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## Short Article

# Bringing a loving care approach into an alternative education provision

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## Abstract:

The article describes a project to introduce a Loving Care approach into an alternative education provision in England, for 16–24-year-old students, who have not been able to achieve in mainstream education. The approach is based on previous work by one of the authors to bring more love into children's residential settings and is founded on the belief that love-led practice is beneficial for children who have experienced trauma and adversity, whatever the context. The project is in its first phase and the article describes the context, theoretical foundations, initial approach, initial feedback from staff, and plans to measure impact. It further outlines reflections on lessons learnt so far, which it is hoped will be of benefit to other organisations who wish to adopt a similar love-led approach.

## Introduction

A Loving Care approach is one which enhances attachment aware and trauma sensitive practice, by encouraging staff to engage in a loving manner with the children they work with, in this context, as educators. The success of this approach has been seen in children's residential care (Davies, 2023) and this article describes a project which applies it to an alternative education provision, New Meaning Training (NMT). Bringing the approach to the students here is particularly pertinent, as many have experienced disrupted family relationships and childhood trauma. Over the last 10 years 1300 young people have graduated from NMT. 30% had been excluded from mainstream schools, 20% had refused to go, and the others had attended but been unable to achieve grades. 15% were 'in care' and 70% report that they had experienced childhood trauma within the last five years.

A Loving Care approach aims to build fulfilling relationships between children and professionals, which replicate, appropriately to context, the secure attachment environment that children need to thrive. The hypothesis is that appropriate



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loving relationships with adults can exist beyond a home environment and be significantly beneficial for children and young people. Also, that any professionals working with children whose attachment experiences have been disrupted, or who have experienced trauma, will do better with and for them if they offer appropriately loving relationships, whatever their role and setting. It is hoped that the work done in NMT will provide useful guidance for other settings where young people experience similar issues, for example, youth justice, social care, health, and mainstream education.

Consultants Margaret Davies and Mary-Anne Hodd have been engaged to work with NMT, initially for an 18-month period, to train and support the organisation to embed a Loving Care approach within their work and to measure its impact. Work began in June 2024 with the first of two leadership team visioning sessions. The first phase of the project has now been completed, including training staff across the whole of the organisation.

## Context

New Meaning Training is an English social enterprise focused on enabling young people, often with special education needs, to discover their pathway to earning their own meaningful living. This is achieved through NMT's vocational learning centres, where the focus is on development of both aptitude and attitude.

Young people aged between 16 and 24 are referred to NMT centres by referral partners, which include: mainstream secondary schools, virtual schools, local authority Special Education Needs (SEN) departments, youth justice teams, social services, career mentoring organisations, further education colleges, family support hubs, and parents or carers. NMT offers nationally recognised qualifications and many of the young people who graduate with these qualifications do so for the very first time, strengthening their self-belief and confidence to take their next steps into employment or to continue their studies. NMT recognises that the formality and structure of mainstream education doesn't support the learning needs of all young people.

There can be a multitude of reasons for low attainment and engagement, which can leave a sense of hopelessness and failure. The reality for many is that they have not yet discovered something that works for them. It is as if something is needed to 'flick the switch'. Through a coaching, mentoring, guiding and supporting approach, NMT tutors work in a holistic way to understand the young person's barriers to learning and create a path to them earning their own living.

Over the last 10 years, NMT has identified barriers to learning that young people accessing this service face. Through discussion with schools and other alternative provision settings, they have realised that these barriers are likely characteristic of around 10% of all students who struggle to achieve in mainstream settings. They are:



- Young people becoming quickly dysregulated, even when staff do not perceive a threat is present, or the young person (over)reacts to a comment from another learner.
- Class dynamics: The goal is to separate young people with a history of bullying from those who have been bullied, but this is not always possible.
- Life events conspire to disrupt the young person's pattern of attendance. For example, an estranged father reaching out causing distress, an argument at home, conflict between friends, bullying social media posts, an unstable home environment, or past trauma being triggered can all lead to non-attendance.
- A high proportion of looked after children with low self-esteem and often little to no positive history within education.
- Many young people attending NMT have never felt 'understood', they are often searching for an attuned connection, and this shapes an underlying anxiety within them.
- No history of success within education, no pattern of praise, or acknowledgement of achievement or positive progress.
- Finally, no sense of 'my place' in the world – which is embodied in fatalistic behaviour, and disclosures of self-harm, abuse, rape, etc.

For achievement and progression to be consistent, NMT requires an underlying Social, Emotional and Mental Health (SEMH) professional development model with a strong evidence base. Such a model needs to provide practical approaches, methods and techniques that NMT tutors can adopt. Experience at NMT over the last 10 years demonstrates that once SEMH needs are addressed, learning achievement and progression follows.

A Loving Care approach is a good fit with the SEMH development needs of the young people who attend NMT. Understanding the theory behind the model (attachment and trauma informed practice, and positive emotions), will support tutors to create new Loving Care centric training methods and approaches, and to learn how to maintain their own personal wellbeing and mental health in what is a challenging work role.

NMT has a vision to build a continuous professional development programme for staff, that focuses on three core competencies: 1) role-based skills, 2) transferrable skills, and 3) attitude skills. The Loving Care approach is the 'golden thread' that will run through the whole professional development programme.

## **What is a Loving Care approach in education?**

A Loving Care approach encourages adults to engage with young people from an open, positive emotional stance, characterised as a loving stance. The approach



derives from an understanding of the fundamental importance of safe loving relationships for human beings, especially children, to thrive. It is also understood that young people who have experienced complex childhood relational trauma, need safe loving relationship experiences to begin to re-wire their interpersonal neurobiology, and become ready to learn. As Treisman (2016, p. 17) puts it, 'relational trauma requires relational repair', while Perry (2017, p. 258) notes that 'relationships are the agents of change, and the most powerful therapy is human love'. Love is described as our supreme emotion by Fredrickson (2013, p. 12), who evidences 'love's capacity to nourish, heal and do good', which 'is deeply wired into (our) biology.

A steady diet of love influences how people grow and change, making them healthier and more resilient, day by day. (Fredrickson, 2013, p. 12)

The assumption is that including love in attachment and trauma informed practice will improve young people's outcomes.

Stable and secure attachment relationships at home allow for cognitive and social development that makes children ready and eager to learn at school. Disrupted attachment experiences, plus the complex trauma of abuse and neglect in the early attachment environment, prepare children for survival in what can seem like shark infested waters. This gets in the way of being open to learning opportunities in a mainstream classroom. It has even been stated that children not loved at home, come to school to find love (Ferroni, 2018). For teaching to be effective, educators need to 'plug the gap' caused by a lack of familial love in children and young people's lives: 'Some children will experience familial love in abundance and come to school feeling very loved, safe and respected. But other children won't get that and will need something different and extra from the other adults in their lives' (Carter, 2020, p. 3).

One reason why a safe loving relationship with an educator – teacher, learning support worker, or tutor – helps young people to learn, is because the brain has evolved to learn best from closely connected others. Historically, children's learning took place within the family and close community before consistent state education began during the nineteenth century:

As a social organ, human brains have evolved to be linked to and learn from other brains in the context of significant relationships [...] our brains evolved to learn from caring and compassionate teachers who know us well and who are invested in our wellbeing. (Cozolino, 2014, p. 11)

It is not always obvious to educators, however, that they have a loving role to play with their students. Similarly, other professionals encountering children with developmental trauma may not perceive the benefit that a loving approach would bring to their work. To change these perceptions, we must address the dominant culture of placing love in the private, rather than public, space. It



helps if staff look at the eight Greek types of love (Reed, 2019), Chapman and Campbell's Love Languages with children, (Chapman & Campbell, 2016) and what is loveable about the students (CELCIS, Aberlour, The Care Inspectorate and Includem, 2022)<sup>3</sup>. Then they can recognise and identify with loving action, which is neither romantic or sexual, and is appropriate outside of the private family arena. It is also helpful to consider love as being a micro moment of warmth and connection that is shared, a 'positivity resonance [...] that ripples through the brains and bodies of you and another' (Fredrickson, 2013, p. 35).

During our exploration of these wider concepts of love with NMT leaders and staff, it was noticeable that the non-verbal messaging of the groups changed. People's body language became more animated, expressive and open, their tone of voice was lighter, smiling and eye contact increased, there was laughter and a feeling of positive energy in the room. These are the forms of (automatic) expression and communication that will help students to feel safe and valued, at a level below their consciousness. As Cozolino states:

Much communication across the social synapse is automatic and unconscious – facial expressions, body language, tone of voice and words chosen. (2014, p. 33)

This leads us to suggest, therefore, that adults cannot *act as if* they feel lovingly towards their students and be effective. Their affection must be real to be communicated through their automatic, unspoken gestures. This is why the preparation for a Loving Care approach needs to include a change of heart.

## The change process

The first phase of preparing for a Loving Care approach at NMT has been:

1. Two days facilitation with the leadership team to generate their buy-in to the approach, looking at: the rational and underlying evidence base, an exploration of what love means in an educational context, the principles of a love-led approach, and their application to the NMT context.

2. Three days training with all staff:

Day 1 to look at the importance of early attachment experiences, an understanding of trauma and Adverse Childhood Experiences (ACEs), and a model for the process of trauma recovery.

Day 2 to look at how to work with students, as informed by Bruce Perry's neurosequential therapeutics (2008), starting with co-regulation including sensory signals of safety and connection, followed by relating, including a Loving Care approach, and reasoning including a restorative approach.

Day 3 to look at resourcing ourselves and each other for the work, self-awareness and self-love, supportive team-work and organisational compassionate leadership



3. Ongoing communication and support with the leadership team in between the staff training sessions; to pick up on and support staff who felt upset by the training, to adjust the environment and pace to support the adults' learning needs, and to reflect on leadership actions to support the approach.
4. Support for the leadership team to identify evaluation methods to measure the impact of the new approach.

Phase two will involve an action learning model, to enable NMT tutors to integrate the Loving Care approach theory and methods into their day-to-day practice. Action learning workshops will be held each term, facilitated by consultants. These workshops will initially run for 18 months and will enable tutors to learn from their experiences and to openly discuss what they perceive works, as well as encouraging them to strengthen their approach through reflective practice and discussion.

### **Analysis of staff feedback so far**

Feedback on the three days of staff training has been given anonymously on Microsoft electronic forms. The feedback rate is as follows: for day one, 13 out of 62 participants responded, day two, 23 out of 54, and day three, 19 out of 58. The combined feedback return rate is 31.5%. The feedback on the training overall was positive, with the training rated good or outstanding, all but once. The rating for all days has been rated 42% 'outstanding' and 57.5% 'good'.

When asked about the usefulness of the training in their work, 78% of all respondents rated the training positively, between seven and 10 out of 10. A typical reason for the staff's rating of usefulness is 'a lot of our students have a hard time and often need that Loving Care approach. Having a better understanding of this will no doubt benefit our students and staff'.

There was less clarity about the usefulness of the second day's training. Comments range from 'this resonates with our teams' work in understanding how to support students in regulating their behaviour' and 'we do most of it already', to 'students may not respond to the approach positively'.

Comments on how staff members' approaches will change are, however, largely in alignment with the ethos of the training. For example: 'I will have a better understanding to why some students are disengaged'; 'I will remind myself of the learners' background/traumas when situations arise'; 'I will definitely be more aware than I am now to the students body language'; 'I will be kinder to myself'; 'Focus on making connections one to one with my students even though the day is very busy, with loud and quiet students alike'; 'It has given me greater insight into how my emotional state impacts on learners'.

Overall, the feedback shows that experiences of the training have been very positive for staff, and that it aligned with what they already felt about their learners' needs and lived experience. The doubts and concerns that were





expressed will serve as guidance for the leadership team in their staff support and supervision. The consultants will follow up on the themes raised in the action learning sessions, offering more opportunities to reflect, practice skills, and explore useful tools. Observations, reflections, and supervision will identify whether insights from training translate into daily practice, and the impact on students will be measured.

## **Reflections on important themes emerging**

NMT leaders and the consultants have reflected on the discussions generated during and in between the training sessions, and several themes seem important to note for any organisation desiring to bring in love-led practice.

- The need to be prepared for some disruption to the staff, as their own love and trauma stories are stirred up by the material. NMT leaders have good relationships with their staff and were able to give time and emotional support to those participants who needed it. It may occasionally be necessary to facilitate external counselling-type support, and this should be planned for by leaders.
- Good relational practice may not be cutting through, because young people are still dysregulated. Addressing young people's dysregulation may require more emphasis, understanding, skill, and time before staff can use their relational skills to connect effectively.
- It can seem challenging to co-regulate in a chronological age, cognitive ability, and emotional age-appropriate way, at one and the same time. However, adult self-regulation and reducing stress for young people will always be helpful.
- At NMT there are challenges to sensory regulation, inherent in the physical environment, which is designed for sports and construction industry learning, e.g. large echoing spaces, which are hard to heat and make comfortable. To create environmental signals of safety, organisations may need to redesign their spaces to enhance sensory regulation, balancing this with the requirements needed for activities to be carried out.
- There may be a tension between the time needed to address attachment and trauma needs and the time desired to progress targets. At NMT it is understood that addressing SEMH needs will enable young people's progress towards targets, and staff need to be given the space to pursue this. This may need wider communication and buy-in, for example with funders, or carers and young people.
- Staff can be exhausted by daily challenges and any resulting slow progress when working with traumatised young people. Feelings of overwhelm can lead to adults wanting to punish the young people (fight response), take time off or leave (flight response), or collapse/a feeling of helplessness (freeze



response). Caring for staff, managing workloads, and building in breaks is vitally important.

- Good basic terms and conditions of employment are similarly crucial – annual leave entitlement, hours of work, pay, and workload – as is the leadership team being assertive about any generous terms. Negative comments about conditions, even from a very small minority, can have a big impact on overall morale, if they are not counteracted positively.
- It is important to collaborate with staff wherever possible, for example to determine staff welfare policies and wellbeing supports, to widen their circle of influence and sense of agency, which is protective against workplace burnout.

Overall, we have understood that it is necessary for the leadership team to apply the principles of an attachment and trauma informed Loving Care approach to their staff.

## Plans for measuring baseline and impact

It is important to measure the impact of the approach over time, to see if an attachment and trauma informed Loving Care approach is in fact beneficial in an alternative education provision. The following outcome measures are already collected and analysed every six to eight weeks, and will be collated to understand the impact of a Loving Care approach:

- Individual and average attendance statistics
- Individual and average punctuality statistics
- Number of behaviour plans in place
- Number and nature of safeguarding alerts where dysregulation is indicated
- Learning progression statistics
- Achievement statistics
- The number of young people who successfully transition from NMT

In addition, the Action for Inclusion Tool - AFIT<sup>1</sup> - will be used to assess individual attachment (in)security, progress towards greater security, and reduction in behavioural challenges. The AFIT tool will be used with all learners from September 2025, to measure the impact of the Loving Care approach. They

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<sup>1</sup> The Action for Inclusion Tool (AFIT) is an evidence-based assessment tool and web-based application, used in education to identify underlying learning and relational needs that might be contributing to a student's challenging behaviour or poor academic performance, providing targeted strategies, based on attachment theory, to help them settle and learn effectively in the classroom. It is designed to promote inclusion and to minimise exclusions. Available from [coursewedo.com](http://coursewedo.com)





will be tracked over a period of 12 months, making two or three measurements of their progress on the AFIT app. The tool will also provide attachment related strategies for each learner, which will complement the training and support provided by the consultants.

All measurements will again be captured and compared to baselines at the end of the learning year (typically July each year), and again at 18 months from commencement of the project. The Loving Care approach is the single most important professional development programme at NMT, and so any effect witnessed in collating the measures will likely be the result of implementing the Loving Care approach.

## Conclusion

This project assumes that a Loving Care approach is applicable to an adolescent education setting and that attachment and trauma informed practice will have positive impacts for the students and staff within the setting. At first it was not wholly apparent to NMT leaders and staff that 'loving' the students is a legitimate part of their role. The consultants have helped them to widen their view of 'love', to see its place and potency in the public, as well as the private, sphere. If the students do in fact benefit from a Loving Care approach, one could conclude that other professionals could also usefully adopt a similar approach in varying settings, and that the lives of children with developmental trauma can be enhanced by being surrounded by a community of compensatory secure relationships with the adults supporting them. Love need not be confined to their substitute family placement or children's home carers, as other adults involved in their lives could belong to a network of loving relationships, which together can offer the transformative care traumatised children really need.

The early signs in this project are positive, showing that most staff are now enthusiastic about working in this way and can see how it fits with and enhances the relational practice already in place. Phase one of the process has been completed, and impact measurements will indicate, over time, whether students do benefit from a Loving Care approach.

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## About the authors

Margaret Davies has been a qualified social worker for almost 40 years, specialising for 20+ years with children in care and their carers, and creating therapeutic placement services. Since 2014 she has been an independent social work manager, trainer and consultant, and in 2022 co-created the Lovin' Care approach for children's homes with Children's Homes Quality.

David Lett is a psychologist and social entrepreneur and has been helping young people find and shape meaningful lives since 2008. He has coached, mentored, tutored and/or supported over 3000 young people using one-to-one and group approaches. In 2014 he decided that a small percentage of young people did not suit mainstream education settings and needed an alternative provision. New Meaning Training was born in 2015, and as of 2025 supports 257 young people through a range of vocational courses.

