ARTIC 35) at baseline, mid-programme and end of programme
5. Empathy and control measured using the empathy and control subscale of the Attitudes Related to Trauma-Informed Care (ARTIC 35) at baseline, mid-programme and end-of-programme
6. Compassion satisfaction measured using the compassion satisfaction subscale of the Professional Quality of Life Scale (ProQOL) at baseline, mid-programme and end-of-programme
7. Compassion fatigue measured using the compassion fatigue subscale of the Professional Quality of Life Scale (ProQOL) at baseline, mid-programme and end-of-programme

Local school data (and National Pupil Database for longer-term outcomes)

1. School inclusion will be measured using data on attendance, exclusions and permanent exclusions using local school data at mid-programme and end-of-programme
2. School inclusion will be measured using data on attendance, exclusions and permanent exclusions using the National Pupil Database after winter 2025
3. Academic attainment will be measured using Key Stage 4 attainment after winter 2025.

Previous secondary outcome measures:
Pupil-reported surveys
1. Internalising difficulties measured using the emotional symptoms and peer problems sub-scales of the Strengths and Difficulties Questionnaire at baseline, 8 months and 18 months
2. Impact of mental health difficulties measured using the impact score of the Strengths and Difficulties Questionnaire at baseline, 8 months and 18 months
3. Prosocial behaviour measured using the child-reported prosocial behaviour subscale of the Strengths and Difficulties Questionnaire at baseline, 8 months and 18 months

4. Teacher-student relationships measured using the teacher-student relationships subscale of the Student Engagement Instrument at baseline, 8 months and 18 months.
5. Peer support for learning measured using the peer support for learning subscale of the Student Engagement Instrument at baseline, 8 months and 18 months.
6. Control and relevance of school work measured using the control and relevance of school work subscale of the Student Engagement Instrument at baseline, 8 months and 18 months.
7. Future aspirations and goals measured using the future aspirations and goals subscale of the Student Engagement Instrument at baseline, 8 months and 18 months.
8. Bullying perpetration measured using the bullying perpetration subscale of the Illinois Bully Scale at baseline, 8 months and 18 months.
9. Bullying victimisation measured using the bullying victimisation subscale of the Illinois Bully Scale at baseline, 8 months and 18 months.

Staff-reported surveys
1. Underlying causes of problem behaviour and symptoms measured using the underlying causes of problem behaviour and symptoms subscale of the Attitudes Related to Trauma-Informed Care (ARTIC 35) at baseline, 8 months and 18 months
2. Self-efficacy at work measured using the self-efficacy at work subscale of the Attitudes Related to Trauma-Informed Care (ARTIC 35) at baseline, 8 months and 18 months
3. Response to problem behaviour measured using the response to problem behaviour subscale of the Attitudes Related to Trauma-Informed Care (ARTIC 35) at baseline, 8 months and 18 months
4. Reactions to work measured using the reactions to work subscale of the Attitudes Related to Trauma-Informed Care (ARTIC 35) at baseline, 8 months and 18 months
5. Empathy and control measured using the empathy and control subscale of the Attitudes Related to Trauma-Informed Care (ARTIC 35) at baseline, 8 months and 18 months
6. Compassion satisfaction measured using the compassion satisfaction subscale of the Professional Quality of Life Scale (ProQOL) at baseline, 8 months and 18 months
7. Compassion fatigue measured using the compassion fatigue subscale of the Professional Quality of Life Scale (ProQOL) at baseline, 8 months and 18 months

Local school data (and National Pupil Database for longer-term outcomes)

1. School inclusion will be measured using data on attendance, exclusions and permanent exclusions using local school data at 11 months and 22 months.
2. School inclusion will be measured using data on attendance, exclusions and permanent exclusions using the National Pupil Database after winter 2025.
3. Academic attainment will be measured using Key Stage 4 attainment after winter 2025.

Completion date
18/07/2025

Eligibility

Key inclusion criteria
Inclusion criteria for schools:
Mainstream secondary schools in the UK

Staff and pupil inclusion criteria:
All school staff members and pupils in Years 8 and 9 (aged 12 to 14, Key Stage 3) in participating schools will be eligible to take part in the evaluation. Although the programme is a whole-school

intervention, two pupil year groups were selected to avoid over-burdening schools with data collection, which may result in lower levels of data quality.

Participant type(s)
Other

Healthy volunteers allowed
No

Age group
Mixed

Sex
All

Key exclusion criteria
Exclusion criteria for schools:
1. Special schools or Alternative Provision settings because they are already working with children and young people in a trauma-informed way
2. Schools where more than 10% of school staff have received 2 days or more of trauma-informed practice training through other providers
3. Schools where there are any planned strategic or operational changes, or ongoing risks that create instability or uncertainty that could potentially undermine staff engagement with the programme

Date of first enrolment
25/09/2023

Date of final enrolment
22/12/2023

Locations

Countries of recruitment
United Kingdom

England

Study participating centre
Evidence Based Practice Unit (EBPU) at University College London and Anna Freud
4-8 Rodney Street
London
United Kingdom
N1 9JH

Sponsor information

Organisation
University College London

ROR
https://ror.org/02jx3x895

Funder(s)

Funder type
Charity

Funder Name
Youth Endowment Fund

Alternative Name(s)
YouthEndowFund, YEF

Funding Body Type
Private sector organisation

Funding Body Subtype
Trusts, charities, foundations (both public and private)

Location
United Kingdom

Results and Publications

Individual participant data (IPD) sharing plan
The datasets generated during and/or analysed during the current study will be stored in a non-publicly available repository in the Youth Endowment Fund (YEF) data archive, which is stored in the Office for National Statistics' Secure Research Service. Once Anna Freud and UCL have finished the study (winter 2025) and transfer the data to the Department for Education (DfE) for data linkage for long-term outcomes, we will hand over control of the data to the YEF. The DfE will replace all identifying information about the young people who have taken part in the study (their name, gender, date of birth, home address) with the young person's unique Pupil Matching Reference number in the DfE's National Pupil Database. Once this has been done, it is no longer possible to identify any individual young person from the study data. The DfE will transfer the pseudonmyised information to the YEF archive, which is stored in the Office for National Statistics' Secure Research Service. Approved researchers are permitted to access information in the archive. For more information on the Office for National Statistics' Secure Research Service, you can visit their website: https://www.ons.gov.uk/aboutus/whatwedo/statistics/requestingstatistics/secureresearchservice

IPD sharing plan summary

Stored in non-publicly available repository

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Participant information sheet			19/09/2023	No	Yes
Participant information sheet			19/09/2023	No	Yes
Participant information sheet			19/09/2023	No	Yes
Participant information sheet	version 2		19/09/2023	No	Yes
Participant information sheet	version 2		19/09/2023	No	Yes
Participant information sheet	version 2		19/09/2023	No	Yes
Participant information sheet	version 4		28/01/2025	No	Yes
Participant information sheet	version 4		28/01/2025	No	Yes
Participant information sheet	version 3		28/01/2025	No	Yes
Participant information sheet	version 2	02/10/2024	28/01/2025	No	Yes
Participant information sheet	version 2	02/10/2024	28/01/2025	No	Yes
Participant information sheet	version 2	02/10/2024	28/01/2025	No	Yes
Participant information sheet	Participant information sheet	11/11/2025	11/11/2025	No	Yes
Protocol file		15/12/2023	28/01/2025	No	No
Study website	Study website	11/11/2025	11/11/2025	No	Yes