

TRAUMA AND MARGINALISED COMMUNITIES

A guide for further education and skills leaders and managers



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TRAUMA AND MARGINALISED COMMUNITIES

Introduction

More than one in three children and young people are exposed to at least one potentially traumatic event by age 18.¹ These experiences can affect individuals, groups and communities in different ways, and there are several factors that influence how someone is impacted in both the short and long term.

This includes social, cultural and systemic factors – and the impact of these experiences can be particularly complex for some individuals from marginalised communities, where trauma can often intersect with other aspects of identity and systemic challenges.

However, not everyone who experiences trauma goes on to develop lasting mental health difficulties, and the right support can make a substantial difference. Further education (FE) and skills settings in particular can play a crucial role in helping those who have experienced trauma to feel safe, build their resilience and thrive as part of a supportive, connected community.

This guide will equip you with the knowledge and tools to support learners who have experienced trauma, with a particular focus on those from marginalised communities. In particular, it emphasises the importance of creating a safe, trusting environment for all learners and staff, and ensuring that the voice of marginalised learners is at the centre of your approach and practice. It outlines key concepts related to trauma and its impact, and offers guidance, strategies, and practical examples for implementing trauma-informed practice as part of a whole-organisation approach to mental health and wellbeing.

¹ <https://uktraumacouncil.org/>

UNDERSTANDING TRAUMA

Experiences of trauma

According to the UK Trauma Council, trauma refers to the way that some distressing events are so extreme or intense that they overwhelm a person's ability to cope.²

The kinds of events that traumatise people are usually beyond the person's control. This may include experiencing or witnessing sexual or physical abuse, serious accidents, the sudden loss of a loved one or wider global events like war, natural disasters, terrorist attacks, or the COVID-19 pandemic. Racism and other forms of discrimination and systemic oppression can also result in traumatic responses.

Specifically, trauma arises when an individual experiences a direct threat to their safety. In these situations, our internal stress response is activated – our autonomic nervous system takes over and releases stress hormones as a biological response to threat. Our bodies deploy survival strategies to manage the threat - such as fighting back, exiting the situation, or emotionally shutting down (the 'fight-flight-freeze' response).

Usually, our bodies reset to a default state of calm when the threat has gone. But when events are traumatic, the body doesn't reset. In this state, our autonomic nervous system is constantly pumping a steady stream of stress chemicals into our body, which remains in an ongoing state of anxiety or hypervigilance.

When this happens, individuals may experience physiological and psychological responses such as panic, anxiety, numbness, anger, or fear.

Complex trauma

Trauma can be experienced as a one-off specific event, that happens outside of a person's control that is overwhelming, distressing and frightening. This might include events such as a terrorist attack, a natural disaster, crash or assault.

Complex trauma, however, can result from repeated traumatic experiences, often interpersonal in nature, which usually occur during childhood or adolescence. These experiences may include [adverse childhood experiences](#) such as abuse, neglect, interpersonal violence, community violence, racism, discrimination, and war.

These experiences have several key features: they typically arise within the context of our relationships; they occur initially during childhood, with important implications for development; and they are chronic or repeated.

Intergenerational and cultural trauma

For marginalised communities in particular, complex trauma can intersect with experiences of intergenerational trauma. This is trauma inherited from parents or ancestors, passed down biologically, psychologically, and socially. For instance, the descendants of Holocaust survivors or indigenous peoples who experienced colonisation may carry this type of trauma.

This may also intersect with cultural trauma, which can be experienced by a group of people sharing a common identity or community. Examples include the collective trauma experienced by Black communities due to systemic racism or LGBTQ+ communities due to persecution and discrimination.

² <https://uktraumacouncil.org/trauma/trauma>

Impact of trauma

Exposure to trauma can affect individuals, groups and communities in different ways.

It's important to note that the differences in effects aren't determined by the severity of what happened, but by how a person makes sense of it, and the meaning the experience has for them. This can also be affected by the support they have available to them at the time it happens.

Developing mental health problems following trauma is not inevitable. Many young people are able to thrive despite experiencing adversity. This resilience is created and maintained through our everyday experiences and in particular, our relationships. These shape our development and how we think and feel about ourselves, other people, and the world around us.

Although traumatic experiences don't define people, without effective support to promote recovery, trauma can impact multiple aspects of child development. This may include adaptations to:

- brain structure and function
- levels of cortisol and inflammation
- how a young person identifies, responds to and regulates their emotions
- how a young person develops their sense of self, their self-worth, and their sense of others – particularly in relation to trust.

Impact on mental and physical health

While not inevitable, for some individuals, this can have negative effects on physical health, mental health, and social outcomes. Research suggests that repeated traumatic experiences and lack of supportive relationships are linked to an increased risk of emotional and mental health difficulties, engaging in risk-taking behaviours and experiencing illnesses like diabetes, cancer, or heart disease.³

In order to survive threatening situations, children and young people will find ways to adapt to cope. But in the long term, these adaptations can be less helpful in safe environments such as FE and skills settings. These adaptations can lead to:

- increased difficulties with attendance and engaging with learning
- difficulties in forming relationships with peers and staff due to their past experiences of ruptured trust and/or attachments
- behavioural challenges stemming from automatic trauma responses of our nervous system (e.g., our fight/flight system in hypervigilance)
- lower academic performance and increased risk of dropping out.

³ <https://neu.org.uk/latest/library/trauma-informed-approach-and-impact>

Trauma and marginalised communities

Learners from marginalised communities can face unique challenges that can cause and compound the effects of trauma and create barriers to feeling safe and supported in the broader FE and skills community.

Learners who have been marginalised due to their race, ethnicity, sexuality, gender identity, disability status, or other characteristics often face systemic discrimination and harmful experiences of power imbalances. Systemic discrimination in education settings can have a particularly traumatic and long-lasting impact.

For example, a black learner who has experienced unfair disciplinary practices, low expectations from staff and exclusion from advanced courses, may experience feelings of powerlessness, anxiety, and distrust of institutional structures, potentially affecting their mental health and ability to engage with their education and the broader FE and skills community.

The cumulative effect of such experiences across various aspects of life can result in complex trauma and other mental health difficulties.

In particular, FE and skills settings should be conscious of the difficulties faced by individuals from the following marginalised groups:

People seeking asylum and refuge may have experienced war-related trauma, displacement, and loss, as well as ongoing distress due to uncertainty about legal status and separation from family. Language and cultural barriers can complicate trauma disclosure and access to support.

LGBTQI+ and gender-questioning people may have experienced trauma related to their identity, gender dysphoria, forced conformity, and a lack of acceptance from their family and friends. They are also at increased risk of bullying, harassment, and hate crimes, as well as of homelessness and associated traumas.

Racially minoritised learners may have experienced racial trauma, stemming from both direct and indirect racial discrimination, as well as intergenerational trauma stemming from historical oppression and systemic racism. Microaggressions in educational settings can also trigger or exacerbate trauma responses.

Care-experienced young people are at high risk of being affected by adverse childhood experiences, including abuse, neglect, or other family difficulties.

Carers may also have been affected by adverse childhood experiences, while the transition to independent living can be a source of ongoing stress and potential re-traumatisation.

Neurodivergent learners and those with Special Educational Needs and Disabilities (SEND) are at higher risk of experiencing trauma resulting from being forced to conform to neurotypical environments and masking their neurotypical traits to 'fit in.' Non-inclusive practices and systems can also make it difficult to access support.

First-generation FE and skills learners may experience acculturative stress, and struggle with a lack of family and material resources to help navigate the education system and financial stress.

Adult learners may also be returning to education with unresolved childhood or adolescent traumas, while previously traumatic experiences at school may make it difficult for them to integrate into the FE and skills community.

It's important to note that these different elements and experiences can intersect and compound each other. When working to support these learners, it's crucial that FE and skills settings are sensitive to each individual's unique needs and lived experience.

Trauma and social relationships

We know that social relationships are a key component of good wellbeing.⁴ Research also consistently shows that loneliness, stressful social interactions, and a lack of supportive relationships increase the risk of developing mental health problems.

Traumatic experiences can significantly impact an individual's ability to navigate social environments, often leading to a more stressful and isolated social world. For many, traumatic experiences can make it challenging to build and maintain the supportive, trusted relationships that typically serve as buffers against stress and provide opportunities for personal growth.

This social isolation can become self-perpetuating. Perceived social isolation can trigger a cycle of negative thoughts and behaviours, further intensifying feelings of disconnection.⁵ This can be particularly pronounced for individuals from marginalised communities, who can already be at heightened risk of experiencing social isolation and loneliness.⁶

Over time, these difficulties in social interactions can lead to **social thinning** - a gradual erosion of social networks, friendship groups, and family bonds.⁷ As an individual's support network weakens, they become more vulnerable to the impact of future stressful events, increasing their susceptibility to mental health problems.⁸

In FE and skills settings, this can lead to challenges with forming relationships with peers and staff, increased difficulties with attendance, and reduced engagement in social and extracurricular activities.

Given this, it's crucial that FE and skills settings place relationships at the centre of their approach to supporting their communities. This involves creating a sense of safety, trust and connectedness so that all members of your community are able to feel a sense of belonging, develop resilience, and thrive.



⁴ <https://uktraumacouncil.org/resource/social-relationships-are-key-to-well-being>

⁵ <https://pubmed.ncbi.nlm.nih.gov/19726219/>

⁶ <https://www.mentalhealth.org.uk/our-work/research/loneliness-and-mental-health-report-uk>

⁷ <https://uktraumacouncil.org/resource/pathways-to-vulnerability>

⁸ <https://pubmed.ncbi.nlm.nih.gov/30897955/>



TRAUMA-INFORMED LEADERSHIP STRATEGIES FOR FE AND SKILLS LEADERS AND MANAGERS

One of the most effective ways FE and skills settings can support marginalised individuals and communities who have experienced trauma is by embedding trauma-informed practice as part of [a whole-organisation approach to mental health and wellbeing](#).

Trauma-informed practice

Trauma-informed practice recognises the wide-ranging impacts of trauma, provides effective support for learners and staff who have been affected, and [creates a sense of safety](#), belonging and connectedness, so that all members of your FE or skills setting can thrive.

This involves reviewing and improving your organisation's culture, practices and mental wellbeing support to ensure that those who have had traumatic experiences, and who may find it difficult to feel safe, trusting, and valued in education settings, are fully supported.

In particular, this process should involve listening and responding to the experiences of learners and staff with lived experience of trauma, and ensuring they have agency and influence on your organisation's decision-making processes.

Staff are not expected to be mental health practitioners. However, we know that one of the most important protective factors for a learner who has experienced trauma is the presence of secure, trusted relationships.⁹

[Fostering these relationships](#) is at the heart of an effective trauma-informed approach. This involves enabling safety and repair by removing barriers to support, preventing re-traumatisation, and creating a safe environment where learners and staff feel supported.

For further guidance on supporting staff mental health when working with learners who have experienced trauma, see our [secondary trauma guide](#).

⁹ https://www.ucl.ac.uk/evidence-based-practice-unit/sites/evidence_based_practice_unit/files/headstart_evidence_briefing_perceived_social_support.pdf

Key principles of trauma-informed practice

The National Education Union has identified [six key principles](#) of a successful trauma-informed approach in education settings. It can be helpful to reflect on these principles and consider how they can be embedded in your whole-organisation approach:

- 1. Safety:** ensuring that all learners feel physically, emotionally and psychologically safe. This means learners also feel safe to express themselves, make mistakes, and seek help.
- 2. Trust:** building and maintaining positive, supportive relationships between all members of the organisation. This is particularly crucial for learners from marginalised communities who have experienced trauma, who may have faced several barriers to being able to trust individuals, services, institutions and communities.
- 3. Peer support:** [creating models of peer support](#), guidance and mentoring which allow learners to connect with others who may have similar experiences, fostering a sense of community, shared understanding and resilience.
- 4. Collaboration:** working together with learners, staff and parents and carers to flatten hierarchies, counteract the feelings of powerlessness that can result from trauma, and ensure that your setting's support meets the needs of all its members.
- 5. Empowerment, voice, and choice:** enabling learner voice, fostering agency and amplifying the voice of marginalised learners to ensure that they have a direct influence on your setting's decision-making processes.
- 6. Addressing cultural, historical, and gender-based biases:** seeking to redress structural power imbalances and injustices, recognising cultural, historical, and gender-based biases and acknowledging how they can retrigger and compound trauma if not appropriately challenged.

For further information on these principles and their practical application, see the National Education Union's [Trauma-informed practice and approach toolkit](#).

Below, we've outlined some of the practical suggestions and strategies that are informed by these principles, and that you may wish to consider implementing in your setting.



Trauma-informed practice and a whole-organisation approach to mental wellbeing

Trauma-informed, relational practice is the foundation of [a whole-organisation approach to mental health and wellbeing](#). Whilst resources about this approach are often aimed at schools and colleges, the principles of a whole-college approach are applicable to a wide age range of learners across FE and skills settings. The culture and ethos of your setting is the golden thread that will pull each of the elements together and ensures your values are at the heart of it.

Central to this work is the role of the [Senior Mental Health Lead \(SMHL\)](#). With support from leadership and management, they play a crucial role in leading and embedding [the eight principles of a whole-school or college approach to mental health and wellbeing](#) across your whole setting.

Working in collaboration with the whole organisation community, an SMHL can support leaders and managers to embed [a trauma-informed strategy](#).

While it's important to consider how to develop a trauma-informed approach across [all eight principles of the whole school or college approach](#), it can be particularly helpful to:

- Review and revise all organisation policies through [a trauma-informed lens](#).
- In collaboration with staff and learners, create [a mental health plan and policy](#) that is trauma-informed and sensitive to the needs of marginalised communities.
- Integrate trauma-informed principles into teaching practices by [diversifying the curriculum to increase representation](#), and creating [a safe, inclusive learning environment](#).
- Consider how the organisation's physical space can support a trauma-informed approach, such as by creating inclusive, sensory-friendly spaces and ensuring clear signage and navigation.
- [Identify and signpost to](#) appropriate support and pathways for learners and staff experiencing trauma and other mental health difficulties.
- [Prioritise staff wellbeing](#). For staff to be able to support learners, their wellbeing must be prioritised and supported. It's particularly important to consider the needs of those who have experienced trauma and discrimination.
- [Prioritise gathering learner voice](#), working with learners who have experienced trauma to influence and co-develop your setting's approach and offer.
- [Provide training for staff](#) on trauma-informed practice and opportunities for trauma-informed reflective practice and supervision.

The UK Trauma Council provides [evidence-based, practical training](#) for education staff working with young people who have experienced trauma.

The [Association of Colleges Mental Health Charter](#) also provides further guidance on how to embed a whole-organisation approach to mental health and wellbeing in your setting.

Resources

Anna Freud: [5 Steps to Mental Health and Wellbeing: a framework for schools and colleges](#) - a free framework, with guidance and resources to support the implementation of a whole-organisation approach.

Anna Freud: [Mental health lead resource hub](#) – a hub of resources to support Senior Mental Health Leads to develop and embed a whole-organisation approach to mental health and wellbeing.

Education and Training Foundation: [Supporting learning communities following suicide and sudden death](#) – a guide to assist leaders, managers and key staff to support their learning communities.

Ethos and environment: a relational approach

As part of developing a trauma-informed approach, leaders and managers have an important role in helping to create an open, supportive and trusting ethos and environment where mental wellbeing and trauma-informed practice is prioritised and supported.

This involves taking a **relational approach**. We know that trusted relationships are at the heart of good mental wellbeing,¹⁰ and relational approach puts positive, supportive relationships – between leadership, staff, learners and the broader community – at the heart of your support and strategy.

This can help to create a sense of belonging and connectedness, which research has shown is linked to increased learner motivation, improved academic achievement, reduced absenteeism, better overall health and wellbeing, and a growing sense of agency among both learners and staff.¹¹ This in turn can support settings [to promote resilience and recovery](#).

Leaders and managers can help to create this sense of trust and belonging to help learners and staff to feel safe, comfortable and confident that the FE and skills community can support them. In practice, this involves:

- **Practicing transparency:** establish clear boundaries and expectations and be open about processes and decision-making.
- **Fostering partnership:** engage in collaborative planning and affirm marginalised learners' expertise in their own experiences.
- **Taking a strengths-based approach:** affirm the community's resources and survival in the context of traumatic experiences.
- **Committing to repairing ruptures:** maintain a non-defensive stance and commitment to repair when mistakes are made.
- **Supporting learner-led initiatives:** create shared spaces for learners with specific marginalised identities.
- **Celebrating diversity:** recognise important dates and achievements from marginalised communities.
- **Being mindful of current events:** acknowledge the impact of social and political events on marginalised communities.
- **Valuing expertise by experience:** welcome and support staff and learners in expressing their identities.
- **Amplifying marginalised voices:** ensure representation at all levels of the organisation.

For more guidance on developing a sense of belonging and connectedness in your setting, please see Anna Freud's [Leading with hope: a guide for FE leaders and managers](#).

¹⁰ <https://www.annafreud.org/news/trusted-relationships-and-mental-wellbeing-what-we-learned-from-headstart/>

¹¹ <https://psycnet.apa.org/record/2013-01837-001>

Creating a safe, trusting environment

The foundation for all this work involves creating a sense of safety and trust in your setting. This is particularly crucial for learners who may have experienced trauma, as building supportive, trusting relationships can sometimes be challenging without proper support and sensitivity.

Safety in this context goes beyond physical security measures. It encompasses emotional and [psychological safety](#), ensuring that all members of the organisation feel secure, respected, and valued.

Trust is built through consistent, transparent, and empathetic interactions. In particular, it can be helpful to consider **epistemic trust**. This refers to an individual's willingness to consider new knowledge from another person as trustworthy, generalisable, and relevant to their life. As Professor Peter Fonagy notes:

"The ability of a child to learn from a teacher depends on that child trusting the teacher — just the same way that a child trusts their parents or other adults. When we trust someone, we open our minds to them, open our ability to learn."¹²

For learners who have experienced trauma, developing epistemic trust can be particularly challenging. It requires all staff to be mindful of past traumatic experiences, as well as the possible power imbalances in your organisation.

It can be helpful to:

- clearly communicate the organisation's policies, expectations, and decision-making processes to all learners and staff
- be consistent in applying rules and consequences, avoiding arbitrary or punitive measures.
- maintain confidentiality when sharing personal information, explaining clearly the limits of confidentiality (e.g., safeguarding concerns).
- acknowledge and validate learners' cultural backgrounds and lived experiences.
- follow through on commitments made to learners, no matter how small.
- develop and enforce clear [anti-bullying](#) and anti-discrimination policies.
- create designated safe spaces within the organisation where learners can go if they feel overwhelmed or triggered.

Anna Freud's 5 Steps framework provides further guidance for [creating a safe environment for learners and staff](#).

We have also produced a resource providing guidance on [building psychological safety in Further Education and skills settings](#).

¹² <https://uktraumacouncil.org/resource/key-role-trust-plays-in-learning>

Enabling and amplifying the voice of marginalised learners

Building on this sense of safety and trust, one crucial element of a trauma-informed approach to supporting learners from marginalised communities is to [enable learner voice](#) and to empower them in your organisation's decision-making processes.

This goes beyond traditional learner voice initiatives and should follow models of participation, [such as the Lundy model](#), that truly empower learners in decision-making processes.

This involves considering:

- **Space:** providing a safe and inclusive environment for learners to express their views.
- **Voice:** provide appropriate information and facilitate the expression of learners' views.
- **Audience:** ensure that learners' views are communicated to someone with the responsibility to listen.
- **Influence:** ensure that learners' views are taken seriously and acted upon, where appropriate.

Where possible, it's important to demonstrate commitment by giving learner voice activities an assigned budget. For example, if learner voice meetings are at lunchtime, refreshments are covered, or if gathering learner feedback via an online survey or workshop requires expenses, these activities could be covered by the budget. It doesn't have to be large, but having some ring-fenced budget shows trust and that learner voice is taken seriously.

It also involves taking account of staff time. It can also be helpful to make learner voice news a standing item in staff meetings, and asking learners to get involved in keeping staff up to date.

In practice, this could include:

- establishing regular forums for learner to share their experiences and ideas.
- gathering learner voice from individuals with lived experience of trauma (e.g., [on the impact of racism on mental health](#)).
- involving learners in the design and implementation of support services and initiatives in your organisation and the broader community.
- implementing learner-led initiatives that promote inclusivity and mental health awareness.
- involve learners in governance structures, such as having learner representatives at governor meetings.
- collaborating with learners to develop [peer support and mentoring programs](#).

Anna Freud's 5 Steps framework provides further guidance on how you [might gather and enable learner voice](#).



Targeted support for marginalised groups affected by trauma

As part of your approach, it can also be helpful to develop and implement trauma-informed [targeted support](#) as part of your setting's offer.

This can be particularly effective for learners from marginalised communities who have experienced trauma, who may have negative experiences of accessing engaging with mental health support and services.

Learners' own voices are again crucial here: it can be both more empowering and effective to develop any targeted support offer in collaboration with them.

Targeted support might include:

- working with learners to develop specific support programs for SEND learners, LGBTQI+ people, and racially minoritised learners, facilitated by external experts or trained staff.
- offering targeted interventions for learners with known adverse childhood experiences.
- developing peer support programmes with learners from marginalised communities who have experienced trauma and are struggling with their mental health.
- providing specialised support for people seeking refuge or asylum, including trauma-informed support, English for speakers of other languages (ESOL) provision, and signposting to appropriate support that is available in your local community

The UK Trauma Council provides further guidance on providing trauma-informed support for refugees and asylum-seeking people:

UK Trauma Council: [Childhood trauma, war, migration and asylum](#)

UK Trauma Council: [How to support refugee and asylum-seeking young people who have experienced trauma](#)



Developing community partnerships

As well as fostering a trusting, supportive FE and skills community, it can be helpful to build connections in the wider community. Building these connections can not only help learners and staff to know that there is broader support available, but also to develop their sense of trust and confidence in other environments.

This may involve:

- Developing partnerships with local mental health services to ensure learners have access to specialised support when needed.
- Training staff members to become [Social Prescribing Link Workers](#) who can refer learners to non-clinical local services to support their wellbeing.
- Collaborating with community organisations that represent marginalised groups.
- Engaging with local businesses to create work experience and apprenticeship opportunities, fostering a sense of purpose and future orientation for learners.
- Collaborating with Higher Education institutions to create clear progression pathways, inspiring aspiration and a sense of belonging in the broader educational community.
- Engaging with Local Government and participating in local education and skills boards to ensure the organisation's voice - and by extension, its learners' voices - are heard in local decision-making processes.
- Exchanging knowledge and learning about examples of good trauma-informed practice from other organisations.

Trauma-informed leadership

By fostering a sense of trust and safety, amplifying the voices of marginalised learners, providing effective support, and building strong community partnerships, FE and skills leaders can create a culture that promotes resilience, and ensure all members of the community to thrive.

It's important to recognise that implementing trauma-informed practices is an ongoing process - you're unlikely to get everything right straight away. As you implement these strategies, it's vital to consistently gather feedback, refine your approach, and ensure that the voices of those who have experienced trauma remain at the heart of your whole-organisation approach.

FURTHER RESOURCES

UK Trauma Council: [Resources](#) – resources to help individuals and organisations to support young people who have experienced trauma.

UK Trauma Council: [Training](#) – evidence-based, practical training courses for those working young people with experience of trauma.

Anna Freud: [5 Steps to Mental Health and Wellbeing: a framework for schools and colleges](#) – a free, evidence-based framework to support the implementation of a whole-organisation approach to mental health and wellbeing.

Anna Freud: [Mental health lead resource hub](#) - a hub of resources to support senior mental health leads to develop and embed a whole-organisation approach to mental health and wellbeing.

UK Trauma Council: [Traumatic bereavement](#) – a guide for supporting those who have experienced traumatic bereavement.

UK Trauma Council: [Critical incidents in educational communities](#) – resources to support educational communities to respond to traumatic incidents.

Anna Freud: [Anti-racism and mental health in schools and colleges](#) – resources and information about the impact of racism on mental health, and what organisations can do to address it.

National Education Union: [Trauma-informed toolkit](#) - a toolkit with practical resources and guidance on embedding a trauma-informed approach to mental health and wellbeing.

Trauma-informed Lancashire: [Trauma-informed schools and colleges](#) – a summary of the key steps to embedding a trauma-informed approach.

Education and Training Foundation: [Mental health and wellbeing guides for the further education sector](#) – information, guidance and resources to support leaders and managers support the mental wellbeing of their staff and learners.

Anna Freud: Schools in Mind

Schools in Mind is a free network for education professionals. It shares evidence-based, accessible information and resources to support good mental health across the whole organisation.

When you join, you'll get an email newsletter each month sharing:

- free mental health resources
- information about upcoming events and training
- opportunities to take part in programmes and share your views.

[Join our free network for education professionals](#)



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