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An Exploration of Trauma-Informed Approaches in Primary Schools and the Role of the Educational Psychologist

by

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This thesis is submitted to University College Dublin in fulfilment of the requirements for the degree of Doctor of Educational Psychology.

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September 2024

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Glossary of Terms

ACEs	Adverse Childhood Experiences
ADHD	Attention Deficit Hyperactivity Disorder
ANS	Autonomic Nervous System
APA	American Psychiatric Association
ARTIC	Attitudes Related to Trauma-Informed Care
CAMHS	Child and Adolescent Mental Health Services
CDNT	Children's Disability Network Team
CPD	Continuous Professional Development
DEIS	Delivering Equal Opportunities in Schools
DSM	Diagnostic Statistical Manual
DTD	Developmental Trauma Disorder
EBD	Emotional Behavioural Disorder
EAS	Employee Assistance Scheme
ECEC	Early Childhood Education and Care
ESL	Early School Leaver
ETB	Education Training Board

EWP	Education Welfare Practitioners
HSCL	Home School Community Liaison
ICD	International Classification of Diseases
INTO	Irish National Teachers Organisation
ITE	Initial Teacher Education
NCTSN	National Child Traumatic Stress Network
NCSE	National Council for Special Education
NEIC	North East Inner City
NEPS	National Educational Psychological Service
NHS	National Health Service
NQT	Newly Qualified Teacher
MTSS	Multi-Tiered System of Support
PEIN	Prevention and Early Intervention Network
PNS	Parasympathetic Nervous System
PSI	Psychological Society of Ireland
PTSD	Post Traumatic Stress Disorder

SAMHSA	Substance Abuse and Mental Health Service Administration
SEN	Special Educational Needs
SENCO	Special Educational Needs Co-Ordinator
SES	Social Emotional Skills
SET	Special Education Teacher
SNA	Special Needs Assistant
SNS	Sympathetic Nervous System
SSF	Student Support File
TIA	Trauma Informed approach
TA	Thematic Analysis
WHO	World Health Organisation

Abstract

With the increasing awareness of the prevalence and impact of trauma both nationally and internationally, there is a heightened focus on the school environment as an optimal setting for intervention, leading to an increased impetus on schools to adopt a trauma-informed approach (Chafouleas et al., 2016). Trauma-informed schools systemically realise and acknowledge the prevalence of trauma; recognise how singular and complex trauma can impact all stakeholders within the school system and respond through incorporating a comprehensive perspective on trauma that resists re-traumatisaton (Gubi et al., 2019; Substance Abuse and Mental Health Service Administration [SAMHSA], 2014). This study, underpinned by Bronfenbrenner's systems theory, explores school leaders' experience of responding to trauma within the school environment along with the barriers and challenges that are encountered by the school system when responding to children impacted by trauma.

Underpinned by a qualitative research design, this study involved interviews with fifteen school leaders, namely school principals, deputy principals, Special Educational Needs Co-ordinators (SENCOs) and Home School Community Liaisons (HSCLs), in thirteen primary schools. Using reflexive thematic analysis, the data highlighted that while there was awareness amongst school leaders of the prevalence and impact of trauma, knowledge and awareness amongst whole school staff was lacking. School leaders reported increased pressure in responding to the needs of children within their schools, particularly post the COVID-19 pandemic. The study highlighted the need for policy and a framework for practice to ensure effective implementation of a trauma-informed approach in schools. The role of the educational psychologist is identified as key in supporting schools in creating a trauma-informed approach at all levels of the school's ecological system.

Statement of Original Authorship

I hereby certify that the submitted work is my own work, was completed while registered as a candidate for the degree of Doctor of Educational Psychology, and I have not obtained a degree elsewhere on the basis of the research presented in this work

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Chapter 1: Introduction

As students often present and exhibit the impacts of trauma within school environments, a school provides an optimal and logical setting for school leaders, teachers, staff and school-based psychologists to intervene and provide support (Ormiston et al., 2022). This chapter provides an introduction to the research presented in this thesis, which explores trauma-informed approaches (TIAs) within a small sample of Dublin primary schools. The context for the current study and the underpinning theoretical framework is provided. The rationale for the study is outlined along with the research questions. The researcher positionality is provided followed by a summary of the overall thesis structure.

Study Context

Trauma-informed approaches involve intricate practices requiring the implementation of various components at a number of levels within a school system and is regarded as much more than just a simple word or term (Maynard et al., 2019). The approach is multi-layered and is described as a whole system approach that must apply to every sphere of an organisation for it to be fully embedded (Treisman, 2017). In practice, to be trauma-informed requires a cultural shift from asking "What's wrong with you?" to asking, "What happened to you?", and follow through with "How has this affected your life?" and "Who is there for you?" (National Health Service [NHS] Highland, 2018). The Substance Abuse Mental Health Service Administration (SAMHSA, 2014), a US organisation credited with providing the blueprint for a systemic adaptation of a TIA, sets out four key principles that are core to its implementation. SAMHSA describes a trauma-informed system as one that:

> **realises** the widespread impact of trauma and understands potential paths for recovery, **recognises** the signs and symptoms of trauma in clients, families, staff and others involved with the system, and **responds** by fully integrating knowledge about trauma into policies, procedures and practices and seeks to actively **resist re-traumatisation**. (SAMHSA, 2014, p.9)

Trauma has no boundaries with regards to age, gender, socioeconomic status, race, ethnicity, geography, or sexual orientation and is now recognised as a global health pandemic (Avery et al., 2022; Felitti et al., 1998; Merrick et al., 2018; SAMHSA, 2014). The World Health Organisation (WHO) estimates that 250 million children globally fail to reach their potential due to early childhood adversity (Prevention & Early Intervention Network [PEIN], 2019). It is well documented that traumatic experiences amongst children increase the likelihood of challenges relating to emotional regulation, self-soothing, learning, and social engagement, all of which can inhibit a young person's capacity to successfully engage with others and succeed in the school environment (Porges, 2022; Siegel & Bryson, 2012; The National Child Traumatic Stress Network [NCTSN], 2014; van der Kolk, 2005). Concern regarding the education and well-being of students who have experienced childhood adversity is on the increase along with acknowledgement that schools are finding it challenging to respond to the often quite challenging presentations of such students (Howard, 2018). In addition to this, the negative and vicarious impacts on staff and school leaders working in challenging school environments further highlights the need for systemic change (Greig et al., 2021). In response to the needs of the school community, a trauma-informed approach has been steadily growing internationally as a way of enhancing an understanding of the nature and consequences of trauma and in building emotionally healthy whole school and classroom environments (SAMHSA, 2014). Howard (2018) contends that many school environments have children who have experienced trauma which would benefit hugely from a systemic TIA to their education.

As discussed in greater detail in chapter 2, the definition of trauma within the medical field is very clear. However, a lack of congruency around the terminology and identification of trauma amongst children is contentious, creating an element of confusion as

systems attempt to shift toward a trauma-informed culture and respond to the needs of children. “Adverse Childhood Experiences”, “complex trauma”, “developmental trauma” along with other terms such as “child trauma,” “childhood traumatic events,” “childhood adversity,” “childhood stressors,” “toxic stress,” are all terms generally used throughout the literature to describe bad things that may happen to children (NCTSN, 2021). Furthermore, within ecological systems, language such as “trauma-informed”,” trauma-aware” or “trauma-sensitive” approaches are all used interchangeably to describe approaches used in schools and other sectors that generally reflect a knowledge of the impacts of traumatic experiences on both brain development and attachment (Greig et al., 2021; Southall, 2023). However, a TIA model sets itself apart in that it is a multi-level, whole-school approach that requires an organisational shift in culture as opposed to discrete, isolated school-based interventions (O’Toole, 2017).

Teachers and school-based staff play an integral role in the overall well-being of children and are well placed to identify changes in a child’s presentation (Collier et al., 2020). Furthermore, the school is very often identified as a community hub for families who depend on the guidance and security of the school in many regards (Greig et al., 2021). Therefore, the school is in a prime position to provide protective factors to offset the impacts of childhood trauma and build resilience through promoting positive healthy relationships and teaching social-emotional skills (Wilson-Ching & Berger, 2023).

Trauma-informed approaches are challenging to embed and there is a wide variation of practice in schools, with O’Toole and Dobutowitsch (2022) suggesting that many of the interventions implemented are not wholly grounded in trauma-informed approaches or promote any shift in school culture; rather the focus being on reducing characteristics of trauma. While evidence-based trauma-specific interventions in classrooms or special

educational teaching settings are beneficial, they are not sufficient in fully realising the potential positive outcomes of trauma-informed school approaches (SAMHSA, 2014). Children's responses can often be interpreted in behavioural terms, as symptoms of a disorder that needs to be treated rather than strategies that the child has learned in order to ensure their survival throughout these circumstances (O'Toole, 2022; van der Kolk, 2005).

Theoretical Framework: Ecological Systems Theory and Attachment Theory

With growing research highlighting the prevalence, consequences, and societal cost of trauma, there has been an increased emphasis on creating trauma-informed systems in schools (Maynard et al., 2019). While traditionally the causes of mental illness were reduced to biological factors, a bio-psycho-social model has become increasingly dominant in mental health, acknowledging that the human condition is complex. The bio-psycho-social model first used by Engel (1977), highlighted the limitations of a biomedical model which omitted key social, psychological and behavioural elements and relied solely on measurable biological factors that provided a narrow, reductionist focus. Engel (1977) contended that in order to understand the causes for disease and devise robust plans of treatment and health care, other factors needed to be considered such as the social context in which the individual lives and the subjective experience. Twenty-seven years after Engel first proposed the bio-psycho-social model, its approach has been adopted within many fields, including education and psychology. A bio-pyscho-social approach is described by the National Educational Psychological Service (NEPS) as an approach that is "determined by interrelated and interdependent biological, psychological and socio-cultural factors" (NEPS, 2010, p.8; O'Toole, 2017). A bio-psycho-social framework underpins this research which considers the overall broader psychological, social and cultural factors that potentially impact the individual child, including those influences within the school environment (Engel, 1977).

Positioned more specifically within this overarching framework is ecological systems theory, exploring through a bio-psycho-social lens, the impact the school system potentially has on the child through the culture, policies and practices employed (Collier et al., 2020). Attachment theory is also considered as the role of secure, safe relationships in the educational setting is integral in effectively relating to students (Gherardi et al, 2021).

This study is underpinned firstly by Bronfenbrenner's ecological systems theory, exploring the school as a dynamic ecological setting and its potential to systemically respond to children's needs through a trauma-informed approach. In turn, fundamental to a trauma-informed approach is attachment theory, acknowledging the key role all stakeholders within the school ecological system have in the promotion of secure attachment, connection and security along with recognising the impact of childhood adversity and insecure attachment on children's presentation in the school environment (Collier et al., 2020; SAMHSA 2014). Therefore, embedding a trauma-informed approach within the school setting requires a systems approach but also attachment awareness throughout all layers of the school's ecological system (Collier et al., 2020). The rationale for the use of systems theory and attachment theory are discussed in greater detail below.

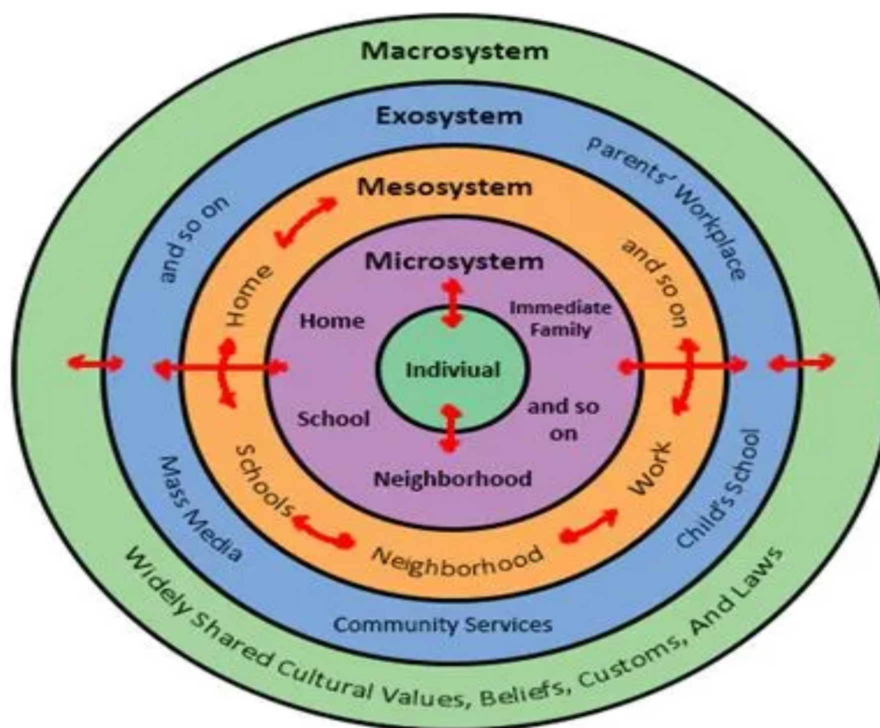
Systems Theory

Bronfenbrenner's ecological systems theory ''provides the most comprehensive theoretical construct to date with which to investigate belonging in an organisational setting such as a school'' (Allen & Bowles, 2012, p.110). It considers the broader context of the school environment in creating a sense of belonging and responding to children's needs, along with highlighting the complexity and influences of everyday life on the human condition (El Zaatari & Maalouf, 2022; Hayes et al., 2017). Bronfenbrenner (1979) was concerned with "how environments change and the implications of this change for the human

beings who live and grow in these environments" (p.439). Systems theory highlights how the child's relationships in every setting is heavily impacted by relationships in other settings, emphasising the impact of interacting ecological systems on the developing child (Anthony, 2022; Hayes et al., 2017). Bronfenbrenner contextualised influencing factors on the developing child within nested systems of influence, placing the child at the centre, surrounded by relational systems as illustrated in Figure 1 (Hayes et al., 2017).

Figure 1

Bronfenbrenner's Ecological Systems Theory



Source: Bronfenbrenner (1979)

As illustrated in Figure 2, the school system can be viewed as part of a child's overall ecological system, but also as an ecological entity in its own right. For a school to become truly trauma-informed, it requires a shift from solely focusing on the "within" child to the school as a system of intervention (MacLochlainn et al., 2022). Collier et al., (2020) applied

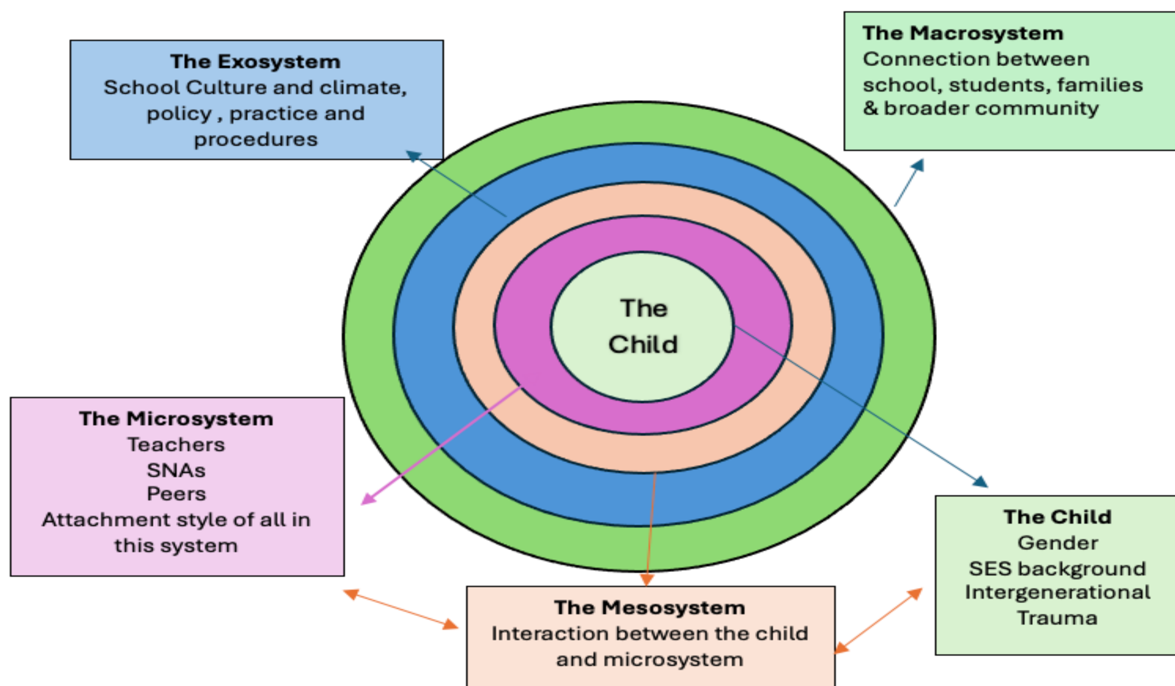
Bronfenbrenner's model to the school ecological system to explore the impact the school environment has on the child who has experienced developmental trauma. The core cylindrical model begins with the individual child and the impact of the child's relationships with caregivers, which also considers caregivers' own history of trauma (Collier et al., 2020). At this level, a number of factors are considered including the student's gender, migration background and socio-economic status. Factors such as poverty, unemployment and socio-economic status are all risk factors for child maltreatment in the home environment which in turn can impact on academic and socioemotional difficulties within the school environment (Saxer et al., 2024; Scannapieco & Connell-Carrick, 2005). Other factors such as caregivers' own potential experiences of trauma and the impact this may have on the child within the school environment is also considered (Collier et al., 2020). Children who are exposed to, for example, alcoholic parents or domestic violence rarely have secure childhoods which may result in later development of stress, medical illnesses and impulsive and/or self-destructive behaviours (van der Kolk, 2005).

The microsystem focuses on the interrelationships between the individuals within this sphere, examining how the child, their peers, teachers and other key adults such as special needs assistants (SNAs) respond and interact with one another. The dynamics of these relationships depend on the personal characteristics of both the adult and child, and indeed their respective individual attachment style (Hayes et al., 2017). The exosystem reflects the entire school, the ethos, policy, practice and model of care reflected in all staff, in essence the school culture and climate, and the place where the fundamentals of trauma-informed care are grounded. The largest sphere in this system is the macrosystem and highlights the connection

between the school, students, families and the broader social, cultural and community context (Collier et al., 2020).

Figure 2

School Ecological System



The expectations or influences within any one area of the school's ecological system may affect the practices in another area, for example, if the expectation of the macrosystem is the promotion of a nurturing, positive approach to children, this may guide the school exosystem to employ such approaches (Collier et al., 2020). Moreover, the decisions and influences within the macrosystem and exosystem can impact teachers' views, perceptions and practices within the classroom. In essence, shifts and approaches within the school system are bi-directional and reciprocal (Bronfenbrenner, 1979).

The role of the educational psychologist within the school ecological system has evolved over time, from one perceived by schools as the assessor and gatekeeper of resources

to a facilitator of consultation, supporting schools in the promotion of well-being for students and staff at multi-tiered levels of intervention (Holland & Fitzgerald, 2023). Psychologists have a unique position within school systems, working on-site within schools, enhancing psychologists' potential to be effective facilitators and collaborators in establishing a trauma-informed approach across all layers of the school system. Their role creates opportunities for liaising with all stakeholders across the school's ecological system; including school leadership, staff, parents, and external services, who all contribute to creating a trauma-informed approach.

Attachment Theory

Complex trauma, which is interpersonal in nature, frequently occurs in the care of loved ones, whom the young person depends on for love, nurture, and protection (Howard, 2018). Therefore, interwoven alongside ecological systems theory, is attachment theory, providing a context in which the quality of the relationship between the child and caregivers impacts subsequent relationships and presentations in other environments, namely the school environment. In addition, of growing significance, the attachment bond between the child and teacher is also considered as influential. The important role of school staff in providing a secure, safe and nurturing school environment can be transformative to a child's well-being (Brooks, 2020).

Attachment theory, through the work of Bowlby, has long proved to play a major role in understanding how the quality of early and continuing close relationships, including those with educators, affect children's emotional development, interpersonal style and social behaviour (Howe, 2011). Bowlby explored the fundamental impact of the infantile bond on lasting relationships that young children form with one or more adults; specifically, a child's sense of security and safety when in the company of a particular adult (Bosmans et al., 2022).

A sense of safety is created through a process of co-regulation between the caregiver and infant, providing the neurophysiological foundations for attachment (Porges, 2022). The role of the caregiver includes modulating responses to stress and disturbances in care environments that are perceived as threatening; for the developing brain, this social interaction is deemed more important than that of the physical environment (Gunnar & Quevedo, 2007; van der Kolk, 2005). This early attachment, acting as a type of template or internal working model for subsequent relationships, wires within the child a set of expectations and beliefs about the self, thus influencing the quality of later attachment relationships. The internal working model helps develop strategies to guide and support the structure of cognition, language and behaviour, both adaptive and maladaptive (Cassidy et al., 2013; Kennedy & Kennedy, 2004). Early loving interactions between the caregiver and infant releases an anti-stress hormone known as oxytocin which promotes social bonding. Conversely, neglect can be described as an impoverished relationship between the parent and child, and when caregivers fail to nurture and bond with their child, it can alter children's behaviour and later presentations socially and emotionally (Scannapieco & Connell-Carrick, 2005). Studies on infant brains indicate that when the stress hormone cortisol is frequently released in response to fearful situations, this can also change the structure of the baby's brain (Hayes et al., 2017). Further to this, evidence suggests that increased levels of cortisol by the pre-school years predict increased behavioural and emotional problems when children are of school going age (Gunnar & Quevedo, 2007).

Secure attachment is associated with greater levels of emotional regulation, social competence, and willingness to take on challenges (Bergin & Bergin, 2009). Hidden needs in those insecurely attached can stem from a variety of sources, including exposure to Adverse Childhood Experiences (ACEs) (Downey, 2007). Insecurely attached children can have

difficulty relying on others for assistance and regulating their own emotional states, resulting in heightened levels of anxiety and anger (van der Kolk, 2005).

Although Bowlby's original work focused on the mother-child relationship, the impacts of other influential attachment figures, including educators, known as attachment-relevant figures, or secondary attachment figures, are now widely accepted as playing a key role (Veríssimo et al., 2017). We now understand that while early attachment experiences are crucial, attachment style can be fluid and amenable across the life course (Hayes et al., 2017). As children enter school settings from diverse backgrounds, with a diverse array of experiences, it is imperative that teachers are sensitive to this diversity and are prepared to meet the needs of the children in their classrooms (Veríssimo et al., 2017). Teachers, particularly those working with children in vulnerable communities, may be the only stable caring adult in the student's lives (Sweetman, 2022). Educators' understanding of their role as a potential buffer to the developmental impact of stress is integral in effectively relating to students, particularly challenging students (Downey & Greco, 2023).

Rationale for Study

Globally, there is a continuing growing recognition of the impact of trauma and ACEs on children and the school environment (Maynard et al., 2019). Research has highlighted the need for a response to ACEs within systemic frameworks, particularly those ACEs that account for the influence of family, close relationships and social systems within the socio-ecological environment (Flynn et al., 2023; O'Toole, 2022; O'Toole & Dobutowitsch, 2022; SAMHSA, 2014). The role of secure, safe relationships in the educational setting in effectively relating to students, particularly challenging students, is integral to wellbeing and future outcomes (Saxer et al., 2024). Research has demonstrated the links between experiences of trauma and emotional and behavioural needs in children, highlighting schools

as a critical system to deliver support and interventions to address childhood trauma (Diggins, 2021).

A scoping review examining the facilitators and barriers to the implementation of school-wide TIAs and school-based trauma-specific interventions through a thematic analysis and framework synthesis of 57 studies, identified five main themes that are key to guiding the implementation of a TIA, namely, professional development, implementation planning, leadership support, engagement with stakeholders, and whole staff buy-in (Wassink- de Stigter et al., 2022). Further to this, a lack of a specific set of prescribed interventions to guide successful implementation is a further challenge for schools (Wassink- de Stigter et al., 2022). At a basic level, whole staff within a school system need to have a basic understanding of trauma and how trauma affects student's learning and presentation in the school environment; in essence the first two "R's" of SAMHSA's framework, the ability to realise the prevalence of trauma and recognise its signs and symptoms (Chafouleas et al., 2016; Diggins, 2021; SAMHSA, 2014). Effective school leadership is a key factor in this process.

In the absence of policy or framework for practice in relation to TIAs in the Republic of Ireland, many schools have recognised the need for change within their own schools and have attempted to initiate their own journey through staff training and changing practices (O'Toole & Dobutowitsch, 2022). It is unclear as to how and what schools are implementing in response to the complex needs of children and, in the absence of a framework, approaches are likely to be varied from school to school (Maynard et al., 2019). This research seeks to explore school leaders' experiences in responding to the needs of children experiencing trauma and the potential role of educational psychologists in supporting systemic change.

Research Questions

As there is no consistent, school-wide framework for understanding complex trauma and trauma-informed practice in Irish schools, or any prior impetus towards developing an explicit systemic approach, the aim of this research was to explore trauma-informed approaches in primary schools in order to ascertain what is considered important in developing a school-based framework. In particular, the research aimed to explore the experiences, training and support needs of primary school leaders in terms of supporting students who have experienced trauma, with due consideration given to the organisational processes of the school, including barriers and facilitators to its implementation and sustainability. The specific objectives of the research were to:

1. To examine school leaders' experience of working with children experiencing trauma and their sense of efficacy in responding to the needs of children
2. To explore the extent to which trauma-sensitive policies, practices and strategies are in place in school settings
3. To determine the challenges and barriers that school leaders' experience in respect of responding to student trauma

Significance of Current Research

At the time of embarking on this research, there was no other research specific to school leaders' experience of trauma in the Irish context. Since then, one study which involved interviews with ten primary school principals who had experience in responding to children experiencing trauma within DEIS (disadvantaged status) schools in urban areas in a western region in Ireland was completed as part of a PhD study. It is hoped that the current research will contribute to and complement that research. Although the research topic is similar, the demographics, participants, research questions, and timeline differ. This research

was carried out in the eastern region of the country, namely County Dublin, whereby school leaders were invited to take part in the study, regardless of expert knowledge of trauma. Research questions focused on specifics such as the experiences of school leaders and practices and policies that are in place in schools to respond to trauma along with perceived barriers to implementation. Further to this, the current study was carried out post the COVID-19 pandemic. This research has an opportunity to explore the transferability of previous findings in order to gain an in-depth understanding of how well the findings are supported by school leaders in the eastern region of the country and provide further evidence for the implications of the role of the educational psychologist. As psychologists are increasingly supporting schools through a trauma-informed lens, it is hoped that this research will highlight areas of need amongst school leaders that will inform psychologists' future direction in supporting schools.

Researcher Positionality

For sixteen years I have worked for the Department of Education, firstly as a primary school teacher and then as an educational psychologist in the Dublin region. My work as a psychologist began in the Education Training Board (ETB) which at the time, provided a service to adolescents attending secondary school, Early School Leavers (ESLs) attending youth reach services and adult education. Since this time, they have extended their service in providing support to primary schools. My current position as a psychologist in the National Educational Psychological Service (NEPS), provides a psychological service to primary, secondary and special schools.

My interest in the area of trauma developed through my work in supporting school leaders and staff who were reporting high levels of children presenting with behavioural and regulation challenges, particularly in primary schools. There appeared to be an increasing

culture of referring children for assessment, a “within child” problem which could be somewhat alleviated with a label of a disorder or diagnosis of, for example, Attention Deficit Hyperactivity Disorder (ADHD). Following consultations with parents and school staff regarding the needs of the child, it became frequently evident that both parents and children had been exposed to many ACEs, which was potentially impacting on both the child’s presentation in school and their ability to engage with the class on a daily basis. This piqued my interest in schools’ approaches and their response to children experiencing trauma in the school environment, which anecdotally I found varied significantly depending largely on the leadership of the school. Some school leaders placed emphasis on building teacher capacity and creating systemic change through fostering a trauma-informed approach while others employed many trauma-sensitive practices in their efforts to address the issues, whereas others advocated heavily on behalf of the child for “expert services” in the absence of addressing systemic challenges. It was my view that irrespective of whether or not some children received a diagnosis from clinical services, schools still needed to support the challenges of the “diagnosis” within the classroom environment on a daily basis. Research indicates that behaviours in the classroom such as withdrawn presentations, aggression, self-injurious behaviour or defiance may potentially be the child’s reaction to a reminder of trauma experienced, which when misunderstood, can lead to mislabelling, misdiagnosis or eligibility for special education under the remit of an emotional disability (Ormiston et al., 2022). This led to my interest in exploring this area of trauma-informed approaches through the lens of school leadership. My experiences also called for personal reflection on my role as a school psychologist and the need to support and advocate for systemic change toward creating trauma-informed environments.

Both nationally and internationally, the education system has shifted away from an assessment-diagnoses approach or what Chafouleas et al., (2016) describe as the historical model of “refer-test-place”, prioritising students for support, testing for deficits and then placing/granting eligibility accordingly. The limitations and risks of diagnostic assessment and labels to inform specific interventions and expectations for pupils along with the over-identification of learning/behavioural difficulties among minority and disadvantaged groups has been well documented (Banks & McCoy, 2011; National Council for Special Education [NCSE], 2010). As an educational psychologist, I adopt a bio-psycho-social and neuro-affirmative approach to my work which reflects the principles of a trauma-informed approach in its strengths-based ethos. Throughout this research, particularly within the literature review, there is reference to many studies that use medicalised and deficit-oriented terminology. While these studies are pertinent to this current research, it is important to emphasise that it does not reflect my position, views, or practice as a psychologist.

Thesis Structure

Chapter One provides the contextual information for the present study. Chapter Two, Literature Review, explores the literature in relation to trauma and trauma-informed approaches in schools. Chapter Three, Methodology, provides a detailed description of the research methodology employed. Chapter Four, Findings, documents the findings of the study which are presented in alignment to the three research questions. In Chapter Five, Discussion, the research questions are discussed in light of the findings with reference to the literature and due consideration given to the limitations of the study and implications for future research and the work of educational psychologists.

Conclusion

This chapter has provided an introduction to the current research, outlining the context of study, along with the theoretical frameworks used to guide the research. The chapter also outlined the rationale for the study, followed by the research questions. The following chapter will provide a synthesis and critique of the key literature relating to definitions and school leaders' experience of trauma within the school environment.

Chapter 2: Literature Review

Introduction

This research relating to a trauma-informed approach in supporting students within school environments is underpinned by systems theory and attachment theory (Bronfenbrenner, 1979) which, within the context of this study, acknowledges the ecology of the school system as an influential social structure and recognises the impact trauma can have on attachment and in turn children's challenges with self-regulation and interpersonal relatedness within the school environment. (Collier et al., 2020, Cook et al., 2005). Given the dynamics within any school ecology, no two schools are the same. Therefore, this study is an exploration of school leaders' views and experiences in responding to the needs of children who have experienced trauma within their respective school environments. The evolving definition of childhood trauma, its prevalence and pervasive impacts, particularly on the young brain, are firstly explored. As systems and organisations internationally attempt to respond to trauma, the origins of trauma-informed approaches and international frameworks for practice are evaluated before an exploration of its application to the school system. The chapter concludes with a critical review of the national literature on trauma, the challenges in responding to trauma within the Irish school system as well as consideration for the potential contribution of educational psychology in supporting schools in responding to the impact of trauma.

Approach to Literature Review Search

A narrative literature review was completed which endeavoured to provide a comprehensive synthesis of literature relevant to the research topic. While the studies included were not identified using systematic literature review tools such as PRISM (Preferred Reporting Items for Systematic Reviews) or by applying quality appraisal tools

such as QuADS (Quality Assessment with Diverse Studies), the search strategy employed aimed to reduce bias and subjectivity in the selection of studies. Electronic databases, such as University College Dublin (UCD) Library One Search, PsycINFO, ERIC, Web of Science, EBSCOhost and JSTOR were used within this study to explore topics in which extensive research had been conducted. Studies were included if the articles were accessible, included specific keywords, and after reviewing the abstracts were perceived as being relevant to the study. Several Boolean search strings were conducted relating to different sections of the literature review.

The first search string focused on the literature surrounding ecological systems theory and attachment theory to provide a theoretical basis and contextual background to the study and included key inclusion terms such as 'ecological-systems theory', attachment theory' AND 'trauma' AND 'children' AND 'schools'. In addition, publications such as SAMHSAs 'Concept of Trauma and Guidance for a Trauma-Informed Approach' (2014) were pertinent in providing a foundational framework for reference to a trauma-informed approach throughout the study. The second search string focused on trauma, its definition, prevalence and impact on the developing child, and in turn its presentation within school environments and included key words such as 'trauma', OR 'childhood trauma', OR 'complex trauma', OR 'developmental trauma disorder', OR 'adverse childhood experiences', AND/OR 'impacts of trauma'. The third search string focused on the application of a trauma-informed approach internationally and included key words such as 'school leaders', AND/OR 'trauma-informed approaches', AND/OR 'trauma-informed schools'; AND/OR 'trauma-informed education'.

Literature was included if it was written in English, published between 2003 and 2023 and was perceived as being relevant to the research topic. Where research prior to 2003 was perceived as seminal (e.g. Felitti et al., 1998) it was included in the literature review. The literature review was conducted initially in June 2023, with the search being updated throughout the study. Some additional studies were located through snowball sampling of references from the original search results. Hand searches were completed for articles such as those published by the Department of Education between 2019 and 2024. Other relevant materials such as books were sourced through library searches. Exclusion criteria included non-peer reviewed articles, articles not written in English and those perceived as not being relevant to the research topic.

Defining Childhood Trauma

van der Kolk (2005, p.206) contends that the "The question of how best to organise the very complex emotional, behavioural and neurobiological sequelae of childhood trauma has vexed clinicians for decades". Over the years, there has been much academic and clinical debate on the best ways to conceptualise trauma, particularly when experienced by children. Definitions and diagnoses lack alignment internationally, which across the literature, tends to be varied and complex (Hoover, 2015; Virginia Commission on Youth, 2017). While there are many descriptions of trauma, generally there is a distinction between an isolated incident, such as a car accident, which can be referred to as single-incident trauma and that which can be described as complex trauma, involving repeated interpersonal threats, e.g., all forms of abuse and violence (O'Toole, 2022). The main types and definitions of trauma cited throughout the literature are outlined in further detail.

Defining Psychological Trauma

Diagnostically, there are two main sets of international criteria that are used to guide definitions and assessment of mental health disorders. The International Classification of Diseases-11th Revision (ICD-11) is the official world classification of disorders within medicine which contains a section in relation to psychiatric disorders named, "Mental and Behavioural Disorders" (Tyrer, 2014; WHO, 2019). The second classification, the Diagnostic and Statistical Manual (DSM), is the official classification used in the United States along with many other international countries for clinical diagnosis of mental disorders specifically (American Psychiatric Association [APA], 2013). In 1980, trauma was officially acknowledged when in its third edition of the DSM-3, the APA introduced and defined the term Post-Traumatic Stress Disorder (PTSD) within the anxiety disorders category (Friedman, 2013). A PTSD diagnosis was generally attributed to catastrophic stressors that occurred outside of the individual's control such as war, torture, natural disasters and human-made disasters (Friedman, 2013). In the most recent revision of the DSM, the DSM-5 (APA, 2013), PTSD was removed from the anxiety disorders category, along with Acute Stress Disorder and placed into a new diagnostic category titled "Trauma and Stressor-Related Disorders". The diagnosis of disorders within this category are unique in that they all require an exposure to an extreme stressor as a diagnostic criterion (APA, 2013; Howlett & Stein, 2016; Pai et al., 2017; Virginia Commission on Youth, 2017). However, those children that receive a diagnosis of PTSD or Acute Stress Disorder may display other symptoms such as guilt, despair or hopelessness, outside of this diagnostic category, where diagnosis such as depressive disorder may be more appropriate (Virginia Commission on Youth, 2017). This category alone does not capture the full range of challenges that may be experienced by the

individual, with up to 80% of those with a diagnosis of PTSD likely to meet the criteria for one or more other disorders (APA, 2013).

The DSM-5 currently defines trauma as an "exposure to actual or threatened death, serious injury or sexual violence", exposure referring to an individual directly experiencing the event, witnessing the event, learning the event happened to a close family member or a friend, or experiencing repeated or extreme exposure to aversive details of the event (APA, 2013). The DSM-5 has narrowed its definition of trauma and removed the criterion of "threat to physical integrity" and the subjective personal response of "intense fear, horror and hopelessness" which were part of the DSM-IV criterion (Pai et al., 2017). Trauma symptoms for PTSD are only to be considered when there was an exposure to an event, a prerequisite in determining PTSD (APA, 2013). A new subtype in this category, PTSD Preschool Subtype, is used to diagnose children younger than six years of age, predominantly through parental reports of behavioural presentations such as restless sleep, temper tantrums, or decreased participation in play. A second subtype included in the DSM-V is Dissociative Subtype, combining symptoms of PTSD with depersonalisation and ongoing feelings of detachment from either the body or mind (Bradley et al., 2023; Virginia Commission on Youth, 2017).

Children are most vulnerable in early childhood to the impacts of trauma, particularly when it occurs within the family or with trusted caregivers (Lawson & Quinn, 2013). Trauma is a possible outcome of exposure to adversity but not all stressful events involve trauma as defined by the DSM or ICD. Psychosocial stressors in the absence of an immediate threat to life or serious injury are not considered "trauma" within the DSM or ICD (Pai et al., 2017). The next section further outlines the concept of trauma as defined by Herman (1992) and van der Kolk (2005).

Defining Complex Trauma

Complex trauma, a term first used by Herman (1992), is a result of early and often repeated exposure to interpersonal stressors including emotional abuse, physical abuse, sexual abuse, neglect and/or witnessing family violence described primarily in adult samples (DePierro et al., 2022). It frequently occurs in childhood or adolescence within the caregiver system, which can interfere with the later development of secure attachment, resulting in difficulties in self-regulation and interpersonal relatedness (Cook et al., 2005; Lawson & Quinn, 2013). In contrast to PTSD, complex trauma is not limited to an isolated event and acknowledges that trauma can be repeated and chronic (Wamser-Nanney, 2016). A study examining PTSD and co-occurring disorders among preschool-aged children (n = 60, ages 3-6) and their caregivers who had been exposed to Hurricane Katrina, found that 88.6% of those children presenting with PTSD also presented with at least at least one other co-occurring disorder such as Oppositional Defiant Disorder and Separation Anxiety Disorder in addition to PTSD (Scheeringa & Zeanah, 2008). In 2018, the WHO included the term Complex PTSD into its ICD-11 nosology which still required the presence of the original presentation of PTSD while including additional symptoms of emotional dysregulation, negative affect and interpersonal challenges (UK Trauma Council, 2023). Research by Redican et al., (2022) in Northern Ireland examining the prevalence, validity, risk factors, and psychopathology associated with ICD-11 PTSD and Complex PTSD amongst youths (n = 1293, 11-19 years old) indicated that Complex PTSD had a higher prevalence rate in young people than PTSD. The presence of PTSD was 1.5% (n = 19) and the prevalence of CPTSD was 3.4% (n = 44) amongst respondents. The most common traumas were serious accidents or injury, witnessing violence at school or in the community and the sudden death of a loved one. For 30 years, day to day life in Northern Ireland was impacted by civil violence and the

social context of this study also highlights the impact of potential transgenerational trauma from the times of “The Troubles" in the North (Ferry et al., 2014).

Complex PTSD, not complex trauma alone, is now recognised by the NHS in the UK and is being increasingly used amongst professionals to capture the full picture of multiple chronic traumatic events in early childhood, unlike PTSD alone which focuses on one single traumatic event (Brooks, 2020). This recognition of complex trauma within the UK jurisdiction highlights the need for systems to robustly identify, document, understand and treat complex trauma (Gubi et al., 2019).

Defining Developmental Trauma Disorder (DTD)

Developmental Trauma Disorder (DTD), coined by Dr. Bessal van der Kolk in 2005, is contextualised as a “catch all" diagnosis that captures the pervasive effects of trauma on child development (Brooks, 2020; DePierro et al., 2022; van der Kolk, 2005). van der Kolk (2005) argued that a diagnosis of PTSD amongst children is not developmentally sensitive in its failure to consider the impacts of trauma on the developing young brain over critical periods. van der Kolk (2005) stated that children who have experienced multiple forms of abuse can experience developmental delays including cognitive, language, motor and social skills and other diagnoses in adolescence and adulthood such as substance abuse, eating disorders and personality disorders. Developmental Trauma Disorder was rejected by the APA (2013) DSM-5 working group for inclusion in its classification system as it was deemed too inclusive of other diagnoses and lacked a convincing evidence base (DePierro et al., 2022). This omission poses challenges when diagnosing young children in ensuring that they receive the appropriate interventions and care plans (Collier et al., 2020). Despite an unsuccessful effort to have it recognised in the DSM, DTD is increasingly being used as a

diagnostic framework to treat attachment and trauma disorders in the UK and USA (Brooks, 2020).

Defining Adverse Childhood Experiences (ACEs)

Adverse childhood experiences (ACEs) are defined as potentially traumatic experiences that occur in childhood which can potentially create toxic stress (Flynn, 2022; Wassink- de Stigter et al., 2022). Toxic stress can be described as an "extreme form of stress that occurs when individuals are exposed to high levels of adversity and trauma on an ongoing basis", particularly when it is experienced during periods of rapid brain development (Early Intervention Foundation, 2020, p.11; Gunnar & Quevedo, 2007).

The first ACE study (Felitti et al., 1998) measured the prevalence of childhood trauma amongst the general adult population and evaluated the relationship between experiences of trauma and subsequent negative health experiences in later life such as disease risk factors, quality of life, utilisation of health care and mortality. The study involving Kaiser Health Plan members (n = 17,000) drawn from the San Diego area of the USA, demonstrated associations between childhood exposures to ACEs and health risk behaviours, health status and diseases in adulthood. A strong "dose relationship" was found between the breadth of exposure to abuse or household dysfunction during childhood and multiple adult health risk factors such as smoking, drug use and sexual behaviours to several of the main leading causes of death in the US (Felitti et al., 1998). The concept of the "dose-response" refers to the phenomena that the more ACEs a person is exposed to, the higher their susceptibility to engage in health-risk behaviours as a coping strategy which results in health difficulties later in life; associations with diseases such as heart disease, cancer, chronic lung disease, skeletal fractures, liver disease, and poor self-rated health described as "strong and cumulative" (Felitti et al., 1998, p.251). Adverse childhood experiences are traditionally referred to as a set of ten traumatic

events (see Figure 3) occurring before the age of eighteen that increase the risk of adult mental health problems and debilitating diseases.

Not all ACEs fit the criteria of a traumatic event as defined by the DSM-5 or ICD-11 as there is no direct exposure to actual death, serious injury or sexual violence (APA, 2013; WHO, 2019). However, this does not exempt a child from experiencing toxic stress which can have a pervasive impact on a child's developmental trajectory across all aspects of functioning including physical health, cognition and social, emotional functioning (NCTSN, 2017; Wassink- de Stigter et al., 2022). It also highlighted the need for a move away from purely medical approaches when considering the challenges experienced by individuals and incorporating more of an understanding of bio-psycho-social factors in formulations (Felitti et al., 1998).

Figure 3

10 Original Adverse Childhood Experiences

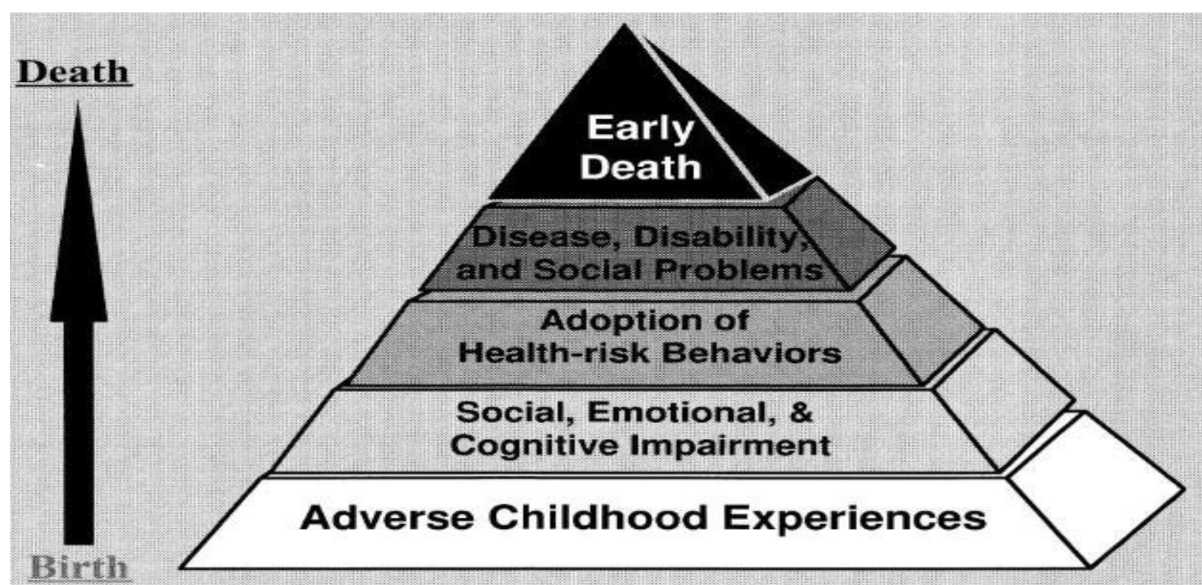
Source: NHS Highland (2018)

The first five ACEs reflect various forms of maltreatment caused by a parent or caregiver including physical abuse, sexual abuse, psychological abuse and neglect which are known to harm children and are punishable by law (Amussan et al., 2021; Felitti et al.,1998). The other five relate to family-level challenges such as domestic abuse, parental mental illness, substance abuse, parental incarceration and parental separation (Early Intervention Foundation, 2020).

Felitti et al., (1998) acknowledged that the prevention of ACEs would be challenging but cited societal changes to improve the quality of family and household environments during childhood as imperative. This large-scale survey had implications internationally for policy makers as it highlighted not only the prevalence of ACEs and its associated health outcomes (see Figure 4), but also the potential that early intervention may have on reducing health care costs in the long term and intervening in the life trajectory of the youth population (Spratt et al., 2019).

Figure 4

Potential Influences of Adverse Childhood Experiences Throughout the Lifespan



Source: Felitti et al., (1998)

Twenty years following Felitti et al. (1998) seminal research, much subsequent international research has supported similar findings. Merrick et al., (2018) provided updated research on the prevalence of ACEs across 23 USA states using a large, diverse, and representative sample of adults (N = 214,157; 51% female, 49% male) through a telephone survey. Findings indicated that 61% of respondents had experienced at least one ACE with almost 25% reporting three or more ACES. Higher ACE scores were reported among those who identified as Black or multiracial, those who had not completed high school, were unemployed or earned less than $15,000 a year along with those who identified as gay or lesbian. The most common ACE experienced was emotional abuse, followed by parental separation and household substance abuse. This research highlighted that ACEs are common across all socio-demographics, but to a higher degree in some populations than others (Merrick et al., 2018).

In Australia, the Australian Child Maltreatment Study (2023) identified how many Australians have experienced types of child maltreatment (physical abuse, sexual abuse, emotional abuse, neglect and exposure to domestic violence) and their related outcomes in relation to mental health disorders, health risk behaviours and health subsequent service use. A random sample (n = 8,500, ages 16-65+) found that among the sample of 16–24-year-olds (n = 3,500), 40.2% had experienced one type of abuse, 25.4% have experienced between three to five types of maltreatment, and 3.7% had experienced all five types of maltreatment. Domestic violence, emotional abuse and physical abuse were cited as the top three most prevalent. Parental separation, family mental illness, family substance abuse, and family economic hardship were found to double the risk of multi-type maltreatment. Stark findings in relation to child sexual abuse found an overall higher national prevalence for girls aged between 16-24, reported as being 25.7% more common for girls (one in three) than boys (one

in seven). Child maltreatment was strongly linked to increased risk of experiencing mental health difficulties such as PTSD (5.8x), alcohol use disorder (4.1x) and anxiety disorder (3.3x). In terms of youth health risk behaviours, dependence on cannabis, obesity, and self-harm in the past 12 months were among the highest prevalence. Young people who had experienced child maltreatment were more likely to have accessed health services such as psychiatry, mental health nurses, or have frequent (>6) visits to the GP in the previous 12-month period (Australian Child Maltreatment Study, 2023).

Similar European research found strong graded relationships between the number of ACEs and range of negative outcomes over the life span. An ACE questionnaire which measured the prevalence of ACEs in populations in England (n = 3,885; ages 18-69) and Wales (n = 2,028; ages 18-69) indicated that childhood adversity is widespread, with 48% of adults in England and 47% of adults in Wales having experienced of at least one type of adversity before the age of 18. Multiple (four or more) adverse childhood experiences were reported by 9% of English respondents and 13.5% of Welsh respondents respectively. The prevalence of individual types of adversity shows that childhood experiences of parental separation, direct verbal and physical abuse along with household domestic violence were experienced by a substantial proportion of adults in both populations (NHS Highland, 2018).

The Scottish Health Survey in 2019 was the first time ACE questions were included in a population study in Scotland, providing information on factors relating to and impacting on health. A random sample (n = 6,451; age 18+) was selected from a postcode address file. Findings in relation to ACEs indicated that 71% of respondents had experienced at least one ACE with 15% of respondents having experienced four or more ACEs. Similar to other ACE studies, those with four or more ACEs were more likely to have health harming behaviours

(e.g., smoking) and health conditions (e.g., cardiovascular disease) along with lower mental health wellbeing, than those without ACEs (Scottish Health Survey, 2019).

Across Eastern Europe, an ACE study was carried out in eight countries between 2010-2013, exploring the relationship between the number of ACEs experienced amongst participants with behaviours in young adulthood. Surveys were undertaken in Albania, Latvia, Lithuania, Montenegro, Romania, the Russian Federation and the former Yugoslav Republic of Macedonia and Turkey (n = 10,696, 59.7% female, 41.3% male; ages 18–25). Over half the respondents reported at least one ACE, and 14.6% (n = 1,561) reported experiencing at least three. Those who reported four or more ACEs were more susceptible to health-harming behaviours including attempted suicide than those who had experienced none (Bellis et al., 2014).

A systematic review and meta-analysis including 37 studies (n = 253,719; ages 18+), reiterated the pervasive impacts of childhood adversity and related health implications (Hughes et al., 2017). In all studies, the reported risk was cumulative, and a strong "dose-response" effect was evident, with those experiencing higher numbers of adverse childhood experiences having poorer health outcomes. The strongest relationship has been shown to be between adverse childhood experiences and significant drug use, being involved in violent interactions, and suicide attempt.

A systematic review of literature on ACEs experienced by school-aged youths across international samples (44 included studies) and US samples (52 included studies) were synthesised to identify the nature and prevalence of ACEs, the demographics of samples and populations studied along with the methods used to identify ACEs. Findings indicated that prevalence rates varied considerably by the types of ACEs and the context or setting in which the information was gathered. However, almost two thirds of youths experienced significant

adverse events no matter where they resided across the world. The review highlighted the need for future research to include the importance of clarifying ACEs exposure and measures used to quantify such events to allow for future cohesive review of findings internationally (Carlson et al., 2019).

Child disability is a considerable risk factor for experiencing ACEs, with research indicating that children with a disability are at an increased risk of abuse (Early Intervention Foundation, 2020). Quantitative analyses of 154 case files in a Dutch convenience sample exploring the prevalence of ACEs amongst children with intellectual disability (n = 82) and borderline intellectual functionality (n = 52), identified that approximately 20% of children with an intellectual disability and borderline intellectual functioning experienced four or more ACEs. In 81.7% of cases, children with an intellectual disability experienced one ACE as did 92.3% of children with borderline intellectual functionality. In this study, many of the families involved faced multiple and complex problems such as poverty and debt (Vervoort-Schel et al., 2021).

All of the aforementioned research indicates that ACEs are prevalent internationally and are associated with increased risk of pervasive life-long impacts on health-harming behaviours (e.g., early substance use, smoking, alcohol abuse), mental health (e.g., depression, anxiety) and physical health (e.g., cardiovascular disease, obesity, diabetes cancer). Although ACE studies bring their own limitations such as retrospective self-reporting, limitations of the ACE categories itself in omitting structural inequalities and the ethical issue of potentially re-traumatising individuals through recalling and disclosing childhood adversity, research has resulted in increased practitioner awareness of ACEs and a need for more trauma-informed care (Early Intervention Foundation, 2020).

Exposure to ACEs can lead to intense and prolonged activation of the stress response system, which can impact brain development, as well as cognitive, social and emotional functioning in childhood. Porges (2022) contends that developments in neuroscience indicate that repeated exposure to trauma in childhood leads to neurological changes that impact the functioning of the child which is discussed in greater detail in the next section. An understanding of the neuroscience that underpins childhood adversity is imperative for all personnel working with children, including school staff and educational psychologists, to respond effectively to children's presentation within the school environment.

Developments in Neuroscience: Effects of Trauma on Brain Development

The brain is an intensely complex organ composed of 100 billion neurons which are designed to sense, process, store, and act on information gathered from the outside to achieve one common goal, survival (Perry et al., 1995). Threats are filtered and prioritised automatically through the autonomic nervous system (ANS) in the limbic area of the brain (Rose et al., 2016). When there is a feeling of safety, the nervous system is in a state of what is called homeostasis, a physiological function that regulates the body, allowing the individual to become more accessible to others (Porges, 2022). Historically, it had been thought that there are two main components of the ANS, the Sympathetic Nervous System (SNS) which is linked with the "fight/flight" defence response and the Parasympathetic Nervous System (PNS) which is linked with the "rest and digest" response, helping the body to return to normal, or a homeostatic state after a stress response (Porges, 2022). Stress was regarded as being simplistic and binary, activation of the SNS through a fight or flight would lead to the restorative process of the PNS once the threat or perceived threat had passed (Rose et al., 2016).

The PNS was generally thought of as being regulated largely by the vagus nerve which exists at the base of the brain, travelling down throughout the body into many organs (Dykema, 2006). Porges (2011) introduced the Polyvagal theory through his study on the evolution of the nervous system, after which he discovered that there are two main branches of the vagus nerve, hence the term polyvagal (Dykema, 2006; Porges, 2011). His discovery explains how social interactions play a vital role in helping the brain to find safety (Haines, 2015). The Polyvagal theory expanded understanding of the stress response system which was then no longer identified as a SNS/PNS balance system, but rather understood as a system that operates in hierarchical order composed of three neural circuits (Dykema, 2006). This most recently evolved system, named the social engagement system, was identified as playing a key role in stress regulation in its ability to override other nervous system activity (Porges, 2022; Rose et al., 2016). Social engagement has since underpinned many approaches in assisting children to regulate. For example, Dr. Bruce Perry (2017) promotes a "Regulate-Relate-Reason" technique which highlights the importance of social engagement in maintaining connection with the child who has become dysregulated. The second step of the sequence, "Relate" emphasises the importance of adults displaying empathy and attunement in helping maintain connection and a sense of safety and security for the child. Emotion Coaching is another approach which advocates the role of interpersonal relationships, emphasising a need for adults to attune and empathise with the child to foster a sense of security, trust and respect through nurturing relationships and social engagement (Gus et al., 2015).

The three main responses set out by Porges (2011) within the ANS occur in the Reptilian brain system, Mid-brain system and Mammalian brain system, which all originate

in different areas of the brain and respond to stress in order. As outlined below through the Polyvagal theory, the ANS will then decide how to respond based on information received.

Ventral Vagal Social Engagement. The Mammalian brain is the newest system that has been evolved by mammals to control responses in everyday interactions through social engagement and creating a sense of calm (Department of Education, 2022a). It can be referred to as the 'thinking brain' and is responsible for more complex functions such as critical thinking, planning, problem solving and decision making. As described within the Polyvagal Theory, when the ANS is activated, it will firstly draw on social engagement to calm the stress response system, where the individual attempts to engage with others or seeks help when a sense of safety is threatened. It inhibits the stress responses of the older primitive systems by allowing the person to regulate their emotions, self soothe and consider other perspectives before acting through the ventral vagus nerve (Porges, 2011). It relies heavily on the quality of social interactions and the interpretation of facial expressions, voice intonation and gestures which can result in positive or negative visceral responses (Dykema, 2006). If this social engagement system breaks down, then the stress response system will revert to the older defence systems "the newest social engagement circuit is used first; if that circuit fails to provide safety, the older circuits are recruited sequentially" (Porges, 2022, p. 3).

Mobilisation. The Midbrain is part of the limbic system which controls the "fight-or-flight" response to danger. When an individual's nervous system perceives threat, real or imagined, the sympathetic nervous system begins to mobilise and initiates a defence response (Porges, 2011). Senses receive and scan information consciously and unconsciously, known as neuroception, which in turn is processed by the brain automatically to determine if there is a threat (Rose et al., 2016). This information is unconsciously cross referenced against implicit memories from early experiences stored in the brain and conscious explicit memories

that one can recall and recollect (Rose et al., 2016). If the body detects threat, an increase in activity in the SNS results in increased heart rate, blood pressure, breathing, muscle tone, pupil dilation, perspiration and tuning out of all critical information to increase chances of survival (Perry et al., 1995). At this point, the social engagement system has gone off-line and is inaccessible (Porges, 2011).

Immobilisation. The Reptilian brain system is the most ancient and primitive part of the three defence systems and is found at the base of the brain. This system is one of the most important in the new-born infant and is the first to develop, being responsible for regulating cardiovascular and respiratory function where any malfunction is observable (Perry et al., 1995). This is only mobilised in terms of a stress response, when the two previous systems are not available or not serving the response to threat. When danger is perceived, this system will shut down through dissociation and immobilise the body by decreasing heart rate and breathing, known as the "freeze response" or what Porges refers to as the dorsal state, directing the body into a state of survival (Porges, 2022). In primitive times, this dorsal state was one adapted by animals and individuals, feigning death to escape the wrath of predators (Rose et al., 2016). This primitive autonomic stress response is a very useful natural response; however, individuals no longer need to hunt in dangerous environments amongst life threatening wildlife that triggers this stress response system. In today's world, the stress response system is triggered by social, economic and relational dangers including bullying, poverty and loneliness, activating the same autonomic physical responses, fight, flee, or freeze (Rose et al., 2016).

The Importance of Vagal Tone. An individual's vagal tone informs how well one's fight/flight response and vagus nerve are balanced and in-tune to regulate emotional responses and inform behaviours. It is the ability to assess and respond to threats and then

return the body and brain to normal functioning (Rose et al., 2016). For a young child, over the early first months of their lives, there is an increase in vagal tone when the attachment between child and primary care givers is positive (Gunnar & Quevedo, 2007). Young children do not have the capacity to engage in fight or flight; and so, an infant when experiencing stress will cry in order to alert their caregiver, who will fight or flight on behalf of their child (Perry et al., 1995). However, if the caregiver is the source of trauma, then the child's cry for help may be unanswered, leading to the child abandoning this modus operandi and resorting to disassociation. In older years, this may present as the child disengaging from the external world to an internal world e.g., daydreaming, fantasising, and/or sometimes taking on the persona of a hero or animal. The more helpless and powerless a child feels, the more likely they are to engage relatively quickly in dissociative responses, particularly so in females (Perry et al., 1995).

When the nervous system is in a state of safety or homeostasis, it allows the individual to become more accessible to others (Porges, 2022; Rose et al., 2016). A sense of safety is achieved through the body speaking through the ANS, influencing mental and physical health, relationships, cognitive progresses and behavioural responses (Porges, 2022). When a person, particularly a child, experiences toxic stress or trauma, the ANS system can get stuck in one response, becoming "faulty", sending signals of danger when there is no threat, impeding regulation and connection. Repeated exposure to traumatic events can result in the brain being easily triggered into survival mode when there is no actual threat present (Porges, 2022).

The Impacts of Childhood Adversity in the School Environment

Individual effects of childhood adversity may include hyper vigilance or a prolonged state of arousal, numbing and avoidance, difficulty managing daily life along with disrupted

cognitive functioning, all of which can impact a child physically, mentally and emotionally (Chafouleas et al., 2016; SAMHSA, 2014). Children with a severe adversity history may have a re-tuned autonomic nervous system which inhibits and limits access to the calming pathways via the ventral vagus nerve when the defence system is in a highly activated survival mode (Porges, 2022). In essence, a traumatised brain struggles to handle psychosocial stressors (Clancy, 2009). The "window of tolerance" is described as the best state of stimulation in which individuals' function and thrive in daily experiences and in school. Individuals have different "windows of tolerance" due to many contributing factors such as childhood experiences, neurobiology, social support and coping skills (Siegel, 2010). For children, it is the best state that allows them to learn, play and relate to one another. Moving outside of the "window of tolerance" can result in either hypo-or hyper arousal.

Impact on Behaviour

Adverse childhood experiences can produce different patterns of stress responses in different children; hyper-arousal in some and hypo-arousal in others (Gunnar & Quevedo, 2007). When the stress response system is reactivated on repeated exposure to a reminder of the traumatic event or even a thought of the event in the absence of threat, it can result in an activation of the stress-response system over and over which may result in a hyperactive and overly sensitive child who remains in a constant state of fear which becomes a "trait" (Perry et al., 1995). Dan Siegel (2010) contends that children "flip their lids" when there is a breakdown in connections between the Upstairs brain (the rational mammalian brain) and the Downstairs brain (the older limbic regions of the brain). When a child's whole brain is properly functioning, the child will incrementally have the capacity to regulate emotions, consider consequences and think before acting (Siegel & Bryson, 2012). Regular activation of this response system may result in behaviours which lead educators to mislabel children as

oppositional, unmotivated, rebellious or antisocial (O'Toole, 2022; Ormiston et al., 2022; van der Kolk, 2005). Children can engage in behaviours to help cope with adversity with many having a reduced capacity to regulate their emotions which can present as disorganised behaviour in the classroom (Chizimba, 2021; O'Toole & Dobutowitsch, 2022).

Other children may respond to trauma by presenting in a state of hypo-arousal and dissociation, in the form of a type of mental "shut down", compartmentalising painful feelings and memories, detaching oneself from emotions and awareness of self (Green & Myrick, 2014). It can be described as a type of defence mechanism whereby the person can somewhat appear as cut off in an effort to distance themselves from the reality of the situation (Clancy, 2009). Dissociation can be difficult to identify as the old part of the brain, the reptilian brain, attempts to stop the individual "sensing", in an effort to disconnect the body and brain and limiting perception. The challenge with this response is that generally people can present and function well which often results in the child going under the radar in the school environment (Haines, 2015). This response is more prevalent in girls, having a higher incidence of internalising disorders such as depressive, anxiety or dissociative disorders (Perry et al., 1995).

Impact on Interpersonal Interactions

The transition into a school environment demands the emergence of social skills which include regulating behaviour and interpreting social cues (Gunnar & Quevedo, 2007). Students who have been exposed to toxic stress, particularly exposure to violence, have increased risk for displaying emotional dysregulation and disruptive behaviours (NCSTN, 2017). Children's interpretation of a situation may prompt them to respond reactively in an attempt to defend themselves which can often be interpreted by educators and peers as being somewhat of a malicious act (Green & Myrick, 2014). When patterns of behaviour continue,

concerns may be perceived as "within" the child, which can result in schools engaging in exclusionary measures to respond to the child's behaviour (Carlile, 2010). The Growing Up in Ireland (Williams et al., 2009) longitudinal study, which included 8,578 nine-year-old children and their parents and teachers, reported that individual child, teacher and school-level variables predict the likelihood of students being identified with Special Educational Needs (SEN) McCoy et al. (2012) reported that children attending DEIS Urban Band 1 (disadvantaged status) schools are substantially more likely to be identified with an Emotional Behavioural Disorder (EBD), with diagnosis amongst boys being more prevalent than girls.

Impact on Learning

The ability of children to read, solve maths problems, and engage in discussion requires key executive functioning skills such as capacity to attend, organise, and regulate behaviour (NCSTN, 2017). The effects of complex trauma on the developing brain and its impacts on cognitive functioning including memory, focus and attention, concentration, and language development can often translate into learning difficulties (Green & Myrick, 2014). In a systematic review of articles, Perfect et al., (2016) examined school-related outcomes of school-aged youth (pre-kindergarten to grade 12) who were 18 years or younger after a traumatic event exposure. Forty-four articles examined cognitive functioning, 34 examined academic functioning and 24 examined social-emotional behavioural functioning. Findings suggested that youths who have experienced trauma are at a greater risk of impairments across cognitive functioning (IQ, memory, attention, language ability), academic performance, and behaviour such as discipline, early school leavers, attendance, and experience higher rates of behavioural and internalising problems.

Impact on Teacher-Student Relationships

Some teachers report feeling ill-skilled to deal with the demands of complex challenging behaviour as their teacher training focused largely on pedagogy and subject matter (Gherardi et al., 2021; Hickey et al., 2020). A quantitative research study with teachers in the Netherlands (n = 765, mean age = 43), working with children between the ages of 8-12 years, explored teachers' capacity to support children having experienced trauma within the school environment. One in five teachers experienced a "high degree of difficulty", including a lack of knowledge and skills in supporting children who experienced trauma. A small percentage (9%) had completed training deemed as relevant to supporting children impacted by trauma in the past three years. There was an overall lack of confidence amongst teachers in responding to children who had experienced trauma. For example, 63% reported a limited capacity in knowing when a referral to a mental health provider is required and 51% lacked knowledge in how to access more information about traumatic stress. Further to this, half of participants reported difficulty with the emotional involvement required in meeting children's needs, which highlights a need for emotional support for staff in the school environment (Alisic et al., 2012).

In a secondary analysis of the existing Growing up in Ireland data including additional parental and teacher reports, Banks and McCoy (2011) explored the prevalence of SEN in Ireland. The study reported that teachers working in disadvantaged schools were more likely to over-identify emotional-behavioural difficulties, were more likely to use punitive measures such as suspensions and had a greater prevalence of negative interactions with students. Research carried out by Flynn et al., (2023) with Irish primary school teachers (n = 1,035), in which part of the study examined the potential relationship between contextual factors and perceived frequency of unproductive behaviours with students in the school

environment; identified that school size, school disadvantage status, class level, years teaching, and teacher self-efficacy contributed to the perceived frequency of various unproductive behaviours amongst teachers. At the teacher demographic level, the number of years teaching was found to be the most consistent predictor of perceived frequency of unproductive behaviour; at school level, the most prominent predictor of ratings of frequency was school disadvantage.

Early school leavers (ESLs) refer to a young person's exit from the school system prior to having completed three years post primary education or having reached 16 years of age (Hickey et al., 2020). Research exploring ACEs and trauma-informed practices in second chance education settings in the Republic of Ireland reported trauma and adversity as significant in the lives of ESLs, as reported by educators, which impacted their capacity to progress to further education. An inquiry-based evaluation incorporating online surveys with ESLs (n = 120) and focus groups with educators (n = 17) and ESLs (n = 6), to explore factors that impact re-engagement in education, cited negative interactions with teachers, academic pressure, and large class sizes in their previous mainstream schools as a barrier to their continued schooling in that setting. Further to this, ESLs described feelings of shame, a sense of difference, stigma and embarrassment following negative interactions and events in schools. These factors contributed to their sense of lack of connectedness, resulting in alienation and eventual disengagement. In addition, while educators demonstrated widespread awareness of the prevalence of trauma, training specific to trauma and supervision were highlighted as lacking. Those educators with fewer years of experience were more likely to report lower levels of confidence in their ability to engage students (Hickey et al., 2020).

Impact on Educators

Working with students who exhibit, for example, behavioural difficulties associated with complex trauma, can impact the personal and professional well-being and efficacy of school educators (Howard, 2018). Trauma experiences not only affect children but also school staff who can be impacted by secondary trauma, burnout, compassion fatigue and feelings of incompetence (Gherardi et al., 2021; Ormiston et al., 2022; Wassink -de Stigter et al., 2022). Secondary trauma refers to trauma-related stress reactions and symptoms resulting from exposure to another individual's traumatic experiences, as opposed to direct exposure to the event, becoming more common when teachers have their own personal experiences of trauma (Brooks, 2020; O'Toole & Dobutowitsch, 2022; SAMHSA, 2014). Figley (1995) defined compassion fatigue as "the behaviours and emotions that naturally arise from empathising with a significant traumatic event, which results from the stress of wanting to help a traumatised or suffering person" (p.7). Conversely, compassion satisfaction can be described as a person's feeling of satisfaction and self-efficacy, achieved through a sense of helping others. Feeling supported by colleagues can also be a contributing factor to one's compassion satisfaction (Ormiston et al., 2022). Research with Australian teachers (n = 302) that completed an online survey exploring factors that predict compassion satisfaction and compassion fatigue, indicated that teachers with an exposure to student trauma, a personal history of trauma and a history of mental illness experienced higher compassion fatigue, while older teachers and those with higher perceived knowledge and confidence to deal with student trauma experiencing higher compassion satisfaction (Berger & Nott, 2023).

A systematic review on the prevalence of both secondary traumatic stress and compassion fatigue amongst teachers, synthesised 17 studies and found that teachers who were identified as being trauma-informed had decreased levels of compassion fatigue and

secondary trauma, which highlights the importance of initial teacher education (ITE) and continuing professional training (CPD) in relation to trauma-informed care as a protective factor in well-being. In addition, other factors that assist in mitigating the risk of compassion fatigue were reflective supervision for staff and structural changes that support trauma-informed care including collaboration with more mental health providers. Those particularly at risk were teachers working with students eligible for special education services (e.g., Hoffman et al., 2007), appearing more prevalent in underserved schools (Christian-Brandt et al., 2020) along with schools that had higher rates of economically marginalised, racially and ethnically diverse populations (Denham, 2018). The systematic review identified that the more students with trauma histories a teacher supports, the more likely it is that teachers will develop compassion fatigue and secondary trauma. It was also reported that teachers who had experienced trauma were more likely to be impacted by trauma exposure in their job (Ormiston et al., 2022). As noted by Gherardi et al., (2021), if emphasis is not placed within the school system on overall staff well-being, staff can begin to feel unsafe and overwhelmed which over time may result in staff appearing disengaged and reactive, leading to an over-use of punitive measures, leaving their position or burn-out. This highlights the importance of ongoing CPD and professional supervision for all staff working within the school ecological system.

Research in Ireland including a sample of primary and post-primary teachers (n = 377) completed the Attitudes Related to Trauma-Informed Care (ARTIC) scale, the Professional Quality of Life Scale, the Self-Compassion Scale and a socio-demographic survey to explore correlations between teachers' attitudes to trauma-informed care, their professional quality of life and their levels of compassion (O'Toole & Dobutowitsch, 2022). High scores on the ARTIC were associated with lower burnout (r = -0.41) and lower

secondary traumatic stress scores (r = -0.20). Approximately half of participants reported low levels of secondary traumatic stress (49.1%) while just over half (50.7%) reported moderate levels of stress. Older teachers were more likely to display positive attitudes (p = 0.010) to trauma-informed care whereas teachers in single sex boys' schools held less favourable attitudes (p = 0.039). High levels of compassion satisfaction were identified, indicating that teachers find meaning and purpose in their work. However, results using the ARTIC were lower than those found internationally, possibly related to the lack of acknowledgement of trauma-informed approaches within Irish educational policy. In addition, teachers reported having extremely limited access to trauma-informed professional training programmes (O'Toole & Dobutowitsch, 2022).

Life Trajectory

The Center for Disease Control and Prevention reported that children who have been impacted by neglect or abuse are 25% more likely to be engaged in delinquency, teen pregnancy and/or poor academic performance, 28% more likely to be engaged in criminal activity as adults, and 30% more likely to be engaged in violent crime (Dermody et al., 2020). Trauma that goes unaddressed has been shown to significantly increase the risk of mental disorders and chronic physical diseases (SAMHSA, 2014). Traumatic experiences have pervasive impacts on health, increasing risk of health disorders such as Chronic Obstructive Pulmonary Disease, liver morbidity, heart disease, autoimmune disorders, lung cancer and risk of type 2 diabetes (Flynn, 2022). Social problems such as substance abuse, early school leavers and low occupational attainment are also prevalent (Wethington et al., 2008). At a societal level, the long-term effects of trauma have been estimated to cost the Australian government up to 24 billion per year (Newton et al., 2024).

The Role of Resilience in Mitigating the Impacts of Trauma

Resilience can broadly be defined as someone's ability to recover from or adjust easily to misfortune and change, which is dependent on the internal and external resources available to them that acts as either protective or risk factors, buffering the impact of adversity (Carter & Blanch, 2019). Fostering resilience is key in developing a child's ability to manage and recover from adversity, which can be supported by the presence of at least one stable, consistent relationship (PEIN, 2019). Although the adverse effects of living with trauma is now recognised, it is also known that resilience and adaptation are a natural response to trauma when enveloped with protective factors at the individual, familial and societal level (NHS Education for Scotland, 2017). In becoming more resilient, young people are better able to respond to unforeseen and challenging circumstances and is a core element of TIA (Flynn, 2022).

Historically, school-based outcomes have been primarily academically driven but there has been increasing awareness and weight applied in recent times to the connection of social, emotional, behavioural and mental health outcomes as contributors to overall school success (Chafouleas et al., 2016). Amongst the EU states, while the importance of developing Social-Emotional Skills (SES) is acknowledged, a lack of sufficient focus on SES as a core curricular area appears to be a recurring theme. It is recommended that SES should be a part of each country's curriculum with clear policies around implementation and assessment (Cefai et al., 2018). Programmes that target social emotional learning and building resilience have found to be effective and successful when they are evidence-based, have well defined targets and goals are implemented effectively (O'Toole, 2017). A popular evidence-based programme in building resilience that is used in many schools in Ireland is the FRIENDS for

Life programme which has principles that are anchored in cognitive behavioural therapy (Barrett et al., 2006).

Understanding a Trauma-Informed Approach

With an increased recognition that a large number of men and women accessing mental health services and addiction systems had experienced physical and sexual abuse, clinical psychologists Maxine Harris and Roger Fallot were the first to use the term "trauma-informed" to describe an organisational approach to support trauma in the lives of those with mental health problems (Carter & Blanch, 2019). Harris and Fallot revised the traditional view of trauma as an isolated event and reconceptualised it "as a defining and organising experience that forms the core of an individual's identity", attributing the experience of trauma as subjective rather than objective (Harris & Fallot, 2001, p. 11). They developed a framework which describes a trauma-informed approach as having a knowledge of the history of past and current abuse in the life of the individual and understanding the role that such abuse plays in determining a suitable service system that meets the need of the individual. They cited five key principles that are key to its implementation, namely, a sense of safety, trustworthiness, choice, collaboration and empowerment (Harris & Fallot, 2001).

In this same period, there were increased incidences of school violence in schools in the US which led to an increase in "zero tolerance" policies impacting children of colour and those from low-income families disproportionately, resulting in high levels of suspension and expulsion (Downey & Greco, 2023). Research began to emerge indicating that this approach in responding to children's behaviour through discipline and punishments alone was not effective in changing behaviour and other contributing factors and approaches needed to be considered (American Psychological Association Zero Tolerance Task Force, 2008; Downey & Greco, 2023; Skiba & Peterson, 2000). With zero tolerance approaches in areas such as

San Francisco leading to an increase of students ending up in juvenile and prison environments (which became known as the “school to prison pipeline”); focus turned to the adaptation of other approaches such as the Healthy Environments and Response to Trauma in Schools (HEARTS) (American Psychological Association Zero Tolerance Task Force, 2008; Dorado et al., 2016). Such programmes were dependent on leadership buy-in that identified social, emotional skills and student wellness as imperative factors in academic achievement (Dorado et al., 2016).

Trauma-informed approaches are gaining momentum and being advocated and adopted to support educators in understanding the nature and consequences of trauma and in building emotionally healthy classroom environments (SAMHSA, 2014). A trauma-informed approach aims to curate an educational environment that is responsive to the needs of children exposed to ACEs (Wassink- de Stigter et al., 2022). It is a paradigm shift from a deficit-oriented model which viewed trauma in the absence of wider contextual influences that tended to individualise a person’s challenges (O’Toole, 2022).

Broad Organisational Framework for a Trauma-Informed Approach

The Substance Abuse and Mental Health Services Administration (SAMHSA) was set up in 1992 in the U.S. to make substance and mental disorder information, services and research more accessible. In 2014, SAMHSA developed a conceptual framework to assist organisations respond to trauma through TIAs (SAMHSA, 2014). SAMHSA’s definition of trauma is an:

> **event**, series of events, or set of circumstances that is **experienced by an individual** as physically or emotionally harmful or life threatening and that has lasting adverse **effects on the individual's** functioning and mental, physical, social, emotional or spiritual well-being (SAMHSA, 2014, p.7).

SAMAHA’s definition recognises not only the impact of the event but also the element of subjective experience. The individual is the focal point throughout, emphasising that it is the

experience of the event by the individual, how the individual assigns meaning to and how the individual is impacted physical and psychologically by an event that determines whether an experience is traumatic (Chafouleas et al., 2016; SAMHSA, 2014). SAMHSA's work has provided the blueprint for trauma-informed approaches and the model is one that is adopted and referred to internationally, representing the standard for evidence-based trauma-informed practices in the United States (Gherardi et al., 2021).

As outlined in chapter 1, the SAMHSA model promotes a "socioecological model for understanding trauma and its effects" (SAMHSA, 2014, p.15) and describes a trauma-informed approach as a system that includes the four Rs:

> **realises** the widespread impact of trauma and understands potential paths for recovery, **recognises** the signs and symptoms of trauma in clients, families, staff and others involved in with the system, **responds** by fully integrating knowledge about trauma into policies, procedures and practices and seeks to actively **resist re-traumatisation** (SAMHSA, 2014, p.9).

Further to this, SAMSHA outlines six key foundational principles, similar to that of Harris and Fallot (2001), for embedding trauma-informed practice systemically; 1) safety, 2) trustworthiness and transparency 3) collaboration and mutuality, 4) peer support 5) empowerment, voice and choice, and 6) responsiveness to cultural, historical and gender issues (SAMHSA, 2014). SAMSHA also provides ten key components necessary for the implementation of a trauma-informed approach at multiple levels in an organisation namely: Governance and Leadership, Policy, Physical Environment, Engagement and Involvement, Cross Sector Collaboration, Screening/Assessment, Training and Workforce Development, Progress Monitoring and Quality Assurance, Financing and Evaluation (SAMHSA, 2014).

Various frameworks have built on the work of both SAMHSA (2014) and Harris and Fallot (2001) in an effort to incorporate a TIA into the school system. One such example is The Missouri Model for Trauma-Informed Schools (2019), which proposes a continuum of

four stages to becoming trauma-informed, firstly, becoming trauma-aware, followed by becoming trauma-sensitive, then trauma-responsive and finally ending the process by becoming trauma-informed. It has since been translated into an educational guidance document for schools in which many states in the US have adopted (Carter & Blanch, 2019). It provides a guidance map for schools to refer to as they engage in the paradigm shift to becoming truly trauma-informed, a process that is thought to take anywhere between three to five years to fully address all parts of practice, policy and culture, acknowledging that no two schools are the same on their trauma-informed approach journey (Carter & Blanch, 2019) (see Figure 5).

Figure 5

The Missouri Model Illustrating an Example of a Trauma Informed Model

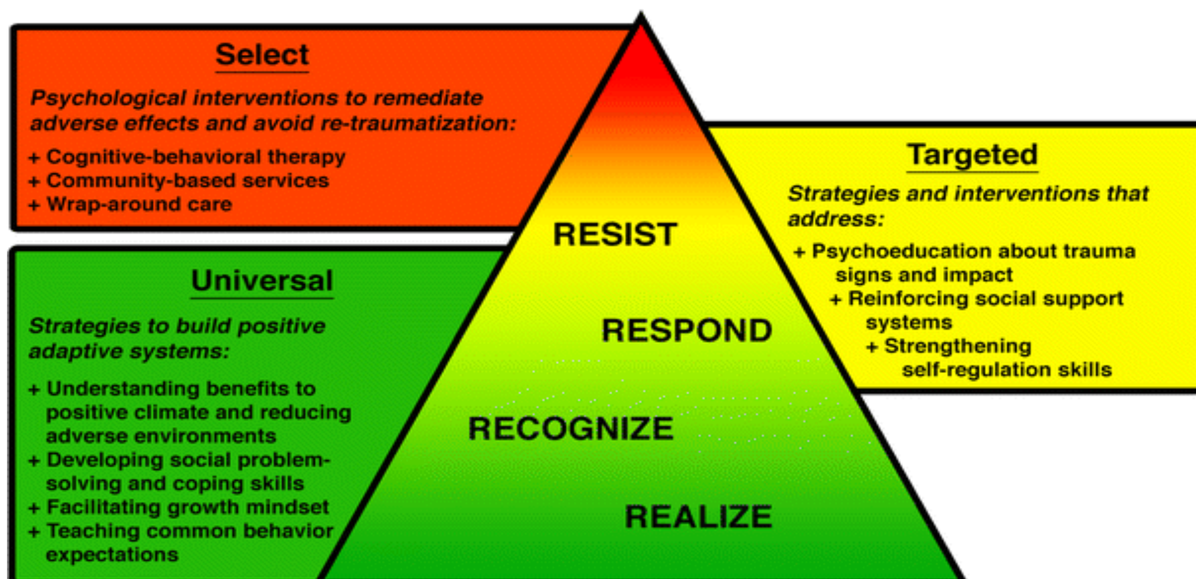
Trauma-Aware	Awareness and attitudes	*Awareness training *Leadership support *Organisation considers implications of change	*Staff can define trauma * Staff understand impact of trauma * Trauma discussed in informal conversations
Trauma-Sensitive	Knowledge, application, skill development	*Exploration of trauma-informed values *Organisational self-assessment * Determination of readiness for change * Change team formed * Examination of role of clients in organisation * Review of trauma screening and treatment options	*Trauma cited in mission statement * Trauma training for all staff *Information on trauma available and visible to staff and clients * Staff develop and deepen trauma skills * Management responds to secondary trauma in staff
Trauma-Responsive	Change and integration	*Planning and action for change * Environmental review and modification * Review of all policies and procedures *Development of trauma-informed staff supports * Development of new programmes and services	*Staff practices reflect new knowledge * Language reflects values * Policies in place to address staff trauma * Process in place to identify and respond to trauma * Clients play meaningful roles in organisation
Trauma-Informed	Leadership and sustainability	*Measuring impact on clients and staff * Revision of policies and procedures * Engagement of larger community * Development of decision structures that integrate information on trauma * Advocacy among payers and policymakers	*New leaders hired for commitment to trauma * All staff skilled in trauma-informed practices * All aspects of organisation reflect trauma-informed values * Process in place to review fidelity over time * External agencies and community member's request assistance

Source: Carter and Blanch (2019)

Many school systems have moved toward a Multi-Tiered System of Support (MTSS) to provide robust socioemotional and behavioural support to students along with academic interventions (Berger, 2019; Diggins, 2021; Ormiston et al., 2022). MTSS is an evidence-based instruction that is delivered along a three-tiered continuum of support based on the student's needs, focusing on preventative approaches, and allowing for and encouraging responses to intervention through building self-regulation skills and providing external supports such as safe environments and building positive connections and trusting relationships (Chafouleas et al., 2016). While much research in using a MTSS internationally has reported improvement in learning outcomes, emotional and behavioural presentations, decreased rates of school leavers, higher rates of employment post-graduation and overall enhancement of academic achievement of students with EBD, its current use is not sufficient in meeting the needs of all students, including those affected by trauma (Chafouleas et al., 2016; Diggins, 2021; Ormiston et al., 2022). Chafouleas et al., (2016) integrated and mapped SAMHSA's framework of a TIA into a multi-tiered blueprint for a service delivery in schools through a continuum of support at Tiers 1, 2 and 3; illustrating interventions and supports for students at low, moderate and high levels of intensity to support schools in their universal approach, all the while grounded in the four 'R's outlined by SAMSHA. The National Child Traumatic Stress Network (NCTSN) along with many other education-based organisations have created frameworks specifically for creating trauma-informed schools, rooted in a multi-tiered system of response and SAMSHA's principles (NCTSN, 2017).

Figure 6

Multi-tiered Service Delivery Framework for Representing Trauma-Informed Practices in Schools



Source: Chafouleas et al., (2016)

The Role of School Leadership in Promoting a Trauma-Informed Approach

A trauma-informed approach is not an intervention but rather a framework to guide systems. School leadership, nested within the exosystem of the school, is where decisions in relation to policy, practice and culture within the school environment are driven by school leaders (Berger et al., 2020). School leaders have a pivotal role in driving systemic change within the school environment and their role in embedding formal policy allows for fast and seamless responses to student traumatic experiences (Maynard et al., 2019).

A small qualitative study explored the experiences and perspectives of Australian school leaders (n = 7, female = 4, male = 3, ages 43-70) in relation to responding to and supporting students who have experienced trauma. Findings indicated that the emotional stress experienced by school leaders and staff in responding to student traumatic experiences was found to be a common concern amongst leaders. School leaders reported that most of

their knowledge in responding to the needs of children was acquired through experience and developing close, trusting relationships with families which was cited as useful in collecting vital information on students. Collegial support within the school along with external support from psychologists and employee assistance schemes were cited as reducing the emotional impact on school leaders and staff. School leaders expressed a need for trauma-specific policies in schools and increased training for teachers to bolster their confidence and knowledge in relation to responding to challenging behaviours (Berger et al., 2020).

The awareness and competence of school leaders in providing support, implementing programmes and driving wider cultural change regarding SAMHSA's four 'R's greatly affects schools' ability to support students (Berger et al., 2020; Newton et al., 2024). They are for the most part responsible for the training and resource allocation in schools which intimates that the success of any programmes is based on school leader advocacy and support (Dorado et al., 2016). In the absence of motivation, courage and active participation of leadership from the outset, a school will not progress in its journey towards becoming trauma-informed (Maynard et al., 2019; The Missouri Model for Trauma Informed Schools, 2019).

The Four "R" s in a Trauma-Informed Approach

Realise. Across all of the literature for TIAs within schools, trauma-training for all staff is universally identified as an essential element and first step toward change in which the pervasiveness of trauma and its impact is recognised (SAMHSA, 2014; Stokes & Brunzell, 2019). Comprehensive training initiates the start of a cultural shift within the school setting, increasing an understanding of the impact of trauma, cultivating the buy-in from staff and creating a motivation to act (Avery et al., 2022). The focus of training should not only be on

how trauma affects the child, but considers how trauma can affect families, communities, the school environment and staff (SAMHSA, 2014).

Universal systemic training sets the scene by building knowledge, changing attitudes which in turn is employed into practices when responding to children's needs. In the absence of training, school staff may misinterpret trauma responses in children and use strategies that may trigger students even further (Chafouleas et al., 2016). However, universal training is not regarded as sufficient to ensure an efficient implementation of TIAs and requires continuous improvement in skills and strategies, such as teacher coaching, to embed the learning process and application to day-to- day teaching (Chafouleas et al., 2016; Dorado et al., 2016; Wassink- de Stigter et al., 2022).

McIntyre et al., (2019) utilised a pre-post design to evaluate a 2-day Foundational Professional Training course which was used as a tool for enhancing teacher knowledge of trauma-informed approaches prior to implementation. The study included teachers (n = 183) across six schools. Findings indicated that following professional development training, teacher knowledge of trauma-informed approaches grew significantly from 20% to 70% post training. The study also highlighted that knowledge growth was related to acceptability and perceived "system fit", that is, between TIAs and present school norms and practices. Results indicated knowledge growth was associated with increased acceptability for trauma-informed approaches while among teachers with less perceived system fit, knowledge growth was associated with decreased acceptability, perhaps intimating that teacher identified some barriers for implementation systemically having completed the training. This latter finding again re-enforces the role of the school exosystem and its place in creating and shifting cultural change, training alone does not suffice (McIntyre et al., 2019).

A recent online purposive survey conducted by Sheehan et al., (2024) in Ireland examined Early Childhood Education and Care (ECEC) practitioners' (n = 609) levels of knowledge, strategies and training of trauma-awareness during both initial training and continuous professional development. The most prevalent social contexts and family characteristics that participants worked within were children from one parent families, low-income families, families with English as an additional language and/or children with an identified disability or additional need. The largest proportion of responses in the "None" category was specific to trauma-sensitive approaches, trauma-sensitive language, polyvagal theory and trauma-informed practice with responses ranging from 32% to 59%. In relation to CPD, 45% (n = 319) reported engaging in a trauma-related CPD programme during their career. Of the 55% (n = 383) of respondents who did not attend trauma-focused CPD, 83% (n = 317) reported having an interest in receiving CPD. Almost half of participants believed training should be delivered in a blended format (onsite and online), with 51% (n = 309) stating that the duration of CPD should be over a six-month period.

Fifty-nine percent of participants (n = 480) reported that they had worked with children who have experienced childhood trauma (n = 259 in private settings, n = 207 in public settings), suggesting that ACEs are prevalent beyond marginalised and disadvantaged communities. Most interestingly, 28% (n = 223) who initially reported that they did not work with children who had experienced trauma, 59% (n = 480) subsequently reported working to some degree with children who had experienced trauma in Irish ECEC services, suggesting that there is a misconception as to what childhood adversity and trauma experiences are (Sheehan et al., 2024).

Recognise. To better recognise trauma, schools are required to understand the contexts in which the trauma occurs, recognising social factors of a cultural, historical and

gender nature and the role they play in traumatic experiences (SAMHSA, 2014). Increased ACEs are frequently correlated with identity in the form of race, ethnicity, income, gender, sexuality, religion and immigration status (Chafouleas et al., 2016). Therefore, a TIA approach is subjective to each school and requires consideration for the specific population of children within the school's ecological system (Baker et al., 2020; Dorado et al., 2016). Trauma-informed schools are described as having an "integrated relational system aimed at developing the whole child, using an approach that builds on a shared understanding of trauma and its sociocultural context and healing environments" (Avery et al., 2022, p. 10).

Identifying risk within the school environment is essential in recognising potential exposure to childhood adversity. It requires the school carrying out a self-assessment, identifying strengths, resources and barriers to change along with practices that align with trauma-formed care and those of which are inconsistent with the ethos (Chafouleas et al., 2016; The Missouri Model for Trauma Informed Schools, 2019). Gathering data on children in order to respond to children's needs is also recommended at this stage (SAMHSA, 2014). Although some literature promotes the use of ACE specific screeners in gathering information for children, commonly universally collected school-based data such as attendance, disciplinary data and school academic screeners considered through an ecological and trauma-informed lens can be useful in informing schools (Chafouleas et al., 2016; Dorado et al., 2016).

Recognition of the impacts on staff of working in demanding environments and the role secondary stress plays needs to be also acknowledged by school leaders and staff. Dorado et al. (2016) states that although teachers' job satisfaction can be associated with helping children, they can often become victims of burnout when compassion fatigue is misinterpreted as compassion satisfaction. Compassion fatigue is a result of the adult

becoming overwhelmed by the students' traumas, whereas compassion satisfaction is felt by both the student and teacher. When compassion fatigue reaches its peak, it can result in burnout, or the educator disengaging or minimising the student's experience. Supporting and advocating staff-self-care is an essential component of a TIA.

Respond. The school culture, driven by school leadership, reflects a sense of "how we do things here" which in turn impacts the climate of the school environment, reflecting "how it feels", and is the nucleus of systemic change (Mannix-McNamara et al., 2021). Strong relationships within the school's ecological system are a crucial element in TIAs and their success or failure are imperative to the "well-being, self-esteem, feelings of contentment, security and ability to take risks and try new things with confidence" for every individual (Brooks, 2020, p.41). Close relationships in a child's life can be the strongest source of stress and conversely the most powerful protective factor against toxic stress (Gunnar & Quevedo, 2007). It is arguably the most important piece when shifting toward TIA as children's well-being cannot be separated from the relationship systems within which they develop (O'Toole, 2017). A change in mindsets and beliefs amongst all staff is fundamental in being trauma-responsive which is underpinned by the first two 'R's, a deep understanding of trauma and why the child needs to feel safe, secure and connected along with a recognition of the signs and symptoms (Avery et al., 2022). This entails the school changing their ways, in the language they use when responding to children i.e. "What's wrong with him?", to "What happened to him?" and applying the new knowledge about trauma to their work (The Missouri Model for Trauma Informed Schools, 2019).

In responding to trauma, changes and integration of trauma principles into school policies and mission statements is necessary, to include all voices of the school community that promotes a culture based on building resilience, recovery and healing from trauma

(SAMHSA, 2014; Treisman, 2017). Building resilience through the use of evidence-based programmes via a multi-tiered approach is necessary in responding to trauma at a systemic level (Maynard et al., 2019).

Stokes and Brunzell (2019) provided insight into the experiences of a rural primary school in Australia which undertook professional learning in trauma-informed education over a 12-month period. The training was supported by a suite of curriculum materials specifically tailored to the needs of the students and aimed to increase teacher capacity in responding to needs. The training included the formation of a leadership group to promote a learning culture of integrating theory and practice and weekly staff meetings to review strategies. Following one year, a decrease in suspensions over the year long period from 57 to seven was observed. Staff reported a greater understanding of children's presentations and enhancement of their own self-regulatory capacities, while students reported an increased sense of student connectedness to the school.

Resist-Retraumatisation. This term refers to the impact of re-experiencing trauma as a result of a current situation that reflects or reminds the individual in some way of their traumatic experiences, such as sensory inputs, interactions with others or a feeling of being emotionally or physically trapped (SAMHSA, 2014). School staff without training are thought to be at risk of re-traumatising children through the use of authoritarian, disciplinary style practices with power imbalances (Newton et al., 2024). The use of punitive measures in a response to behaviours can often exacerbate situations for children even further and result in a pattern of re-traumatisation, particularly for those students who have histories of trauma as power-based discipline can threaten self-protection (Downey & Greco, 2023; Flynn et al., 2023). Research in the US found that Black females were suspended at four times the rate of

White females and Black males at triple the rate than that of White males, indicating that disciplinary sanctions disproportionately affected Black people (Crosby et al., 2018).

For vulnerable children who may also experience some learning difficulties, schools can be a place of trauma or indeed unintended re-traumatisation (Hickey et al., 2020). Early school leavers attending Youth Reach centres in Ireland reported that unidentified learning difficulties and insufficient support either in the home or school environment to support challenges, resulted in students potentially experiencing further marginalisation and labelling which fuelled negative, unsupportive interactions and eventual disengagement from the school environment (Hickey et al., 2020).

International Adoption of Trauma-Informed Approach Frameworks

Increasingly, the recognition of the merits of trauma-informed approaches in mitigating the negative impacts of trauma and promoting the well-being of all students is on the increase (O'Toole & Dobutowitsch, 2022). In 2000, the United States Congress establishment the National Child Traumatic Stress Network (NCTSN), funded by SAMSHA, which aimed to improve care and access to services for traumatised children, their families and communities; with many states in the US having implemented trauma-informed practices (Bunting et al., 2019; Maynard et al., 2019). Between 1973 and 2015, 49 bills were introduced across states in the US that included the term "trauma-informed" with over half of these being introduced in 2015. Seventeen states have implemented TIAs at school, district and state-wide levels, with California, for example, allocating 95 million dollars to their efforts in ACE screening and trauma-informed training for frontline practitioners (Maynard et al., 2019).

Similarly in an Australian context, there has been an increase in the last decade in trauma-sensitive and trauma-responsive schools as prevalence rates of ACEs are evident (Avery et al., 2022). Programmes such as the Berry Street education model, developed in an

Australian context, provides a framework for school leaders, teachers and support staff based on supporting student's self-regulation, relationships and well-being to increase student engagement and improve academic achievement (Stokes & Turnbull, 2016). Other programmes that are used internationally underpinned by a TIA are the Rethinking Learning and Teaching Environments (ReLATE) and Healthy Environments and Response to Trauma in Schools (HEARTS) programmes (Diggins, 2021; Dorado et al., 2016; Newton et al., 2024). Research involving the ReLATE model over a 12-month period at a specialist school for children with emotional and behavioural difficulties (n = 18; ages 9-16) reported a range of emotional and behavioural benefits including improvements in conduct difficulties, peer relationships and overall emotional, behavioural challenges. The ReLATE programme promotes school wide interventions that are designed to improve dysregulated stress responses, improve self-regulation abilities and create safe and predictable environments through routine and rituals (Diggins, 2021). Many of the children in the study had autism, ADHD and anxiety. Improved classroom environments practices, clear incident response and debriefing processes, reflective practices for student recovery and regular on-going staff training to sustain a trauma-informed culture were identified as the key areas pertinent to the changes (Diggins, 2021).

The UK, Scotland, Wales, England and Northern Ireland have initiated ACE related policies (Early Intervention Foundation, 2020). The NHS Education for Scotland was commissioned in 2017 to develop "Transforming Psychological Trauma: A Knowledge and Skills Framework for the Scottish Workforce" aimed at all tiers of the Scottish workforce (NHS Education for Scotland, 2017). The framework provides guidance to becoming trauma-informed; moving incrementally from baseline trauma-informed, to trauma-skilled, trauma-enhanced and trauma-specialist practice, pending on the level of contact workers have with those impacted by ACESs. The framework poignantly states that "trauma is everyone's

business” (p.4) (NHS Education for Scotland, 2017). Similarly, in 2022, the Welsh National Health Service devised a framework toward a societal approach in understanding, preventing and supporting the impact of trauma and adversity which aims “to provide a single framework which provides universal through to specialist approaches, and that these specialist approaches need to be “wrapped around” by universal trauma-informed approaches” (Public Health Wales NHS Trust, 2022, p.7). The framework encompasses broad elements of trauma, recognising that people do not have to experience trauma to have significant needs in either an emotional or physiological sense. Most notably in their attempts to define a TIA, it is recognised that it also must reflect the needs of the Welsh population (Public Health Wales NHS Trust, 2022).

Limitations of Frameworks

While frameworks provide guidance to schools in relation to creating TIAs, its implementation is not a linear, straightforward process. Creating consistent, effective and sustainable TIA approaches in schools is a challenging, time consuming and very complex process that requires a broad array of integrated school wide approaches (Chafouleas et al., 2016; SAMHSA, 2014; Wassink- de Stigter et al., 2022). It needs to encompass the whole school system in which administrators, staff, students, families and community members recognise and respond to the impacts of the negative behavioural, relational and academic impacts of traumatic stress on those within the system through promoting trauma awareness, knowledge and skills which inform culture, practice and policy (NCTSN, 2017). Congruence between staff (professional learning), organisational structure (disciplinary policy, positive social emotional climate) and culture (system fit including leader support) is essential (Chafouleas et al., 2016; Dorado et al., 2016).

Despite several guidance documents guiding the implementation of TIA, it is not clear what schools are actually doing when they adopt the term “trauma-informed” and while schools

may aspire and refer to themselves as being trauma-informed, approaches from school to school and country to country may vary quite widely (Maynard et al., 2019). Variations of the language used internationally such as "trauma-informed care", "trauma-sensitive" and "trauma-informed system" adds confusion, overlap and misuse of the terms which impedes effective operationalisation as there is a lack of consensus in the use of the terms (Maynard et al., 2019). Further to this, lack of clarity over what trauma-informed means affects effective implementation and evaluation (Carter & Blanch, 2019).

A systematic review of the literature relating to "trauma-informed education", "trauma-informed schools" and "trauma-sensitive schools" including 351 studies, highlighted four main gaps in the current theoretical base for trauma-informed approaches including "muddled definitions of trauma, decontextualized understandings of trauma, minimisation of resilience and lack of integration with existing initiatives" (Gherardi et al., 2021, p.17). Achieving systemic, trauma-informed schooling is complex but necessary as it has the potential to improve outcomes for students and those aiming to educate them (Howard, 2018). A systematic review of 13 studies on the effectiveness of multi-tiered approaches in relation to trauma-informed care in schools by Berger (2019) reported overall positive outcomes in student academic achievement and behaviour along with guidance as to how to implement TIAs to already established MTSS models of support. However, they were found to differ in their implementation processes and lacked evaluation at some tiers for support and training.

Trauma in an Irish Context

The Prevalence of ACEs

In 2021, a study reporting the first assessment of the prevalence of trauma exposure, PTSD and Complex PTSD was carried out in the general population in the Republic of Ireland (Hyland et al., 2021). A sample of non-institutionalised Irish adults (n = 1020)

completed self-reports on the measures of trauma history, trauma related psychopathology, mental health service use and concurrent mental health problems. It identified that lifetime exposure to one or more traumatic events was represented in 82% of the sample, with 68% experiencing two or more traumatic events, which was higher than the global averages of 70% and 53% respectively. It concluded that one in eight Irish adults met the diagnostic criteria of the ICD-11 (WHO, 2019) for PTSD and Complex PTSD, with comorbidity with other disorders such as Major Depression and Generalised Anxiety being high, especially with Complex PTSD. A history of interpersonal trauma and exposure to multiple types of trauma at different developmental periods was aligned to Complex PTSD. It also identified that many individuals did not access mental health treatment with only 48% of respondents having accessed mental health care in the past year. Hyland et al., (2021) contended that the increased awareness of the clerical and institutional abuse suffered by many in Ireland potentially played a role in the high levels of ACEs experienced by Irish adults, and with almost 60% of respondents having children, the impact of possible intergenerational trauma raises concern. Further research to determine if there were significant differences between the occurrences of ACEs in the US adult population and that of Irish adult populations identified that Irish respondents had a higher rate of ACEs, were more likely to experience specific ACEs such as verbal abuse and emotional neglect and meet diagnostic criteria for Major Depressive Disorder, Generalised Anxiety Disorder and Complex PTSD than U.S. respondents. It concluded that ACEs appeared to be more common in Ireland than in the US (McCutchen et al., 2022).

Another study with a non-probability sample exploring the prevalence of twelve common mental health disorders amongst adults (n = 1,110) living in the Republic of Ireland found that 43% of the sample met the criteria for a mental health disorder, with 11% having a

lifetime history of attempted suicide (Hyland et al., 2022). High prevalence of mental health disorders in Ireland is not met with government investment in expenditure, with just 5% of Ireland's total government health expenditure allocated to mental health, which is below the WHO recommendation of 12% (Hyland et al., 2022). There is also a significant difference between the levels of trauma experienced by adult mental health service users of Irish origin and those of migrants. A study of participants aged between 18 and 65 years old, including native Irish service users (n = 144) and migrant service users (n = 64) reported that 71% of respondents had experienced at least one traumatic event, with 47% of Irish and 70% of migrant groups experiencing two or more events. Comparison between migrant service users and native-born service users identified that migrant service users had experienced significantly more traumatic events due to pre-immigration experiences. These findings draw attention to the need for mental health professionals, including psychologists, being aware of the potentially high rates of trauma experienced by migrant populations (Wilson et al., 2013).

In a study examining childhood trauma experienced by adults attending Roscommon Mental Health Services (n = 136) using the Childhood Trauma Questionnaire (CTQ), 76% reported childhood trauma, with emotional neglect reported as the most frequent by 61% of respondents. Substance abuse along with paranoid, borderline and antisocial personality disorders were the most prevalent co-morbidities identified in adulthood associated with childhood trauma (Wota et al., 2014). An ACE study with 50 service users of the Cork Simon Community identified that 78% of service users had experienced four or more ACEs with experiences of verbal abuse, substance misuse and physical abuse within the family being the three most prevalent ACEs. The average age of respondents was 12 years of age when they first consumed alcohol, 14 years of age for smoking cannabis, with the average age of leaving schools being 15 years of age. Poignant findings in relation to the trajectory of respondents'

health in adulthood found that 62% had overdosed at some point, 70% were actively taking medication (mainly anti-psychotics, benzodiazepines, methadone and sleeping tablets), 71% reported suicidal thoughts with 90% having seen a psychiatrist or a psychologist in the past. This research also highlighted that the more ACEs experienced by a respondent, the longer they had experienced homelessness (Lambert & Gill-Emerson, 2017). Research such as this, illustrates the lifelong impact of trauma, particularly when children are exposed to risk factors from a young age. The Cork Simon community has since adopted a TIA following the findings of the study (Lambert & Gill-Emerson, 2017).

ACEs are also prevalent amongst Ireland's youth. Using the Growing up in Ireland longitudinal, nationally representative sample, measuring children's exposure to ACEs by the age of 9, Healy et al., (2022) found that 79% of the sample had experienced at least one ACE by the age of 9, with 20% of these having experienced three or more. Those who experienced ACEs were more likely to be born outside of Ireland and come from a lower socio-economic background than their peers. The Garda Youth Diversion Programme is a programme designed to support young people at risk of entering the criminal justice system. Research with young people (n = 125) involved in the programme identified that 63% of participants had experienced four or more ACEs with 36% having experienced six or more. The most common ACEs reported were the loss of a parent, emotional abuse and household substance abuse (Dermody et al., 2020). Services working with young people have recognised the pervasive impact of trauma and the need for a more TIA within organisations. An Garda Síochána (Irish police force), based on findings of research with the Garda Youth Diversion Programme recommended a pilot for a trauma-informed practice project to involve training and implementation support for those working with young people impacted by trauma (Dermody et al., 2020). A report by Dublin City University Educational Disadvantage Centre

highlighted system gaps in nationwide policy and practice and cited the need for support in schools to address the trauma, anxiety, and mental health difficulties of vulnerable children as the priority issue (Educational Disadvantage Centre, 2020). The report stated that Ireland is radically out of step with many European countries such as the Czech Republic, Belgium, Sweden, Slovenia, Estonia and Germany which all provide emotional counselling/therapeutic services in schools. It also highlighted that Croatia and Bulgaria have legislation in place that provides for emotional counselling, noting that this is not addressed by NEPS or Career Guidance in an Irish context (Educational Disadvantage Centre, 2020).

In 2019, the Prevention and Early Intervention Network, which aims to influence policy and practice on how best to support the needs of young people outlined four principles and recommendations in relation to ACEs, to provide a footprint in how as an Irish Society there can be a cohesive response. It recommended that research into childhood adversity at a national level was required to inform the government of the nature, prevalence and impact of ACEs to support the development of a national ACEs strategy (PEIN, 2019). To date, there is no research explicitly in relation to ACEs in childhood carried out in an Irish national context. As outlined above, there is an increase in trauma becoming part of “practice-speak”, with organisations and services becoming aware that something different is needed in their response and are embarking on their journey without a national systemic guidance (Lotty, 2021).

There is currently only one university based certified TIA programme offered by University College Cork for educators working with children who have experienced trauma. The programme focuses on the theoretical principles of the approach, its application in an educational setting, along with a focus on implementing trauma-informed practice in an educational setting (University College Cork, n.d.). The programme requires that those enrolling on the course have an honours degree, which may restrict some school personnel

accessing the programme. To date, there is no systemic framework for practice devised or endorsed in an Irish context that specifically addresses childhood adversity.

Factors in the Macrosystem Impacting Schools

There are many ecological and societal factors that contribute to the prevalence and persistence of childhood trauma (Crosby et al., 2018). In an Irish context, the school system does not operate in a vacuum, and it is essential to consider current social issues outside of the school ecological system which impact schools on a daily basis. Poverty, housing shortages, homelessness, rising costs of living, reduced teacher and allied health professional supply along with an increased demand for services such as primary care, hospitals, mental health services, psychologists and TUSLA Child and Family Agency, all inevitably affect the school system. In 2022, the Irish census identified that there were over 10,000 people in Ireland homeless, with just over 3,000 of this figure being children (Central Statistics Office, [CSO], 2024). This has increased since this period with recent reports indicating that the number of people accessing state-funded emergency accommodation in June 2024 is 14,303 (Department of Housing, Local Government and Heritage, 2024). More than two thirds of the homeless population are identified as being in the Dublin region (Central Statistics Office, 2024). Prior to the pandemic, 38% of homeless children were known to have mental health or a behavioural disorder of a clinical nature (National Clinical Programme for Paediatrics and Neonatology, 2020). In February 2022, 9,000 Ukrainian refugees came to Ireland, and this rose to over 100,000 by May 2024, many of whom are enrolled in Irish primary and post-primary schools (PEIN, 2024). In 2023, the State of the Nation children’s report indicated that over 10% of the population were considered to be at risk of poverty and over 15% of children are living in a single parent family unit. Research indicates that ACEs are most frequent when families are living in highly stressful circumstances, including low family

income and community deprivation (Early Intervention Foundation, 2020). In addition to this, school attendance was cited as a concern; during the period of 2017-2021, school absenteeism for 20 days or more rose from 14% to 26% (Department of Children, Equality, Disability, Integration and Youth, 2023).

The COVID-19 pandemic presented unprecedented challenges for families economically, socially, emotionally and educationally, being more pronounced for children and families who were already experiencing poverty, homelessness or social exclusion (National Clinical Programme for Paediatrics and Neonatology, 2020). Increased alcohol consumption in the home and an increase in child-reported domestic violence was highlighted (National Clinical Programme for Paediatrics and Neonatology, 2020). Domestic violence and demand for refuge for women and children continued to increase month on month during this time (Safe Ireland, 2021). Redeployment of health and social care professionals left 6,000 children in state care with limited access to vital services (National Clinical Programme for Paediatrics and Neonatology, 2020).

In February 2024, 18,588 children were on waiting lists for primary care psychology services, an increase of 8,893 since 2020, with 7,500 of these waiting over one year. Further to this, just under 4,000 young people were on a waiting list for the Child and Adolescent Mental Health Services (CAMHS) (Health Service Executive [HSE], 2024). In 2023, NEPS received funding for a further 54 psychologists to provide services to special schools and special classes, however, there continues to be shortages of NEPS psychologists. NEPS is a predominantly female service with associated high rates of maternity and parental leave, positions which are not filled when psychologists go on leave, resulting in a continuous demand on the service. However, recent initiatives such as bursaries to fund trainee

educational psychologists for both the HSE and NEPS is a positive step in incentivising more psychologists into these services (Psychological Society of Ireland [PSI], 2022).

The Child and Adolescent Mental Health Services has also received criticism nationally in its service provision. In 2023, an independent review of CAMHS reported that the vast majority of teams were significantly below 50% of recommended staffing. It found that the integration of children's mental health services across settings was lacking, highlighting that waiting lists across different services such as CAMHS, CDNT and Primary Care settings were un-coordinated and lacked collaboration (Mental Health Commission Annual Report, 2023). In 2022, over 80,000 referrals were received by Child Protection and Welfare Services, up 10,000 from the year previous; 56% (n = 46,031) of referrals received in 2022 were for welfare concerns and 36% (n = 29,596) were for child protection concerns, or where there were grounds to believe that there was a risk of physical, sexual or emotional abuse or neglect. Teachers were amongst the top five sources of referrals in 2022 (TUSLA Child and Family Agency, 2022).

The challenges faced by schools in recruiting and retaining staff has been well documented across stakeholders in the education sector in recent years. The lack of appropriately qualified teachers creates challenges for the school system and the children within that system. A survey carried out by the Irish National Teachers' Organisation (INTO) in collaboration with the Irish Primary Principals Network and the Catholic Primary Schools Management Association reported vacant positions of just over 800 permanent, fixed-term and long-term substitute teachers in schools that responded to the study, 63% of which were located in the Dublin area (INTO, 2023a). In August 2024, the INTO described the teacher shortages as having reached crisis point, citing the Dublin region as being particularly affected, as schools struggle to secure staff for the forthcoming school year (INTO, 2024b).

All of the aforementioned social issues have an impact on the school system in their attempts to respond to the complex needs of children. It also highlights the increased need for a shift in practice and culture within the education system. As previously outlined, the Irish education system is under increased pressure with many issues outside of schools' control. Lack of teacher supply in urban areas is affecting schools' capacity to respond consistently and effectively to needs arising. Lack of availability of allied healthcare services to address the needs of young children prior to starting school is proving challenging along with increased enrolment of children with potential exposure to ACEs such as children from the Ukraine. A recognition that more is needed has resulted in the Department of Education undertaking many new initiatives to support the increased demands on school systems.

Developments in Education to Promote Children's Well-Being

For many years teachers and school leaders have been responding to trauma in the school environment without necessarily realising it, with research over the past two decades providing evidence of the prevalence and pervasiveness of ACEs (Cole et al., 2005). At a national level, it is recognised that a young person's foundations of social, emotional wellbeing and resilience are laid down in infancy and that early years settings play a vital role in providing a safe and supportive environment for building emotional resilience (Department of Children and Youth Affairs, 2014). Ireland's education system currently utilises a MTSS in supporting children's needs which is adopted by all schools. It embodies a response to intervention tiered approach that encourages a systematic problem-solving approach in determining the needs of children. Use of evidence-based practices are encouraged universally, with more specialised instruction at Level 2 and 3 for children with more specific needs (Holland & Fitzgerald, 2023). Schools are required to monitor a student's pathway

through the Continuum of Support in a Student Support File (SSF) which allows the school to document progress and need over time, ensuring continuity of support, parental collaboration and engagement in the student's learning along with assisting schools in providing an appropriate level of support to students in line with their level of need (NEPS, 2019).

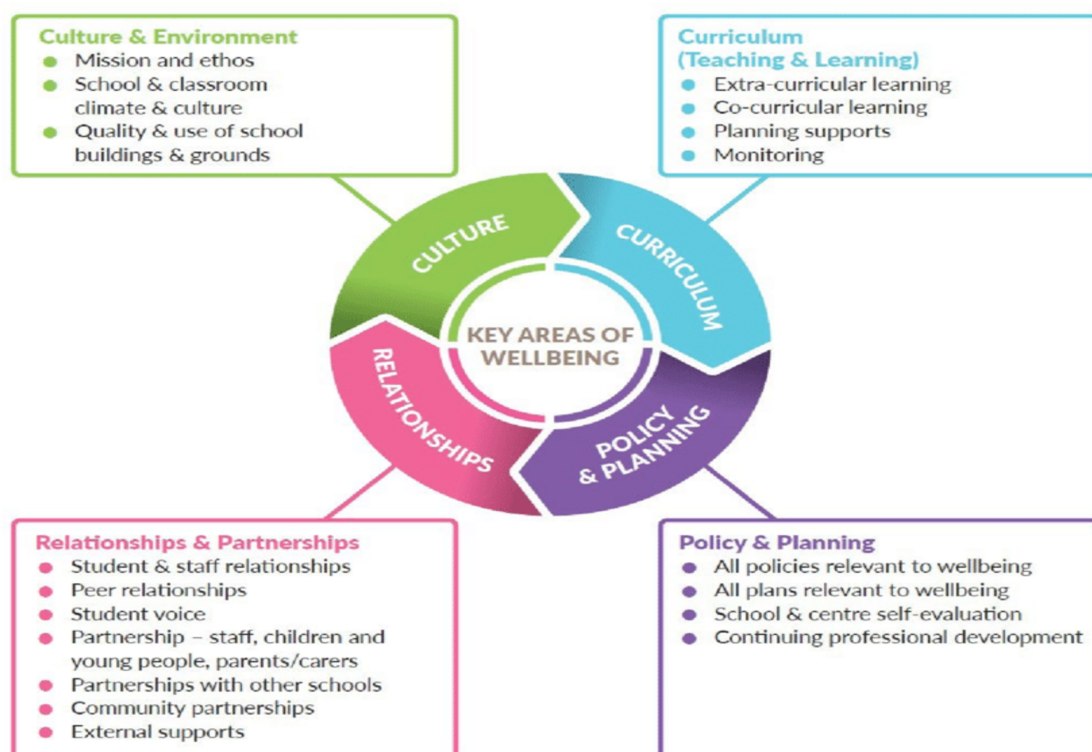
In an effort to address and support these issues in responding to the needs of schools systemically, educational policy in Ireland has placed a strong emphasis on whole-school well-being promotion in recent years. In 2018, a Department of Education document "Well-Being Policy Statement and Framework for Practice" focusing on pupil and staff well-being, requested that all schools embed a Wellbeing Promotion Process by 2023, which has been extended until 2025 in view of the impact of the COVID-19 pandemic. The policy statement provides an overarching structure for the development, implementation, reviewing and tracking of well-being promotion in schools (Department of Education and Skills [DES], 2019). Schools are encouraged to implement multi-component, preventative, whole school approaches in the promotion of well-being, using interventions at both universal and targeted levels (DES, 2019).

Schools are encouraged to examine the culture of the school, focusing on elements such as mission and ethos, school climate and culture along with the quality and use of school buildings and grounds (DES, 2019). Language that echoes the principles of trauma-informed approaches such as "connectedness" and a "sense of belonging" is cited throughout the document which essentially considers targeting the following four areas (see Figure 7) for wellbeing promotion: Culture and Environment, Curriculum (teaching and learning), Policy and Planning along with Relationships and Partnerships (DES, 2019). The six overarching principles of SAMHSA's trauma-informed approach of Safety, Trustworthiness and Transparency, Peer Support, Collaboration and Mutuality, Empowerment, Voice and Choice

and Cultural Historical and Gender Issues (SAMHSA, 2014), align well with the Well-Being Framework for Practice.

Figure 7

Four Key Areas of Wellbeing Promotion



Source: DES, (2019)

Support documents, resources and webinars, particularly during and post the COVID-19 pandemic were devised by many services working with children to help promote well-being within schools. This was in response to the concerns shared by schools regarding the social and emotional development and well-being of both staff and children in light of the challenges that emerged during the pandemic and children entering schools from the Ukraine. In response to potential increased trauma exposure within schools, particularly post the COVID-19 pandemic, NEPS developed a series of “Well Being and Resilience” school webinars and resources which explored the use of whole-school, compassionate approaches to build safe and connected schools. Emphasis on creating environments to reduce stress and

to develop skills of all young people to better manage in school was also a focus. The "Introduction to a Trauma-informed Approach: The Stress Factor- Getting the Balance Right" was a webinar developed by NEPS and presented on an e-learning platform, which was composed of seven modules with learning being self-directed over a two-and-a-half-hour period (Department of Education, 2022a). The training aimed to lay the foundations for a TIA in schools, supporting staff in building resilience for all, including students with additional needs and those affected by trauma and adversity (Department of Education, 2022a). This was followed by "Understanding Trauma - Using a Trauma Focused Approach in Schools" which built on the approaches and techniques outlined in the previous webinar. The training was made available to all schools nationwide with NEPS psychologists encouraged to promote the training in respective schools in which they worked and follow up with further training in-person if requested. The number of schools that have engaged in such training and applied learnings to daily practice has yet to be evaluated (Department of Education, 2022b).

In an effort to address the mental health of young people in the education system, the Minister for Education announced the establishment of a five-million-euro programme for counselling and wellbeing/mental health support as a pilot in a number of primary schools in September 2023. The programme is designed to mitigate the mental health challenges many students are experiencing post the COVID-19 pandemic, providing support to schools through two approaches. The first approach, strand 1 of the pilot, involves schools in seven counties: Cavan, Laois, Leitrim, Longford, Mayo, Monaghan and Tipperary. The aim is to provide one-to-one counselling to a small number of children experiencing mild-to-moderate mental health difficulties, which NEPS has responsibility for co-ordinating and implementing. Counselling is provided by counselling practitioners and consists of eight one-hour sessions, with two of the sessions including parents and relevant school staff. NEPS

psychologists have a role in assisting school leaders in identifying and prioritising children who will access counselling support. Children who access counselling support are considered by the school, in consultation with NEPS, in line with the continuum of support to ensure those with the greatest need access the greatest level of support. Guidance in selecting children is provided by an up-to-date Student Support File and children's most recent student support plan, reviewing interventions and adaptations provided by the school over a period of time (Department of Education, 2023a). The second strand involves clusters of primary schools in Cork (20 schools), Carlow (21 schools), Dublin 7 (22 schools) and Dublin 16 (16 schools) which saw the establishment of a new type of support for clusters of primary schools in these areas from Wellbeing Teams i.e. the NEPS psychologist and Education Wellbeing Practitioners (EWPs). Strand 2 involves the introduction of EWPs who will work under the direction and supervision of NEPS psychologists. EWPs are from social work, psychology or education graduate backgrounds, and have received training and supervision from NEPS psychologists (Department of Education, 2023b). The focus of the support provided in strand 2 is on strengthening whole school preventative approaches. This includes the provision of psycho-education support for parents and teachers, and the provision of early intervention to groups of children or individual children with mild/emerging need, using low-level therapeutically informed approaches. In the academic year 2023-2024 supports for children focused on class group or small group interventions. It is expected that low-level therapeutically informed interventions with individual children will begin in the academic year 2024-2025. The effectiveness of this pilot has yet to be evaluated as it is still ongoing.

Also emerging in an Irish context is the need for more collaborative approaches amongst services that support children in the school environment. The Mulvey Report, "Creating a Brighter Future" (2017), in response to the ongoing feud between criminal gangs,

outlined a plan for the social and economic regeneration of Dublin's North East Inner City (NEIC). It outlined that some small areas of the NEIC had 80% of households that were single-parent, half of the population having education limited to primary school level and less than 5% having received third level education (Mulvey, 2017). High levels of unemployment, high dependency on state housing and growing clusters of non-nationals of which some were victims of economic, social and human rights issues were also highlighted. It was a recommendation of the report for an integrated system of social services, including education, to "be coordinated under a single plan which is in response to the particular needs and circumstances of different communities within the area" (Mulvey, 2017, p.25)

As part of the Mulvey Action plan, two projects began in September 2020 in 10 NEIC primary schools, the City Connects Pilot Project and the in-school NEIC Multi-Disciplinary Team (NEIC MDT). City Connects, a school-based intervention developed by Boston College in 2000, assesses the strengths and needs of each student in the school and connects students with tailored supports and resources, both inside and outside the school (Mulvey, 2017).The in-school project sought to align existing services already present in schools such as the Home School Community Liaison [HSCL], School Completion and NEPS with a MDT team. The project consists of an enhanced NEPS service (meaning more allocated time per school year), HSE occupational therapists, speech and language therapists and HSE Primary Care Psychology across 10 primary schools; providing a needs based, on-site service that responds to the presenting issues for each child, their family and school through a wrap-around, child-centred tiered model (Department of Education, 2023c). The project also highlights that the quality of leadership within schools and within services is a key driving factor for the implementation of effective and integrated school services. Projects such as the NEIC promote many principles that reflect TIA such as giving children a voice, focus on

building relationships, empowering parents, promoting secure attachment and social/emotional development to enable children to access the curriculum, build teacher capacity and to promote collaborative work with teachers and other key stakeholders (Department of Education, 2023c).

Other initiatives have been established by the government to meet the needs of the increasingly challenging issues emerging in schools. For example, Delivering Equality of Opportunity in Schools (DEIS), an action plan for educational inclusion by the Irish government was first launched in 2005 (Department of Education, 2022c). This move was in an effort to address the educational needs of children and young people from disadvantaged communities, from preschool through to second level education and currently targets 1,194 schools in Ireland. The project was expanded in 2022, to include three school bands: DEIS Urban Band 1, DEIS Urban Band 2 and DEIS Rural to capture a greater breadth of disadvantage to include Traveller and Roma populations, those in direct provision and experiencing homelessness. Inclusion in the programme is based on location and level of disadvantage. Schools have access to a Home School Community Liaison (HSCL) scheme where schools have a teacher whose role it is to support families, the school and the broader community in working together to help students attend and stay in school (Department of Education, 2022c). DEIS schools have a lower teacher-student ratio, an administrative principal, free book and meal schemes along with being prioritised for national training in different areas of school life (Department of Education, 2022c). Some school leaders with a perceived view of greater disadvantage, intergenerational trauma and poverty have been vocal within the media, expressing concern that the scheme's expansion somewhat dilutes the DEIS programme and does not acknowledge that some schools require more support than others (The Irish Examiner, 2023).

Conclusion

Robust international research indicates that childhood adversity, particularly when experienced in multiples, has the potential to negatively impact children's development, health and life trajectory across their lifespan. Although no national study specific to the prevalence of ACEs amongst children has been conducted to date, some studies within an Irish context have highlighted that a similar trend to that internationally exists in an Irish context, potentially to even a greater degree (Hyland et al., 2021; McCutchen et al., 2022).

With evidence of increased distress and trauma experienced by children and school communities during the COVID-19 pandemic, trauma-informed approaches in schools are required now more than ever. A trauma-informed approach adapts a systems-level framework for realising, recognising and responding to the impacts of trauma in ways that promote healing and avoid re-traumatisation (McIntyre et al., 2019). As discussed previously, there is no one consistent framework for addressing trauma in schools, with many states in the US and internationally experimenting with various models. Furthermore, there are many variations of practice in the implementation of programmes in schools and in the absence of meaningful considerations around approaches and translating information acquired from training to daily practice; trauma-informed practices are unlikely to be sustainable in the long-term (Gherardi et al., 2021; Wassink- de Stigter et al., 2022).

Within Irish schools, the MTSS is a well-established model that relies on evidence-based practices along increasingly intensive tiers of a continuum of support. From a review of the literature, the implementation process is complex and two-fold. Broadly, it requires commitment at the school exosystem, in which a framework like the Missouri Model (see Figure 5) is used to set out and to track a schools' systemic progression. The other element is the implementation of practices and interventions in line with the MTSS, such as Chafouleas

et al.'s (2016) model (see Figure 6). There are significant opportunities for psychologists to assist schools in creating change at all levels of the school's ecological system such as supporting school leadership with policy, planning, training and implementation of programmes.

This chapter has identified factors that impact the capacity of the school ecological system to meet the needs of children who have experienced adversity in an effective manner. Challenges in the macrosystem such as increased pressure on understaffed services, lack of collaboration between services, lack of teachers in urban schools, poverty, homelessness and increased numbers of children enrolled in schools with potential exposure to ACEs have all placed increased demands on the school to respond to children's needs.

Many efforts have been made by the Department of Education in an effort to support the emerging needs in schools. However, in the absence of national Government policy specific to responding to trauma, in providing a framework for practice and guidance for schools, there is little known about the knowledge, preparedness or capacity for schools to systematically implement such a trauma-informed approach (Gubi et al., 2019).

School leaders have reported inadequate school policies, training and resources in relation to responding to student trauma, leading to informal trauma interventions employed in the school system being determined by their own professional experience (Berger et al., 2020). The literature suggests that teachers are best placed in responding therapeutically to children displaying behaviours reflecting developmental trauma, but how this occurs in the school environment has led to much debate (Collier et al., 2020). Recognition of the impacts of working with traumatised children is essential from a top-down systemic perspective with robust measures put in place to support staff (Brooks, 2020). In the next chapter, the rationale for the qualitative design of this study is outlined.

Chapter 3: Empirical Study Methodology

As outlined in chapter 2, school leaders have an imperative role in implementing and sustaining a trauma-informed approach within the school environment. In the absence of a national framework to provide guidance to schools, the aim of this research is to examine school leaders' experiences in responding to children's trauma in the context of the school ecological system. Positioned within a qualitative paradigm and informed by a critical realist epistemological perspective, the current research adopted a qualitative research design. Individual semi-structured interviews were conducted with a convenience sample of primary school leaders. This chapter provides an overview of the research paradigm and rationale for the qualitative approach taken within this study, as well as a consideration of the timeline, ethical assurances and limitations of the study.

Research Aim and Objectives

The overall aim of the research study is to explore school leaders' experience of working with children experiencing trauma and trauma-informed approaches employed within the school environment, along with the barriers and challenges encountered in effectively responding to children's needs. The three research questions are as follows:

1. To examine school leaders' experience of working with children experiencing trauma and their sense of efficacy in responding to the needs of children
2. To explore the extent to which trauma-sensitive policies, practices and strategies are in place in school settings
3. To determine the challenges and barriers that school leaders experience in respect of responding to student trauma

Qualitative Paradigm

A paradigm is a term used to describe a researcher's "worldview", a set of beliefs that guide the researcher's investigation, underpinning every decision made in the research process (Guba & Lincoln, 1994; Kivunja & Kuyini, 2017). Different paradigms (scientific or interpretative) hold their own assumptions in relation to reality and knowledge, which influence the research approach (Scotland, 2012). Fundamentally, this research is underpinned by a qualitative paradigm, a paradigm that assumes not only one version of reality but in fact multiple versions that are linked to the context in which they occur. A qualitative paradigm acknowledges that data is "produced in particular contexts, by participants who come from, and are located within, specific contexts" (Braun & Clarke, 2013, p. 21). It aligns with the ecological systems theory and attachment theory framework that is employed in this research, a dynamic perspective which highlights that approaches to children's well-being cannot be separated from the relationships within systems, in the case of this research, the school system (O'Toole, 2017). The qualitative approach employs different philosophical assumptions, strategies of inquiry, methods of data collection, analysis and interpretation than that of a quantitative approach (Creswell, 2009). It is a belief that humans engage and make sense of their world through their historical and social perspectives, thus the research being inductive, with the researcher drawing meaning from the data collected (Crotty, 1998). A qualitative paradigm uses more naturally occurring methods of data collection, which is exercised in this research, in which meaning of the research topic is derived from the views of participants (Creswell, 2014). More specifically, this current research employs a social constructivist/interpretivist stance where reality is socially constructed and holds the assumption that "individuals seek understanding of the world in which they live and work and develop subjective meanings of their experiences" (Creswell,

2014, p. 217). Social constructivism is a broad theoretical framework that rejects a single ultimate truth; the individual interpreting the world through socio-political, cultural and historical contexts with meaning derived from social interactions (Braun & Clarke, 2013). The study is experiential in nature as the researcher seeks to establish meaning of a phenomenon from the views of participants and understand the subjective world of the human experience (Guba & Lincoln, 1994). A paradigm holds four main important elements, namely, epistemology, ontology, methodology and axiology (Lincoln & Guba, 1985). This research holds a subjectivist epistemology, a relativist ontology, a naturalist methodology and a balanced axiology which are further described in greater detail.

Subjectivist Epistemology

Epistemology, from the Greek word *episteme* meaning knowledge, is used to describe how we come to know something. It constitutes what information is determined as valid, trustworthy and true knowledge within a community (Braun & Clarke, 2013). The assumption of a subjectivist epistemology within this research infers that the researcher understands data through their own thinking which is informed by the interactions with participants (Kivunja & Kuyini, 2017). It takes the position that knowledge is perspectival and therefore a singular, absolute truth is unattainable (Braun & Clarke, 2013). It differs significantly from a positivist epistemology that employs a predominantly scientific method of investigation that searches for cause-and-effect relationships and interprets data in terms of facts (Kivunja & Kuyini, 2017).

Relativist Ontology

Ontology is the study of being and is concerned with what constitutes reality; whether or not we think reality exists separate from human practices and understandings (Braun & Clarke, 2013). Ontology helps the researcher think about the research problem, its

significance and the approaches that may be taken to help find a solution to the problem (Kivunja & Kuyini, 2017). Guba and Lincoln (1994) describe relativism as a reality that is subjective and differs from one person to the next, being individually constructed. A relativist ontology assumes that a particular situation has multiple realities that can be explored through interactions between the researcher and participants (Scotland, 2012). In the context of this research in exploring trauma-informed approaches, a relativist approach is deemed most appropriate as the lived experiences and attachment styles of any two people may not be the same and their interpretation of events can differ. School systems vary from one to the next in their social context (school macrosystem), leadership approaches, culture, policy, practices, staff (school exosystem) and indeed the interactions between the staff, peers and the child (school mesosystem). Therefore, experiences and realities are different.

Axiological Considerations

Axiology refers to the role of values, and it is imperative that the role of the researcher's belief and value system within the study is considered through subjectivity and reflexivity. Braun and Clarke (2013) emphasise that the interaction between the researcher and participant should be viewed as an advantageous research tool and not a limitation. In an effort to use subjectivity as a research tool, it requires the researcher to be personally reflexive, a process of critically reflecting on the knowledge that is produced and the role of the researcher in producing the knowledge. The role of the researcher as the primary data collection point "necessitates the identification of personal values, assumptions and biases at the outset of the study" (Creswell, 2009, p. 181).

Braun and Clarke (2013) note that the researcher's own personal experience can shape how the data is interpreted, which can be advantageous to the data analysis but also a limitation which needs to be acknowledged and reflected upon by the researcher. Due to my

professional role, I bring certain biases to this study and to a degree have multiple "insider" and "outsider" positions. Although every effort was made to ensure objectivity through reflexivity, these biases may shape the way I view, understand and interpret the data. I endeavoured to employ a qualitative sensibility towards my research, having an interest in the process and meaning, over cause and effect and an ability to reflect on and step outside my own cultural position (Braun & Clarke, 2013).

Research Design

This study was conducted within a qualitative paradigm which provided an overarching framework for both the data collection and analysis processes. A generic qualitative research methodology was chosen as is it was deemed the best method to allow for the exploration of meaning individuals ascribe to a social or human problem (Creswell, 2009). One of the main rationales for using this approach was the lack of prior research in understanding the perspectives of school leaders' experiences of student trauma (O'Toole, 2022). The researcher wanted to engage with school leaders as this would facilitate a unique opportunity to listen and build an understanding based on their respective subjective experiences (Creswell, 2014). It is imperative that the theoretical framework for qualitative research and its methods match what the researcher wants to know (Braun & Clarke, 2006).

Qualitative research is best placed in exploring and understanding the meaning participants attribute to a social or human issue, in the case of this research, trauma (Creswell, 2014). It takes the form, of what Braun and Clarke (2013) refer to as the "Big Q" qualitative research, the application of methods, data collection and analysis within a qualitative paradigm, rather than a positivist one, which tends to employ "small q" questions within a largely quantitative method of data collection. Qualitative research typically does not have a hypothesis which is empirically tested, understanding is the key premise. The data collected

within qualitative research is relatively naturalistic in the sense that it is not pre-coded and categorised at the point of collection (Braun & Clarke, 2013).

Procedure

Participants and Recruitment. School leaders, namely, principals, deputy principals, and/or special educational needs co-ordinators (SENCO) were invited to take part in this study. The rationale for including SENCOs is that very often the nature of their role entails being responsible for and perhaps being more acutely aware of a student's complex needs, particularly in relation to mental health and wellbeing. The researcher considered narrowing the research to school leaders who had completed the online webinar, "An Introduction to Trauma Informed Approach: The Stress Factor - Getting the Balance Right", which is made available to schools through the NEPS online learning platform. While I decided against this approach, as this sample would come to the research with "some" knowledge and training on the topic and would not be representative of all school leaders, school leaders who may have completed the training were not omitted.

Potential participants were identified on the publicly available list of primary schools on the Department of Education website that were representative of all primary schools across the geographical area of County Dublin. An email was sent by the researcher to all primary schools (n = 372) for the attention of the principal. The information letter (Appendix A) provided information on the nature of the research and included contact details and a consent form (Appendix B). The researcher works in the geographical area in which the data was being collected and on reflection omitted schools which were assigned to her during in the past two academic years or schools that had engaged in clusters groups/training delivered by the psychologist within this timeframe, as it was considered a potential conflict of interest and an unequal relationship. Eighty-nine schools were omitted from the study. A pre-existing

relationship may have put pressure on the participants to engage in the research or if participating, be uncomfortable with the research questions or feel they would have to respond to questions in a certain manner. As summarised in Table 1, of the 372 schools which were invited to participate, 24 school leaders responded indicating an interest in the study, and of these, 13 schools (11 of which were DEIS schools) participated. The researcher considered the sample size and critically reflected on the large sample of DEIS schools and questioned possible reasons for this interest such as potential increased awareness of trauma within DEIS settings, increased exposure to trauma within DEIS settings and/or increased need to advocate on behalf of their student populations.

Table 1

Summary of Primary School Sample

Schools Invited	Schools that Expressed Interest	Final Number
N = 372	N = 24	N = 13 DEIS = 11 Non-DEIS 2

Data Collection. When the consent forms were received from interested participants, an interview date and time was agreed between February and March 2024. School leaders working in DEIS schools expressed particular interest in taking part in the study. While 15 schools were initially scheduled to take part in the study, two could not be completed due to inclement weather on the scheduled day. The final sample consisted of 13 schools and 15 school leaders (two schools had two school leaders who took part in the same interview). Data collection involved face-to-face interviews in the participants' schools. Of the 13

schools which participated, 11 were DEIS and 2 Non-DEIS. All participants were female, ranging in years of experience from 14 to 37 years. Of the 15 participants, nine were principals, five were deputy principals and one was a Home School Community Liaison. Only one school had a policy specific to trauma in their school. Six school leaders reported that some staff had engaged with online webinar training specific to trauma-informed practice, with one school having accessed their own training. School and participants' information is summarised in Table 2.

Table 2

School and Participants' Information

Pseudonym	Role	DEIS Status	Years Experience	Stress Factor Training	Trauma Policy
Ann	Deputy Principal	DEIS	>20	Yes	No
Julie	Deputy Principal	DEIS	22	No	No
Maeve	Principal	DEIS	>20	No	No
Monica	Principal	DEIS	37	Yes	No
Susie	Deputy Principal	DEIS	20	No (other)	Yes
Jane	HSCL		10		
Maria	Principal	Non-DEIS	>20	No	No
Ciara	Principal	DEIS	14	No	No
Jean	Principal	Non-DEIS	>30	Some staff	No
Adele	Principal	DEIS	23	Some staff	No
Erica	Principal	DEIS	>20	No	No
Mary	Deputy Principal		>20	No	No
Sharon	Principal	DEIS	20	No	No
Barbara	Deputy Principal	DEIS Gaelscoil	>20	Yes	No
Lauren	Principal	DEIS	>20	Yes	No

Identifying the Prerequisites for Using Semi-Structured Interviews. Functional reflexivity refers to critically reflecting on how research tools and process may influence the research (Braun & Clarke, 2013). After careful consideration of the research paradigm, semi-structured interviews as a data collection method were selected. Semi-structured interviews are versatile and flexible in their approach along with their capacity to enable reciprocity between the interviewer and participant (Kallio et al., 2016). Semi-structured interviews

allow participants to be encouraged to expand their responses thus facilitating a greater depth and detail on experiences and feelings, reflecting this research paradigm. Semi-structured interviews are considered suitable when research topics are studying peoples' perceptions, opinion and complex or emotionally sensitive issues, as is the case with this research. Furthermore, it is also deemed a suitable method when it is thought that participants may have a low level of awareness of the subject (Kallio et al., 2016). As outlined in chapter 2, research indicates that while trauma-informed approaches and practices are widely used terms within school systems, practices vary considerably across settings (Gherardi et al., 2021). Little qualitative research has been conducted in relation to this topic in an Irish context and this research is unique in that endeavours to capture the views and experiences of school leaders', who are very often the driving force behind embedding practices in schools (O'Toole & Dobutowitsch, 2022). The semi-structured interview is therefore identified as the most appropriate method of collecting data.

Retrieving and Using Previous Knowledge. The aim of this phase is to gain a comprehensive understanding of the research area which was achieved through a comprehensive literature review. The literature review created a predetermined focus for the interview in which previous knowledge could be explored in more depth. The researcher identified gaps in the research which highlighted the absence of the voices and experiences of school leaders' in responding to trauma within their respective schools (Berger et al., 2020; Maynard et al., 2019).

Formulating the Preliminary Semi-Structured Interview. The focus of this phase is to formulate an interview guide as a tool for the data collection which is informed using previous knowledge in directing conversation towards the research topic during the conversation. Questions need to be clearly connected to the purpose of the research and

placement within the schedule should be orchestrated by the researcher to reflect deliberate progressions toward a fully in-depth exploration of the phenomenon (Galletta, 2013). Questions are designed to achieve and extract the richest possible data in a spontaneous manner that reflect the participants' own experiences and feelings but also the researcher needs to be clear about the purpose each question serves (Galletta, 2013; Kallio et al., 2016). To achieve this, the interview schedule consisted of two levels of questioning: main themes and follow up exploratory questions. As the study was underpinned by Bronfenbrenner's ecological theory, the interview protocols intended to elicit the data necessary to reflect those systems and levels within the school setting. Three broad overarching questions reflected the core of the research study, encouraging participants to speak freely about their experiences and perceptions. Questions at this level tended to be open-ended to allow space for the participants to talk about their experiences but needed to be deliberately tied to the research topic (Galletta, 2013). The follow up questions were used to direct/redirect the participant toward the theme and to help understand what was being asked. As can be seen in Appendix C, the main themes in the interview schedule were school leaderships' experiences of responding to student trauma, trauma-informed approaches and practices employed within the school, and the barriers encountered in adequately/appropriately responding to student trauma.

Pilot Testing of the Interview Guide. This is an important part of the process which allows the researcher to identify the possible need to re-formulate questions and to test the implementation of the guide, making it possible to make any changes and adjustments to the questions. A pilot of the interview schedule was carried out through "field-testing", which involved testing the interview schedule with a potential study participant which simulates the real interview situation (Kallio et al., 2016). In this case, the researcher completed one pilot

interview with a school leader in an Educate Together national school. The pilot allowed the researcher to think and reflect on the interview procedure more so than the interview questions and initial thoughts, feelings and reflections were noted in a research journal. It was noted by the interviewee that once the informal conversation ceased in advance of the interview and the microphone was applied, she identified a shift in the formality of the interview. The researcher thus amended this approach at the beginning of each interview, applying the microphones during the informal conversation to avoid a shift in energy in the room, preventing the interview becoming stilted. The recording was then activated discreetly when the time for the interview questions came around.

Presenting the Interview Guide and Interview Procedure. The final interview guide was based on and reflected the previous phases of the development process. Each interview lasted approximately 30-45 minutes. At the start of the semi-structured interviews, participants were asked to provide demographic information on their school (DEIS or non-DEIS), information on their teaching experience and educational background. Some initial informal conversation preceded the interview in order to generate a rapport with the interviewee, with the researcher then turning the focus to the school leaders' experiences of working with children presenting with trauma. It was noted by the researcher that some school leaders were more comfortable than others at responding to direct questioning. The researcher also reflected on the process of conducting interviews face-to-face within the school ecological system and the impact this experience potentially had on the researcher's interpretation of the views of participants. Those with experience in advocating for the needs of their school or dealing with high levels of complex needs were identified as being more confident in voicing their opinions. Given the different experiences of school leaders and challenges within differing schools, the interviewer was required to be flexible with the

process, allowing school leaders to voice their opinions in a validated manner and then to gently circle back to the interview questions in order to maintain consistency and adhere to the interview schedule. All interviews were audio recorded and transcribed verbatim by the researcher.

Data Analysis

Analysis Strategy: Reflexive Thematic Analysis

There are many different types of qualitative data analysis, some are more common within psychology such as Thematic Analysis (TA), Interpretative Phenomenological Analysis, Grounded Theory and Discourse Analysis. Thematic Analysis was first developed by physicist and historian of science, Gerald Holton, in the 1970's and since then has grown in popularity (Braun & Clarke, 2013). The analysis used in this study was reflexive TA as it is a widely used qualitative analytic method within psychology that offers an accessible and theoretically flexible approach to analysing qualitative data (Braun & Clarke, 2006).

A clear demarcation of TA provides a "recipe" for researchers undertaking thematic analysis. Braun and Clarke (2013), are clear that thematic analysis is far from a linear process and is indeed more of a recursive process, where movement back and forth between the "phases" is necessary. They provide a six-phase framework for conducting TA, namely, 1) becoming familiar with the data, 2) generating initial codes, 3) Identifying themes across data, 4) reviewing themes, 5) defining themes, and 6) writing up.

Familiarisation with the Data. This initial phase was more observational in nature rather than systematic but needed to be engaged with "actively, analytically and critically" (Braun & Clarke, 2013, p.205). This process essentially began with an immersion in the data, the researcher becoming familiar with the data set and re-listening to the audio recordings. While re-listening to the audio recordings, the researcher simultaneously followed the

interviews on hard copies keeping notes of features that were of interest in a separate journal and engaged reflexively on the content of the data, not taking things at face value, questioning why things are a certain way and how they could potentially be different. The researcher strived to develop a "double consciousness", where the researcher listens intently to the interviews and critically reflects on what is being said (Braun & Clarke, 2013).

Further to this, it was important to reflect on the relationship between the sample and the features of the data that were being identified. Many themes emerged that were somewhat expected and reflected what the researcher thought may emerge through her own professional experience and having completed a literature review. However, other prominent themes which had not been considered such as the impact of COVID-19 pandemic and the importance school leaders placed on the role of the SNA within the school environment came to the fore.

Generating Initial Codes. When approaching coding, there are two main forms that researchers employ, selective coding and complete coding. Complete coding was used within this research whereby everything that was related or had relevance to the research questions was coded initially. As illustrated in Appendix D and E, this initial coding was completed on electronic copies of the transcripts using words or brief phrases that reflected why a section of data may be useful. This was followed by reviewing the hard copy dataset and clearly writing any further codes that were identified. Coding involved data-derived semantic codes that reflected the participants language and concepts, without the researcher interpreting their words. On further immersion in the dataset, latent codes were derived whereby the researcher began to identify implicit meanings through an interpretative lens within the dataset, for example, "Children with complex needs are better placed in DEIS schools". Some codes overlapped throughout the dataset therefore, on revision, a broader code was used to reflect

the general sentiment. On completion of the coding process, data excerpts were collated reflecting similar codes. Once again, the researcher took time to engage reflexively with the data and considered quotes which were deemed by the researcher as capturing the views of school leaders. At this stage, all data and codes were derived in a "bottom-up" or inductive process, critically reflecting on the knowledge that was being produced and the role of the researcher in producing that knowledge.

Identifying Patterns Across Data. A theme captures something identified as meaningful by the researcher across the data which is relevant to the research questions and forms a central organising concept, combining all codes that represent a broader idea to form a theme (Braun & Clarke, 2013). Themes are not discovered, it is an active process through thorough examination of codes and coded data, where candidate themes are identified and refined throughout the developing analysis that reflects some level of patterned response. Good themes are distinctive, but at the same time work together to form the overall final analysis (Braun & Clarke, 2013). On reviewing the coded transcripts, the researcher identified a number of candidate semantic level clusterings followed by candidate latent clusterings when the researcher was more immersed in the data (Braun & Clarke, 2013).

Reviewing Themes. Braun and Clarke (2013) describe this phase as one of quality control, checking that the candidate themes fit well with the coded data and extracts, to tell a story that reflects the data. At this final stage, the researcher reviewed the coded and collated data to ensure they fitted well into their respective candidate themes and that the candidate themes captured all the data well. Some sub-themes were revised and deemed more suitably placed under other themes. Time was also spent identifying those that needed to be excluded, namely those that did not address the research question.

Write Up. The final stage is one that marries analysis and writing to tell a clear and coherent story about the data collected and what it means (Braun & Clarke, 2013). It requires clear definitions of the themes, selecting extracts to illustrate each of them and writing a narrative around such themes, a process which the analysis develops into its final form. Braun and Clarke (2013) reiterate the importance of selecting quotes that convince the reader of your analysis, and which need to be vivid and compelling. The researcher at this point is speaking for the data.

Validity and Reliability

Within qualitative research, reliability refers to consistency, transparency and the ability to generate the same results over repeated testing periods by different researchers (Braun & Clarke 2013). At the outset, to promote transparency, the researcher provided a comprehensive narrative literature review, situated within an appropriate theoretical framework to provide a context and need for the current study. The rationale for the qualitative design and the philosophical assumptions that underpinned the research study were outlined which informed the methods employed including the research sample, interview schedule, data analysis and in turn the robust discussion on the findings.

Although each interview and subjective experience of participants is different, along with the rapport generated between the researcher and the participant, consistency was adhered to insofar as possible throughout i.e. interviews took place in school settings, the same interview schedule was adhered to with all interviews transcribed in detail. The researcher engaged in reflexive practice throughout the study, aware of her active role in generating and analysing the data. Although coding and analysis should be objective, inter-rated reliability was conducted on 50% of transcripts and coded data by the researcher's supervisor to promote reliability.

Validity as described by Braun and Clarke (2013) refers to whether the research captures reality, which is hard to achieve within qualitative research and this study as there are multiple realities reflective of the participants views and the researchers' interpretations of the data. The researcher applied and adhered to the checklist for completing quality Thematic Analysis (TA) as devised by Braun and Clarke (2013, which can also be used as a guide for qualitative research. This checklist provided guidance to ensure clarity about what is being done, that what is planned is carried out and that overall, theory and method are applied rigorously (see Table 3).

Table 3

A 15-point Checklist of Criteria for Good Thematic Analysis

Process	No	Criteria
Transcription	1	The data has been transcribed to an appropriate level of detail, and the transcripts have been checked against tapes for 'accuracy'
Coding	2	Each data item has been given equal attention in the coding process
	3	Themes have not been generated from a few vivid examples, but instead the coding process has been thorough, inclusive and comprehensive
	4	All relevant extracts for all each theme have been collated
	5	Themes have been checked against each other and back to the original data set
	6	Themes are internally coherent, consistent, and distinctive
Analysis	7	Data have been analysed-interpreted, made sense of rather than just paraphrased or described
	8	Analysis and data match each other- the extracts illustrate the analytic claims
	9	Analysis tells a convincing and well-organised story about the data and topic
	10	A good balance between analytic narrative and illustrative extracts is provided
Overall	11	Enough time has been allocated to complete all phases of the analysis adequately, without rushing a phase or giving it a once-over-lightly
Written Report	12	The assumptions about, and specific approach to, thematic analysis are clearly explicated
	13	There is a good fit between what you claim to do, and what you show have done – i.e. described method and reported analysis are consistent
	14	The language and concepts used in the report are consistent with the epistemological position of the analysis
	15	The researcher is positioned to as active in the research process; themes do not just 'emerge'

Source: Braun and Clarke (2013)

Data Management

On receipt of an expression of interest from participants, an excel document of names and email addresses of the participants was held by the researcher on a password protected, encrypted laptop. Consent forms from interviewees were stored as hard copies in a locked filing cabinet. Audio recordings were stored securely on a password-protected laptop in encrypted

format and deleted when all data had been transcribed. Interview transcripts were stored in an anonymised format on a password-protected device in encrypted format. Identifying information was replaced with an ID number and pseudonym which was stored on paper format in a locked filing cabinet. The de-identified transcripts will be stored for up to two years to facilitate publication.

Timeline

Originally the researcher had considered completing a quantitative study exploring school leaders' experiences of responding to children's trauma within the school environment, but on review of the literature and reflection on which would provide richer data, I amended the research to a qualitative design, as this approach would facilitate social and cultural elements which would not be possible to capture in quantitative research. Information letters were emailed to schools regarding the study in January 2024. The researcher began the process of collecting data in late February and completed interviews by early March 2024. It was important for the researcher to select a period that was within school hours and that suited school leaders. On completion of the interviews, the researcher spent March and April transcribing interviews and analysing data, a process that took longer than anticipated. The write-up and discussion of the findings was completed between May and August 2024.

Ethical Assurances

This research received ethical approval from the UCD Human Research Ethics Committee for a Low-Risk Study. All potential participants were provided with an information letter outlining the nature of the research and a consent form if they wished to take part. Participants had the right to request that their de-identified personal data (interview transcripts) be destroyed any time until they were analysed (2 months post interview), after which point

the full set of interview transcripts would be transcribed. Participants were informed that the study would generate two types of personal data: identifiable data with contact details of participants, and de-identified personal data which was the interview transcript.

Managing dual relationships can also be a complex component of qualitative research and was also an ethical consideration for this research. The researcher endeavoured to engage in an empathetic interviewing style to empower participants so that the researcher was not viewed in the sense of being an "expert" in the area of trauma which runs the risk of stilting the interview process. Participant distress was also another area for consideration when conducting semi-structured interviews. There was a degree of minimal risk that participants may have become upset in answering questions in relation to trauma-informed approaches. Contact details relating to school staff wellbeing information was distributed to school leaders post interview in order for them to access support should they have been impacted by content of the interview.

Limitations

This study relied solely on the self-report of school leaders and reflected the views of those who may be more impacted by the needs of children impacted by trauma. While the invitation for participation in this research was sent to primary schools (n = 372) in County Dublin, many of the 15 schools who expressed interest in taking part worked in DEIS schools and potentially had more experiences and stronger views on the presentation of trauma within the school environment. Therefore, the findings may not reflect the majority of school leaders' views and experiences. The study sample is small and therefore is not generalisable and would be strengthened by a larger sample size across a broader demographic area. Notwithstanding these limitations, the study yielded rich data which contributes to informing policy and practice in terms of the implementation of a trauma-informed approach in Irish schools.

Conclusion

This chapter provided an overview of the research paradigm including the ontological and epistemological stance of the research. In addition, the procedure for carrying out the research and strategy employed for analysing the data is outlined. Data management, the timeline for completing the research, ethical assurances and limitations of the research study were also considered. In the next chapter, chapter 4, the findings of the empirical research will be discussed with reference to the themes and sub-themes which were identified.

Chapter 4: Findings

Introduction

As increasing numbers of schools aim to incorporate trauma-informed approaches (TIA) within their schools, little is known about its adaptation in an Irish context. This research study aimed to explore the experiences, training and support needs of primary school leaders in terms of supporting students who have experienced trauma, with due consideration given to the organisational processes of the school, including barriers and facilitators to its implementation and sustainability. The specific research questions were:

1. To examine school leaders' experience of working with children experiencing trauma and their sense of efficacy in responding to the needs of children
2. To explore the extent to which trauma-sensitive policies, practices and strategies are in place in school settings
3. To determine the challenges and barriers that school leaders experience in respect of responding to student trauma

Strong leadership is imperative in implementing a TIA and this chapter documents the findings of the study regarding the views and experiences of school leaders in relation to responding to children's trauma in the school environment, along with the barriers and challenges encountered. While each school leader's experience was specific to them and the school context in which they worked, a number of recurring issues were identified across the dataset which following analysis generated a number of themes and subthemes. As illustrated in Table 4, three themes and six-sub themes reflect the first research question of school leaders' experiences and sense efficacy in responding to children's trauma; two themes and four sub-themes reflect the second research question of trauma-sensitive policies, practices and strategies in place in the school environment; and three themes and six sub-themes

reflected the third research question of the barriers and challenges experienced by school leaders in respect to responding to student trauma. These themes and subthemes will be discussed in this chapter in the context of the three research questions.

Table 4

Themes and Subthemes

Research Question	Theme	Subtheme
To examine school leaders' experience of working with children experiencing trauma and their sense of efficacy in responding to the needs of children	The Domino Effect	Effective Leadership The Role of Experience
	Firefighters	Responding to Trauma Impact of COVID-19 Pandemic
	A Jack of all Trades	The Changing Role of Teaching The Importance of Social, Emotional Skills
To explore the extent to which trauma-sensitive policies, practices and strategies are in place in primary school settings	School as a Safe Haven	The Culture of School Trauma-Informed Practices within Schools
	A Beacon of Hope	Breaking the Cycle The Role of the SNA
To determine the challenges and barriers that primary school leaders' experience in respect of responding to student trauma	External Support Services: Ships in the Night	External Support Services: A Broken System Engagement with Parents
	Navigating Red Tape	Fear of the Inspectorate Departmental Policy
	Tipping Point	Resources Training Challenges

When presenting the findings of participants' views, "few" refers to 15% or less of participants, "some" refers to 30% or less of participants, "most" refers to 30-60% of participants and "many" refers to 60% or higher of participants.

The Domino Effect

A "Domino Effect" is a metaphor used to describe a chain reaction which occurs when one action or event offsets a chain of events. This theme reflects the influence and ripple effect that school leadership impresses on the whole school community. Strong leadership is required when implementing a trauma-informed approach. Within this theme, the role of effective leadership and the role of experience are discussed.

Effective Leadership

"...a huge part of it does come from the top with Teresa [principal]. She really cares about the children in the school, it's not just a job. She actually cares about the kids and wants the best for them" (Julie, DEIS school deputy principal).

Many participants recognised the influential role and cascading effect that senior management has on the approaches taken by the whole staff when responding to the needs of children. Effective leadership was reported to set the wider scene for the school's response to trauma, a top-down approach that leads to its transference across the board. One deputy principal of a large DEIS school intimated that this has a lot to do with the integrity and experience of school leaders, an inherent quality that cannot be feigned, "*Sharon as the boss…. culturally she has a very big effect on the school because she is the principal and she's coming from a very nurturing background herself*" (Ann, DEIS school deputy principal). A number of school leaders recognised that being trauma responsive is a collective effort that requires whole staff commitment if it is to be truly effective. The vision of school leaders must consider the role and expectations of all staff members, as the following quote illustrates, "*I think you need the buy-in from the people who are on the ground and in the classrooms or in learning support or, you know, in different settings*" (Susie, DEIS school deputy principal). Being mindful of working as a team and leaving aside the "ego" of being a school principal is something that Jean, a principal of a non-DEIS school said could be

detrimental to a school culture if you believe "*you're more important than what's happening collectively*".

Maria, a principal of a non-DEIS school, described how children's complex behaviour can have considerable impact on the school day, "*Everybody's time is taken up. My day is gone. The SEN teacher's day is gone, the SNA, you know everybody is called in to help and it's a big ask of everybody*". One DEIS school principal, Ciara, highlighted the importance of modelling responses as a school leader, sending an important message of solidarity to staff and leading from the top down:

> I would be aware of how I deal with situations, respond to situations when I'm called to what's perceived to be a traumatic reaction. It's you know, how you deal with the child, is how I expect other staff members to respond to the child. (Ciara, DEIS school principal)

All participants expressed a sense of gratitude for the staff while having an acute awareness of the impact of a stressful working environment, "*It takes its toll on staff and it hugely takes its toll on me*" (Monica, DEIS school principal). Many referenced the importance of positive relations amongst staff, particularly on those challenging days, *"We compensate a lot by the fact that we are such a good team... and really, really put a premium on getting on and being friendly"* (Ann, DEIS school deputy principal), with one principal, Adele, stating that peer support is essential for bolstering staff morale:

> I think the general ethos of a school has to be positive, for people to be motivated to do stuff. Any kind of toxic energy is really going to affect the staff. So, I think staff personal relations is really important.

Timetabled official peer support within schools was reported by several participants as something that is needed but time pressures prevent it occurring.

The Role of Experience

"The herd memory is there, there is some kind of passed down wisdom" (Monica, DEIS school principal).

Experience was recognised as contributing hugely to participants' personal passion and motivation in relation to implementing a trauma-informed school approach. All participants reported considerable experience, with all but one participant having at least twenty years working in schools. While some stated that the use of the terms "ACEs" and "trauma" is relatively new language, the majority of participants recognised that trauma is not a new phenomenon and is something which has always been prevalent in their school communities. Poignant individual experiences in school leaders' own professional career have influenced the trajectory of their professional journey, as one participant recollected, "*I remember very, very, very distinctly we were lighting the Christmas tree in Patrick's Street, I'd been down there with my boys, we had a Christmas choir for the lighting of the Christmas tree*" (Lauren, DEIS school principal). On her way home, Lauren described a scene that was an awakening experience for her:

> And I had to walk through the area and my God, what I thought I knew, like it was lit. When I say on fire, it was literally actually on fire. And I had never seen that, like you hear about it. But when you… when you see something, when you smell something, when you smell the burning, when you hear the cackling and the screaming and the kid's hysteria and hanging out windows and this, like, really crazy, dangerous situation to be in.

Lauren's experience as a young teacher witnessing the lived experience of some of her students, the chaos on the streets, the lighting of fires and the place being "lit" implied that her initial teacher training could never have taught her these life experiences. Comments such as "*what I thought I knew*", "*like you hear about it*" intimated the potential contrasting backgrounds of educators and the populations of children they teach. Pivotal experiences, such as that described by Lauren influenced the direction of some of the participants' careers,

as she explained, "*When I did decide to go on for principalship, I actually sought out a DEIS school because I felt like that's what I knew best*". Life experience was perceived by several participants as a barrier for Newly Qualified Teachers (NQTs) in responding to children with who may have experienced trauma:

> ...young teachers just don't understand, and I didn't for years really understand what's going on, what the children can sometimes be leaving behind because as you go through life, you realise there's all sorts of things going on for every family. (Maeve, DEIS school principal)

Having taught multiple members or generations within families, including mothers, fathers, uncles or aunts, was identified as being advantageous in having almost a reverse-like domino effect. One principal of a DEIS school commented that when families are familiar with a school leader or staff member, a "*mutual loyalty*" is established which makes "*life so much easier*". Some of the participants spent time working as a Home School Community Liaison (HSCL) which provided them with the opportunity to develop relationships and break down barriers with families and also led to developing a deeper understanding of home circumstances:

> Home school (Community Liaison) is a huge training for management and leadership in a DEIS school, because you get to build that relationship with the parents, without being in a management role. So, you've already established that when you go into management. (Ciara, DEIS school principal)

Some school leaders commented that some members of staff can be reluctant to change practice and embrace trauma-informed approaches. The HSCL was mentioned by several participants as providing a mentoring role, liaising regularly with staff who may find it "*more challenging than others to adapt*" (Barbara, DEIS school deputy principal). Furthermore, liaising with other personnel such as the school completion officer linked with the school and key workers assigned to children has provided further insights and learning opportunities for schools.

Firefighters

Firefighters was a term used by a few participants throughout the interviews, intimating that their response to the needs of children in their schools was temporary, reactive, and a sense that they are always "*plugging the gaps*" (Barbara, DEIS school deputy principal).

Impact of the COVID-19 Pandemic on the School's Ecological System

"Everybody didn't come out of it the same" (Erica, DEIS school principal).

All participants referenced the impact of the COVID-19 pandemic on children's social, emotional and academic development as well as potentially increased exposure to ACEs in the home environment. During this period, many children were unable to access services and social outlets, which Monica, a principal of a DEIS school, felt had a lasting impact on children, "*All of these children now… this little batch, that are passing up the system who didn't see any public health nurses, didn't see anybody, they were all possibly stuck in an apartment. You know… like they're suffering*". Increased levels of emotionally based school avoidance and anxiety amongst children was perceived by all participants as having increased as a result of the COVID-19 pandemic related school closures, with one participant describing COVID-19 as an ACE in itself. Poverty and increased substance abuse was also stated by some as having been on the increase amongst families as a result of the pandemic, inadvertently affecting children:

> Watching their parents being anxious and stressed about bad news and then being at home where there was more, you know, they were witnessing alcohol abuse, drug abuse, domestic violence, depression, all of it. So, I think children witnessed a lot more of that being home all the time. (Julie, DEIS school deputy principal)

When discussing emotionally based school avoidance behaviour, Jean, a principal of a non-DEIS school felt that many children "*got used to being at home*", with no demands or having to "*deal with everybody else's emotions*". On return to school, Ciara, a DEIS school principal,

described the social issues as "*catastrophic*", as she reported that children displayed difficulty interacting with their peers, challenges that were still being seen four years after the COVID-19 pandemic. Gaps in learning were also identified, "*Huge fall-out in their learning. Really, really, really struggling with learning. Like our second class here at the moment, I've never seen children as weak, they missed out on all those services*" (Lauren, DEIS school principal). Two participants also referenced the impact of the COVID-19 pandemic on staff, "*to be brutally honest, I probably felt it more in the staff than the kids*" (Lauren, DEIS school principal), with Ciara (DEIS school principal) noticing an increased level of health anxiety amongst staff, "*I think it's even since we've come out of the pandemic that people have other health issues that they may be more worried about, more inclined to take a day for*". This highlights the reported impact of the COVID-19 pandemic on staff and the importance of prioritising the care of staff as much as children.

However, not all the impacts of the COVID-19 pandemic were negative, with many participants mentioning that it allowed schools to prioritise well-being, and that relationships with parents also strengthened. Maeve, a DEIS school principal, described the casual, informal encounters she would have with parents as she managed the entrance into the school building, a practice that continues, and means that, "*I recognise and engage with all sorts of parents that previously I might only have seen them when there was some sort of mini crisis*". The COVID-19 pandemic and school related closures was cited by Erica, a DEIS school principal, as being a time of real learning for NQTs as they assisted school leaders in delivering food to family homes, giving them an unexpected opportunity to understand the circumstances that some of the children are living in:

> And what was a huge eye opener for them was when we delivered food during COVID-19, they were upset. When they saw the condition some of the children were living in, it was a massive eye opener for people.

Responding to Trauma

"Cos we're all second guessing ourselves. Do you know what I mean, and what works one day doesn't necessarily work the next day" (Maria, non-DEIS school principal).

While all participants demonstrated a good level of awareness of trauma and its increased prevalence, particularly since the COVID-19 pandemic, they reported that they lacked confidence in how to address the issues, recognising that, "*...now we don't know what to do with it, we need the support systems*" (Jean, non-DEIS school principal). Participants talked about the levels of perceived complex trauma in their schools, evidenced to varying degrees across settings. Lauren, a DEIS school principal, described her experiences of trauma amongst children as, "*what children have experienced in their lives, whether it be a death of somebody or whether it be violence in the family home, hunger, addiction, all of those kinds of things and then what they haven't experienced*". Mary, a DEIS school deputy principal, spoke about the uncertainty of children's behaviour every single day and the requirement of school leaders and staff to be flexible "*because a lot of this can take over, it's unpredictable by nature. You can't plan for it. It happens. It comes in waves sometimes"*. For many participants, much of the trauma experienced by children was believed to be intergenerational, and for many families, underpinned by poverty. The gender differences in the presentation of behaviour between males and females was also referenced, "... *more likely for the girls, it will be issues with their friendships, and I think that some of it is starting to show up online as well whereas the boys will maybe argue more or maybe be more defiant*" (Maeve, DEIS school principal).

When discussing how trauma presents itself in the classroom environment, all participants shared similar experiences of challenging, dysregulated behaviour, with Maeve (DEIS school principal) commenting that, "*they have become really complex cases, really really complex*". Participants discussed that children displaying complex behaviours are often

referred to clinical services such as the Assessment of Need, with some mentioning the potential links between ACEs and the presentation of ADHD:

> 100% because I know the backgrounds of some of those children and they come from homes with a lot of ACEs. Definitely. Several of them [children], not just one, several of them. There's definitely links with a lot of the children around it [ADHD] Definitely. (Julie, DEIS school deputy principal)

Internalised behaviours amongst children were also mentioned by several participants, presenting in the form of anxiety and low mood which resulted in disengagement and/or emotionally based school reluctance. Some participants noted that more worryingly were the internalised behaviours which can go unnoticed. Identifying hidden needs early was cited for some participants as being problematic, and participants perceived that failing to do so can lead to children slipping under the radar and embarking on an unfortunate life trajectory, as the following quote illustrates:

> … so, there's the children who become extremely introverted and quiet and cause no trouble and slip the net….and then later on, into [their] teenage years… in their early 20s…. they may either…. the girls are exploited ((deep inhale)) …and, you know, just get pregnant or the boys may, you know, just be exploited as well for criminality. (Monica, DEIS school principal)

Supporting teachers in responding to children's challenging needs was recognised by all participants as imperative in their leadership role. Some participants emphasised the need to build teacher capacity through training and continuous professional development so that an understanding is developed in relation to the important role of the teacher. In addition, school leaders identified the need to constantly embed training in real time across the school setting on a daily basis in an effort to reframe thinking, "*when you hear somebody say, "well, they're just looking for attention now*"*, you know, through restorative practice we say no, "they're looking for a connection"...we are trying to re-inforce, re-inforce*" (Barbara, DEIS school deputy principal). Some participants shared that they struggled in the balancing act of responding to children's behaviour through a trauma-informed lens and respecting the views

of teachers. Sharon, a newly appointed school principal in a DEIS school she taught in for many years, talked about overlooking certain behaviours when she felt they were a trauma-response and the reaction of staff to this, "*That can be difficult because sometimes I think teachers feel like, why nothing is being done, you know", or that "Aww…she forgets what it's like*". Participants perceived that the role of consequences was still very much valued in their schools as part of a trauma-informed response, with Maeve, a DEIS school principal, emphasising the role of boundaries, "*If the clampers weren't around, I'd have a great time parking anywhere I wanted …d'ya know?"*. Adele (DEIS school principal) added her view on the importance of boundaries "*…the consequences thing is absolutely correct I think, once it's delivered in the right way. If it's delivered correctly and there's an understanding of why you've had to implement a consequence, that's very valid and it's very useful*". Consequences such as suspension can be occasionally enforced when the school feels they have exhausted all avenues and nowhere to turn, "*And I said, we won't have him here tomorrow because everyone just needs a chance to take a breather, the other children in the class, the class teacher, I needed to chat to the SET team and see what we can do*" (Maria, non-DEIS principal). However, for some participants there was a reluctance in enforcing the code of behaviour, as Ann (DEIS school deputy principal) explained, "*It just feeds into the shame, I think, for a lot of them. I mean, some kids are able for that [consequences] and then a lot more aren't*".

DEIS school participants within this study perceived the needs of the children within their schools as being more complex and more concentrated than other schools that have similar DEIS status, "*We're not the same as other DEIS Band 1 schools, I can tell you that*" (Erica, DEIS school principal) "*but we're resourced the same and that's an issu*e" (Mary, DEIS school deputy principal). Conversely, one non-DEIS school participant told

how DEIS schools can be perceived by services as being better equipped to meet the needs of children with complex presentations. One principal in a non-DEIS school setting talked about a child presenting with challenging needs in her school who transferred to a DEIS school following a recommendation from a CAMHS psychologist who said, "*Oh, you just don't have the where-with-all to deal with this here anymore*" (Maria, non-DEIS school participant).

A Jack of All Trades

A "Jack of all trades" is a term often used to describe a person that engages in different kinds of work without excelling in any. This was the general sentiment of participants, a feeling that, as school leaders, they are required to meet the varying challenges of children in a school day without being equipped with the skills. Within this theme, the changing role of teaching along with challenges in delivering the required curriculum are outlined.

The Changing Role of Teaching

"You expect me to be an SNA, a teacher, a nurse, their mommy, their psychologist. Like, this is ridiculous" (Erica, DEIS school principal).

The perceived and traditional view of teaching appears to have changed significantly for school leaders and several participants stated that the Department of Education was out of step with what is actually occurring on the ground. The needs that are presented in schools are deemed beyond the remit of the qualifications of teachers, with Ciara (DEIS school principal) stating, "*It is a huge shift and we're not qualified*".

Mary, a principal of a DEIS school, described a "*mismatch*" occurring between teachers "*teaching in the middle*" and meeting the needs of children that are not in a position to learn on any given day, "*that teacher is all set to teach….yet the day, you know, more often than not, is completely upended*". Teacher education colleges were cited as being partly

responsible for this situation, with teachers leaving college not fully understanding trauma or DEIS environments, "*college does not prepare you for it*" (Sharon, DEIS school principal). Both Erica (DEIS school principal) and Lauren (DEIS school principal) spoke about the pressure teachers are under to deliver the curriculum and the impacts this can have on the level of engagement children have with school, "*the teacher has this bar up and a level of expectation, some* [children] *will meet it but the most won't and it turns into excuses…school avoidance*" (Erica, DEIS school principal). Participants shared their experience of lacking a sense of autonomy in relation to advising and directing teachers what to prioritise:

> To be able to say to the teacher, with no fear that an inspector is going to pull you up on it, Forget about teaching. Like forget about teaching them. Build a relationship. Make sure they feel safe. Make sure you know if their behaviour is trying to communicate something. (Sharon, DEIS school principal)

While it was reported by participants that, for the most part, staff are embracing the changing role of teaching, several participants mentioned a minority of staff resisting changing practices. Much of this has been attributed to a lack of understanding and a mindset that is difficult to shift, partly due to their own experiences and expectations of the way children should behave, "*But you still have, you know, kind of old school. Well like, you know, "Why is he getting away with that?" or you know, "It's not fair if he does it, everybody else will think that it's okay to do that*" (Sharon, DEIS school principal). Ann (DEIS school deputy principal) also added that when staff view behaviour as "*the child being bold, seeing a child potentially as being controlling*" conflict can arise between management and staff, because "*your own* [teachers'] *belief about what behaviour is, is very powerful".* The differing approaches of younger and older teachers was also referenced amongst participants. Although many new staff were perceived by school leaders as lacking experience, they were credited with being attuned to children's well-being which can be misconstrued by older staff, "*because they [older staff] saw it as they [younger staff] want to be the child's friends,*

you know, whereas the intention is, "I want to build a relationship. I want them to trust me" (Barbara, DEIS school deputy leader).

The landscape for Special Education Teaching (SET) has changed considerably with members of the SET team often called to support class teachers in responding to complex behaviour presentations. Participants also perceived a shift in what needs are prioritised for extra support, reporting that social and emotional literacy is timetabled just as much as literacy and numeracy support. Many school leaders reported that they have taken on the role of managing crisis situations when they arise. Ann, a DEIS school deputy leader, expressed how teachers "*can't have the same amount of time for that [managing dysregulated behaviour]*", with Maeve (DEIS school principal) explaining that "*it's easier really, for myself and Síle [deputy principal] and the homeschool teacher to look at it and look at the child because I would see that as my primary job whereas the teachers would regard teaching as their primary job*". Participants expressed a sense of duty of care not only to the children but to their staff because "*teachers are meant to be in the classroom, how can they do this work as well as.... you know*?" (Jean, non-DEIS school principal). While low in numbers in some schools, children with the greatest level of need were reported as time consuming, as Sharon (DEIS school principal) explained, "*Out of 172 kids, I would say I have four children, but I spend seventy, eighty percent of my time just dealing with that*". Overall, there was a strong sense among participants that the school leaders' role is changing, and they do not have the resources to meet the need, "*I feel like even since I became principal, I think the job has become so much more challenging where we didn't need it to be. You know, I feel like we were actually in a much better place nine.... [years ago]*" (Lauren, DEIS school principal).

The Importance of Social Emotional Skills

"I've always, always, always felt that emotional well-being or emotional literacy has to come before cognitive" (Lauren).

All participants commented that social and emotional literacy takes precedence over any kind of academic learning, "*I think we're* [school staff] *getting better at understanding that you have to have the child, you know, fed, you know....watered....and regulated*" (Maeve, DEIS school principal). Many participants displayed deep insights into the lives of children in their schools and the potential impact their experiences have on their capacity to learn and regulate in the school environment:

> *Like our children witness things children should never witness between violence…there's weapons in children's homes, watching brothers and sisters doing drugs as well as parents, drinking is so accessible to everybody. So, it's quite normal to be drinking in the house and going out drinking as well from morning till night. A lot of these things are happening. Just, you know, witnessing violence in the area, it's normal for children to see cars being stolen and being dropped and burned out. It's normal for them to see violence at night on the streets*. (Julie, DEIS school deputy leader)

Participants recognised that while spending time with children and building relationships was essential, it is not always feasible due to time constraints of the class teacher, "*When you have time to give the children to talk about things and to see what's happening, and it's not just once off, it needs to be built in as practice and have a trusted adult that the children can talk to*" (Jane, DEIS school HSCL). Maintaining a positive connection was also said to be challenging. While Julie, a DEIS school deputy principal, acknowledged the compassion of staff, saying, "*I think our staff, they care a lot about the kids*", she also said that at times it can be challenging for staff to remain consistent in their response to children's behaviour:

> So every day it is challenging to keep saying the same, you know, response over and over. And like all humans, it can be a Friday, you're tired, and you're like, "not you again". You know, like we all get tired. We all get tired of saying, "I know you're really angry", "I know you're really upset". Sometimes it's hard.

Some participants talked about the social vulnerability of children in environments where there is exposure to high numbers of ACEs. Children living in poverty or in households where trusted adults are physically or emotionally unavailable, gaps in emotional and social literacy can become apparent, which has led to a shift in focus of the teaching and learning in schools:

> You know, you can't even think about teaching, like if a child doesn't feel safe, if they come in and they're trying to escape or they're really angry and they're kicking and screaming, you know, reading like sitting down to do work is the very last thing. They need to feel safe. They need to feel secure. Until that happens, they can't learn. And until they're regulated, nobody else in the class can learn. (Sharon, DEIS school principal)

Adele, a DEIS school principal, stated that curricular knowledge and skills are less important than social and emotional literacy as they are not going to insulate children from being exploited in all the wrong ways:

> ….their brilliance will be used. They'll be picked out by drug runners because they're clever, and they'll move, and they'll get stuff done. One of the boys who was a brilliant kid, really bright but he was really angry and what he needed was help to support his feelings. He was never going to go out into the world and be able to work well with an incredible aptitude for Maths, an incredible aptitude in general. It was of no use to him. I know that that hasn't worked. (Adele, DEIS school principal)

School as a Safe Haven

The theme, School as a Safe Haven, reflects the role of the school within the community as a place where both children and vulnerable parents often turn to for safety, security, and connection. Within this theme, the school as a safe haven is discussed within the context of the culture and practices within the school.

The Culture of Schools

"what we try and provide in our school is that kind of safe, warm, bright, colourful, welcoming, open, kind of open, I suppose atmosphere in a sense, where children feel safe to talk" (Lauren, DEIS school principal).

All participants talked about the importance of the school culture being one that is a secure, safe place for children, as the following quote illustrates, "*it's always with the children at the centre, like I would feel in the school that teachers want primarily, before education, that the kids are happy in school and that they feel they are safe here*" (Julie, DEIS school deputy principal). Participants perceived that the creation of a school culture is very much led by the genuine intent of school leaders that trickles down to the whole staff, as Ann and Julie explained, "*Oh 100%, I mean, it's cultural really how you are in the school and if it's relationship, it has to be top down or it's not real because it's just.. it's false if it's not*" (Ann, DEIS school deputy leader). Julie (a DEIS school deputy principal) added that, "*they [teachers] see, you know, that we want the best for the children, within the school and I think that feeds through. Then when you get new staff, they follow what to see in place*". Some participants said that in their roles as school leaders it was important to sustain the culture that was inherited, "*it was an innovative school when I came here. So yeah, there is that mindset here and it's to try to keep that going*" (Jean, non-DEIS school principal). The hard work of predecessors and continuing their legacy was also cited as being a motivator for sustaining a culture:

> I know my predecessor has an awful lot to do with that as well…it's generations of that in this school. We've a guy, he's 85 now and he still emails me to make sure everything's okay. So, you have generational understanding of what this place was and a sense of responsibility to take care of the children and every single principal who has been here has had that at the foremost of their mind. So yeah, I think I'm just part of a chain of people who have always put the kids over the importance of numbers being important. It's about their lives and their experiences. (Adele, DEIS school principal)

For schools endeavouring to create a cultural shift, it was identified as being a slow process. Susie, a HSCL in a DEIS school that is "on a journey" to becoming wholly trauma-informed, described the experience in her school:

> It's not like a tick the box exercise where "if you do this, this", you are now trauma-informed, it's like.... we speak about, like, the language we use, even when we're

> discussing pupils to staff, to parents, to the pupils. You know that.... that it's that kind of strength-based, trauma-informed language, you know, like you'll hear the whole staff now here saying, oh yeah, "he was just dysregulated" rather than like.... there has been a shift, and that is teachers' outlook now on challenging behaviour or on these pupils, you know. But it's definitely the culture....

Trauma Informed Practices Within Schools

"Small.....small things can be big" (Ann, DEIS school deputy principal).

There was evidence of a wide range of various trauma-informed practices in place as schools attempted to equip their staff with the skills to respond to the escalation of complex needs. Insight into the backgrounds of children and their families was seen as helpful in responding appropriately, "*we know the backgrounds, we know what is happening and why that support is needed*" (Barbara, DEIS school deputy leader). However, some schools appeared to lack cohesiveness in their whole-school approaches:

> FRIENDS.... Yeah. We've used that. We don't use that so much anymore. They, they [teachers] do different SPHE programmes like that in their classrooms and what's the other one the Weaving Well-being? No, I'm trying to think of, how does your engine run and or something. You know, that one? (Maria, non-DEIS school principal).

Some engaged in extensive programme training which participants perceived to result in training saturation and fatigue amongst staff, with Barbara (DEIS school deputy principal) stating, *"I think maybe we done too many things at the same time*". This led to confusion amongst staff as to what was the correct strategy to embed. Others reported using more systemic frameworks in their efforts:

> So, what we're endeavouring to do in the school is we're looking at having evidence-based programmes at different class levels in the school. So, what we have in our early years around our first class at the moment are doing Zippy's Friends. Followed by FRIENDS for Life in third and fourth. We've Botfins LifeSkills, all about good attitudes and choices, that's run for our fourth, fifth and sixth classes every single year. So, by the time a child has finished their primary cycle with us, they have been exposed to all of those programmes (Lauren, DEIS school principal).

Simple yet effective practices were advocated amongst experienced school leaders in connecting with the "harder to reach" children. Wisdom and experience had helped them recognise that being trauma-informed has little to do with any specific programme, "*You go and buy this programme for five hundred and I'm going like "bring it back", it's all to do with connection, relationships*" (Susie, DEIS school deputy leader). Lauren, a DEIS school principal, talked of the simplicity and effectiveness of their school policy in having assembly play time in the morning in every classroom, "y*ou know they* [the children] *may have left a really crap situation that morning but they're in here now and they're warm, they're safe and they're laughing, and things are going to be oka*y". Ann (DEIS school deputy leader), described how she takes the children with the most complex needs out of class and most of the time, relating to the child is the primary target, "*So a lot of it is relationship and some children, I can't move past that because I find it very hard to do any formal programmes with them, a lot of it is very softly softly*". Julie (DEIS school deputy principal) talked about how directly talking and relating to children about issues that are distressing to them is what is required:

> We do a lot of SPHE here but sometimes talking directly to children about violence and about drug use and about alcohol abuse and sometimes you have to just talk it as it is, as opposed to, you know, like in an ideal world, in a middle-class area. You have to talk about what the children are really witnessing.

It was evident that while schools have many practices in place to respond to the complex needs of children, they are not sufficient, and most participants indicated that access to trauma-specific services was required:

> I just think, absolutely, we can do what we can do in the school but with children with severe trauma who are put on waiting lists for three years, four years. Like, there's only so much you can do and only so much progress you can make and I think that is the greatest barrier. (Susie, DEIS school deputy principal)

All schools had some type of external service for the children in most need, the most frequent one being a play therapist. Schools very much valued the input of expert services, all which were paid for through raised school funds or local initiatives:

> And it took us years and years of working and learning the emotional intelligence language to get to this point. I think where now we see the value of play therapy, which once upon a time I might have poo pooed you know!. (Jean, non-DEIS school principal)

A Beacon of Hope

This theme captures the views of school leaders in maintaining hope and advocating on behalf of children and families to improve circumstances for the next generation. The school as a beacon of hope is discussed in the context of breaking the cycle on intergenerational trauma and the role of the SNA as an unsung hero.

Breaking the Cycle

> *.....it's what we talk about the whole time, breaking the cycle. You know, that's what we're trying to do the whole time. I'm very conscious of it in this area, breaking the cycle.* (Julie, DEIS school deputy principal)

Intergenerational trauma and poverty were cited by several participants as the common denominators impacting children, "*...because you're starting off from a space where there's a different expectation of life and you don't have that same goal setting, and you don't have that same, you know, "I can make it*"" (Adele, DEIS school principal). It was apparent that participants' schools were acutely aware of parents' own needs, and that many parents operated under considerable stress which disarms them in responding to their children's needs, as Erica, a DEIS school principal, explained, "*So we are literally on the ground helping them make the phone calls. They're not able to advocate, they don't know where to start, and they haven't the confidence in themselves to do that because of their own trauma*". Many participants talked about parents' own negative experiences in school and the importance of building trust to get to a place where they believe the school has the best

interest of the child. The need to break down barriers of the traditional perception of school and teachers was described by Julie, a DEIS school deputy principal, as an essential factor:

> I would feel a lot of parents in the area probably feel that these issues don't happen in maybe middle-class homes, you know, like teachers and staff are normal people too who've all grown up in homes where, where they've all probably experienced ACEs themselves.

Every participant from a DEIS school commended the work of their HSCL in bridging the gap between school, children, and harder-to-reach parents:

> And I think that woman [HSCL] in particular has made a huge impact on this community where parents will now come down to her and there's such open communication, and she has excelled. (Barbara, DEIS school deputy principal)

Many initiatives are in place in schools to empower parents, such as further education courses and opportunities for parents, particularly single parents, to connect with one another. One school recognised that running courses that are attractive to parents has been successful, as these not only help them to upskill but possibly also help to address their own trauma, "*It's a safe space to talk and maybe.... I don't go near them because it is their space but maybe they're sharing experiences*" (Ciara, DEIS school principal).

While there is always hope of breaking the cycle of intergenerational trauma, participants recognised that it can be difficult for parents:

> It's just this trying to break the cycle you know, and they've tried. And they're aware of the challenges around addiction and they have tried and it's just so hard to break that cycle because I suppose they're surrounded by the temptations. (Ciara, DEIS school principal).

Several participants talked about their optimism in families breaking the cycle, telling how the actions of one can have huge influences but it does not happen overnight, "*It only takes one in the family to say, "I'm going to do nursing" that the next go like, well, "Well what are you doing"?, you know, I just think that the culture can change. But it's slow*" (Julie, DEIS school deputy principal). Participants who had experienced students being

successful in breaking the cycle were visibly proud in retelling such occasions, and it appeared to contribute to participants' job satisfaction:

> My former pupil asked us [if she could] do SNA work experience and I was delighted to accommodate her and she was really great and, I know where she came from. I was honestly on a high. You know…that here she is wanting to come back, wanting to pick herself up and, you know, 'cos I know exactly where she has come from. (Monica, DEIS school principal)

The Role of the SNA

"...they're their second mother" (Monica, DEIS school principal).

The relationship between SNAs and students was highlighted by most participants as being one of the most valued roles in terms of supporting children with complex presentations, "*The SNAs I think do play a huge role in that nurturing role*" (Susie, DEIS school deputy principal). SNAs were credited by participants with contributing to systemic change, some being a constant in the school for many years, providing an unwavering support for school leaders:

> Nine of the SNAs were here before I even started. There was always a sense of nurture in this school. I felt nurtured as a principal when I started here, I felt like it was a very welcoming, opening place and people kind of really put their arm around you. (Lauren, DEIS school principal)

The relationship of SNAs with children was viewed as unique in the opportunities it presents for children to feel safe, secure, and connected within the school environment. Participants spoke of the role of school leaders in recognising and harnessing this opportunity in getting to those harder-to-reach children, "*Our principal has used their* [SNAs'] *skills to build relationships*" (Barbara, DEIS school deputy principal). Jean, a non-DEIS school principal, commented that, "*The children can say things to them that they mightn't say to their teacher, so valuing their place in the school is very important*", and she also noted that, "*they do way more than just care needs*". Susie (DEIS school deputy principal) stated that within her school, SNAs spend considerable time "*taking children out to a quiet space to*

regulate" and due to the complex demands of the school day, very often do not get breaks. Not only are SNAs valued very much by their professional peers but also by parents, recognised by parents as being the person they can connect with:

> I think the parents also recognise that [the role of the SNA] because they sometimes want to see the SNA, just to say, you know, "He wasn't feeling well or his nanny is ill", you know what I mean… they recognise that, you know, that they are so important to them [their children]. (Monica, DEIS school principal)

Adele (DEIS school principal) intimated that the trusting relationship between SNAs and parents can often have a colloquial element, as SNAs are usually parents from the same area. A sense of understanding is shared between the SNAs and children that is not often possible with teaching staff, which Barbara (DEIS school deputy principal) attributes to their "*natural ability and life experience*". Adele (DEIS school principal) perceived that SNAs are at times more skilled than teachers in responding to children:

> They know it through life. Like some of the stuff, you can't teach it. It's them having grown up themselves, probably a lot of the time in these scenarios and so, they're actually better at navigating it than maybe, you know, let's face it, the makeup of teaching is still middle class. Young country girls, that is the reality of it.

Frustration was expressed amongst participants at the lack of value and respect shown from the Department of Education to the role of the SNA. The role of the SNA is very clearly stated as one in supporting only the care needs of children, which was reported by participants as not being the reality in most schools:

> I attended an NCSE piece about a year ago and the role of SNA was discussed. SNAs are not for movement breaks, SNAs are to respond to primary care needs. Like our school works exceptionally well because our SNAs can spot the meltdowns before they happen. They're eyes and ears, they're in the class. They can see the child who's going to explode. They can gently get in there and low and behold, somebody needs a copy book brought somewhere, and we're gone. (Lauren, DEIS school principal)

As illustrated by Lauren's quote, the SNA can pre-empt emotional dysregulation with some of the children and be proactive in helping the child regulate by incorporating an informal movement break, "*somebody needs a copy book brought somewhere, and we're gone*". Lack

of opportunity for professional development for SNAs along with a lack of prospects for promotion was mentioned by many participants, "*you just feel even just out of acknowledgement and respect going...actually they're professionals, they're dealing actually with more than, you know, a lot of us on the ground*" (Jane, DEIS school HSCL).

Ships in the Night: External Support Services

This theme reflects the experiences of school leaders in relation to engagement with external support services and also with some parents, which can be fleeting, uncoordinated, and lacking impact.

External Support Services: A Broken System

" ..they're failing those children. Like you can't box children off" (Maria, non-DEIS principal).

There was an overwhelming sense of disillusion throughout the interviews at the overall level of support that is being offered to children in schools. There was a strong perception amongst participants that excessive responsibility was placed on schools to respond to the needs of children, in the absence of support from external services. External services supporting children as a whole were heavily criticised by school leaders in failing to provide a cohesive service to children. The lifelong impacts of children not accessing early intervention services, such as speech and language, and the knock-on effects of the missed opportunities for young children was mentioned throughout the interviews:

> To think that you have a child in front of you that may have had an opportunity to have some level of verbal communication and that window was lost, certainly, for a parent, that must be so frustrating. Like, you really would be angry about that. (Ciara, DEIS school principal)

Lauren, a DEIS school principal, expressed her frustration at the lack of accountability of services in supporting the needs of the children, leaving the school

metaphorically holding a ticking time bomb and being responsible for things when they go wrong:

> I feel like I'm accountable for the Geography that's taught in the school, right. Somebody can come in and inspect the Geography, "Are you teaching it right? Have you a policy? Are all the teachers reporting it properly? Does everybody know about it? Where are your resources?" you know, "Does the Board of Management support it?" Like and yet this is people's mental health we're talking about that they're going to carry for the rest of their lives, and I don't feel like the other services are as accountable. TUSLA, I don't feel like they have accountability, CAMHS I don't feel have accountability, CDNT most definitely don't have accountability. Primary care. They don't carry the same level of responsibility. And I always find as well that we're kind of a sitting duck then when something goes wrong. It's just easy to blame the school. You know.

Many participants were left bewildered at the missed opportunity of services coming in to the school, with many participants citing the school environment as the most practical and logical location for multiple reasons, "*And it's so cheap for... if it was the HSE because we provide the heating, the lighting, the electricity…. you know*" (Maeve, DEIS school principal).

> Even families that are associated with CDNT, they struggle to get them to come from Ballymun down the road to St. Michael's House, which is not far, it's on a bus route. And she [CDNT personnel] said that, you know, the amount of times that people don't turn up for appointments. You know, in my world, in your world [capacity to navigate and attend appointments] that would be absolutely fine if we had to travel two buses if you were getting support. I just don't think that the families that need it the most have the capacity to do that. It needs to be here. So, the play therapy is here in school, that works because it's here. (Sharon, DEIS school principal)

Services operating under the umbrella of the Department of Education such as the Behaviour Practitioner or Special Education Needs Officer (SENO) from the NCSE were also criticised in providing a somewhat "tick box" exercise when responding to schools' request for support, "*We have had, like, all those types of people out but again, like, it's grand when you're in the office talking about the child, they don't see what's happening on the ground*" (Maria, non-DEIS school principal). Sharon, a DEIS school principal, gave an example of how advice was mismatched to the reality in the classroom:

> And some of the advice that I got was, you know, "Have you tried breathing, modelling breathing?" and I was like, okay, there's a total disconnect here between when you're standing in front of a class and somebody is literally about to jump across the room, like me breathing, that's not practical.

NEPS was mentioned a number of times throughout the interviews and was credited as a service for its timely response and support. For some, it was not the "expert" advice or perceived "expert" role of the psychologist that carried most weight, it was rather the supportive role of the NEPS psychologist in times of stress that was valued the most, as the below extract illustrates:

> Because [NEPS psychologist] was loyal. He kept with us, kept coming back. You know, there wasn't much he could do, but at least he didn't just say, "Read the circular" or "Do that", like he stuck with us….that's what meant a lot to me. Just that support. (Monica, DEIS school principal)

Engagement with Parents

"When the flower is open the bee will come" (Monica, DEIS school principal).

Parental engagement was perceived as challenging by many participants working within DEIS schools, with Sharon, a DEIS school principal, mentioning that, "*the parents that engage with us, through activities in the school, are the parents that we don't need to speak to*". Parents can be reluctant to share information with schools which can make it more difficult to support children, especially those with hidden needs. As Julie, a DEIS school deputy principal, explained, "*parents are very guarded about people knowing their private business too*". Ciara, a DEIS school principal, mentioned that it is important for parents to perceive engagement with the school as occurring on their own terms, with the school facilitating enticing programmes for parents. She takes the initiative to run programmes that "*they'll actually come to*" after learning from experience. She elaborated that, "*we've found over the years that we've run parenting courses, and they don't come. They don't feel that they need to be told how to parent*".

Engaging with parents in an appropriate and effective manner was mentioned several times among participants. A few principals of DEIS schools reported that teachers can often feel frightened and intimated by parents' behaviour and that school leaders often act as a buffer in such situations:

> We position ourselves physically if they think there's a threat on them and on any given morning, they know they [teachers] can come to the management team to say, you know, "I'm afraid of somebody coming this morning or this afternoon". We'll show up there. (Mary, DEIS school deputy principal)

Bringing parents on board and committing to a joint response to children's behaviour is also an issue in some schools. Parents overruling the schools' code of behaviour, challenging or verbally abusing teachers and senior management, along with the spilling of familial conflict into the school was highlighted by some participants. Erica, a DEIS school principal, shared that, "*One woman told me she was going to bring a machete up after me. We have that here, because that's the way they respond to any sort of confrontation*".

Engagement with parents was also cited as challenging in non-DEIS schools, as parents can be reluctant to share issues occurring in the family home that may be affecting the child with the school. Jean, a non-DEIS school principal, mentioned that parents themselves feel a societal pressure that affects their engagement with schools, "*like, there's a lot of pressure in that sort of middle-class thing where you have to be the perfect mum and dad, with the perfect jobs and the perfect children. And to accept help might be saying everything's not okay*".

In contrast to DEIS schools, where some participants reported a level of anxiety amongst teachers in relation to parental interactions of a confrontational nature, one participant Jean, a non-DEIS school principal reported that staff felt under pressure to meet

certain academic expectations where there are "*some parents who can be very demanding and sometimes that can be frightening for the staff*".

Navigating Red Tape

This theme discusses school leaders' experiences in their attempts to run the school in a fluid and flexible manner. School leaders' views on inspectors and departmental policy as somewhat policing the school environment, unnecessarily impacting and complicating the school's response to trauma is outlined.

Fear of the Inspectorate

> *"I think what you need to do is really, genuinely trust the people who are working in it* [schools]. *Give them the freedom to be able to… without tying it up disgustingly with paperwork continually"* (Adele, DEIS school principal).

Schools having a lack of autonomy over meeting the needs of their children was frequently referenced throughout the interviews as an area of contention. The Department of Education Inspectorate were viewed as being somewhat out of touch with schools, assessing the teaching and learning in schools without due consideration of the impact of trauma on learning. Furthermore, unrealistic expectations of NQTs to teach the same curriculum to children of differing demographics was reported as a frustration:

> The teacher is standing there in the same way that the teacher is standing in the primary school in Castleknock or [middle class suburbs] and the same is expected of that teacher. If you think curriculum-wise, if you think, I'm a teacher, I've graduated, and an inspector could knock on my door for an incidental [inspection] any day of the week. That inspector doesn't care about trauma...wants to see your Cuntas Míosúil [monthly curriculum plan], wants to see what you are doing in the area of Geography, not the fact that Geography didn't happen this week because of the kick up. (Mary, DEIS school deputy principal)

There was a sense of dissatisfaction amongst participants with regard to the lack of trust that was given to them as school leaders to make the right choices and decisions in the best interest of the school. Maria, a non-DEIS school principal, talked of a drama teacher

coming into the school "*as the best thing we ever had*" before it being discontinued on the advice of the Inspectorate:

> So that was really expensive, number one but it was really, really money well spent. The children loved it, the families… we got such positive feedback. Now she was particularly good, this lady and then we had an inspection, but we were told, oh no, you can't do that during the school day, even though we have permission.

Departmental Policy

"We can judge our society by the way we treat our most vulnerable [referring to a quote from the Department of Education]. *Are they having a laugh? Like genuinely* (Lauren, DEIS school principal).

There was considerable frustration at many aspects of Departmental policy expressed by schools. Participants felt restricted by policy in its "one rule for all" approach which lacks subjectivity and creates a major barrier for change. Stringent adherence to the guidelines for the role of the SNA was mentioned by some. One participant from a DEIS school voiced disgruntlement on the granting of resources, namely the "gender" component whereby DEIS schools with more boys receive more resources, "*They have another formula for their calculation, boys getting more than girls, which I think is really discriminatory*" (Mary, DEIS school deputy leader). However, this Circular changed in 2024, and two factors are eliminated when considering SET allocation, namely, gender and complex needs. Complex needs resources are now allocated separately to the SET model (Department of Education, 2024c). The Department was also seen as hypocritical in its approach, advocating for the care of the child in its policy documents but in reality, many participants felt this is not the case. Failure to resource schools sufficiently, respect the job of an educator, and give an adequate budget to meet the needs was heavily criticised:

> Looking after little children isn't thought of as a, you know, a very important job and yet, you know, people who manage huge, big budgets, that's considered very important. It's like, what's more important than a child, you know, and looking after them. (Jean, non-DEIS school principal)

Further frustration was expressed in changes in the schools' SET allocations in 2024 which is now based on STEN scores [standardised scores], having removed complex needs. The level of support was historically based on factors such as enrolment numbers, the proportion of pupils with "complex needs", gender and outcomes of standardised tests. However, a revised model has removed "complex needs" as a criterion for the allocation of special education teaching hours.:

> I have the child, the older child who has a STEN of five in Maths, a STEN of five in literacy, and he's pulling down the doors and I mean actually pulling the metal doors off their hinges when he really dysregulates. So where does he fit? Because his STEN scores are fine aren't they, you know. (Lauren, DEIS school principal)

No school leader reported having a trauma policy, with the exception of one school who were guiding themselves on devising their own, "*We are...we are going home, reading books, trying to evidence base stuff dow*n" (Jane, DEIS school HSCL). Many participants referred to difficulties with creating real systemic change when it is not being led by the Department or coming as a directive from the Department of Education. Participants reflected that lack of policy and compulsory CPD for staff around trauma makes it difficult for school leaders to embed practices across the board, as the following extract illustrates:

> Because, you know, how could I devise a policy or how can I? I can't say it's compulsory if it isn't. Now, I can say that the board [of management] would like you to, but it's not compulsory to do. I put it into our Croke Park hours, so they are compulsory so then.... but there's no compulsion to buy in. Just compulsion to sit there and listen. (Ciara, DEIS school principal)

All participants reported that they would welcome an accessible framework from the Department that would easily guide schools toward becoming fully trauma-informed, without "*a 90-page document describing the rationale of whatever is involved*" (Barbara, DEIS deputy principal).

Tipping Point

This theme, Tipping Point, reflects the views of school leaders in managing the school environment and highlights how a series of small changes or issues eventually become significant enough to cause systemic difficulties. Challenges with resources and training are also discussed under this theme.

Resources

"So I think within education we have an idea of what's really useful but currently we don't have those resources" (Maeve, DEIS school principal).

Participants shared that recruiting staff, staff turnover and challenges filling vacant positions were huge issues for schools in Dublin, which impacted on schools functioning effectively on a daily basis. Participants commented that a lack of staff can impact the level of SET support given in the school, as SET teachers unexpectedly can be asked to cover classes ad hoc, with the SET timetable for children impacted as a result:

> …unless you work in schools you don't understand what that means…. you don't understand that means that it could be the self-esteem of the child or the time-out of the classroom, or the relationship with someone else [that suffers]. (Maeve, DEIS school principal)

Many participants talked of young staff starting out in Dublin, enjoying the lifestyle before eventually leaving due to financial and circumstantial reasons, "*You see, we have young teachers now and they come, they experience, they love being in Dublin and then they can't afford to buy a house and so they go. They go, they have to go"* (Maeve, DEIS school principal). The cost of living in Dublin along with temporary contracts for teachers seem to exacerbate the problems. In addition, Erica (DEIS school principal), commented that the complex nature of schools in Dublin tends to deter teachers from staying as they can move to more conventional teaching positions:

> I'm losing a great guy now this year because he has to go down home because he can't afford to rent and like, you know as well as that, you know, they'd say, "sure

> why would we take this hardship [difficult teaching environments] when we could go somewhere else"?

All participants criticised the Department of Education for "pulling back" on funding. Where school budgets were exhausted, school leaders reported raising money through parental efforts in the non-DEIS schools, while local initiatives were credited in the more disadvantaged areas. Some participants viewed the Department as not valuing the care of the child and being reluctant to invest money in early developmental years was condemned:

> And the idea is why are we doing their job for them [Department of Education]? Why are we breaking our backs when it should be them? It should be just given to us. To be fighting to get care for a child and I mean, really and truly, an intervention like that is, a kind of a programme of play therapy or music therapy or art therapy, let's give it a ballpark of about €1,000, right for a child, you will see fundamental changes there that will save the Department and I've spoken to the Department about this. How much does it cost to incarcerate somebody later on in life? How much does it cost to take care of an addict for the rest of their life? You're probably talking about no word of lie, a week in Mount Joy [prison] for what you would do for a child at the age of nine by giving them care. (Adele, DEIS school principal)

Space was cited as an issue for schools in responding to complex behaviours, "*I mean, we're providing a special class setting in our corridors for about four kids that don't have a diagnosis, that need to be in a nurture room*" (Sharon, DEIS school principal). Many participants talked about the need for a nurture room, but in the absence of funding from the Department, schools endeavoured in creating ad hoc spaces:

> We have a number of cloakrooms here, a number of actually old toilets that are put out of commission. We have SNAs that come in on a Saturday, paint it and put stars on it and put-up blankets to block off the lights. Now it's working but it's ridiculous that we have to do that. (Adele, DEIS school principal)

In addition to the issue of space in meeting the needs of children already enrolled with complex needs, a few participants talked about the added pressure from the Department in opening additional special classes, which was a further area of contention expressed by two school leaders.

Training

"I think training is the first thing and awareness" (Susie, DEIS school deputy principal).

Staff training as well as turnover of trained staff was identified as being problematic within schools, "*I have an awful lot of highly trained, educated teachers here who are now, you know, using that training in Australia and Vancouver and all sorts of different parts all over the world*" (Lauren, DEIS school principal). Some participants talked encouragingly about training such as Incredible Years but challenges in getting substitute teachers to cover training days was proving frustrating, "*we need quality substitute teachers in order to cover that. It is horrific. Absolutely…I mean that's a huge problem*" (Maeve, DEIS school principal). Others stated that they were resigned to splitting classes to release teachers for training days, which put more pressure on an already under-resourced school day and was not appropriate for a lot of children, "*A lot of our children like being in their classroom with their friends and their own teacher, and they like the structure of their day. And after a day or two, they actually don't like to be split*" (Julie, DEIS school deputy principal). Erica, DEIS school principal, mentioned that while programmes such as Incredible Years are fantastic, they are not enough, intimating that they do not address the level of complex needs, "*We need something more, because it's so concentrated, we've too many of them* [children experiencing trauma]" (Erica).

Specific school trauma training was cited by one participant as single handedly being the most important factor for a school to become truly trauma-informed. More specific to that, whole school training was identified as being the turning point in creating the buy-in from staff, "*proper professional development is absolutely key*" (Jane, DEIS school HSCL). However, participants reflected that it was challenging to get staff to engage in training without it being compulsory:

> We can't force any teacher, we can ask, we can say, this is available. I've gone and the deputy principal has gone on them but you can't force any, any teacher to do that unless there was interest. I do believe they don't fully understand trauma and I think our new teachers don't understand DEIS'. (Erica, DEIS school principal)

Some participants had completed "The Stress-Factor" on-line webinar that was provided by NEPS but most placed little value on the online platform training aspect of it and stated that they would prefer to face-to-face training:

> I think we need more support, and we need more training, but we do not need more after-schools…here you are from 4 pm to 6pm [after school training]. Here's a great course you can do again and again at home in isolation...online. Most learning in my experience takes place in conversations and face-to-face. So, I have that belief around how training and support should happen. But I also don't think it is okay to provide them after school hours. (Maeve, DEIS school principal)

While the level of training, use of training, and revisiting of training varied from school to school, most participants appeared to believe that their schools lacked direction in identifying where they are at and most importantly where they needed to go:

> I think they [teachers] are aware of the trauma in the lives of a lot of children. I think they're aware that there's a lot of trauma we don't know about. I think we provide a really caring environment and all that. But I don't know if we have any definite plan of how...what our impact could be, you know, with, with proper training. (Julie, DEIS school deputy leader)

Conclusion

This chapter outlined the main findings of the interviews with fifteen school leaders across thirteen schools. The nine themes reflect school leaders' experiences of trauma within the school environment, the practices they engage with in responding to trauma, along with the barriers and challenges they face. Professional experience has provided participants with a widespread awareness of the prevalence and impacts of trauma amongst their school populations, perceived as more prevalent in DEIS schools. However, the same level of knowledge and awareness is not evidenced school-wide. Many challenges are impacting on the school system to operate efficiently such as lack of teachers, high teacher turnover, lack

of training, lack of resources and a perceived lack of support from the Department of Education in terms of providing guidance for implementing a trauma-informed approach. The findings provide rich information which will be discussed further in the next chapter in detail.

Chapter 5: Discussion

Introduction

The school as an ecological system is a dynamic entity influenced by many factors both within the school structure and indeed outside of it. The role and potential impact of the school setting in providing a nurturing, secure and safe environment for all children, but particularly for those most vulnerable children, is invaluable. Evidence internationally clearly highlights the impact of adverse childhood experiences on the developing child and how they affect children's engagement and presentation within the school environment. Supporting children through a trauma-informed lens at all layers of the school ecological system is becoming increasingly evidenced as an optimal approach in supporting and responding to children who have experienced trauma.

Within the school ecological system, the exosystem is where decisions in relation to policy, training and interventions implemented across the school system are made. School leadership, situated within the exosystem of the school system, has a key role to play in creating and cultivating a culture of care. This study explores the experiences of school leaders in responding to children's trauma, along with the challenges faced systematically.

Aim of Research

The aim of this research is to explore not only school leaders' experiences but also their sense of self-efficacy in responding to the needs of children who have experienced trauma. The policies, strategies and programmes implemented systematically are further explored along with the barriers and challenges experienced in respect to responding to children's trauma effectively and cohesively. This chapter discusses the findings with reference to research and the frameworks that underpin the study, namely systems theory and attachment theory. In addition, the strengths and limitations of the study are appraised along

with recommendations for future research. The implications of the findings for the role and work of the educational psychologist are discussed.

Research Question 1: What is school leaders' experience of working with children experiencing trauma and their sense of efficacy in responding to the needs of children?

In terms of their conceptualisation of trauma, most school leaders but particularly those working in DEIS schools, held an ecological view of the impact of trauma on children, the family, and wider school community. The terms "trauma" and "ACEs" were used interchangeably by participants, and an awareness of the breadth of circumstance in which they occur and experienced was reported. While there is an increased societal use of the terms "trauma", and "ACEs", for many school leaders, these terms are essentially looking at a well-known phenomenon through a new lens. A depth of understanding and knowledge of trauma was evidenced as accruing over years of experience through the organic development of trusting relationships with caregivers and families affected by challenges such as intergenerational trauma. School leaders also displayed high levels of compassion for their respective school populations (i.e. pupils, staff and families) which may have been based on their years of experience. This is consistent with Berger and Nott's (2023) finding that educators who had more teaching experience and those with higher perceived knowledge and confidence to respond to student trauma were more likely to experience higher compassion satisfaction.

None of the school leaders referred to children as having a diagnosis of PTSD as per the ICD or DSM but rather recognised trauma in behavioural terms, as hypo-arousal states cited mainly in girls and hyper-arousal cited more frequently in boys. Externalised behaviours in the form of aggressive outbursts and violent behaviour were reported as the most challenging behaviours to respond to in the school environment, which developments in

neuroscience indicate can be symptomatic of a traumatised brain struggling to deal with the psychosocial stressors of the school environment (Avery et al., 2022; Clancy, 2009; Perry et al., 1995; Porges, 2011; Siegel, 2010). School leaders' experience with children who have experienced trauma reflects the literature which argues that clinical identification and diagnoses do not always capture the insidious nature of developmental trauma or ACEs, and the way these can impair social and emotional regulation in childhood and into adulthood (Collier et al., 2020; DePierro et al., 2022; Felitti et al., 1998; van der Kolk, 2005). Failure to recognise children's behaviour through a trauma-informed lens can result in children being pathologised and problems interpreted as being a "within " child difficulty (Carlile, 2010). While most professionals within school settings advocate the need to identify and support the needs of children, many are not aware of the pervasiveness of trauma and may misinterpret or mislabel behaviours as symptomatic of behavioural problems and disorders such as ADHD, oppositional defiant disorder, conduct disorder, and anxiety disorders (Gubi et al., 2019; Ormiston et al., 2022; Stokes & Brunzell, 2019). This is observed to some extent within the study, with some school leaders suggesting the potential links of undiagnosed disorders such as ADHD with children's exposure to ACEs.

Trauma or ACEs were described by participants from DEIS schools as events a child had experienced, such as domestic violence, addiction, or drug abuse in the family home. Many ACEs were reported by participants as being largely underpinned by poverty and intergenerational trauma, in contrast to non-DEIS school leaders, who reported experiences of mild adjustments such as the loss of a pet, moving home, to more complex experiences such as parental separation. One participant held the view that children in non-DEIS schools come from supportive backgrounds and from families who have a keen interest in education, intimating that trauma does not occur within their school demographics. This inference does

not concur with the landmark US ACE study carried out by Felitti et al., (1998) which identified that ACEs were common in relatively privileged areas with about one quarter of primarily White, middle class, college-educated, employed adults experiencing over three ACEs (Luthar & Mendes, 2020).

School leaders' experience of trauma within more socially and economically disadvantaged (DEIS) schools was observed as being more prevalent, cumulative, and somewhat more normalised than those in non-DEIS schools. Although the prevalence and impacts of ACEs is becoming more widely known, many DEIS school leaders felt that their schools were impacted to a greater degree and required extra resources that were not being met by the Department of Education. Research in an Irish context indicates that a school's social context is found to play an important role in the identifications of emotional behavioural disorders. Teachers in DEIS schools are far more likely to identify emotional behavioural difficulties, in comparison to non-DEIS environments, with the prevalence of identification amongst boys being higher than girls (Flynn et al., 2023; McCoy et al., 2012). Some school leaders felt pressure from both teachers (within the mesosystem) and parents (within the macrosystem) to enforce disciplinary measures for children in an effort to maintain their respect and confidence as a leader. Howard (2018) contended that while many schools employ variations of positive behaviour support practices, they still struggle to manage complex behaviours without resorting to punitive measures. Almost all school leaders stated that the use of consequences and sanctions are important and responding to challenging behaviour through consequences such as detention, loss of privileges, and in some cases, suspension was still practised in most schools. Gubi et al., (2019) contend that disciplinary action has been shown to increase the likelihood of re-traumatisation, a sentiment which was echoed by one school leader in the current study.

Although only one school leader in the current research referred to specific trauma research, many referenced the high prevalence of complex, intergenerational trauma experienced by families in the macrosystem and the repercussions on the life trajectory of children. International research on ACEs has widely acknowledged the impact of socio-demographics factors such as race, poverty, sexual orientation (Merrick et al., 2018) and environmental factors such as parental mental illness, domestic violence, sexual abuse, and neglect on the developing child (Australian Child Maltreatment Study, 2023; Bellis et al., 2014; Felitti et al., 1998; Hughes et al., 2017; NHS Highland, 2018; Scottish Health Survey, 2019). Although studies on ACEs are limited in an Irish context, those that have been completed cited similar findings (Dermody et al., 2020; Hyland et al., 2022; Lambert & Gill-Emerson, 2017; McCutchen et al., 2022; Wilson et al., 2013; Wota et al., 2014). School leaders' anecdotal experiences have long been evidenced in Felitti et al.'s (1998) seminal research in relation to their findings of the "dose-response" which acknowledged the need for societal changes at a macrosystem level to improve the quality of family and household environments during childhood to improve outcomes later in life.

The experience and knowledge of school leaders alone is not sufficient in creating and cultivating a trauma-informed approach, and its success depends on a much wider systemic whole-staff approach at all layers of the school's ecological system (Chafouleas et al., 2016; Maynard et al., 2019; SAMHSA, 2014; The Missouri Model for Trauma Informed Schools, 2019). While school leaders applauded the work of their staff and emphasised the importance of staff buy-in and collegiality, some admitted that they can only lead by example in modelling a trauma-informed response and cannot force staff members to be "trauma-informed". Some school leaders expressed views that young Newly Qualified Teachers (NQTs) in particular do not understand ACEs and furthermore do not understand DEIS

school settings. Most school leaders felt a level of both responsibility and frustration with frequent requests to address and resolve issues within the mesosystem, suggesting that senior management to some degrees are viewed by staff as being more equipped to deal with complex situations. This view appeared to be endorsed by some school leaders, perpetuating the view that teachers should be teaching and that responding to dysregulated behaviour is not within their remit. This approach is conflicting with the principles of a TIA, which emphasises the importance of a systemic approach and the view that trauma is everyone's business (Berger et al., 2020; Newton et al., 2024; SAMHSA, 2014).

A few school leaders reported that some teachers who had been teaching for a longer period were reported as maintaining a traditional approach, mindset, and belief around behaviour expectations that proved challenging to shift. This is at odds with research in an Irish context which indicated that older, more experienced teachers are more likely to have a positive attitude toward trauma-informed care (O'Toole & Dobutowitsch, 2022). System fit has been highlighted as a key prerequisite to staff buy-in, whereby staff believe that a change in approach, such as a TIA, could be applicable within their respective school systems (McIntyre et al., 2019). Promotion in the first instance of the first two "R" s, in which the school "realise" and "recognise" the prevalence and impacts of trauma is regarded as imperative in initiating the process toward school readiness and a sense of "system-fit" (Avery et al., 2022).

The COVID-19 pandemic led to cessation of many community services and redeployment of staff which left preschool children in particular without many routine supports, resulting in significant potential knock-on effects such as delayed detection and treatment of developmental difficulties (National Clinical Programme for Paediatrics and Neonatology, 2020). Many children did not have access to speech and language therapy,

occupational therapy, physiotherapy, social work, psychology, clinical nutrition, audiology, public health nursing, dental, educational support services etc., all of which potentially impacted children returning to school or entering school for the first time post-pandemic (National Clinical Programme for Paediatrics and Neonatology, 2020).

All of the above disruptions during the COVID-19 pandemic and related school closures were inadvertently experienced by school leaders on children's return to school and in particular to a reported greater degree within DEIS schools. School leaders cited children missing crucial developmental learning opportunities in creche and pre-school along with missed opportunities to engage with services as having a detrimental impact on their emotional, social, behavioural development and overall school readiness. DEIS school leaders reported that many families were impacted by increased poverty, substance abuse and domestic violence to an even greater degree during the COVID-19 pandemic, and that this significantly increased children's exposure to ACEs in the home environment. Many participants from this study reported children exhibiting social difficulties, an increase in emotionally based school avoidance, anxiety and significant gaps in learning on their return to school, all of which placed increased demands on resources within school systems.

The closure of schools during the COVID-19 pandemic highlighted internationally the key role that the school's ecological system plays in the well-being of the child, with particular regard to those children living in marginalised circumstances (The Economic and Social Research Institute [ESRI], 2020). Some school leaders within this research study indicated that the COVID-19 pandemic school closures led to strengthened relationships between school and home communities. Ironically, during a time of such strict societal restrictions, informal daily interactions between school personnel and parents appeared to strengthen the collaboration between schools and home. It offered NQTs an opportunity to

understand the child's ecological system outside of the school environment, as some delivered food and school supplies to those in need. School leaders cited this as a valuable learning opportunity for newly qualified staff in particular as it helped to deepen their understanding of the children's lives outside of the school system.

Research Question 2: To what extent are trauma-sensitive policies, practices and strategies in place in school settings?

A trauma-informed approach is not a standalone intervention that can be delivered in isolation. Rather, it is a systemic framework that guides schools on their journey (Maynard et al., 2019; NCSTN, 2017; The Missouri Model for Trauma Informed Schools, 2019). Fundamental to this framework is a requirement of the integration of effective policies, procedures and practices across the whole school ecological system (Chafouleas et al., 2016; SAMHSA, 2014). A few school leaders placed a premium on policy, systemic training and trauma-informed practices that became a culture and a language within the school, reflected mainly within two schools in the study. There was a recognition in these schools that there was capacity to create real change in a child's life and empowering staff was key in cultivating this. While the term 'attachment' was overtly referred to by just a few participants, there was an acute awareness amongst all participants of the role the school system plays in providing the fundamentals of secure attachment, that is, in creating both physically and psychologically safe, consistent and nurturing environments.

While there was an acknowledgment in all schools of the importance of leadership in both creating and/or maintaining a climate of culture and care, specific organisational structure within the exosystem specific to a TIA was lacking. While a culture of care was reported informally by all participants, one only of the thirteen schools had a trauma-

informed policy. None of the schools had trauma-informed care on the agenda for staff meetings, with the exception of one school.

Trauma-informed approaches necessitate that schools give due consideration to the border macrosystem, such as the communities in which they are working within, in order to develop a comprehensive understanding of their students' lives (Carter & Blanch, 2019; O'Toole, 2022). In order to effectively respond to children's trauma, it is necessary that practices are in place to collect data on those children who may have been exposed to or at risk of ACEs through the use of universal standard screeners such as attendance, disciplinary actions imposed and standardised testing results and that this data is examined through a trauma-informed lens (Chafouleas et al., 2016). A nationwide survey involving Early School Leavers (ESLs) indicated that barriers to implementing trauma-informed practices in working with ESLs included insufficient availability of background/historical information which impeded staffs' ability to understand, prevent or respond to the effects of trauma (Hickey et al., 2020). There were few indicators of data gathering specific to ACEs within this study, with many school leaders reporting that their knowledge of children's challenges became known through interactions with parents, the HSCL or other stakeholders such as key workers who work closely alongside the child's family.

A trauma-informed Multi-Tiered System of Support (MTSS) is the ideal model for the implementation of a TIA within schools (Chafouleas et al., 2016; NCTSN, 2017; Ormiston et al., 2022). In terms of universal practices employed in responding to children's needs at Tier 1 of the MTSS, participants in the current study reported that staff, to varying degrees, had been trained in evidence-based programmes such as FRIENDS for Life, Incredible Years, Restorative Practice, Emotion Coaching, Weaving Well-Being, The Roots of Empathy and the Berry Street Model; programmes which all reflect the principles of

attachment awareness and relationship building between the child and trusted adults. However, lack of strategic planning, whole-school training and commitment to a school-wide approach, resulted in their implementation in many schools being somewhat lack-lustre, difficult to sustain, and a sense of initiative overload without systemic cohesion. The delivery of evidence-based practices in the absence of a systemic overarching goal can be a contributing factor to the insufficient buy-in from staff and, without a shared understanding of the areas being targeted, tensions amongst staff can arise (Chafouleas et al., 2916).

At Tier 2 of the MTSS, strategies for implementation of programmes or practices varied across school settings. Some school leaders referred to the implementation of emotional regulation strategies such as The Five Point Scale and the Zones of Regulation. While some schools had social and emotional skills timetabled nearly as much as literacy and numeracy, others appeared to withdraw children on a 1:1 basis when the need arose, when children became so dysregulated they could no longer be in the classroom environment. This reactive strategy created many unexpected disruptions to the school day, which resulted in SET teachers and school leaders having to reschedule their timetables to attend to children. In general, this support was provided by more senior staff who were viewed as being somewhat more experienced.

The development of secure attachment for children may potentially be disrupted as complex trauma can often occur in the care of primary caregivers (Howard, 2018). In responding to children's trauma, strong, supportive, and caring relationships are crucial in building trust and resilience, a role which increasingly is attributed and fulfilled by secondary attachment figures such as educators (Maynard et al., 2019). Recognition of the importance of relationships between children and educators was reported throughout the study, with an emphasis placed on connecting with children and creating a sense of safety and security as a

fundamental step. Relationship building at this tier was evidenced as being a common effective intervention, without the use of any prescriptive programme and meeting children's needs as they arose. Research indicates that social interactions play a vital role in helping the brain to find safety and social engagement is key in regulating the stress response system (Dykema, 2006; Porges, 2011). There was positive evidence of attempts to build positive relationships, which Stokes and Brunzell (2019) emphasise as being essential in helping children regulate the stress response system. This approach aligns with the principles of TIA which promotes creating a sense of both physical and psychological safety throughout an organisation (SAMHSA, 2014).

In the current study, Tier 3 interventions generally involved employing the expertise of external services in the macrosystem to provide therapeutic intervention to the children most in need. The most valued service was play therapy, with almost all schools utilising this service. Two schools had spent large sums of money on a "cubby", a self-directed regulation space for children which had an in-built bespoke programme. A variation of a nurture room was used in many schools and something that all schools would welcome Government endorsement for. Nurture rooms, which are underpinned by the theoretical basis of attachment, are currently not funded by the Department of Education in the Republic of Ireland, but they are becoming increasingly utilised throughout school systems based on their success in other jurisdictions. Research carried out in Northern Ireland by Sloan et al., (2020) into the effectiveness of nurture groups in improving outcomes for young children with social, emotional and behavioural difficulties in primary schools (n = 384, ages 5-6) reported positive effects. Schools in the Republic of Ireland are using their own funding to establish such practices to varying degrees of training, experience and effective implementation, which was also observed throughout this study. The effectiveness of such trauma-informed

approaches in terms of transference and generalisability to the day-to-day classroom setting and in terms of whole-school adaptations by staff have yet to be evaluated in the national context.

Collaboration with families is one of the key principles fundamental to a trauma-informed approach, a recognition that everyone has a role to play, "one does not have to be a therapist to be therapeutic" (SAMHSA, 2014, p.11). Children from economically inactive households and one parent families are much more likely to be identified with Emotional Behavioural Disorder (EBD) than their peers. Further to this, parental educational attainment is a strong predictor of EBD; children whose mothers have achieved higher education degrees and postgraduate degrees are substantially less likely to be identified with EBD than other children (McCoy et al., 2012). Active efforts by schools in contributing to breaking the cycles of intergenerational adversity was evident throughout the study, attempting to increase parental empowerment through the provision of formal training such as parenting courses. The HSCL was credited many times within DEIS schools for their well-honed skills in strengthening informal partnerships between school and home and empowering parents to upskill, engage with school personnel and advocate for their child. There was an acute awareness of the value of early intervention in breaking the cycles of generational adversity and a sense of frustration in the reluctance of influences in the macrosystem, such as the Government, to support it effectively through resources in the form of funding, staff and training.

Bowlby has long theorised the importance of attachment in providing a safe, secure environment for children, with the role of the SNA within this study highlighted as a key attachment and influential figure by many school leaders (Howe, 2011). This study highlighted the value school leaders place on the unique skills of the SNA in connecting to

and responding to children's needs, and acknowledged the lack of recognition their role receives. One participant explained that SNAs are generally local people who understand the social context of caregivers' adversity, something that is reported as missing in teachers, stereotyped as typically being middle class country people by one school leader. SNAs were also regarded as playing a key role in responding to children with complex needs, often recognising children who are triggered before the teachers do. Some school leaders referenced the role of the SNA as being the conduit between home and school, assisting in dissipating a view of an "us" and "them" between both ecological systems, promoting the principles of TIA of trustworthiness and transparency, peer support, collaboration and mutuality and a sense of empowerment (SAMHSA, 2014).

Principals called for more professional recognition for the role of the SNA, along with a need for increased provision of training opportunities and capacity for professional progression. The high regard held for SNAs throughout this research has been recently supported by research in an Irish context (Department of Education, 2024a). Focus groups with principals and deputy principals (n = 250) sought to obtain the views of school leaders on the role and duties of the SNA and supporting SNA recruitment, retention, and diversity (Department of Education, 2024a). Overall, school leaders held the role of the SNA in high esteem, acknowledging the important role they play not only in the lives of students but in the school community. Over half of school leaders reported that the SNA is the key point of contact between student, parent, and teacher, forming bonds with caregivers through regular consultation in relation to care roles. Almost half reported that SNAs are generally from the community and bring a level of local knowledge. Sixty-eight percent reported that SNAs are an additional support to the teacher, being an extra "set of eyes", noting behaviours that the teacher may not see and intervene quickly before behaviours escalate. Eighty-nine percent of

school leaders strongly agreed that a programme of CPD is required to support SNAs. Over 90% of school leaders felt that the national SNA training course provided by UCD should be mandatory with just 2,200 SNAs having completed the training to date. Over half of school leaders felt that this was due to SNA reluctance to engage in training as there was no incentive to do so, with 96% citing finding substitution cover as an issue (Department of Education, 2024a). The current research supports these findings and highlights the need for increased focus on the role of the SNA within the schools' ecological system.

Research 3: What are the systemic challenges and barriers that school leaders' experience in respect of supporting student trauma?

The long-term impact of ACEs is well documented, and it is acknowledged that investment in early childhood intervention and education is one of the most cost-efficient public health measures to off-set the impacts of trauma (Dermody et al., 2020; Felitti et al., 1998; National Clinical Programme for Paediatrics and Neonatology, 2020; Newton et al., 2024; SAMHSA, 2014). Research indicates that a TIA improves student outcomes but is a time consuming, resource heavy initiative that requires strong leadership (Berger et al., 2020; SAMHSA, 2014). Many of the barriers highlighted by school leaders within this study in addressing student trauma were perceived as occurring in the macrosystem and outside the control of the school's exosystem. Similar issues as identified in research carried out by Hickey et al., (2020), such as a lack of training and resources, time constraints and increasing pressure to focus on academic outcomes were found to impact the effective implementation of a TIA. Such issues can leave school systems feeling unsupported in their attempts to provide effective support for students (Lotty, 2021; Ormiston et al., 2022). For NQTs, the rising cost of living and challenging school environments was seen as a deterrent for NQTs to settle in Dublin. School funding along with buildings that lack space and, in some cases,

identified as not being fit for purpose are also proving challenging amongst a few participants in the study.

The changing role of teaching and school leadership was evident throughout as discontent was expressed by school leaders in relation to the perceived responsibility placed on the school ecological system to address the needs of children in the absence of the skills to respond to the increased challenges. There was acknowledgement amongst school leaders of the toll responding to complex needs and behaviours takes on school staff and the sense that teachers, particularly NQTs, are not skilled to respond to it. Some school leaders held initial teacher training accountable for the lack of teacher preparedness for the reality of the teaching environment. At the most basic level, a TIA begins with professional training for all personnel, but the transience of staff and a "train and leave" pattern was cited in some schools as being problematic. Lack of recognition and directives from the Department of Education in creating a TIA further creates difficulties for schools at all levels of the system. The absence of a Departmental trauma-informed framework and compulsory CPD for all staff left school leaders feeling unable to implement a trauma-informed approach effectively. One school that is systemically shifting toward becoming trauma-informed, emphasised the key importance of whole-school training, commenting that staff tend to buy-in more when the research is presented and understood. Research has supported the link between teacher knowledge and acceptability for new school-based intervention methods or approaches such as a TIA (Berger et al., 2020; McIntyre et al., 2019).

Within the SAMHSA guidelines for creating trauma-informed systems, peer support and collaboration are cited as being foundational principles in creating a trauma-informed system (SAMHSA, 2014). Working with children experiencing complex trauma can have an impact on professional well-being and self-efficacy, particularly for those teachers working

with children with additional needs and in marginalised communities (Ormiston et al., 2022). In the current study, staff well-being was cited as a concern amongst a few school leaders, with many school systems relying heavily on collegial peer support in an informal capacity to manage the daily stressors of the school environment. According to Ormiston et al., (2022), while peer support can contribute to compassion satisfaction for teachers, it is not sufficient in protecting staff well-being. Finding the time to facilitate and prioritise staff wellbeing was cited as a barrier for schools with only one school referencing peer support as part of school policy and practice. Research indicates that compassion fatigue in particular is a significant barrier to the implementation of approaches, programmes, and practices (Berger et al., 2020; O'Toole, 2022). Teachers who have themselves experienced trauma, mental health difficulties along with continued exposure to children's trauma are more likely to experience compassion fatigue and burnout (Berger & Nott, 2023). Research indicates that teachers who are trauma-informed display decreased levels of compassion fatigue and secondary trauma, highlighting that it is imperative that schools recognise the risks of complex behaviour on staff and the importance of providing training and support (Gherardi et al., 2021; Ormiston et al., 2022).

As stated previously, collaboration is one of the core principles for the implementation of a TIA both within and between systems (SAMHSA, 2014). The increase of complex needs has increased at a rate that exceeds the resources available within the school environment and all school leaders advocated the need for more clinical services on site, to provide not only a multidisciplinary response but as one school leader noted, the need for an interdisciplinary response. School leaders recognised the school itself as an opportune place for intervention, having in place the systemic framework that lends itself well to

respond to children's needs, providing a safe, secure and underutilised environment for multi-disciplinary intervention.

Within the Mental Health Commission Annual Report (2023), collaboration and challenges with parental engagement was cited as an area of concern. It reported that there were particular cohorts of families who had difficulty in accessing CAMHS due to barriers such as language, culture and stigma. The Traveller Community, asylum seekers, refugees and migrants along with children in care were cited as being the most difficult to engage. The most frequent theme emanating from research with 43 families was parental frustration with the lack of access to CAMHS, long waiting lists and lack of clarity about criteria for being accepted by the service. It was reported that a lack of continuity with doctors within the service resulted in parents re-telling children's history to new doctors and occasionally receiving different diagnoses from different doctors (Mental Health Commission Annual Report, 2023). While some schools within this study reported challenges with parental engagement, particularly with harder to reach families, most school leaders reported strong connections with families. With such relationships already established, many school leaders voiced that multi-disciplinary services should capitalise on using school settings to support parental engagement and the attendance of children at service appointments, particularly those harder to reach families.

Where schools have privately funded external support such as speech and language therapists, some school leaders have indicated that this has provided insightful learning opportunities for teachers to gain more of an understanding in how to support children. The potential of having multi-disciplinary teams within schools were reported by school leaders as an opportunity for building teacher capacity, allowing staff to collaborate with professionals in supporting parents, in circumstances where parents may not have the

resources to support their children. Some schools called for a model such as the pilot project in Dublin's North East Inner City (NEIC) which involves a wrap-around multi-disciplinary team providing support to schools. While a multi-disciplinary and interdisciplinary approach was proposed as the best solution by some school leaders, there was a sense amongst others of further perpetuating a culture of referring complex cases to external services. This kind of approach may fail to build teacher capacity or self-efficacy and was voiced amongst school leaders lacking in whole-school staff training and cohesive implementation of programmes.

The Irish Education system has one of the longest established inspectorates in Europe, traditionally known by the Irish term 'cigire' (Gardezi et al., 2023). The role of the school inspector is to monitor and evaluate practices in schools "to ensure that pupils receive the best possible education in light of their learning needs" (Department of Education, 2024b, p.9). Inspections can include incidental inspection, curriculum inspections and a whole-school evaluation which evaluates management, leadership and learning within a school. Evaluations of schools are generally published and can be accessed by the public (Department of Education, 2024b). Anxiety in relation to visits from the inspectorate, who were perceived as focusing solely on the teaching of the curriculum was reported by some school leaders. Inspectors were perceived as being "out of touch", lacking awareness of the societal context of schools, intimating that inspectors evaluate schools in the absence of a bio-psycho-social approach. This again highlights the need that every individual working with children within the school's ecological system is aware of the prevalence of trauma (SAMHSA, 2014; The Missouri Model for Trauma Informed Schools, 2019).

Internationally, the importance of Social, Emotional Skills (SES) is acknowledged in building resilience and a need for its inclusion as a core curricular subject (Cefai, et al., 2018) and this was also highlighted by the majority of school leaders in this study. The conflicting

demands of the curriculum and prioritising the emotional needs of children was highlighted by many leaders as being contentious. Social, emotional skills were cited as necessary by all schools, with many school leaders expressing that, for many children, SES skills need to be prioritised more than that of literacy and numeracy. The rationale for this was that until children felt safe, secure and regulated in school, their learning and the learning of others would be impacted. In addition to this, some participants expressed an awareness that the development of SES skills and general life adaptive skills were far more beneficial to students living in vulnerable communities than academic prowess. However, school leaders reported that because of pressures within the macrosystem from the Department, teachers often feel compelled to address the curriculum and "teach" children, without due consideration given to the social and emotional capacity of children to engage.

Summary of Findings Reflecting a Trauma-Informed Approach

SAMHSA identified that for a school to be successful in embedding a TIA, there needs to be a presence of what are referred to as the four R's (SAMHSA, 2014). Training for staff at a universal level, or Tier 1, in which the educators "Realise", and "Recognise" trauma and its impact on children, along with a development of skills and strategies to prevent or reduce its impact on children is essential in order to create an environment that is "Responsive" to the needs of children that "Resists Re-traumatisation". A summary to the extent of which these four Rs are currently present within this study, as reported by participants, are outlined below.

Realise

Comprehensive whole staff training is the initial step in increasing an understanding and awareness of the impact of trauma and cultivating buy-in from staff (Avery et al., 2022; SAMHSA, 2014). In creating a trauma-informed school, it is imperative that staff recognise

the approach as not an additional responsibility but a new way of thinking that contributes to their sense of self-efficacy in responding to complex behaviours within the school environment (Carter & Blanch, 2019). While it is recognised within this study that whole-school training is necessary, there was little evidence of school systemic training specifically in relation to trauma or ACEs.

Recognise

Caring and nurturing environments are advocated within this study, with all schools cognisant of their role in supporting both caregivers and children who have been impacted by trauma. Amongst some, there was a sense that this was not the role of teachers, that their job is effectively to teach, as opposed to responding to complex student needs. Initial training would contribute to the beginnings of a cultural shift in recognising that a TIA is the responsibility of all staff within the school environment (SAMHSA, 2014). A lack of understanding of the signs and symptoms of trauma can result in interpretations of behaviour being attributed to a “within-person” issue, pathologising children and resorting to disciplinary measures to manage behaviour as opposed to children's responses being recognised as surviving trauma (SAMHSA, 2014).

One school reported having a policy specific to trauma and with the exception of two schools, there was little reference to identifying children at risk for ACEs. There was no reference made to the use of documents and guidelines such as the Social, Emotional Behavioural Teacher Guidelines in which a bio-psycho-social approach is promoted to support children along a continuum of support, with reference to the role of the class teacher, school policies, school structures and systems (NEPS, 2010). In terms of recognising the social factors of a cultural and historical nature within school communities, it was reported as lacking with school leaders voicing concerns in relation to teachers’ understanding of DEIS

school environments in particular. However, SNAs were identified as being very aware of the socio-cultural impacts on children's presentations within the school environment. Conversely, one school asserted that school staff do not necessarily need to know the kinds of trauma that children have experienced and that TIA principles are not going to cause any further harm or re-traumatisation to children should they be implemented school wide. O'Toole (2017) reflected this same sentiment, asserting that it is not always possible for educators to know which students have experienced trauma in their classroom but what educators can do is employ principles of trauma-informed practice that provide a contextual understanding of children's behaviours, recognising them as survival strategies rather than manifestations of disorder or deficit.

Chronic student "mis-behaviour" is associated with increased levels of teacher stress and burnout, impacting on motivation, disciplinary behaviours, teacher-student relations and classroom climate (Flynn et al., 2023; MacLochlainn et al., 2022).While some school leaders referred to the Employee Assistance Scheme (EAS) as an external support that some staff avail of, there was an absence of formalised support/training across the majority of schools in recognising the symptoms of secondary traumatic stress and self-care strategies to prevent vicarious trauma. School leaders recognised the importance of teacher well-being, but time once again was cited as a barrier in effectively supporting staff. One school had official supervision in place in the form of regular monthly meetings.

Respond

Translating trauma-informed training to daily practice can remain a barrier for many educators, which is partly due to unclear implementation approaches across the school and a clear overview of what changes need to be made to create a trauma-informed climate (Wassink - de Stringer et al., 2022). While all school leaders discussed pressing issues at the

macro-level of the school's ecological system including a lack of services, staff shortages and social issues such as poverty and intergenerational trauma, there was some evidence of some school leaders taking ownership of the issues within their own ecological system and optimising the resources they had available to them. In one school, this involved training long-standing permanent "core" staff in programmes such as Berry Street, to ensure some consistency of practice throughout the school and negating the impacts of transient staff being trained and leaving the school with the expertise. However, although Berry Street is an evidenced TIA with some staff trained in this particular school, the school leader admitted that it is difficult to maintain within a school in the absence of all staff being trained.

Some school leaders, with the best intent, actively advocate on behalf of the school, children and community to draw attention to issues in the macrosystem and highlight the shortcomings of departmental bodies. For example, a lack of knowledge of young teachers of the prevalence of ACEs or DEIS environments was cited as a failure of teacher training colleges and not a responsibility of the school to fulfil. Further to this, the lack of confidence and sense of efficacy amongst school staff, coupled with a lack of systemic training appeared to drive a focus of the problem either on the child or to "expert" services in some cases. While many of these arguments are indeed valid and all are made in an effort to advocate on behalf of the child, focusing on external services can run the risk of dis-empowering school systems and failing to build teacher self-efficacy and long-term capacity to manage classroom environments.

Schools within this study are responding to children's challenges to varying degrees of success with the use of evidence-based approaches for the most part, but in the absence of a framework to provide guidance for same, the implementation of these is lacking strategy in terms of measuring goals and outcomes. O'Toole (2022) argues that while some studies use

trauma-informed terminology to describe isolated school-based interventions used to reduce trauma symptoms and increase emotional regulation, they are not grounded in trauma-informed principles in the sense that they fail to promote systemic change. O'Toole (2017) further emphasises that while most school-based interventions have solid theoretical and philosophical underpinnings; approaches like the Incredible Years and FRIENDS programmes tend to be individualistic and de-contextualised that focus on the symptom change rather than reworking problematic relationship patterns. Teachers are primarily trained to focus on teaching the curriculum and in the absence of SES being a core curricular subject, responding to the emotional and behavioural effects of trauma can be an emotional drain (Sweetman, 2022). Isolated programmes are challenging to embed and sustain when they lack sufficient buy-in from staff and challenges emerge in attempting to integrate programmes into the educational environment (Chafouleas et al., 2016).

Resist-Retraumtisation

All school leaders promoted a caring, secure and nurturing environment and were cognisant of having a positive school culture for the whole school community. Relationships with parents and caregivers are a priority for many and it was recognised that school environments can be a place of re-traumatisation for parents due to their own educational experiences. Practices such as parents addressing principals by their first name and schools running courses to help educate, empower and engage parents in the school environment was evident throughout. However, given the limited journey of many schools to becoming trauma-informed, just one school referenced specifically the potential impacts of re-traumatisation not only on children but on staff.

Strengths and Limitations of the Current Study

Strengths

While this study was a very small-scale exploration of trauma informed practice which was contingent on the self-reports of school leaders within a particular geographical area, the findings have provided insightful information for policy makers in relation to the complex issues impacting school systems' efforts to respond to trauma on a daily basis. The importance of the voice of school leaders in relation to their experiences in responding to the needs of children who have experienced trauma, is imperative in implementation of a trauma-informed approach (O'Toole, 2022). The nature of the research study, conducted within a qualitative paradigm, captured rich information on the reality of challenges experienced by school leaders on a daily basis. As each school is a systemic entity in its own right, collecting data through the use of interviews allowed the subjective experiences of school leaders to be heard; experiences that are "produced in particular contexts, by participants who come from, and are located within, specific contexts" (Braun & Clarke, p.21). Furthermore, the use of a reflexive thematic analysis enabled the researcher to identify patterns across the data and compile those patterns into a coherent story that was underpinned by the data collected.

As outlined in chapter 1, previous similar research carried out in NEPS aimed to understand school principals' experiences and perspectives regarding supporting students impacted by trauma, their views on the challenges and barriers that they encounter along with what systemic changes were needed (Frehill, 2022). Similar findings were rendered within this study such as the important role of school leadership, lack of sufficient training amongst staff, misunderstanding of children's behavioural responses, and the impact on staff in responding to challenging behaviours, highlighting the potential capacity to generalise these results. Findings within this study contributes to previous research highlighting the

continuous impact that the COVID-19 pandemic has on the school system. Also, the role of the SNA was heavily cited within this study, highlighting the key role they play in mitigating the impacts of trauma. Their role in supporting school leaders, staff, children, and families is one that perhaps is undervalued in its capacity to create change.

Limitations

While this research has provided valuable insights, the study would have been strengthened by more robust data inclusive of all those impacted by the school's ecological system including teachers, SNAs, children and parents. This study would have been further enhanced by a higher ratio of non-DEIS schools (DEIS=13: non-DEIS=2) to compare and contrast challenges that occur in both environments. There may also be the presence of a self-selection bias in that those school leaders that chose to take part in the study had a particular interest or experience of the topic.

Recommendations for Future Research

Research on Prevalence of ACEs

Many countries internationally to date have undertaken robust national studies in an effort to evaluate the prevalence of ACEs amongst their respective populations. As outlined in chapter 2, although ACEs are universal and transcend all socio-economic demographics, a closer look at the prevalence of particular ACEs and patterns within an Irish context is needed to help inform a future roadmap. Limited research in an Irish context has intimated the potential impacts of past historical and cultural factors on ACE prevalence (Hyland et al., 2021), the potential links of child adversity to homelessness (Lambert & Gill-Emerson, 2017), the high prevalence of ACEs amongst non-national children and those from lower socio-economic backgrounds (Healy et al., 2022) along with prevalence rates among youth entering the GYDP (Dermody et al., 2020).

A robust national study to explore the prevalence of childhood adversity within Irish society is needed in order to inform future government policy on the nature, prevalence and impact of ACEs within the context of social and cultural influences in Irish society (PEIN, 2019). These findings would further assist the development of a framework for practice reflective of the Irish population and assist organisations like schools and professionals such as teachers and educational psychologists to respond in a systemic manner in creating culturally safe environments in a culturally attuned fashion (Avery et al., 2022).

Research with Teachers and Special Need Assistants

While this current study focuses on the views and experiences of school leaders within the school environment, a similar study design involving teachers and SNAs would be beneficial. While some quantitative studies such as O'Toole (2022) have been carried out using the ARTIC scales with Irish teachers, this is limited in its provision of data on teachers' attitudes to trauma-informed care as opposed to their experiences and views. A qualitative design would provide rich information on both the views and practices employed by teachers within the school environment in response to children's needs and what they feel is required to help improve their practice. As noted throughout this research, the role of the SNA is held in particularly high regard amongst school leaders in supporting the school community in responding to trauma and their views would also provide valuable insights. Also, a qualitative exploration of teachers and SNAs knowledge and experience of secondary stress, leadership support and barriers at present would provide alternative perspectives.

Research with Educational Psychologists

Educational psychologists are also becoming increasingly aware of the impact of trauma and recognise coping mechanisms such as anger outbursts, truancy and other challenging behaviours as symptoms of trauma (Gubi et al., 2019). However, while this

research focuses mainly on the experiences of school leaders, little is known in an Irish context regarding school psychologists' knowledge or capacity to offer support to schools through a trauma-informed lens. Further research to explore the experiences and extent to which psychologists perceive the adequacy and competency of their training in providing support in relation to trauma to their schools is required. Research carried out by Gubi et al., (2019) via online surveys with school psychologists (n = 82) exploring psychologists' competency in responding to trauma, found that 76% of respondents rated their overall education and training in trauma and trauma-informed care as "none" (17%) to minimal (59%,). Sixty per cent of participants rated their education/training and confidence regarding their knowledge of the impact of trauma on development, learning and behaviour as "none" to "minimal". School psychologists further asserted that further professional training was required related to knowledge about trauma and trauma-informed care. There is no research in an Irish context that has explored this aspect specifically with educational psychologists. Variables in relation to the level of professional experience of psychologists, demographics within which psychologists work, and the influence of team leaders and regional directors on psychologists' response to trauma would be an interesting area of research.

Case Study on a Trauma-Informed School

One school within this study initiated its journey to becoming trauma-informed over the past four years and although the school has not fully completed its journey to date, it would make for an informative research study to explore learnings from a systemic perspective. The school currently emulates many of the core principles of a TIA and research would provide invaluable guidance to schools embarking on a trauma-informed approach.

The motivation toward a TIA was instigated organically following the findings of a report that was commissioned by Dublin City Council (2020), in relation to the escalating

levels of violence in the area, which reported concerning trends amongst the population in the area, amongst them below average educational attainment, high levels of unemployment, lone parent families and high levels of association with crime, drugs, gangs and anti-social behaviour. The study completed by Dublin City Council again highlights the importance of gathering information at a local level to inform policy makers, including those within school systems, of the challenges that the population within that community are experiencing in order to reflect on what the school can do to help support better outcomes for children.

The school highlighted the importance of a TIA being interpreted by school leaders as a journey and not a "tick the box" or "quick fix". The support of school leadership in driving TIA through the facilitation of whole staff training was cited as absolutely key in creating cultural change. Initially, school leaders attended a course in relation to trauma-informed practice which piqued interest amongst leadership. The buy-in from the whole staff admittedly was a slow process which took two to three years, requiring the promotion of courses in relation to ACEs across the whole staff. All staff members are now "informed" and a "core team" have completed a Level 9 Diploma in UCC over a six-month period on trauma-informed practice in education which was reported as being instrumental in driving the cultural shift. Another key piece is the continuous filtering of information to staff, with school leadership running summer courses for staff members on trauma, advancing the buy-in from staff through in-house training and increasing an understanding of the neuroscience supporting the impacts of trauma. Within this school, a policy is in place and a structured peer support group to support the impacts of vicarious trauma on staff. Although a case study can render results that lack generalisation to other school systems, a comprehensive analysis

of a TIA approach within a school would provide insights that could contribute to recommendations for future developments in other schools.

Implications of the Findings for Trauma-Informed Approaches in Schools

Framework for Implementation

A trauma-informed approach is a top-down systemic commitment of school leadership within the school's ecological system (SAMHSA, 2014). In order to support and increase buy-in from school leadership, a commitment in addressing ACEs and trauma within schools is necessary from a Departmental perspective. In the absence of a Departmental framework for implementation to guide schools in an Irish capacity, bottom-up efforts by motivated school leaders are not being met by top-down commitment in the form of legislation, policy or resourcing (Chafouleas et al., 2016; O'Toole & Dobutowitsch, 2022). As a result, practices within school systems are currently fragmented and lack a sense of cohesiveness.

This study has highlighted that many school leaders would welcome a framework for the implementation of a TIA, allowing the schools' exosystem to implement a TIA as somewhat of a directive that is viewed as a priority by the Department of Education. In order to ensure that a framework is implemented effectively, long-term commitment of additional resources in the form of funding and staffing is essential to ensure its success; a framework in of itself is not sufficient.

Revision of the role of the Special Needs Assistants

The flexibility and willingness of SNAs to respond to the demands of the school environment was reported and commended by school leaders within this research. The broad and vast range of duties that SNAs currently engage with that are outside the remit of their current job specification, i.e. responding to the care needs of children, was highlighted. A

revision of the role of the SNA by the NCSE is essential not only to consider expanding the scope of work they engage with within the school environment but also to offer increased monetary and professional credit to their role.

Whole School Training for School Leaders and Staff

Given reports of perceived high levels of children experiencing ACEs within schools and consistent reports of lack of teacher training, it is fundamental that training in the first two R's is accessed by schools that are inclusive of all school staff, e.g. school leaders, teachers, SNAs and auxiliary staff. Lacklustre enthusiasm was expressed by school leaders for online, decontextualised, "one-fits-all", out of school hours training. Trauma-informed approach principles encourage schools to reflect and address the cultural, historical and gender issues within their respective school systems and so it is imperative that this support should take the form of compulsory CPD within schools with due consideration given to the schools' socio-cultural background. Further to this, it is essential that CPD is on-going in order to maximise the impact of initial training and embed TIA over time in day-to-day school practice (Avery et al., 2022).

It was highlighted throughout this study that although SNAs play a vital key role in responding to trauma within the school setting, they are not awarded the same opportunities for professional development as teachers. It is key that the Department of Education examines these concerns in providing professional training and opportunities for professional credit and progression for the role of the SNA.

Increased Training within Teacher Training Colleges

School leaders, particularly those within DEIS schools, have voiced their concerns of NQTs embarking on their professional careers with a lack of understanding of the impact of the influences shaping children's experience and presentations within the school

environment. There is an opportunity for many local initiatives, for example, the Educational Disadvantage Centre in Dublin, to collaborate with teacher training colleges in promoting an awareness of the impacts of social disadvantage within particular pockets of social disadvantage within Dublin.

As mentioned previously, evidence-based programmes like Incredible Years and FRIENDS are only prioritised for delivery to DEIS schools by NEPS psychologists, with the training invitation extending to generally two teachers from a school each year. Difficulties in securing substitute cover for training days along with high teacher turnover affects whole-school implementation of such programmes. In addition to this, teachers in non-DEIS schools do not have the opportunity to avail of such training. It would be beneficial if training on such foundational courses were provided in colleges as part of teacher-training education. All teachers therefore would have a basic understanding of the impacts of nurturing a strong foundation of emotional and social competence to enhance academic growth and school achievement on entering schools (Webster-Stratton, 2012).

Whole Staff Well-Being

Staff support and self-care is a key feature amongst all TIA implementation frameworks and is an area that needs further attention as reported by school leaders within this study. Informal peer support and promotion of the EAS amongst staff were reported as being the most utilised. Professional supervision in many instances is compulsory in professional settings where staff are involved in the care and protection of young people. This is an area that should be considered by the Department of Education for staff within the school environment (O'Toole & Dobutowitsch, 2022).

Collaboration of Allied Services

Embedding a TIA is challenging for schools without a broader community response involving multiple agencies within the community. Complex societal problems that impact on

the lives of children cannot be resolved alone in the context of the school ecological system, or indeed in specific service interventions. It requires organisations in the community to collaborate by "removing service duplication, pooling resources and providing more cohesive and comprehensive systems" (Spratt et al., 2019, p.12). Collaboration of services are required to be comprehensive as opposed to narrow and individualistic in order to address the range of social, relational and cultural factors influencing a child's ecological system (Spratt et al., 2019). As outlined previously in this chapter, the use of the school ecological system to facilitate multi-disciplinary teams has been advocated as a way to consistently engage parents and students to receive the support they need.

Implications for the Role of the Educational Psychologist

An ecological service delivery necessitates that psychologists assist in enhancing school exosystems, promoting a whole-school approach to create a culture that is inclusive, flexible and responsive to the needs of all (NEPS, 2020). For educational psychologists working within the schools, they have a role at all layers of the school's ecological system, in particular with parents and school staff within the mesosystem, who are key to the child's life. Considering the researcher's position as a NEPS psychologist, it is deemed imperative to reflect on the implications of the study for educational psychology practice. It is evident following this study that there is a unique space and opportunity for psychologists to support school leaders' in integrating a TIA within the school system. Collaboration between psychologists and the schools exosystem creates an opportunity to align current training and resources available to schools in a systematic manner within schools through MTSS delivery to promote a TIA.

At tier 1, psychologists can support schools in the most basic components of initiating a TIA by addressing the first two "Rs" of "realising" and "recognising" the prevalence and

impacts of child adversity. NEPS currently supports schools, raising awareness of the widespread impact of trauma and recognition of the signs and symptoms through webinars such as “Introducing a Trauma Informed Approach: The Stress Factor-Getting the Balance Right” which comprises of seven modules. However, only some schools within this study had completed this training, with school leaders indicating that training presented on an on-line platform lacks effectiveness and interest from staff. In addition to this, school leaders intimated that when training is not compulsory and lacks subjectivity to the individual school, both school leaders and staff are less inclined to participate. This feedback can inform the current practice of the educational psychologist to alter delivery of training and provide whole-school CPD training within schools face-to-face.

In line with SAMHSA’s recommendations, commitment between psychologists and school leadership to revisit training is essential. It would be beneficial for psychologists and school leadership to gather information from staff following initial training to further identify specific areas in relation to stress and trauma that require further input. On-going training is essential in embedding learning as the long-term effects of one day training is limited (Ormiston et al., 2022).

In terms of Tier 2 and incorporating the third and fourth “R”s of responding to trauma and resisting re-traumatisation, the educational psychologist has a role in supporting school leadership in evaluating school culture, policy and practices within the school environment that reflect a TIA. The current developed resource booklet that accompanies the webinar “Introducing a Trauma Informed Approach: The Stress Factor-Getting the Balance Right” can be used to help reflect on the school’s current practices. Activities such as the “Walk Through Model” encourages school leaders to identify areas of strength and need in creating a sense of safety, a sense of calm, a sense of connectedness, sense of efficacy and a sense of

hope at a whole school level. The same activity has been developed for evaluation at a classroom level for teachers. Following the collation of such information, the psychologist can discuss with school leadership what trauma informed/stress reduction practices are already in place and explore how the school may enhance whole school and whole class practice.

Additionally, at this tier the psychologist can assist school leadership in evaluating the programmes and interventions that are promoted within the school that reflect a trauma-informed approach and help identify the strengths and challenges experienced in their implementation. This research highlighted that while many schools and classrooms employ many evidence-based interventions, there is a lack of cohesiveness in their implementation and evaluation.

The last tier in the MTSS, is tier 3 and reflects those children who have not responded to interventions at the levels of the previous two tiers. Psychologists can support schools at this level by consulting with staff and parents, reviewing Student Support Files and offering guidance and support. Educational psychologists working within school systems have a key role at this point also in liaising with appropriate external agencies, including educational psychologists working in primary care and Children's Disability Network Team settings to promote the adoption of a TIA and work collaboratively with children and families. Psychologists working within the school ecological system have a role in strengthening relationships between the school and external services such as guiding schools to appropriate referral pathways, for example, signposting to therapeutic interventions in primary care that external psychologists may potentially be able to provide. Table 5 provides a summary of the core findings and recommendations of this study.

Table 5

Core Findings are Recommendations

Research Question 1:
To examine school leaders experience of working with children experiencing trauma and their sense of efficacy in responding to the needs of children

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Core Findings

- Substantial awareness amongst school leaders of trauma and its impacts which has been acquired predominantly through professional experience
- Perceived increased pressure and expectation of school leadership to respond to children experiencing trauma, particularly in DEIS settings
- Lack of self-efficacy amongst staff, particularly NQTs, in responding to children's needs
- COVID-19 has increased demands on schools in meeting children's needs whilst also offering opportunities to develop relationships with parents/caregivers
- Staff well-being is a concern amongst many school leaders
- SES deemed an integral part to children's education

Recommendations

- A need for comprehensive whole-staff training in trauma to raise awareness of its prevalence and impacts on children
- Teacher training colleges required to provide training to student teachers in relation to DEIS settings to perhaps include compulsory placement during training in DEIS settings
- Teacher training colleges required to provide foundational training in evidence-based programmes such as FRIENDS for Life and Incredible Years
- Prioritisation of staff well-being and setting time aside to facilitate it is essential
- SES skills acknowledged by the Department of Education as a prerequisite to children's capacity to learn and engage with the school environment

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Research 2:
To explore the extent to which trauma-sensitive policies, practices and strategies are in place in school settings

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Core Findings

- Strong evidence of school leaders creating and sustaining a school culture that is a nurturing, safe and secure for children
- Lack of school policy specific to TIAs, including information gathering on children
- Lack of cohesiveness in systemic implementation of evidence-based programmes

- The role of the SNA is identified as key in responding to children's needs
- Building safe, secure relationships with children is an effective intervention in itself
- Widespread employment of external services to support school system
- Positives initiatives by schools in support of breaking the cycle of intergenerational adversity
- The role of the HSCL is key in building parental trust and engagement with schools within DEIS settings.

Recommendations

- Departmental policy specific to a TIA is required to assist school leadership shift toward a TIA school culture.
- Thorough review required by schools on systemic implementation of evidence-based programmes, which can be supported by educational psychologists
- Revision of the role of the SNA
- Increased provision of training opportunities and capacity for professional progression for the role of the SNA

Research Question 3:
To determine the systemic challenges and barriers that school leaders experience in respect of responding to student trauma

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Core Findings

- Lack of systemic framework in relation to the implementation of a TIA
- Lack of services for children and collaboration of allied services
- Schools an under-utilised setting by services in providing support to children
- Staff shortages and high staff turnover is problematic

Recommendations

- A TIA framework provided by the Department of Education to guide schools is required
- Multi-disciplinary teams are required within school settings to provide a cohesive and ecological response to children's needs
- Increased funding for schools for resources such as nurture rooms
- Staffing issues within urban areas needs to be addressed by the Department of Education to retain teachers within these demographics

Overall Conclusion

A trauma-informed approach adapts a strengths-based approach which is underpinned by a foundational awareness and response to the widespread pervasiveness and impacts of trauma (O'Leary et al., 2023). A shift toward a trauma-informed approach is a considerable undertaking, is time-consuming and resource-intensive (Carter & Blanch, 2019; Chafouleas et al., 2016; SAMHSA; 2014; The Missouri Model for Trauma Informed Schools, 2019). Following this study, the findings suggest that schools for the most part are still in their infancy in moving toward a TIA. While the overall intent of school leaders throughout this study is in no doubt positive, more must be done to assist school leaders in the promotion and implementation of a TIA across all layers of the school system. Educational psychologists are well placed to support schools and potentially have a key role in supporting the systemic implementation of TIAs in schools. With support from the Department of Education in creating policy and a framework for practice, real change can begin in school systems.

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Appendices

Appendix A Information Leaflet for Participants

UCD School of Education

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Scoil on Oideachas

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An Coláiste OllscoileBaileÁthaCliath
Belfield, BAC 4, Eire

Title of Study: *An Exploration of Trauma Informed Care and Practices in Primary Schools*

Dear Educator,

My name is Claire Connaughton, and I am a Senior Educational Psychologist with NEPS. I am currently completing a Doctorate in Educational Psychology in the School of Education, University College Dublin, under the supervision of Dr. Joyce Senior and Dr. Seaneen Sloan. I am writing to you in relation to a study I am undertaking titled *'An Exploration of Trauma Informed Care and Practices in Primary Schools'*

What is this research about?

Trauma has no boundaries with regards to age, gender, socioeconomic status, race, ethnicity, geography or sexual orientation (SAMHSA, 2014). It is well documented that traumatic experiences increase the likelihood of challenges relating to emotional regulation, self-soothing, learning and social engagement; all of which can inhibit a young person's capacity to successfully engage with others and succeed in the school environment (The National Child Traumatic Stress Network, 2014). Concern regarding the education and well-being needs of students along with acknowledgement that schools are struggling to manage the often quite challenging presentations of students from trauma backgrounds is on the increase. In a response to the needs of the school community, trauma-informed practice has been strongly advocated internationally as a way of enhancing an understanding of the nature and consequences of trauma and in building emotionally healthy whole school and classroom environments (SAMHSA, 2014).

Why I am doing this research?

This research is considered important in contributing to the work of the Department of Education in relation to trauma informed practices in schools. The research is designed to

examine the experiences, training and support needs of school leaders when supporting students who have experienced trauma. Your contribution will be very valuable.

How will your data be used?

Your views will be used to develop an understanding of the research topic. Once the data is gathered, the results will be written up as a thesis and submitted to UCD for examination for the Degree of Doctorate in Educational Psychology. The results of this research may also be used by professionals interested in the area to guide their practices. Your confidentiality and anonymity will be protected as your real name(s) will not be used. Furthermore, all identifiable data on participants (names, contact details) will be destroyed as soon as the data is analysed. The audio files will be destroyed after a full set of transcripts has been created.

What will happen if you decide that you would like to take part in this study?

If you are interested in taking part in this research, informed consent forms must be signed. Interviews will take place face-to-face on a date and time which works best for you between during the week of February 26th-29th 2024. Interviews will last approximately 30-40 minutes and will be audio recorded to facilitate analysis. All interviews will be transcribed by the researcher, and some may be checked by my supervisor. You can access a copy of the transcription of your interview by contacting me.

How will your privacy be protected?

All information collected as part of the study will be stored securely on a password protected computer. Once the data has been transcribed, audio recordings of interviews will be deleted. Names of the participants will not be written on the transcribed data, instead a number will be issued to identify participants and only the researcher will have access to this number. Once the data is transcribed, all information will be coded and stored in a secure location only accessible by the researcher. These identifiers will be destroyed after the researcher's viva, which is expected to be held in Autumn 2024.

What are the benefits of taking part in this research study?

While there will be no direct benefit to you from the study, the findings have the potential to inform policy and practise for the promotion of trauma informed care and practice within primary schools. The findings of this study may be presented at national and international conferences. The findings may also be submitted for publication in peer-reviewed journals. However, no individual participant will be identified in any publication or presentation.

What are the risks in taking part in this research study?

There is a degree of minimal risk that participants may become upset in relation to answering questions in relation to trauma informed care and practice. At all time, the researcher will endeavour to take the necessary steps to prevent this. School Staff Wellbeing information will be distributed to educators post interview in order for them to access supports should they be impacted by content of the interview.

What are my rights as a participant in this research study?

This study will generate two types of personal data: identifiable data with your contact details, and de-identified personal data which is your interview transcript. You have the right to request erasure, restriction of access, transfer, and rectification of your personal data at any time. Your identifiable personal data will be destroyed after the full set of transcripts are generated by the researcher. Your de-identified personal data (interview transcripts) will be kept indefinitely by Claire Connaughton for future analysis. You have the right to request that your de-identified personal data be destroyed any time until they are analysed (in approximately 2 months), after which point the full set of interview transcripts will be merged in computer software for qualitative data analysis, NVivo 12. For general queries about data protection or to make a complaint, please contact the UCD data protection officer at gdpr@ucd.ie. To make a data request please contact Claire Connaughton at claire_connaugton@eduvation.gov.ie

Can I change my mind at any stage and withdraw from the study?

It is up to you to decide if you want to take part in the study. Participation is entirely voluntary. You are free to change your mind and to withdraw from the research at any stage without giving a reason, up until two weeks following your interview. After this point, it may not be possible to withdraw as analysis will have already commenced on your interview.

How will I find out what happens with this project?

Should you wish to receive a copy of the research once it is completed, please email me at claire_connaughton@education.gov.ie and I will be happy to share it with you upon publication.

If I would like to take part in the study, what do I do now?

If you are willing to take part in the study, please email me at claire.conaughton@education.gov.ie and return attached consent form. You can also contact me through the email address provided below, if you would like to discuss any aspects of this research further.

Contact details for further information

If you have any further questions, or would like to make a data request, please do not hesitate to contact me using the details below.

Principal researcher: Claire Connaughton

Senior Educational psychologist NEPS

Email: claire_connaughton@eduation.gov.ie

Appendix B Consent Form

UCD School of Education

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Belfield, BAC 4, Eire

Title of Study: *An exploration of Trauma Informed Care and Practice in primary schools*

Researcher: Claire Connaughton, Senior NEPS Psychologist

Supervisor: Dr. Joyce Senior and Dr. Seaneen Sloan

Participation Consent Form	
I consent to the following:	Tick✓Yes
I have read and understood the information letter for the above study	
I understand that my participation in this research is entirely voluntary	
I understand that my de-identified data will be stored in a password protected file on a password protected encrypted computer	
I understand that I can contact the UCD data protection officer for general queries about data protection or to make a complaint on gdpr@ucd.ie	
I understand that to protect my anonymity, identifiable details will not be included in the study	
I agree that the data collected can be used in a thesis for the degree of Doctorate in Educational Psychology and in publications such as journal articles	
I agree to take part in this study. Should I wish to receive a copy of the research once it is completed, I can email the principal researcher at the email address provided requesting a copy of the empirical journal article. I allow the researcher to use anonymised quotes in presentations and publications.	

Signed: ____________________ Date: __________________

Please return signed consent form to claire_connaughton@education.gov.ie

The researcher will then contact you regard the interview.

Appendix C Interview Schedules

Study Title: *An Exploration of Trauma Informed Care and Practices in Primary Schools:*

Semi Structured Interview Schedule

Introduction

Thank you for taking the time to meet with me today. I would like to explore your experiences and views in relation to Trauma Informed Care and Practices in your work.

Firstly, I am going to ask you some background details.

Gender: **Male** ☐ **Female** ☐

Background Information

(i) What designation is the school ?

DEIS ☐ Non DEIS ☐ Urban ☐ Rural ☐

(ii) How many years have you been working within the education system?

(iii) What is your third level educational background?

Bachelor of Education (B Ed)

H. Dip in Education

Professional Master of Education (PME)

Professional qualification in teaching children with special educational needs

Qualifications in relation to school leadership

Other

(iv) What is your current role in your school?

Principal ☐ Deputy Principal ☐ SEN ☐

(v) Have you taught in any other primary schools?

School leadership experiences of responding to student trauma (Reflecting Research Question 1) '*To examine school leaders experience of working with children experiencing trauma and their sense of efficacy in responding to the needs of children'*

- *What is your understanding of the term trauma?*
- *What is your experience regarding responding to students and trauma, if any?*
- *In your opinion and experience in the primary school setting, what is Trauma Informed Care and Practices?*
- *Would you consider yourself competent and comfortable in addressing trauma with students in the school?*

Trauma Informed approaches and practices (Reflecting Research Question 2)

'*To explore the extent to which trauma-sensitive policies, practices and strategies are in place in school settings'*

1. **Existing school support systems in response to student trauma**

School Policies:

- *How would you describe your school climate and ethos?*
- *Would you consider your school a 'trauma informed school,' if so in what ways?*

Is there a school policy on trauma?

School Structures and systems:

How does the gathering/screening/ assessment of children operate in relation to trauma?

What are the structures/protocols for connecting and collaboration with parents?

What provisions are in place to promote staff wellbeing?

Is there a student council in the school?

Is there a pastoral/care team?

2. **Staffing, Skills and Resources:**

Are staff trained to address the needs of students presenting with trauma?

3. **Support for children at different stages of the continuum of support.**

   (Elicit responses which target Support for all, Support for some and Support for few, in line with the Continuum of Support…. gaps, if any, at multi-tiered levels).

   - **What are the 'Support for all' practices in the school?**

     What whole school practices and support that are suited to meet the needs of pupils are in place?

     Is there specific curricula and teaching methods which facilitate engagement and minimise alienation?

   - ***What are the 'Support for Some' supports available to students?***

     How are children supported at this level that are presenting with trauma?

     What interventions are in place to support students at this level e.g., Social and Emotional Learning programmes (effectiveness)?

   - ***What are the 'Support for Few' supports available to students:*** *e.g., quality of links with community agencies, Nurture rooms, 1:1 support?*

4. **The role of school leaders in supporting other leaders, staff and students, parents**

   - How do you perceive your role in terms of advocacy and supporting systemic change in relation to being trauma informed? e.g. *Does it need to be led from the top down or personal responsibility of teachers?*

5. **Available and required training/resources to address trauma.**

   - *What specific information or training would you like to have regarding supporting students with trauma, if any?*

Barriers in adequately/appropriately responding to student trauma (Reflecting Research question 3) '*To determine the challenges and barriers that school leaders experience in respect of addressing student trauma')*

- Are there challenges in creating/sustaining systemic change? e.g., *relationships: challenges in developing relationships with parents, teachers' relationships with students; Impact of students impacted by trauma on leaders*

and staff: Secondary stress, burnout, teacher turn over, increased referrals to outside agencies for support, negative interactions with students, Lack of resources/staff, implementation of training to day-to-day interactions with students, staff buy-in

Anything that you feel hasn't been covered by this interview?

Thank you for your time today.

Appendix D Examples of Initial Electronic Coding

there….their timetable that day. That sort of stuff is hugely impacted by staffing levels when we just don't have them, that's the first thing. And then certainly services, but services in the community as much as NEPS. I mean, we have absolutely fabulous NEPS psychologist, but clearly she doesn't have as much time as we'd like her to have. And that's right through and and….

Moderator: Like more support, more psychology support?

Maeve: Oh god…i'd have her on…set her up ((laughs)). And we have learned so much when we have had time yet to sit down and work with...ah...advisors and even like PDST. They used to have behavioural support advisors. It seems to be very, very, very difficult to get those people to come out now. And they were helpful. So I think within education we have an idea of what's really useful. But currently we don't have those resources. And CAMHS absolutely needs to be in the community. Also classrooms... I don't know why, but they have become really complex cases, really really complex. There is ADHD in pretty much every class. We have ASD in most classes and…and those are only the.. the.. the diagnosis that we know enough to have concerns about... there's, you know, sensory issues and foetal alcohol and all sorts of stuff. It's really complicated. And we don't have the skills for that.

Moderator: So do you think the teachers could do with some more kind of support around that?

Maeve: Yes. I think we need more support and we need more training, but we do not need more after schools. Here you are from four to six. Here's a great course you can do again and again at home in isolation...online. Most learning in my experience takes place in conversations and Face-To-Face. So I have that belief around how training and support should happen. But I also don't think it is okay to provide them after school hours.

Claire Connaughton
16:14 22 Apr
staff shortages impacts teachers relationships with students

Claire Connaughton
16:15 22 Apr
time from services

Claire Connaughton
16:18 22 Apr
lack of resources a barrier

Claire Connaughton
13:39 30 Mar
classrooms more complex..outside skill set of stff
From imported document

Claire Connaughton
13:40 30 Mar
more training face to face...not online

whole staff?

Ann: I suppose the barriers would be the idea of….. the child being bold, seeing a child potentially as being controlling, I suppose, in the sense of they know what they're doing and they could stop at any point and be good, I think experience, your... your own belief about what behaviour is is very powerful. And your own experience around it. And I suppose that whole working together as a team and working and coming up with and having regular meetings. Time is quite difficult. Because every meeting we have is really powerful where people can just be honest, but it is difficult to have time for that.

Moderator: And is staffing an issue?

Ann: Oh my God. You know, it's so much of an issue. I don't even see it anymore because it's really is me as I'm the kind of only SEN really here, there is part time, but im the only full time.

Moderator: So I suppose teachers then as a staff are kind of left to deal with those challenging behaviours on a kind of 1 to 1.

Ann: Yeah... I take the most serious children and there's obviously children with other issues I won't get to or can't…yeah.

Moderator : Fun Friends and all that, if you were taking the most complex children on a 1 to 1 basis. Would that be kind of just the restorative piece or to be any kind of specific interventions that you would do with them?

Ann: So a lot of it is relationship. And some children, I can't move past that because I find it very hard to do any formal programmes with them. But I would very much see when I can and when they're available that literacy would be so important. An I do other programmes as well, but say I would

Claire Connaughton
20:22 31 Mar
experience again very important
From imported document

Claire Connaughton
20:22 31 Mar
time is a barrier
From imported document

Claire Connaughton
20:23 31 Mar
staffing a problem
From imported document

Claire Connaughton
21:59 15 Apr
impact on school leadership

Monica: They're their second mother. And it is so important because we had a recruitment process, we had four and we got two new SNA's and one retired and one moved. So we had four…am…four vacancies to fill. And I put an huge amount of effort into.... far more than I did for with the teachers... I was lucky to get them, but huge amount of like research. And trying to figure out how would this person, you know, trying to, you know, possibly maybe ...doing things I shouldn't officially have done..like research....but am....it is so Important. And there's no training...Well, I know some of…. some of our staff have done the UCD course...And then, you know, some of them did the restorative practice, but like and then I said to everyone, if you want to do anything just let me know. But there is no like.... surely the ETB's could take that on…you know, and have a government curriculum or whatever. Yeah, and theres ETB's all over the country.

Moderator: Is this an ETB school?

Monica: No. But like there is, there's, you know, there is Further Education, Post Leaving Cert or Return to Workforce. Surely rather than just, you know, the Mickey Mouse school of.....

Claire Connaughton 22:11 24 Apr
importance of role of SNA

Claire Connaughton 21:15 23 Apr
SNAs need more training

Claire Connaughton 07:13 29 Mar
professional development for SNA's

Jane: And I suppose like parents....if they're experiencing you know kind of I suppose, different traumas in life or responding to different whatever, they're actually then parenting under severe stress and the impact of that. And then on top of that, children who may have different kind of special needs... the difficulty for them.....It's just you know what I mean. So you are expecting kind of....yeah.

Moderator: Yeah. And would you think is there a lot of intergenerational kind of trauma?

Jane: Yeah. Yeah. That would be huge. Yeah. Yeah, yeah. Same family, same whatever scene and things repeated same exposures that yeah we would.

Moderator: Yeah...it's very hard to break that cycle . Would you have any views or ideas on maybe the barriers, like have you come across any barriers to creating

Claire Connaughton 21:51 25 Apr
parental trauma affects children

Claire Connaughton 19:46 29 Mar
repeated familial cycles
From imported document

Maria: It's very frustrating to me, because I could give them ten kids who are traumatised. But they're not all reacting in that way. So there has to be something extra to this little boy's makeup that's resulting in him going from 0 to 100 in a flash. Compared to the other children who aren't. And they're still struggling and they're still sad some days. And still, things don't go their way in school, but they can cope. So why is he not coping? So that's what I find so frustrating. And very unsupported.

Moderator: Okay. Very.... that he's very unsupported?

Maria: Yeah, and I just feel like I mean, I hate having to phone his parents and say will you come and get him. We suspended him one day this year because I really, it was a Thursday. And I said, we won't have him here tomorrow. Because everyone just needs a chance to take a breather, the other children in the class, the class teacher, I needed to chat to the SEN team and see what we can do. So sometimes need that time. But it's awful for him to feel that nobody wants him in school then that day. Do you know what I mean. 'Cos that how it is to him, "nobody wants me to come in now".

Moderator: And you don't have the resources. You know, it's very hard on schools to

Claire Connaughton 16:50 2 Apr
frustration at lack of support
From imported document

Claire Connaughton 11:25 3 Apr
challenging behaviour impacts the whole school
From imported document

Appendix E Initial Coding

Features of Data	Codes coming up in data
Leaders Experiences	o Importance of Experience o Importance of Relationships (children, parents, staff) o Increasing awareness of trauma and ACEs. Seeing behaviour through a different lens o Increasing recognition of needs o Responsibility in meeting needs left up to school, meeting complex needs, lack of support o Differences in DEIS and Non DEIS o Differences within DEIS..call for DEIS Plus o Empowering communities o Supporting parents in advocating for children o Parental disputes spill into school
Role of Leadership	o Principals' forum a support o Importance of School culture and ethos o Learning from predecessors o Change led from Top-down o Change is slow, requires buy in from staff o Whole staff training creates most change o Regular meetings evaluating changes o Modelling Responses o Leaders own belief system o Keeping morale going amongst staff

Wellbeing on leaders and staff	○ Stress in meeting needs (mainly in DEIS) ○ Responding to trauma not the job of teachers ○ Teachers not meeting the complex needs ○ Impact on staff and leadership well-being ○ Support needed for staff's wellbeing ○ Peer support invaluable ○ Teamwork key ○ Teachers value making a difference ○ Managing expectations of children can be a challenge ○ Threatening behaviour from parents ○ Sense of Teachers overwhelmed ○ Staff safety
COVID-19 Pandemic	○ Vulnerable children struggled more ○ Increased stress and use of substances among parents, impacting children ○ Children witnessed more being at home more ○ School reluctance increase ○ High levels of anxiety, germ phobia ○ More positive ad hoc encounters with parents ○ Health anxiety amongst staff post COVID-19 ○ Gaps in children's learning ○ Gaps in social interactions ○ Increased lack of resilience ○ Children spending more time with parents ○ Allowed Well-Being to be prioritised ○ Teachers received more insight into homes

	o School attendance never recovered since COVID-19
Trauma and ACEs	o Poverty o Different presentations between boys/girls o Complex `behaviours o Interpersonal skills reduced, peer relationships o DEIS school experience more complex behaviour o Hidden needs as well as externalised presentations o Occurring at formative years o Lack of early intervention contributes to their trajectory in life o Trauma can be perceived quite normal for many children o Link between ADHD and ACEs o Lack of space to meet needs o Intergenerational poverty and disadvantage o Poor resilience o Low mood o Child protection referrals o Top tier children exhausting resources
Learning	o Emotional literacy takes precedence over academics o Changing role of SET o Mismatch between teacher expectations and the children's capacity to learn\ o Teachers perceive that principles don’t support sometimes

<table>
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<td>Breaking the Cycle</td>
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Role of HSCL with parents

parents room
training for parents (courses)
school like community hub
supporting with appointments

Intergenerational trauma
Intergenerational poverty and disadvantage
Young parents getting off to poor start
Homelessness
Impact of homelessness on children's behaviour

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<tr>
<td>School wide practices</td>
<td>Whole School Practices

Connecting with children
Local/school funding for initiatives in school
Incredible Years
FRIENDS/Fun Friends
Restorative Practice
Zones of regulation
Emotional Coaching
Weaving Well Being
Roots of Empathy
Regulation toolkits
Meet and greet with parents in mornings
Student Council
Good communication between jnr/snr schools
screening for children at risk
Berry Street Education Model

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	Group o Five-point scale o Relationship building o Nurture Room (have or would like) o Drama therapy Individual o Cubby o Skilled play therapists o Speech and Language therapist o Place for code of behaviour, consequences and sanctions when children understand o NEPS (support mostly valued) o NCSE (Behaviour support), ASD Advisors o Detention o Suspension o 1:1 Check-Ins o Lack trauma policy o Welcome Department framework for Trauma o Code of Behaviour still has a strong role
Departmental issues	o Funding for therapies, depending on local funding o Shortened day tightened up o Complex needs part of SET o Lack of professional credit o Spending money for the care of children not valued enough

	○ Perfectionist mindset ○ DEIS schools vary in needs ○ More resources for DEIS boys than girls ○ Inspectorates not knowing the school
Training	○ Lack of embedding training across whole staff ○ Teachers train and then leave ○ Continuous training, one CPD doesn't cut it ○ Awareness that more training is needed ○ Face to face training valued more ○ Student teachers need more training ○ Programme and initiative saturation
Staff	○ Teachers don't understand trauma or DEIS ○ Issues with perspective between older and younger staff ○ Time ○ Staff Turnover, transience of staff ○ Staff burnout ○ Initiative overload ○ Short term contracts ○ Recruiting and keeping staff, staff shortages ○ Cost of living ○ Staff resistance to embrace new practices ○ Peer support ○ CPI Training ○ Mason and Curran

SNA Role (The One Good Unrecognised Adult)	○ Lack of recognition of role ○ Valued hugely in schools ○ Not equal opportunities for training ○ Changing role of SNA…. not just care needs ○ HR issues can be time consuming ○ Lack of opportunities for promotion ○ Deal with a lot of the trauma with kids ○ Lack of equity ○ Better at navigating children's issues with trauma ○ Pressure doesn't allow for proper breaks
Services	○ Breakdown in services, “They are failing those children”, “The system is broken, there’s no doubt about that” ○ Those parents struggling fare out the worst ○ Lack of trust and belief in services ○ Not enough specialist input in schools, generic input ○ Want expert team in schools ○ Lack of understanding what it’s like on the ground ○ Passing the book “He’s not for us” ○ Would like something like NEIC project ○ Should be in the schools ○ Pathway of care needed for children with trauma ○ Need reassurance that they are doing the right thing
Family Involvement	○ Lack of engagement vs very engaged

	- Don't access training they need - Parent can exacerbate issues with reactions and approaches - Parental demand "some parents can be very demanding". Middle class parents don't want their children getting 'help'. Reflection on their parenting - Transience of families, moving from one school to another - Parents own experience in school affects engagement - Communication can break down during challenging times - Differing boundaries

Appendix F Clustering of Codes

Clustering of codes	
Influences on leadership	○ Effective Leadership ○ Interest and passion important ○ Experience leads to greater understanding
Responding to Trauma	
○ Experiences of Trauma	○ Intergenerational trauma ○ Transient ACE's ○ Normalisation of Trauma ○ Exposure at young age affects life trajectory
○ Presentation in school	○ Complex Behaviour ○ Gender differences ○ Regulation vs Learning
○ Impacts on the school	○ Issues left to the school to resolve ○ Top Tier children exhausting school resources ○ Changing role of the teacher ○ Staff safety ○ Managing challenging relationships
Impacts of COVID-19 ○ On children	○ Children witnessed more at home ○ High levels of anxiety, germ phobia ○ Gaps cognitively, socially ○ School attendance

	○ Lack of resilience
	○ Increased Poverty ○ Increased substance abuse
○ On parents	○ More understanding into the lives of children ○ Developed more connections with parents
○ Staff	○ Health anxiety amongst staff ○ Well-being became a priority
School Ethos and Climate	○ School Culture led from top down ○ Importance of relationships and teamwork ○ Change is slow, requires buy in from staff ○ Teachers value making a difference
Policy	○ Lack of policy specific to trauma ○ Schools would welcome framework ○ Well Being policy in place in schools
Staff Well Being	○ Peer support important/teamwork ○ Principal’s forum/Networks beneficial ○ Sense of staff being overwhelmed ○ Safety of staff
Collaboration with parents	○ Relationship building ○ Challenging encounters ○ Empowering the voice of parents ○ Role of the HSLO

Staffing	○ Challenges recruiting staff, staff shortages ○ Impact of the cost of living ○ Staff burnout ○ Staff Turnover, transience of staff ○ Issues with perspective between older and younger staff ○ Lack of understanding
Training and Skills	○ Teachers train and then leave ○ Face to face training valued more ○ Whole staff training creates change ○ Student teachers need more training ○ Lack of embedding training across whole staff ○ Programme and initiative saturation ○ Teachers don't access the training they need
Resources	○ Lack of time ○ Lack of space ○ Lack of services ○ Lack of funding
Whole School Practices (Support for All)	○ IY ○ FRIENDS/Fun Friends ○ Restorative Practice ○ Zones of regulation ○ Emotional Coaching ○ Weaving Well Being

	○ Roots of Empathy ○ Regulation toolkits ○ Meet and greet with parents in mornings ○ Student Council ○ Linking with schools ○ screening for children at risk ○ Berry Street Education Model
Group (Support for Some)	○ Five-point scale ○ Nurture Room (have or would like) ○ Drama therapy
Individual (Support for some)	○ Cubby ○ Skilled play therapists ○ Speech and Language therapist ○ Place for code of behaviour, consequences and sanctions when children understand ○ NEPS (support mostly valued) ○ NCSE (Behaviour support), ASD Advisors ○ Detention ○ Suspension ○ 1:1 Check-Ins
Departmental issues	○ Funding for therapies, depending on local funding ○ DEIS schools vary in needs ○ Inequity resources for DEIS boys than girls ○ Fear over the inspectorate ○ Department lacks true insight

SNA Role (The One Good Unrecognised Adult)	○ Valued hugely in schools not by the department ○ Changing role of SNA ○ HR issues can be time consuming ○ Lack of equity
Services	○ Breakdown in services, “They are failing those children”, “The system is broken, there’s no doubt about that” ○ Not enough specialist input in schools, generic input ○ Passing the book “He’s not for us”
Family Involvement	○ Lack of engagement vs very engaged ○ Don’t access training they need ○ Parent can exacerbate issues with reactions and approaches ○ Parental demand “some parents can be very demanding”. Middle class parents don’t want their children getting ‘help’. Reflection on their parenting ○ Transience of families, moving from one school to another ○ Parents own experience in school affects engagement ○ Communication can break down during challenging times ○ Differing boundaries

Appendix G Thematic Map