

The Green Zone School Project

An ED- TARA Primary School Evaluation

For Sláintecare and Dublin City Council | Eithne Nic Dhomhnaill and Dr Maria Lotty

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Executive Summary: Green Zone School Project

1. Purpose

The Green Zone School Project evaluated the impact of trauma-informed practices (TIPs) in a DEIS Band 1 primary school in Dublin. These practices were introduced to address the complex needs of pupils living in a community with high levels of adversity, poverty, and crime.

2. Methodology

A mixed-methods approach research design was employed, guided by the TARA practice framework (Trauma, Attachment, Resilience into Action). Data was collected through three separate component studies: Online survey with school staff (n=29); Photovoice study with pupils (n=11) and Focus group with community partners (n=6). Findings were integrated to produce overall finding for the impact of trauma-informed practices from perspectives of school staff, pupils and community partners.

3. Key Findings

Four meta-themes emerged:

1. **Impact of Trauma-informed Practices** – Improved emotional regulation skills and enhanced engagement in learning.
2. **School as a Safe Haven** – Strong pupil-staff relationships and satisfaction with the new behaviour policy.
3. **Complex Needs** – Meeting pupils' basic needs is essential; challenges remain for extreme behaviours.
4. **Trauma-informed Practice in Action** – High acceptance and consistent application; need for ongoing training and systemic supports.

4. Conclusions

TIPs have positively impacted pupils' emotional literacy, regulation, and engagement in learning. The school is perceived as a safe, nurturing environment by pupils, staff, and parents. Sustaining TIP requires continued professional development, systemic supports for staff wellbeing, and access to specialist services for pupils with complex trauma histories.

5. Recommendations

Practice: Embed TIPs school-wide, maintain safe spaces, strengthen parent-teacher collaboration, and provide resources for managing extreme behaviours.

Policy: Integrate TIP into initial teacher training, increase funding, and improve referral pathways for therapeutic supports.

Research: Conduct longitudinal studies on TIP outcomes and implementation.

Chapter 1: Project Overview

1.1 Introduction

This project aims to evaluate the perceived impact of trauma-informed practices in a DEIS primary school in Dublin. The need for this research emerged from within the school itself, following the introduction of a range of trauma-informed practices across both the school and wider community. In recent years, interest in trauma-informed practice within education has grown significantly, with increasing numbers of school staff seeking training and professional development in the area. However, prior to this study, no formal evaluation of the implementation of trauma-informed practice has been conducted in an Irish school context.

This project explores the experiences and perceived impact of these trauma-informed practices on key stakeholders - teachers, pupils, parents, and community partners - using a phased, mixed-methods approach.

1.1.1 Context

The participating school is a DEIS Band 1 primary school, located in Dublin. DEIS schools (Delivering Equality of Opportunity in Schools) are assigned DEIS status due to their level of disadvantage (DES, 2022), with Band 1 schools identified as facing the highest levels of concentrated disadvantage. A study carried out by Pobal (2017) classified the community in which this school is located as one of the most deprived electoral divisions in Ireland. Similar to other areas of deprivation, the community faces multiple layers of adversity, trauma, poverty, violence, and crime, which often intersect and reinforce one another. This kind of environment can have profound effects on children and families' mental health, relationships, and developmental outcomes. A major concern at present, identified by the community, is the recruitment of primary school-aged children into criminal gangs (Nolan, 2020). The first author is currently working in the school.

1.1.2 Background to the Project

In 2020, a report on the area was commissioned by Dublin City Council, in response to escalating levels of violence in the community. One of the actions highlighted in this report was the need for an "ACE informed approach" (Nolan, 2020, p. 46) in local schools to address the complex needs of children with trauma histories.

Since the publication of the report in 2020, the first author has worked with a local resident on a community resilience project. The first step in this project was to build awareness of trauma and its impacts in the community. This involved organising training to introduce members of staff from a range of different settings to the concept of trauma-informed practice. In year one, training was organised for two staff members from six local schools. Following this, a workshop on trauma-informed practice by a play therapist was offered to all staff in these six schools.

In year two, funding was secured to provide training for an additional thirty individuals, either working or living in the community. A total of eleven different organisations who provide services to local families took part in the training, including staff members from the school, youth clubs, youth diversion projects, the housing unit in Dublin City Council, drug awareness projects and an Garda Síochána. Following on from these initial workshops, further training needs were identified in the focus school. Nine members of staff within the school completed the University College Cork (hereafter UCC) Trauma-informed Practice in Education programme which awards a level 9, Special Purpose Award, a post-graduate level qualification under the NFQ (National Framework for Qualifications, 2023) in Ireland. The programme is informed by the evidence base of trauma knowledge and practice through a practice framework, TARA (Trauma, Attachment, Resilience into Action) (Lotty, 2021; 2023).

These professional development inputs drove the school's appetite to develop concrete practice changes within the school. A committee was formed made up of staff who completed the UCC programme, who were responsible for identifying trauma-informed practices (hereafter TIPs) that could be introduced at whole school level. TIPs implemented included those developed through engagement in the UCC Trauma-informed Practice in Education programme, as well as other TIPs designed by committee members based on the specific needs of the school and pupils. These were created by applying knowledge of trauma, attachment and resilience into action (as reflected by TARA) as practical interventions to support pupils and staff. TIPs were implemented at whole school level as:

- Regulating tools and strategies embedded into the school day (*Thermometer of regulation; Focused Regulation Time and Regulation Toolkits*)
- Safe, calm spaces in classrooms and in the wider school (*Regulations Stations/ Calm corners, the Nest* (Nurture Room (Bennathan & Boxall, 1998)¹) and the Sensory Pod)
- Relational approach to disruptive behaviour (check-in, regulate in class, regulate outside class) in place of traditional *Star System*

In 2024, a Relationship-based Behaviour Policy was developed by the committee. A draft policy was written incorporating the TIPs mentioned above and piloted by two class teachers initially. The policy was amended following feedback from teachers before being introduced and piloted by the whole staff. Finally, staff and parents were given the opportunity to give feedback on the new policy before it was approved by the Board of Management. This policy replaced the school's traditional behaviour policy. The purpose of the Relationship-based Behaviour Policy was to move away from traditional, punitive approaches to behaviour management, and instead towards preventative, relational responses that promote safety, engagement, learning and wellbeing in school. This project explored the experience and impact of these TIPs on key stakeholders within the school community.

¹ The Nurture Space was implemented in the school separate from other TIPs i.e. not originally part of TIPs introduced by committee members. It was recognised as a TIP after implementation however, and formed part of the school's Relationship-based Behaviour Policy.

1.2 Literature Review

1.2.1 Trauma-informed Practice

Trauma-informed practice (hereafter TIP) has been described as a service model approach which endeavours to ensure all levels of the organisation are underpinned by an increased awareness, knowledge of trauma impact and intervention that support rather than undermines recovery more effectively (Harris and Falot, 2001). The principles of TIP are articulated by SAMHSA (Substance Abuse and Mental Health Service Administration, 2014) as six guiding principles: 1. Safety; 2. Choice; 3. Trustworthiness; 4. Collaboration; 5. Empowerment; and 6. Cultural Sensitivity. The implementation of TIP has been driven by the increased knowledge base for trauma impact and amelioration. Notably, the research on the neurobiology of stress (Porges, 2011) and the impact of trauma on brain development (Riem et al., 2015) have been major variables that have driven TIP implementation. The Adverse Childhood Experience (ACE) Study (Felitti et al., 1998) is also considered a seminal study in this discourse as it was the first large-scale epidemiological study to link adverse childhood experiences to subsequent development of multiple risk factors associated with several leading causes of morbidity and death in adulthood (Kelly-Irving and Delpierre, 2019).

TIP has been criticised for highlighting the potentially adverse outcomes related to childhood trauma. Critics argue that this may create a deficit-based approach (Lotty, 2024). Balanced with evidence of resilience, however, it could be argued that TIP is in fact a competence and strength-based model which focuses on prevention and on building strengths (Education Scotland, 2018; Southwick, et al., 2014). Traditionally, resilience was regarded as an innate trait that a person does or does not possess (Connor and Davidson, 2003, Ong et al., 2006), however, more recent literature emphasise resilience as a dynamic process, shaped by a range of external factors including biological, psychological, social, and cultural (Luthar et al., 2000; Bartlett & Steber, 2019).

In recent years, growing awareness of resilience as well as the effects of Adverse Childhood Experiences (ACEs) and childhood trauma has led to a greater focus on how services may potentially exacerbate or mitigate the impact of trauma-related challenges. As a result, an increased number of services, including schools, are adapting approaches and practices under TIP frameworks (SAMHSA, 2014).

1.2.2 Trauma-informed Practice in Education

There has been significant growth and interest in the topic of Trauma-informed Practice in Education (L'Estrange & Bentley, 2025) in the past decade. A systematic review by Perfect et al. (2016) examining the impact of trauma on school performance found that young people who experienced long-term or repeated trauma were more likely to experience cognitive difficulties, such as lower IQ, memory problems, limited language skills, and attention deficits, as well as lower academic achievement, higher disciplinary referrals and more frequent absences. Additionally, teachers more often reported that pupils effected by trauma showed internalising symptoms like anxiety, depression, social withdrawal, and low self-esteem, as well

as externalising behaviours such as aggression, defiance, and classroom disruptions (Perfect, et al., 2016). Teachers and schools are increasingly viewed as first responders to concerns around trauma-related issues (Berger, 2019; Berger & Martin, 2021; Stratford et al., 2020). Due to the time spent with children and young people, teachers are a vital asset in the systemic response to trauma-informed education (L'Estrange & Bentley, 2025). According to Howard (2019), if effectively trained and supported, teachers are well positioned to address the impacts of trauma. While it could be argued that the role of the teacher is to support learning and that dealing with such issues goes beyond their duties, studies show that the key components of TIP, such as creating safe and supportive learning environments, fostering strong teacher-pupil relationships and promoting trust and stability among pupils, in fact improve academic outcomes (Berger, 2019).

Despite the need for trauma-informed approaches, the implementation of trauma-informed practice in schools is complex and contextual (Chafouleas et al., 2021). Successful implementation requires professional development to extend beyond individual motivation and knowledge, and instead requires support and commitment at organisational and systems levels (L'Estrange & Bentley, 2025). Wassink-de Stinger et al. (2021) identify three key drivers in the successful implementation of TIP - individual competency (i.e. professional development); organisational factors, leadership support and engagement of stakeholders; and “buy in” from school staff.

The empirical evidence on whole school trauma-informed approaches is limited (Avery, et al., 2021) and there is a lack of consensus on what a school-wide trauma-informed approach entails, how it is implemented effectively, or what outcomes are expected when a school effectively responds to trauma (Bargeman et al., 2021; Chafouleas et al., 2016; Maynard et al., 2019; Thomas et al., 2019). Watson and Astor (2025) advocate for a consensus model for a trauma-informed school which they conceptualise as having four key components: (1) understanding trauma and making a commitment to address it by all members of the school community; (2) an emphasis on physical, emotional and psychological safety for all school members; (3) taking a strengths-based, whole-person approach towards pupils, families and staff; and (4) trusting, collaborative and empowering relationships between pupils, families, staff and the wider community.

While the field remains in its early stages of empirical development, trauma-informed practice in education is increasingly recognised as a crucial framework for supporting pupils with trauma histories. Emerging models, such as that proposed by Watson and Astor (2025), offer a foundation for guiding whole-school trauma-informed approaches. However, continued research is needed to explore how these frameworks are implemented in practice, how they are experienced by school communities, and what outcomes they produce.

1.3 Summary

This study aims to contribute to the growing body of evidence to support TIP in education by examining the implementation and impact of trauma-informed practices within a school setting. This chapter has provided an overview of the project's context, rationale, and literature review. The project seeks to address some of the gaps in empirical evidence on TIP in education by exploring the perceptions and experiences of multiple stakeholders, including pupils, staff, parents and community partners. The findings will contribute to a deeper understanding of how TIP can be effectively embedded within the Irish educational context to promote safety, resilience, and positive outcomes for pupils, staff, and communities.

Chapter 2: Methodology

2.1 Introduction

This chapter details the research design employed in this study, including a discussion of the research objectives, ethical approval, methodology, study design, stakeholder group, sampling strategy, data collection and data analysis.

2.2 Study Aim and Objectives

This project aims to evaluate the perceived impact of trauma-informed practices (TIPs) implemented in a DEIS primary school in Ireland. As mentioned in chapter 1, the following TIPs have been introduced as part of the school's efforts to implement trauma-informed practice at whole school level:

- Regulating tools and strategies embedded into the school day (*Thermometer of regulation; Focused Regulation Time and Regulation Toolkits*)
- Safe, calm spaces in classrooms and in the wider school (*Regulations Stations/ Calm corners, the Nest (Nurture Space) and the Sensory Pod*)
- Relational approach to behaviour in place of traditional school behavioural policy

Objectives:

1. To explore the experiences and perspectives of key stakeholders including pupils, staff, parents and community partners regarding the implementation of trauma-informed practices in a school setting
2. To contribute to the evidence on trauma-informed practice in the Irish school context
3. To inform future policy, practice and professional development regarding trauma-informed practice in education

2.3 Ethical Approval

The project was approved by the Research Ethics Committee, University College Cork. The research is in compliance with UCC's Child Safeguarding Statement and child protection guidelines already in operation in the school.

2.4 Research Methodology

This study used a mixed-methods approach combining quantitative and qualitative methods. This approach sought to develop integrated findings by drawing from all available evidence and thus, producing more extensive and stronger analysis.

Aim: to evaluate the perceived impact of trauma-informed practices (TIPs) implemented in a primary school in Ireland

PHASE 1

Study Component 1

Online survey for school staff

QUAN +QUAL

Study Component 2

Photovoice study with pupils

QUAL

PHASE 2

Study Component 3

Focus group with community partners

QUAL

Integration and interpretation of research components:

Methodological triangulation

((QUAL + QUAL) + QUAL + QUAL)

Figure 2.1: Flowchart showing Mixed Methods Model. (QUAN= Quantitative, QUAL= qualitative).

2.4.1 Research Design

The study used a sequential mixed methods design that consisted of three component studies over two phases. Phase one of the project involved the distribution of an online survey (component study 1) to measure teacher perceptions, as well as the use of Photovoice research methods (component study 2) to gather pupils' views of trauma-informed practices (TIPs) in the school. Phase two of the project consisted of a focus group to gather the perspectives of community partners (component study 3). Quantitative and qualitative data were collected through these methods, followed by triangulation of findings across the different component studies (see figure 2.1)

2.4.2 Study Theoretical Framework for Trauma-informed Practice

The project has adopted the theoretical framework: TARA (Trauma, Attachment and Resilience into Action) practice model to guide the project (Lotty, 2024). This framework was familiar to participants who had completed the UCC programme in trauma-informed practice (n=9). The TARA practice model was developed to support integrating trauma-informed practices in child serving systems of care through a coherent practice orientated approach in response to addressing a gap in trauma-informed practice within the Irish child serving systems (Lotty, 2019). The TARA Project has adopted SAMHSA's (2023) definition of trauma as resulting from an event, series of events, or set of circumstances that an individual experiences as physically or emotionally harmful or threatening, which may have lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual wellbeing. Trauma is associated with widespread health challenges across demographic groups and can have far-reaching implications across individuals, families, and communities.

The TARA Project expanded SAMHSA's (2023) '3 Es of trauma' - *Event(s)* or circumstances that are *Experienced* as harmful or threatening that may have lasting adverse *Effects* on the individuals' wellbeing, to also include *Environment*, recognising that events and experiences occur in multi systemic, cultural, relational contexts that interlink and overlap within trauma experience. TARA defines trauma-informed practice (hereafter TIP) as a

“ holistic therapeutic practice approach that reflects a mindset and skillset that promotes empowerment and growth for both the service user with lived and/ or living experience of trauma and for the practitioner working with trauma" (Lotty, 2023, p. 9).

TIP involves an integration of existing practice wisdom that already exists within aligned professional practices and programmes. Trauma-informed practices (TIPs) are defined by TARA as the day-to-day initiatives, interventions and practices that are carried out within the core processes of working with children and families and/or adults within the specific professionals' role that reflect principles of person-centred care and trauma recovery principles.

2.4.3 Research study stakeholder group

A stakeholder group was established to provide expert review to the research process. The stakeholder group comprised of multidisciplinary practitioners with backgrounds in education, social work, youth justice, health, as well as a parent, a past pupil of the school and a resident living in the area. The Stakeholder Group met three times at key stages of the study.

2.4.4 Recruitment and Selection

The Deputy Principal of the school acted as the study gatekeeper and was responsible for making initial contact with staff, pupils, parents and community partners for this project. All school staff were invited to express an interest in participating in the survey (component study 1). A total of 29 out of a possible 34 staff members took part in the survey. Pupils from 5th and 6th class in the focus school were invited to participate in the Photovoice study (component study 2). Two pupils from each of the 5th and 6th classes were chosen to take part. Where more than two pupils from a class expressed an interest in participating, names were drawn from a hat. In phase two, a purposeful sampling method was used to invite parents and other service providers to partake in the focus group (component study 3).

2.4.5 Data Collection and Analysis

2.4.5.1 Study 1: Online Survey for School Staff (Quantitative + Qualitative Data)

All staff members in the focus school were invited to take part in the online survey. Using a cross-sectional design, data were collected at one time point (May 2025) using the online platform Qualtrics survey tool. The choice of measurement scales in the study was guided by the study aims. The scales were developed and validated by the research team with some indicators drawn from scales in extant literature (Moreland-Capuia et al., 2022). The measures tested for trauma-informed practices which involved examining the following components:

1. Frequencies of integration of trauma-informed practice;
2. Trauma-informed practice in education knowledge;
3. Attitudes to cultural identity, inclusion and support;
4. Trauma-informed practice implementation;
5. Pupils experience of trauma-informed practice; and
6. Trauma-informed practice impact on wellbeing in the school.

The collected data was analysed using IBM SPSS Statistics 30, IBM SPSS AMOS 31.0.x Graphics and SmartPLS 4.

2.4.5.2 Study 2: Photovoice Methods with Pupils (Qualitative Data)

Photovoice is a participatory action research methodology (Wang & Burris, 1997). Data were collected during three sessions over two days in the school. Children engaged in a *Photowalk*

Task, Image Selection Task, Narration of Photowalk Task and Participatory Diagramming Task during the three sessions.

In session 1, pupils were tasked with capturing photographs around the school in response to the prompts below. These photographs would serve as antecedents to elicit responses from the children in the next session. Prompts included:

- *A typical day in school includes...*
- *What are some of the things that help you in school?*
- *Think of the changes that have been made in your school- take pictures to represent these changes and your experience of them*

In session two, children were divided into two groups according to their year group (group one, n = 5; group two, n = 6). Pupils engaged in the *Image Selection Task* where they were asked to respond to the following prompt by choosing an image/ images from a range of pictures displayed in the room:

- *Think of your school/ classroom. Choose an image/ images that jump out at you when you think of your school/ classroom.*

Following this, children engaged in the *Narration of Photowalk Task* where they were given the printed versions of the photographs they took during the *Photowalk Task* in session 1. Pupils chose the photographs they wanted to share and took turns discussing them with the group.

Session 3 took place later the same day. Due to time constraints within the school, Group 2 (6th class pupils) were not available for this session. Group 1 engaged in the *Participatory Diagramming Task*, collaboratively co-constructing key themes that emerged for them during the narration phase (Latz, 2017). The themes Group 1 identified during this session informed the data analysis carried out by the research team.

The data were subject to both visual and textual analysis by the research team. Conversations with the children were recorded and transcribed. Following that the data was coded and organised thematically. Themes which pupils co-constructed during the participatory diagramming task also offered another form of coding which informed the analysis (Latz, 2017). The photographs were subject to visual analysis and were also analysed in the context of the conversations with the children.

2.4.5.3 Study 3: Focus Group with Community Partners (Qualitative Data)

One focus group with community partners was held in-person in the school in July 2025 during Phase 2 of the project. The focus group gathered qualitative data through a semi-structured schedule of questions, which adopted a deductive approach (See Appendix 8). The focus group interview was recorded and transcribed using Microsoft Teams. This qualitative study used thematic analysis to analyse the focus group data (Braun and Clarke, 2006).

2.4.6 Method of Integration

Methodological triangulation was used to integrate the findings from the three studies (Farmer et al., 2006), the online survey for school staff; the Photovoice study for pupils; and the focus group study for community partners. In accordance with the recommendations of a triangulation protocol, the results of each individual study are reported separately, followed by the integrated findings (Farmer, et al., 2006). At feedback stage, a summary of the triangulated results was presented to the Stakeholder Group and feedback and comments were invited. Members felt that the results aligned with their experiences on the ground. Recommendations at practice level were also discussed amongst the group which are included in Chapter 5 of this report.

2.5 Summary

This study used sequential mixed-methods approach across two phases to evaluate the impact of TIPs in a DEIS primary school. Phase 1 of the project included an online survey for school staff and a Photovoice study with pupils gathering both quantitative and qualitative data from stakeholders. Phase 2 involved a focus group with community partners to explore broader stakeholder perspectives, which was informed by Phase 1. The next chapter presents the study findings.

Chapter 3: Study Findings

3.1 Introduction

The findings of the three component studies are presented in this chapter. Findings for each study are presented separately in line with the methodological approach which aimed to integrate all findings at the final stage of the project.

3.2 Study Component 1 Results: Online Survey for School Staff

3.2.1 Study Participants

Study participants (n = 29) are described in Table 3.1. Overall, most participants were female (89.7%, 26), representing diverse professional roles in the school, ranging from class teachers (44.8%, 18) and, to a lesser extent, SNAs (20.7%, 7), support teachers (13.8%,4) and other support staff (13.8%,4). The sample participants had, on average, 11 years' experience working in a school setting and were assigned various classes. The vast majority (96.6%, 28) had previous training in trauma-informed practice in some form, with the majority of these having completed 20-30 hours of training (55.2%, 16). More than a quarter had completed post graduate level Trauma-informed Practice in Education training (27.6%, 8).

Demographics				
Participants (n = 29)	Number	%	Mean	Deviation
Gender				
1. Male	3	10.3		
2. Female	26	89.7		
Role				
1. Class Teacher	13	44.8		
2. Support Teacher	4	13.8		
3. SNA	6	20.7		
4. Caretaker	1	3.4		
5. Principal	1	3.4		
6. Other	4	13.8		
I. Nurture teacher				
II. Childcare worker				
III. Early start childcare worker				
IV. Special class teacher				

Demographics				
Participants (n = 29)	Number	%	Mean	Deviation
Experience in a school setting				
1. Less than 6 years	6	20.7	11 Yrs	6 Yrs
2. 6 years but less than 11 years	12	41.4		
3. 11 years but less than 16 years	3	10.3		
4. 16 years but less than 21 years	1	3.4		
5. 21 years but less than 26 years	2	6.9		
6. 26 years but less than 31 years	4	13.8		
7. 31 years but less than 37 years	1	3.4		
Participants current class-group assignment				
1. None	2	6.9		
2. Early start	4	13.8		
3. Third class	4	13.8		
4. Fourth class	5	17.2		
5. Fifth class	5	17.2		
6. Sixth class	2	6.9		
7. Multiple classes	7	24.1		
Trauma-Informed Practice Training				
1. Yes	28	96.6		
2. No	1	3.4		
Estimated (self-assessed) hours of TIP Training				
1. No hours	1	3.5		
2. 4 to 8 hours	9	31.0		
3. 20 to 30 hours	16	55.2		
4. 60 hours and greater	3	10.3		
Completed Level 9 TIP Training (UCC)				
1. Yes	8	27.6		
2. No	21	72.4		

Table: 3.1: Participant demographics

3.2.2 Results of Measures

Frequency of application of trauma-informed practices (TIPs)

The majority of participants reported using all trauma-informed practices currently being implemented in the school (*Thermometer of Regulation; Focused Regulation Time (in the morning; after small break; after lunch); Calm Corner/ Regulation Station in the classroom; Regulation toolkits; and Relational approaches to behaviour (check in, regulate in room, regulate outside room)*) in their role. Very high frequencies were reported for often employing *Relational approaches in response to disruptive behaviour* (82.8%, 24), *Thermometer of Regulation* (79.3%, 23), as well as *Regulation Stations* in their role. When staff roles were compared, 100% (4) of SNAs reported they used the *Thermometer of Regulation* and *Relational approaches to disruptive behaviour* often compared to 84.6% (13) of class teachers (Figure 3.1).

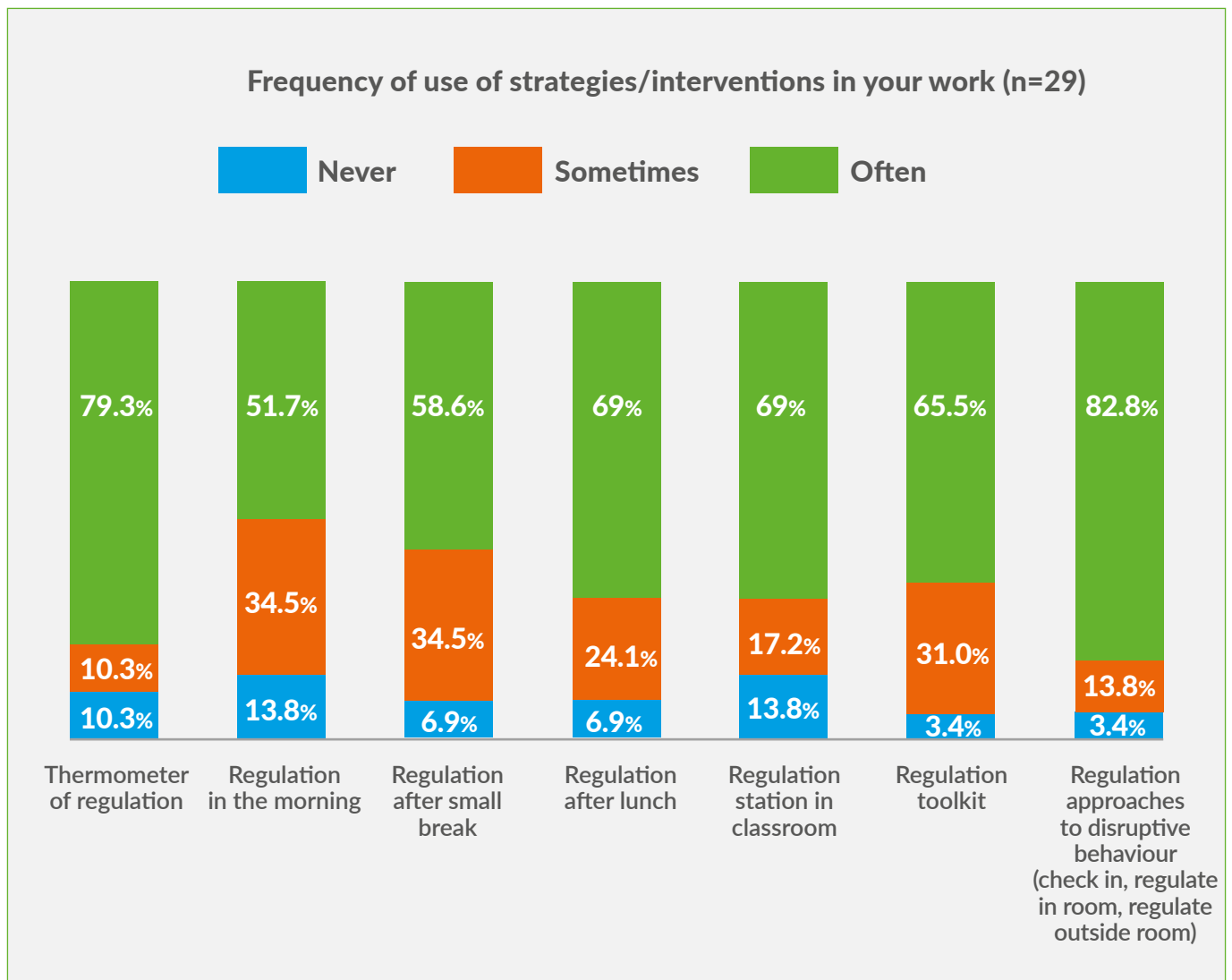


Figure 3.1: Frequency of Use of Interventions

The study used deployed validated measures to generate scores for *Trauma-informed practice in education knowledge*; *Attitudes to cultural diversity*; *Trauma-informed practice implementation*; *Pupils’ experience of trauma-informed practice*; and *Trauma-informed practice impact on wellbeing*. The quantitative results indicate that school staff had high levels of agreement in each of these scales.

Trauma-informed practice in education knowledge

A very high level of knowledge was expressed across the 25 respondents for *Adverse Childhood Experiences* (a mean score of 19 from a possible 20); *Brain development* (36.4 from a possible 40); *Trauma types* (23.4 from a possible 25); *Trauma-informed Practice* (27.36 from a possible 30); and *Application of Trauma-informed Practice* (29 from a possible 30) (Table 3.2).

Trauma-informed practice in education knowledge (25 respondents)	Scoring Range		Mean of Total Scores	Std. Deviation ¹
	Min	Max		
Adverse childhood experiences	4	20	19.00	1.55
Brain development	8	40	36.4	3.93
Trauma types	5	25	23.04	1.99
Trauma-informed practice	6	30	27.36	2.31
Application of trauma-informed practice	6	30	29.00	1.32

Table 3.2: TIP in education knowledge

¹The standard deviation is a measure of spread or variability. It indicates the extent to which respondents’ responses are closely clustered or spread out from each other, on average. ² This scale is formative in nature and will not require Cronbach’s alpha.

Attitudes to cultural identity, inclusion and support at work

Participants (n= 25) reported high level agreement for each of the three *Attitudes to cultural identity, inclusion and support at work* sub scales (Table 3.3). A high level of perceived agreement for *Positive attitudes to staff (participants) cultural background at work* (3.71 from a maximum score of 5); *School attitude to cultural awareness and inclusion* (4.10) and *Support and psychological safety at work* (4.46 from a maximum score of 5).

Attitudes to cultural diversity, inclusion and support at work ³ across 25 respondents	Cronbach's Alpha ¹	Mean Of mean Scores	Std. Deviation ²
Staff cultural background at work (3 Items)	.909	3.71	1.07
School attitude to cultural awareness and inclusion (5 Items)	.829	4.10	.75
Support and psychological safety at work (7 Items)	.852	4.46	.52

Table 3.3: Attitudes to cultural diversity, inclusion and support at work

¹Cronbach's alpha measure the reliability of the scale or measure. It indicated the extent to which the items that make up the scale 'hang together'. In other words, how well the items in the scale correlate together well. If a respondent is inclined to agree highly with one item in the scale, then they will tend to agree highly with other items in the scale (practically without exception). Reliability is met at 0.7 and above. ²The standard deviation is a measure of spread or variability. It indicates the extent to which respondents' responses are closely clustered or spread out from each other, on average. ³All four scales are reflective in nature.

Trauma-informed practice implementation ³ across 25 respondents	Cronbach's Alpha ¹	Mean Of mean Scores	Std. Deviation ²
Capacity building in TIP (4 Items)	.766	4.17	.69
School commitment to TIP (7 Items)	.812	4.20	.62

Table 3.4: TIP Implementation

¹Cronbach's alpha measure the reliability of the scale or measure. It indicated the extent to which the items that make up the scale 'hang together'. In other words, how well the items in the scale correlate together well. If a respondent is inclined to agree highly with one item in the scale, then they will tend to agree highly with other items in the scale (practically without exception). Reliability is met at 0.7 and above. ²The standard deviation is a measure of spread or variability. It indicates the extent to which respondents' responses are closely clustered or spread out from each other, on average. ³All four scales are reflective in nature.

Pupils experience of trauma-informed practice

A very high-level of agreement for perceived positive *Pupil experience of trauma-informed practice* was expressed across the 25 respondents (21.24 from a possible 25) (Table 3.5).

Pupil experience of trauma-informed practice (5 Items) ² across 25 respondents	Mean Of mean Scores	Std. Deviation ¹
Pupil experience of TIP (5 Items)	21.24	2.28

Table 3.5: Pupils experience of TIP

¹The standard deviation is a measure of spread or variability. It indicates the extent to which respondents' responses are closely clustered or spread out from each other, on average. ² This scale is formative in nature and will not require Cronbach's alpha

Trauma-informed practice impact on wellbeing

Participants (n= 25) reported high level agreement for positive impact of trauma-informed practice on wellbeing (4.44 from a maximum score of 5). The three sub scales reported high level agreement for positive impact of trauma-informed practices on *Staff (participants) wellbeing* (4.41 from a maximum score of 5); *Pupil wellbeing* (4.50 from a maximum score of 5); and *Whole school wellbeing* (4.63 from a maximum score of 5) (Table 3.6).

Trauma-informed practice impact on wellbeing (items) ³ across 25 respondents	Cronbach's Alpha ¹	Mean of Total Scores	Std. Deviation ²
Total Perceived TIP Impact scale (13)	.914	4.44	.51
Staff Wellbeing TIP Impact scale (5)	.835	4.41	.60
Pupil Wellbeing TIP Impact scale (4)	.841	4.50	.55
Whole School Wellbeing TIP Impact scale (3)	.813	4.63	.46

Table 3.6: TIP Impact on Wellbeing

¹Cronbach's alpha measure the reliability of the scale or measure. It indicated the extent to which the items that make up the scale 'hang together'. In other words, how well the items in the scale correlate together well. If a respondent is inclined to agree highly with one item in the scale, then they will tend to agree highly with other items in the scale (practically without exception). Reliability is met at 0.7 and above. ² The standard deviation is a measure of spread or variability. It indicates the extent to which respondents' responses are closely clustered or spread out from each other, on average. ³All four scales are reflective in nature

3.3.3 Open-ended Question Findings

Three open-ended questions gathered further feedback from participants:

1. What are your general thoughts on the impact, if any, TIP has had on your class and school so far;
2. What are your thoughts on the potential impact, if any, TIP could have on your class, school or work in the future;
3. What are your general thoughts on the implementation of TIP in your school so far (include challenges and/or things you have found useful)

The data were analysed using thematic analysis (Braun and Clarke, 2006). Two main themes emerged: *Positive impact of TIP* and *Need to sustain changes*.

The first theme, *Positive impact of TIP* was a dominant theme that was represented in most responses. Participants felt TIP was successfully being implemented in the school and highlighted some of the positive impacts they have experienced in the classroom and school. Participants also expressed hope that the positive impacts would be carried forward into secondary school, the wider community and into adulthood.

“I really believe what we are doing here in our school is important, I believe TIP has had a positive impact on our learning environment within the classroom, I can see how this will continue to grow as we continue to become confident with our new trauma informed policies. I think the staff have worked so hard to become trauma- informed and to use this knowledge within their daily interactions with each other and pupils.” (Participant 22)

“As TIP embeds further into the school, I would hope that the understanding of TIP in the wider school community grows, thereby allowing the healing to spread throughout the community.” (Participant 8)

The second theme *Addressing barriers to sustain changes* reflects the need to sustain the progress made to date and to implement TIP through effective training. Participants highlighted the need for effective training, particularly for new staff, in order to support teacher wellbeing, staff retention, policy development, as well as to support staff in addressing the more extreme behaviours in school.

“I think continued training and support will only continue to improve school life for pupils and staff. I think we have made a huge positive change to date, but we must continue with staff CPD (Continuous Professional Development) and putting in supports for staff.” (Participant 25)

“What I found challenging at times was navigating how to maintain boundaries with challenging behaviour, i.e. supporting children through trauma responses while also creating boundaries around what is acceptable behaviour in school.” (Participant 23)

“I think yard time is a huge challenge we are facing in finding a balance between children/ staff to feel safe and to reduce incidences of dysregulation in children who find yard triggering.” (Participant 25)

3.3 Study Component 2 Findings: Photovoice study with pupils

3.3.1 Participants

Eleven pupils participated in the Photovoice study workshops. Two pupils from each of the senior classes were chosen to participate, representing each of the three 5th and each of the three 6th classes in the school. One pupil was absent on the day of the workshops therefore withdrew from the study.

3.3.2 Findings

Four main themes were identified during this study. Two sub themes emerged under themes 3 and 4 (Table 3.7).

Study Themes	
1	The Regulation System
2	Regulation Time
	Fostering Connections
3	<ul style="list-style-type: none"> • Subtheme 1: Pupil-staff Connections • Subtheme 2: Care Connections
	School life
4	<ul style="list-style-type: none"> • Subtheme 1: Curriculum and Learning • Subtheme 2: School Life for Pupils

Table 3.7: Photovoice Study Themes

3.3.2.1 Theme 1: The Regulation System

The Regulation System was the strongest theme to emerge from the children's data. This theme represents a change in the school's approach to managing behaviour. In the Photovoice sessions all pupils took a picture of at least one item that represented this theme. During the Narration Phase of the Photovoice study, the word regulation was mentioned most often. This theme reflects the children's very positive views about a new system which they referred to as "*Regulation*". They described this as a change from the old "*Star System*" which had been in place previously as reflected in this photo:



Tree in school yard (Pupil 11)

“I have a picture of a tree which depicts change in the school. The trees change throughout all the seasons... So in the summer, tree’s leaves go green, but then into the autumn they start to go yellow and orange and brown. And then in the winter they fall off...Like when we introduced ‘Regulation’, it’s like the leaves growing back and when leaves fall off, it’s like us getting rid of the Star System.” (Pupil 11)

It was noted that the language used in relation to the “*Star System*” tended to carry more negative connotations. For example, children whose behaviour did not meet expectations were often described as “being bad” (Pupil 11). In contrast, when discussing the new relationship-based behaviour system or the “regulation” system, children’s language shifted to reflect the emotional states of pupils, for example “in the red” or “angry”.

“So there was like a disco at the end of the year in the PE Hall and you need a certain amount of stars. So you get two stars every day you come in...If you were being bad, your star would get taken away. So you get a warning, star gone and then another star gone and then put into another room.” (Pupil 11)

When discussing both systems, pupils displayed a preference for calm, supportive strategies over punitive systems. Children also presented an awareness of how losing stars under the traditional behaviour policy affected them or others in their class. Pupils described how losing a star would often exacerbate feelings of anger and frustration, leading to further sanctions.

In contrast, pupils identified how giving pupils an opportunity to regulate was helpful in managing these emotions or behaviours.

“[I prefer] this (i.e. regulation)...Because, like, when you come in from yard, you just get like a five minute break to yourself...My Miss has, like, a little calm corner, and, like, she has, like, sand and all, like, that we can use. So it’s very helpful for people.” (Pupil 9)

“So basically [with regulation] we just calm ourselves down...’Cause I think when you get a star taken away, it makes you more angry. I don’t think it helps.” (Pupil 11)

3.3.2.2 Theme 2: Regulation Time

Regulation time was also a dominant theme that emerged in this study. This refers to the use of *Focused Regulation Time* and regulation tools during the school day. Children took multiple pictures of tools and strategies that support regulation in the school, as well as sharing how they developed their skills in regulation. Pupils discussed “regulation”, referring to specific times during the school day allocated to teach and practice tools and strategies to regulate emotions. This *Focused Regulation Time* has been introduced as a whole school TIP (i.e. as part of the school’s relationship-based behaviour policy) after transitions e.g. in the morning when pupils first arrive to school and after yard times. It was clear from the discussions that took place that children in all classes were engaging in *Focused Regulation Time* and that it was received positively by pupils. Pupils also demonstrated an awareness and acceptance of why *Focused Regulation Time*

was introduced into the school day and it was evident that this allocated time had empowered children to express and manage difficult feelings in school. *The Thermometer of Regulation* was photographed on a number of occasions to represent *Focused Regulation Time*.



Thermometer of Regulation representing Regulation Time (Pupil 2)

“After I score a goal, I’ll be in the yellow zone because I’ll be happy and excited...

...But then when we come from yard, we have, we do “regulation” and it helps me calm down into the green zone.” (Pupil 2)

The *Thermometer of Regulation* was the most photographed item during the Photowalk Task, which was subsequently reflected in the pupils’ discussions. Pupils used language around the *Thermometer of Regulation* comfortably during the narration phase, discussing when and how to use it. It was also clear that the *Thermometer of Regulation* was an important tool in developing pupils’ emotional literacy skills. Children demonstrated awareness and understanding around their own emotional needs during the discussion and could clearly articulate what each of the zones represented.



Thermometer of Regulation (Pupil 6; Pupil 11; Pupil 5)

“it’s the thermometer, and there’s four kind of zones you can get in. There’s a blue, there’s a green, there’s a yellow or red. And yellow means, if you’re like, embarrassed or confused about something or you could be really excited about something. And...the, the green zone is when you’re like, you’re fine, you’re calm, you’re confident and you’re ready to go. Blue zone you’re, you’re like, you sometimes you could be sad. You could feel lonely. Emm, worried about something. And the red zone you could be, like, agitated. And like, furious and jealous.” (Pupil 3)

“The blue zone is if you’re tired, sick or sad. The green zone you’re proud, happy and confident. The yellow zone if your confused or silly. The red zone is if you’re stressed out and furious.” (Pupil 5)

As well as displaying the ability to identify different emotional states, participants discussed a range of tools and strategies they use during *Focused Regulation Time* to help them return to the “Green Zone”. Some of these included breathing exercises, use of sensory toys and visits to calm spaces. These tools and strategies were represented in the photographs children took and discussed during the narration phase.



Calm corner with posters of breathing exercises (Pupil 11)

“So for the star breathing, if someone was like annoy[ed] over like the football...they would do the star breathing. So when you get to the point of the star you breathe in, and then you go to the next point and you breathe out until the next point...And then you just repeat it all the way around the start or as many times as you need.... I think it’s nice. I think it calms you down.” (Pupil 11)



Sensory boxes (Pupil 3)

“I have this picture of the sensory box, like the tool boxes...Like when we’re doing the thermometer, we have like a box for each group of tables, and like just kinetic sand, pop-its, just playdoh. Maybe like this little tablet thing you can draw on and- . It’s just been keeping everyone, like,-it makes them calm down and regulate themselves.” (Pupil 3)

Spaces to regulate was another topic that emerged during the narration phase. Participants photographed and discussed a range of safe, calm spaces in classrooms and in the wider school. *Regulation Stations*, *Calm Corners*, *the Nest (Nurture Room)* and the *Sensory Pod* were evidently all valued spaces in the school where pupils could go to find calm. Participants discussed the value of these “safe” and “peaceful” spaces in school and highlighted the importance of privacy within these spaces.



Calm corners/ Regulation Stations (Pupil 2; Pupil 5; Pupil 6)

“I took a picture of the calm corner. And in every class, they have a calm corner in case you're not really happy, if something happened, you get to sit down and relax for a bit and then...there's no open space, spaces...our class has like a cupboard covering it so people won't be, like, looking at you so you have, like, your own space.” (Pupil 2)



The Nest (Nurture Space) (Pupil 3)

“

“Emm, this is the nest. And if, like, Ms [names teacher] comes to collect you, or Ms [names teacher] sometimes collects you and brings you in there. Like sometimes you do some work, you get something to eat, emm...and you have fun. But this is really, like, this makes me feel safe, because, like nobody, would be disturbing you.” (Pupil 3)

“

“I have a picture of the pod. And this- people can go in it if they're feeling down and all. Sad. It's kind of like the sensory room. So you can just open the little door and, like, there's loads of blankets and all in there. And there's, like, a little tele in there...And then no one can see through that... 'cause, sometimes people need, like, space and they, they don't want anyone to look at them or anything.” (Pupil 9)



The Sensory Pod (Pupil 9)

Pupils also demonstrated the ability to identify the emotional states of others. Participants displayed empathy and understanding when discussing the needs of other pupils in the school. Furthermore, children appeared to accept the differing levels of support some pupils received, displaying no sense of unfairness or injustice.

“You might have, like, something over [the calm corner] while the person’s sitting in there, just so no one is, like, staring at the person who’s sitting in there...I saw a kid use it when they were in the Red Zone or in the Blue Zone... they were sad” (Pupil 4)

“People that can’t like stay in the classroom...Sometimes they need brain breaks and they might need to go [to a particular space]” (Pupil 9)

“And when they get brought out, they come in [to this room] and they, they do work and all in there. And then when they need it, they go out for a little brain break.” (Pupil 9)

3.3.2.3 Theme 3: Fostering Connections

Fostering Connections was also a dominant theme that emerged from the children’s data. This theme represents the importance of pupils’ sense of connection in school. Two subthemes were identified: 1: *Pupil-staff connections* and 2: *Care connections*.

Subtheme 1: Pupil-staff Connections

The first sub-theme *Pupil-Staff connections* represents pupils’ positive experiences of relationships with school staff. Participants took photographs of teachers and SNAs who worked with them and spoke positively about staff in the school during the narration phase of the study. The importance of supportive and caring adult-child relationships for pupils emerged during the discussions and it was evident that participants felt supported and listened to by adults in the school. The inclusion of SNAs and support teachers in several photographs and during discussions highlighted the significant value pupils placed on these staff members, particularly those who worked in one-to-one or small group settings with pupils. These times evidently provided meaningful opportunities for pupils to build strong, trusting relationships with staff. These connections between staff and pupils contributed to pupils’ sense of connection, safety, and belonging in the school.

“But when we do go over, we kind of, have a bit of toast, get a drink, and then I’d go into a room and do finger breathing and tell the teachers how we feel.” (Pupil 1)

“I feel like I didn’t really get taken out much last year when I didn’t feel regulated or like in the green zone. And Ms [names SNA], like, helps me in school, like, knows when I don’t feel, like, regulated. And, eh, she always brings me up to the garden and to the, to the nest. And she always comes into my classroom and helps me.” (Pupil 8)



Staff Members (Pupil10; Pupil 8; Pupil 8)

While class teachers did not appear as frequently in the photographs- likely due to their teaching responsibilities while the Photowalk task was taking place- their influence was strongly reflected during the narration phase of the study. Pupils frequently mentioned their class teachers, and it was clear that positive relationships existed, underpinned by a sense of being listened to and cared for. In particular, daily routines such as *Focused Regulation Time* or *Toast Time* were highlighted as key moments for connection with class teachers. This designated time offered a consistent space for teachers to check in with their class and nurture a sense of trust and safety with pupils.

“After yard we...Miss puts on the music and we're all sitting down and then, kind of, after like 5-6 minutes, she says, emm, “put your hands up if you're in the blue, green, yellow or red”. And if some people are in the red or the yellow or the blue-ish, then that means she will take them and see what-are they OK? Is something going on and then they will tell them.” (Pupil 1)

Subtheme 2: Care Connections

The second subtheme that emerged during analysis was *Care connections*. This theme reflects the importance pupils held for their care needs being met by the school staff. Participants photographed and discussed a number of practices and routines in school which nurtured children's basic care needs. These included routines around food, hygiene and sleep. The pupils talked about food in relation to the breakfast club, hot school lunches and *Toast Time*.

Another care need, the pupils focused on was sleep. They described being able to take naps or rest when they were feeling tired in school.



Multi-sensory Room (Pupil 10)

“Sometimes when you're tired, you need a break, the SNA could bring you up to the sensory room... And lets you stay in there for-40 minutes or half an hour? And you could either fall asleep or sit in there for a few minutes to calm down... [One day] I couldn't keep my eyes open, and I went into the sensory room and when I came back out, I was very awake.” (Pupil 10)

“Then this is Rice Krispies because we do a, like, a breakfast club upstairs with kids [who] didn't get to have breakfast in the morning if they were being rushed. Or they didn't just have, like, breakfast in their house. That they can get breakfast here.” (Pupil 8)



Rice Crispies and Toaster (Pupil 8)



The pupils also talked about having their own clean towels in school to wash and dry their hands.



Pupils' Towels (Pupil 3)

“This is the towels... people come around collecting them, like, to wash them again, and dry them. So, then they don't get, they don't stay dirty.” (Pupil 3)

3.3.2.4 Theme 4: *School Life*

The fourth major theme that emerged from the Photovoice study was *School Life*. This theme reflects the pupils' day-to-day experiences of school. Two subthemes emerged: *Curriculum and Learning* and *School Life for Pupils*.

Subtheme 1: Curriculum and Learning

The first subtheme *Curriculum and learning* reflects the central role that learning plays in pupils' daily school experience. All participants captured images that reflected this aspect of school life. Pupils took photographs of learning tools, subject-specific materials, and various classroom and learning spaces. A wide range of subjects were represented in the images, highlighting the diversity of the curriculum and pupils' engagement across different areas of the curriculum. The consistency with which this theme appeared suggests that pupils view their engagement with the curriculum as a defining feature of their time in school.



Science equipment (Pupil 4)



Maths Book (Pupil 11)

“So, I have a picture of a maths book which is, which depicts the typical day at school. I also have a pic- two pictures of books because we do reading groups at the end of every day.” (Pupil 11)

“So, like, we do all sorts of art. We paint, we draw, we sketch and all.” (Pupil 3)

“Since we do Science, I took a picture of some science things.” (Pupil 4)

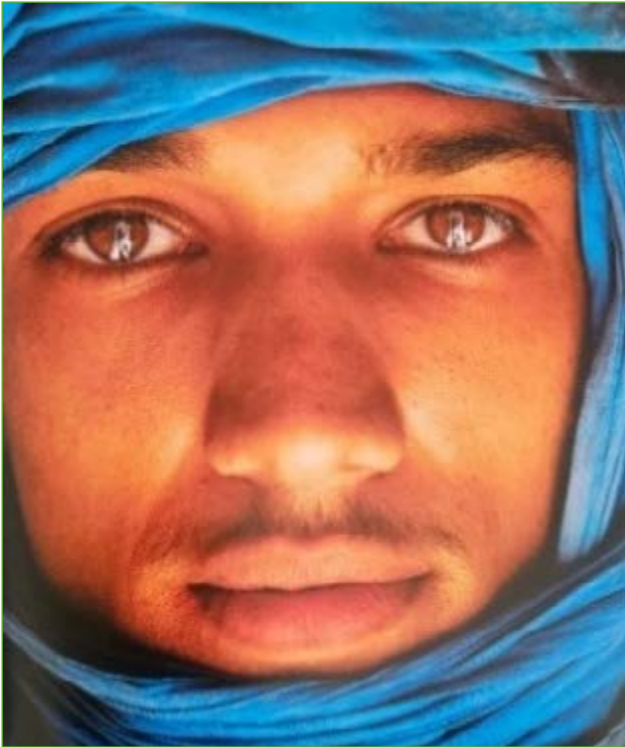
The subtheme of *Curriculum and learning* overlaps with theme 1 *The Regulation System* as pupils talked about the impact of regulation on their readiness to learn.

“The feelings in the green (zone) is you're happy, or sometimes excited or ready to learn...we're focused.” (Pupil 4)

Subtheme 2: School life for pupils

Subtheme 2, *School life for pupils*, emerged from the *Image Selection Task*. Pupils were asked to choose an image that strikes them when they think of their classroom or school. The majority of images children selected symbolised the culture and atmosphere of the school for pupils. Reflections from this task provided a realistic view of participants lived experience of primary school. During the discussion, pupils shared images that represented positive experiences in their classrooms, using words like “calm” (Pupil 8), “peaceful” (Pupil 2) and “happy” (Pupil 9). Contrastingly, other images represented the challenges pupils face in their classrooms and in school. Words like “chaotic” and “distracted” highlight some of the challenges pupils and staff are faced with in schools. One pupil described their teachers attempts at controlling some of

these behaviours by separating pupils and not allowing them “to sit near each other”, leaving pupils feeling “lonely” (Pupil 7). These reflections highlight the complex landscape of need within schools and the impact these behaviours have on other pupils in the class. They also highlight the challenges staff face when trying to address these needs without adequate support and resources.



“Well this one I have (the first image), he looks very concentrated. Sometimes my class is very concentrated....

...It (the second image) reminds me of just a normal day in my class, people would just be getting angry at each other...

...There’s some concentrating and some angry.” (Pupil 6)

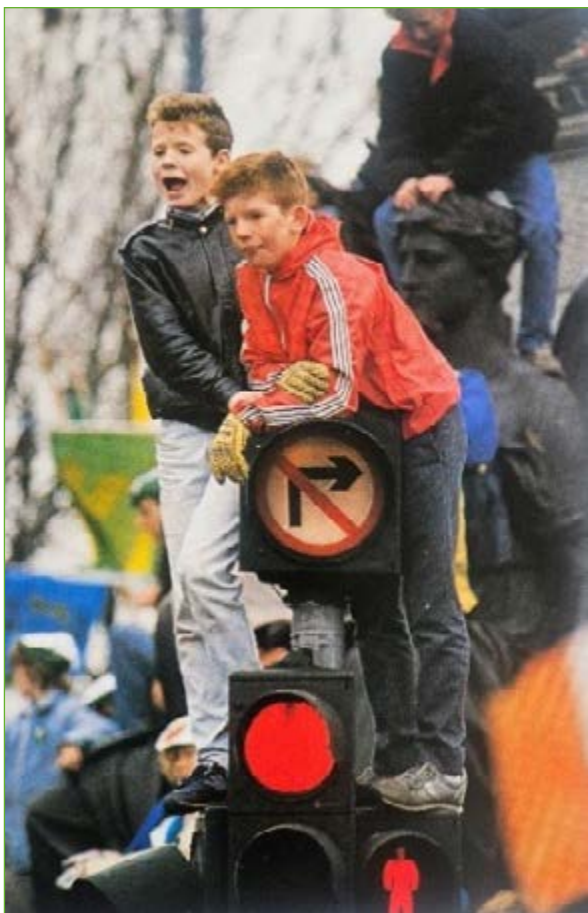
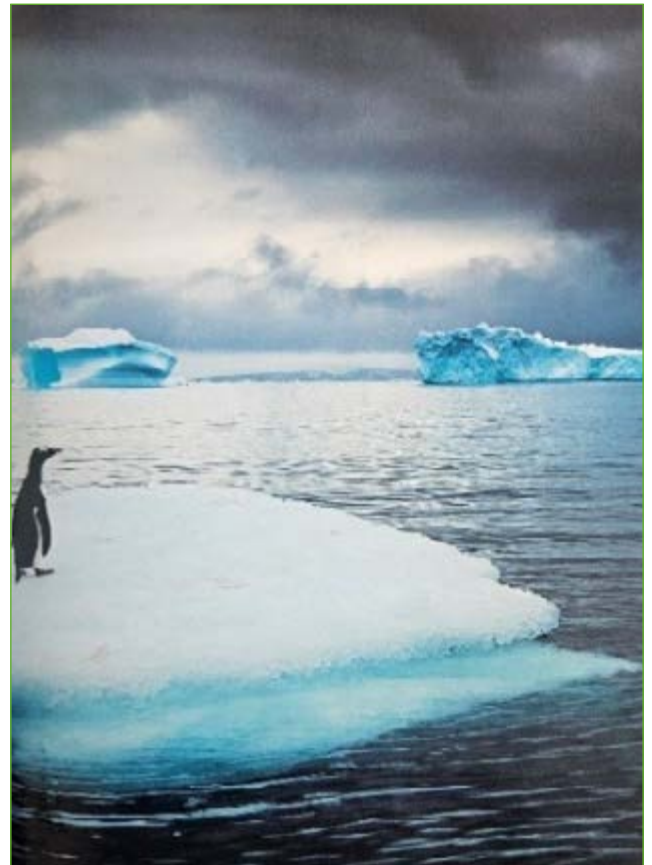


“Right so, there’s a girl smiling upside down...And she has a hat on and I picked this photo because my school and my class is like always smiling. People are always smiling.” (Pupil 9)

“[a] picture of a bird on a branch, looking away from the camera, and this reminds me of the class because most people are distracted....And they’re always looking out a window.” (Pupil 10)



“This one has three icebergs and then just one lonely penguin, on its own. It just reminds me of basically my class, because there always is tables separated and all, and people are not allowed to sit near each other.” (Pupil 7)



“My picture is 2 boys, they look about 8 or 9, standing on top of a traffic light...And behind them, there's another child standing on a statue. It just looks very chaotic... Because it reminds me of the class, very chaotic.... Ehh, there's people shouting, throwing stuff.” (Pupil 11)



“It’s a volcano, erupting. And, em, this is because sometimes the school is... or a classroom is very, like, crazy and mad...”

...And then my second picture is, em, a tree with like, loads of, like, grass around it. Because sometimes the school can be calm as well.” (Pupil 8)

3.4 Study 3 Findings: Focus Group with Community Partners

3.4.1 Focus Group Participants

A total of six community members took part in the focus group interview. These included two parents, a foster parent and a guardian of pupils in the school, as well as an SNA working in the school and a youth justice worker based in the community.

3.4.2 Focus Group Findings

Three themes were identified in the study: *The Regulation System*; *Relationships and Support*; and *Complex needs of Pupils and Community*. Two sub themes emerged under themes 1 and 2 (Table 3.8)

Study Themes	
1.	<p>The Regulation System</p> <ul style="list-style-type: none"> • Subtheme 1: Stars to Regulation • Subtheme 2: Regulation Time
2.	<p>Relationships and Support</p> <ul style="list-style-type: none"> • Subtheme 1; Pupil- staff relationships • Subtheme 2: Family Support
3.	<p>Complex Needs of Pupils and Community</p>

Table 3.8: Focus Group Study Themes

3.4.2.1 Theme 1: The Regulation System

The Regulation System was a dominant theme that emerged during the focus group. Two subthemes were also identified: Subtheme 1- *Stars to Regulation* and Subtheme 2- *Regulation Time*.

Subtheme 1: Stars to Regulation

The theme of *Stars to Regulation* was a key subtheme to emerge from the study, representing the move away from the tradition star-based behaviour system to the new relationship-based system which was referred to as “Regulation”. Participants expressed approval of the move away from the behavioural approach of the “Star System” to the more preventative and supportive approach of the Relationship-based System. *The Star System* was viewed as punitive and unfair and participants expressed satisfaction that the school had moved towards an approach that more effectively supported pupils’ needs. Participants spoke of the distress and frustration their children experienced under the *Star System* in the past.

“ “[Names child] came in [to the school] with the ‘thermometer’. But no, the reward system, I remember [names older children who attended the school] said that there was so many kids in the class, then the whole class would lose a star. Then I remember [names older child] came home frustrated that, that he’d lose a star and he didn’t do anything. He’s like, “that’s not fair, I done nothing.” (Participant 30)

“ “I did remember with [names daughter]. She, emm, she used to take it really to heart if there was a star gone and I’d say “it’s all right”... “No, it’s not...We can’t go to the disco. We can’t do this”...So, delighted now for [names granddaughter] that that’s gone” (Participant 31)

One participant noted the potential stigma associated with the *Star System*, particularly for pupils who repeatedly lost stars in the classroom. They noted the negative effect this could have on a child and the potential of “*labelling that child to be the troublemaker*” (Participant 33).

Participants agreed that there was still a need to maintain a balance between providing support for pupils and establishing clear boundaries. There was a shared understanding of the value of “natural consequences” as part of the school’s approach to dealing with behaviour. Participants also expressed a belief that consistent consequences help children understand expectations and boundaries. The group discussed how children are familiar with consequences at home and in other services, therefore should respond to similar systems in school.

““Personally, if I was a child and didn’t have consequences, I’d be like, ‘Right, well I don’t care.’ They’ll play you at your own game.” (Participant 33)

““And they’d have it at home. Well most of them would have it at home. I know [names child] when he carries on, he loses his tablet time.” (Participant 30)

One participant discussed how their service has reframed the word “consequence”, to promote the idea that consequences can be both positive and negative. They noted that although young people might resist consequences initially, over time they begin to find comfort and safety in the predictability of consequences.

““We try to change the mindset of the word consequences. So absolutely a consequence can be for misbehaving, em, but it's also if you do something really good...But then they actually then like it, and they come looking for the routine of consequences. Because then that becomes their safe space because they know we're here to keep them safe.” (Participant 34)

Subtheme 2: Regulation Time

Regulation Time was another key subtheme to emerge from the study. Participants expressed awareness and support for the implementation of *Focused Regulation Time* in the school. Participants reported that the various tools and strategies used during this time, particularly emotional regulation strategies, were being effectively transferred to home and community environments. Participants also noted an improvement in children’s emotional literacy and shared examples of children identifying and communicating emotions more effectively at home through the use of the *Thermometer of Regulation*. The widespread use of terminology such as “red” or “blue” to describe emotional states highlights the development of emotional literacy among pupils. One parent noted that both her and her child use the term “*I’m red*” to signal

frustration at home and described how the visual aid of the thermometer supported her child to communicate their emotions more effectively.

“[Names child] tells me about the thermometer. ‘Cause he tells me he can just point to what colour he is. Because he can’t sometimes put into words exactly how he’s feeling.” (Participant 30)

“No, no. She’d emm, it was very hard for her to explain to-how she was feeling. You’d have to keep asking, you know, “what’s wrong? What made you like this?” But now she, she can put a name on her feelings. If she’s feeling happy, or if she’s feeling sad. But that’s been gradual.” (Participant 31)

Participants also discussed children applying the *Thermometer of Regulation* to other pupils, demonstrating growing awareness and empathy towards other children.

“Even on yard the kids would come and say “I’ve noticed so-and-so is in the blue, I think they’re a bit sad.” And you go over and they’re 100% right.” (Participant 32)

The provision of *Safe Spaces* such as *the Nest* (the nurture space) and the *Sensory Pod* was also discussed. Both the *Nest* and the *Sensory Pod* serve as targeted supports for some pupils in the school, therefore not all participants were aware of these spaces. However, the group agreed on the importance of having such spaces, particularly for pupils who may be feeling overwhelmed or need a space to regulate.

“the Nest is his lifeline...If he knows he can go there, “right ma I’m alright, I can go to the Nest”. It’s like it’s a security blanket for him.” (Participant 33)

“And even to know when they need to dip out and have them places like the Nest and the pod and stuff. Because it can be quite an overwhelming situation to be in, especially when you have all your peers looking at you. So, you have to dip out.” (Participant 34)

3.4.3.2 Theme 2: Relationships and Support

The theme of *Relationships and support* was another dominant theme that emerged from the focus group with community partners. Two subthemes were identified: *Pupil-staff relationships* and *Family support*.

Subtheme 1: Pupil-staff relationships

Pupil-staff relationships was a key subtheme to emerge in this study. Participants highlighted the importance of positive and supportive relationships between pupils and school staff. Parents and guardians expressed a strong belief that their children felt understood and valued by the adults in the school environment, noting a stark contrast to their own school experiences. They spoke positively about the nurturing relationships between staff and students, and the empathetic approach staff had when dealing with children. One participant described pupils in the school as being “*safely cocooned...in a very lovely, nurturing environment.*” (Participant 34). Examples from multiple participants during the focus group discussed how this support and connection for pupils extended past just one member of staff, suggesting a wider culture within the school based on care and support.

“It’s working for [names child]. Yeah, he knows he can come in and say that he’s had a bad day...He loves [names SNA], he’s going to miss her next year. She’s his happy place. That’s what he used to tell me when he came in in the morning- “[names SNA] is back, she’s my happy place”. (Participant 30)

“And then I’d say to him, “right well, we go to school?” and he’ll say, “yeah, I’ll talk to [names caretaker], I’ll talk to [names HSCL], or I’ll talk to [names teacher]- he’s obsessed with [names teacher]. Different child. Completely different child.” (Participant 33)

“Even when [names child] was going through stuff, the teacher was sitting down and she was like, “I know exactly what you’re going through, I’ve been there.” You know, so like, she’s like, “it’s all right, we’re on the same level.” And I found that brilliant. Whereas if I was like that in school...” (Participant 33)

One participant noted the improvement in staff relationships with pupils since introducing TIP. While they highlighted that staff had always been caring, TIP appeared to deepen the quality of interactions and enhance staff awareness of children’s emotional states.

“I think it’s made a huge impact. I really do. And even I’ve seen a massive change and - not massive, like the teachers are amazing, they always are - But just even little things like how they’re sometimes approaching kids. Going up and, you know, going over to them and saying, you know, “I’ve noticed that you’re this”, but not for everyone to hear.” (Participant 32)

Subtheme 2: Family support

The second subtheme that emerged was the theme of *Family support*. Parents and guardians felt supported by the school and spoke about the ways in which school staff offered emotional, practical, and proactive support to families. Parents described the school as a safe and non-judgmental space where they could seek help without fear of stigma or shame.

“I know for a fact-I don't even think [names child] would be here now, without the support he got out of the school. [Names child] was talking about- he stopped eating. He wouldn't sleep. He wouldn't go into class, sure he wouldn't. Wouldn't do anything....[I] came to the school for support and like that [clicks fingers], it was given to him. I swear to God he's a different child. Completely different child...And then this is his last year, he said “I don't want to leave the school.” Whereas I was trying to bait him into school...It's, it's all down to you, I couldn't fault this school. No way. I think it's brilliant what they're doing. Brilliant.” (Participant 33)

“I find [the school] is absolutely brilliant. Brilliant it is. And you're not embarrassed or afraid or ashamed or, you know, anything like that. It's just taken out your hands completely, I mean, if you say something...Because I did feel like I was on my own because I hadn't a clue where I was going or what I was doing.” (Participant 31)

This subtheme overlaps with the theme *Regulation Time* as parents described the skills their children learned in school about emotional and behavioural regulation were being shared at home. This was having an impact on parents/ caregivers' regulation. They described using these strategies at home with their children and demonstrated using the language of *Thermometer of Regulation* during the focus group.

“I don't know how you do it with like 20 kids in the classroom because sometimes half an hour with [a child] and I'm in the red zone.” (Participant 33)

3.4.3.3 Theme 3: Complex Needs of Pupils and Community

The theme *Complex needs of pupils and community* emerged during this study. Participants discussed a range of ongoing challenges affecting both pupils and the wider community. Prominent issues which arose ranged from anxiety and special educational needs to antisocial behaviour in the community and adverse family circumstances. These factors highlight the complex landscape of need within the school, and the challenges staff are faced with in trying to cater for these needs.

“Kids are so used to it that...“there was a robbed car last night, did you see it?” And I suppose if you're in an environment where that's just the norm... the kids are coming [into school] and saying, “ah sure, that happens on a daily basis in [names area].” (Participant 30)

There was also recognition of the school's approach in addressing not only academic or behavioural concerns, but also the basic care (physiological) needs of pupils, such as sufficient rest. One participant noted these needs and patterns in their own work with young people.

“There's a few nappers and I suppose you're kind of thinking like, oh, wherever they've come from, potentially, they haven't had a good night's sleep. Or maybe their body and their brain is just growing and they just need and extra bit of sleep. I'm like, I couldn't [have gotten] away with that when I was in school.” (Participant 34)

The transition to secondary school was another challenge discussed in the focus group. One participant mentioned the high levels of non-attendance, suspensions and early school leaving they witnessed in their role when young people transition from the focus school to secondary schools that “don't have the same trauma-informed approach” (Participant 34).

“Young people who, say, particularly come to this school. They will talk about some of the things...be it the Nest, or the pod or whatever. Now it's just vastly different [when they transition to secondary school] and they really struggle to settle, to regulate, all the rest of it. And unfortunately, that then results in the suspensions and the nonattendance, eventually then early school leavers. So, we have a high level of young people aged 12 to 15 who are not in school on my books right now.” (Participant 34)

3.5 Summary

This chapter has presented the results and findings from the three component studies (Online survey with school staff, Photovoice study with pupils and Focus group with community partners). A number of themes emerged from the data collected across the three component studies. The next chapter presents the integrated findings.

Chapter 4: Integration of Findings Discussion

4.1 Introduction

The integrated findings of the three component studies (Online survey for staff, Photovoice study for pupils and Focus group with community partners) are presented and discussed below. All three component studies were designed to explore the impact of TIPs in a school from differing perspectives. By adopting a mixed method approach, the integration of findings from all three component studies aimed to produce more extensive and robust analysis and evaluation.

Table 4.1: Integrated Findings Meta Themes

Meta Themes	Meta Subthemes
Impact of trauma-informed practice	Improved pupil emotional regulation skills Effective engagement in learning
School as a safe haven	Improved pupil-staff relationships Felt safety and wellbeing for pupils High satisfaction with new relationship-based behaviour policy Felt safety and wellbeing for staff
Complex needs of the school community	Meeting pupils' basic needs before learning (hunger, rest, hygiene) Challenges in how to address extreme pupil behaviour beyond TIP
Trauma-informed practice in action	Support for TIP Implementation needs and challenges

4.2 Integrated Findings

The findings from the three component studies were compared to assess how they related to each other. This process involved reviewing all three datasets to identify the key themes and comparing these themes to identify similarities and differences. The data integration approach identified four meta themes that cut across methods and data sources: *Impact of trauma-informed practice*; *School as a safe haven*; *Complex needs of the school community*; and *Trauma-informed practice in action* (Table 4.1).

4.2.1 Meta Theme 1: Impact of trauma-informed practice

The first Meta Theme for the study is *Impact of trauma-informed practice*. Convergence and complementarity were found across pupil, staff, and community studies demonstrating strong evidence for the positive impact of TIP in school. The integration of findings illuminated two subthemes: *Improved pupil emotional regulation skills* and *Effective engagement in learning*.

4.2.1.1 Subtheme 1: Improved pupil emotional regulation skills

Convergence was found across the three studies (pupil, staff, and community studies) highlighting the positive effects of emotional regulation tools and strategies implemented in the school. One of the most valued components was *Focused Regulation Time*, which both pupils and staff identified as particularly beneficial in supporting emotional awareness and skills development. A key tool that emerged across all datasets was the use of the *Thermometer of Regulation*. This was highlighted by pupils and community participants as an effective method for identifying, communicating and managing emotional states. School staff also reported it as the most frequently used strategy in their practice. Notably, discussions with community partners highlighted that children were applying the *Thermometer of Regulation* beyond the classroom, indicating a transfer of emotional regulation skills to the home environment. Furthermore, both pupil and community findings revealed that children were also applying the *Thermometer of Regulation* to others, reflecting the development of emotional literacy, empathy, and awareness of other people's emotional states. The consistency across datasets reinforces the significance of TIPs in developing and supporting pupils' emotional regulation skills.

4.2.1.2 Subtheme 2: Effective engagement in learning

Complementarity was found in the subtheme of *Effective engagement in learning*. Findings across pupil, staff, and community datasets highlight the impact of TIP on pupils' effective engagement in learning. Pupils actively photographed learning tools and subject-specific materials, demonstrating the central role learning and the curriculum plays in their time in school. During discussions, pupils demonstrated a clear understanding of how emotional regulation, particularly through the use of *Focused Regulation Time* and *the Thermometer of Regulation*, supported their readiness to learn. The "green zone" was associated with being "on task" and "ready to learn." Pupils highlighted the value of regulation strategies, particularly following transitions such as returning from the yard. This understanding reflects an awareness of the connection between emotional states and learning readiness. Qualitative feedback from the staff survey indicated that TIP had a positive impact on the overall learning environment, making it easier for pupils to engage with their learning. Teachers also reported a noticeably calmer and more positive school atmosphere since implementing TIP. This perception was echoed in the pupil study, where students selected some images that represented a peaceful and calm school environment. Contrastingly, the challenge of keeping young people engaged in learning after they transfer to secondary school was highlighted in the community study. A lack of TIPs in secondary schools was linked to poor attendance, disengagement, and even early school leaving for some at-risk young people. Together, these findings highlight the integral role of TIPs in fostering effective learning environments and sustaining pupil engagement in school.

4.2.2 Meta Theme 2: School as a safe haven

The second Meta Theme for the study is School as a safe haven. Four subthemes emerged under this Meta Theme; *Improved pupil-staff relationships*; *High satisfaction with relationship-based behaviour policy*; *Felt safety and wellbeing in school for pupils*; and *Felt safety and wellbeing in school for staff*. Convergence and complementarity were found across datasets for three

subthemes, demonstrating strong evidence for school as a safe haven. Silence was found in the subtheme of *Felt safety and wellbeing in school for staff*.

4.2.2.1 Subtheme 1: Improved pupil-staff relationships

There was convergence found across pupil, staff, and community studies regarding the importance and presence of positive, supportive pupil-staff relationships within the school. Photovoice findings emphasised the value pupils placed on connection and support from adults. Pupils described feeling supported, listened to, and understood by staff in the school. Photographs and discussions included a broad range of staff, such as SNAs, support teachers and class teachers, indicating the existence of a wide network of trusted adults across the school. This perception was echoed in community findings, with participants also recognising the breadth of support available to pupils and describing the school as a place where positive relationships are prioritised. Similarly, qualitative responses from the teacher survey showed that staff believed pupils felt safe and trusted the adults in the school. These findings highlight the central role of positive pupil-staff relationships in the school reinforcing the school's commitment to implementing a trauma-informed and relational approach.

4.2.2.2 Subtheme 2: Felt safety and wellbeing for pupils

There was complementarity found across pupil, staff and community studies in relation to *Felt safety and wellbeing in school for pupils*. Pupils described school as calm and peaceful and discussed a range of safe, calm spaces that were available to use in classrooms and in the wider school. These included *calm corners*, *the Nest* and the *Sensory Pod*. Pupils described using these quiet, private spaces to regulate when needed and it was evident that these spaces were highly valued by pupils. Community participants' own sense of safety and wellbeing in the school was also highlighted, with parents in particular describing the school as a non-judgemental and supportive environment where they could seek help without fear of stigma or shame. Findings from the staff study reported a high level of agreement for the positive impact of TIP on pupils, staff and whole school wellbeing. In qualitative responses, staff reported a more positive and calmer atmosphere in the school since introducing TIP, contributing to the overall wellbeing of all stakeholders.

4.2.2.3 Subtheme 3: High satisfaction with new relationship-based behaviour policy

Convergence was found across pupil, staff, and community data in support of the school's transition from the original *Star System* to a more relationship-based behaviour policy. Pupils expressed a clear preference for supportive and relational strategies over punitive measures. They demonstrated an awareness of the emotional impact the removal of stars had on pupils which they stated often heightened feelings of anger and frustration. In contrast, pupils recognised that being given space and support to regulate their emotions helped them manage their behaviour more effectively. These perspectives were echoed by community partners, who similarly supported the new approach. Staff data further supported these findings, with many reporting that they used 'relational approaches to behaviour' "very often," suggesting strong acceptance and integration of this approach into daily practice. However, the staff study

also highlighted the ongoing challenge of balancing trauma-informed practice with the need to maintain clear behavioural boundaries in school. Staff expressed approval for the use of natural consequences, a view that was also shared by community partners. The findings across all three studies point to a high level of satisfaction with the new relationship-based behaviour policy, while also acknowledging the challenges in balancing compassion and consistency when dealing with challenging behaviours in school.

4.2.2.4 Subtheme 4: Felt safety and wellbeing for staff

In relation to the theme of *Felt safety and wellbeing in school for staff*, silence was found across studies. This theme did not emerge in the pupil or community studies. Findings from the staff study indicated generally high levels of perceived support and psychological safety among school staff. An average rating of 4.46 out of 5 on the Likert scale, suggests strong agreement that staff feel supported and safe in their work environment. However, while overall wellbeing was positive, qualitative data indicated concerns related to the challenges of working with pupils with complex emotional and behaviour needs. Some staff highlighted a lack of adequate support in managing these demands and expressed a need for more structured responses to issues such as vicarious trauma. These findings suggest that, while the general staff climate is positive, there remains a need to further strengthen support systems, particularly around the emotional demands of working in trauma-informed settings, to ensure staff wellbeing is sustained over time.

4.2.3 Meta Theme 3: Complex needs of the school community

The third Meta Theme for the study is Complex needs of the school community. Two subthemes emerged under this Meta Theme: *Importance of meeting pupils' basic needs before learning* and *Challenges in addressing extreme pupil behaviour in school beyond TIP*. Convergence was found in the subtheme of Importance of meeting pupils' basic needs before learning and complementarity was found in the subtheme of *Challenges in addressing extreme pupil behaviour in school beyond TIP*.

4.2.3.1 Subtheme 1: Meeting pupils basic care needs before learning (hunger, rest, hygiene)

Convergence was found across two component studies in the subtheme of *Importance of meeting pupils basic needs before learning (hunger, rest, hygiene)*. Across both community and pupil datasets, the importance of addressing pupils' basic needs such as hunger, rest, and hygiene was strongly emphasised as a foundation for learning and wellbeing. The community focus group study highlighted the significant challenges facing many children and families, including special educational needs, anxiety, antisocial behaviour, and adverse home circumstances, which collectively point to a high level of need within the wider school community. Community participants recognised and valued the school's proactive approach in responding to these challenges, particularly through the provision of food and opportunities for rest, which were seen as essential supports for vulnerable pupils. These findings aligned with findings from the pupil study, where children photographed and discussed daily routines and practices that supported their basic care needs. Pupils spoke about the importance of breakfast, rest spaces, and hygiene-related routines, demonstrating an awareness of how these supports contributed

to their overall wellbeing and readiness to learn. Together, these findings emphasise the critical role of the school in meeting pupils' fundamental needs as a prerequisite for engagement, regulation, and learning.

4.2.3.2 Subtheme 2: Challenges in how to address extreme pupil behaviour beyond TIP

Complementarity was found in the subtheme of *Challenges in how to address extreme pupil behaviour in school beyond TIP*. While TIP was widely valued across the school community, both staff and pupil data highlighted the ongoing challenge of addressing extreme pupil behaviour. Staff participants raised concerns in qualitative responses about how to effectively implement TIP while trying to manage extreme behaviours in the classroom. A recurring theme was the difficulty in balancing a trauma-informed approach with the need to maintain firm boundaries and ensure the safety of all pupils and staff. Complementing these findings, pupils in the *Image Selection Task* chose photographs that represented disruptive behaviours they had witnessed or experienced, drawing attention to the intensity of some classroom situations. Together, these findings suggest that while TIP provides a strong foundation for relational and supportive practice, there remains a need for additional strategies or systems to effectively address extreme behaviours in schools.

4.2.4 Meta Theme 4: Trauma-informed practice in action

The fourth Meta Theme for the study is *Trauma-informed practice in action*, which is presented as two subthemes: *Support for trauma-informed practice* and *Implementation needs and challenges*. Convergence was found in the subtheme of *Support for trauma-informed practice*, while silence was found in the subtheme of *Implementation needs and challenges*.

4.2.4.1 Subtheme 1: Support for trauma-informed practice

There was convergence found across all three study components in the subtheme of *Support for trauma-informed practice*. Findings across teacher, pupil, and community datasets indicate a high level of acceptance and consistent application of TIP throughout the school. Teacher survey data revealed strong endorsement of the approach, with the majority of staff reporting frequent use of TIPs in their daily work. This was supported by high levels of reported staff knowledge, suggesting a well-embedded understanding of the principles and strategies underpinning TIP. These staff perspectives were supported by pupil findings, which demonstrated that regulation tools and language were familiar to students across all classes, indicating the widespread use of TIPs in the school. Pupils not only articulated when and how they used specific strategies, but also discussed their purpose and impact, demonstrating the effective implementation on these strategies. Community data further reinforced these findings, with participants expressing awareness of key regulation tools and observing their use by children beyond the school setting. The convergence of these themes suggests support for the adoption of TIP across the school community, with shared understanding and consistent application by staff, pupils, and families.

4.2.4.2 Subtheme 2: Implementation needs and challenges

While the overall adoption of TIPs was viewed positively, staff data highlighted specific needs and challenges in sustaining and deepening the approach. Teachers identified the need for ongoing training and continued professional development to build confidence and competence in applying TIP effectively. In addition, there was a recognised need to further embed TIPs into school policies and structures. Notably, this theme did not emerge in the pupil or community studies. This is likely due to the fact that such challenges may be more relevant to staff, who are directly responsible for integrating TIPs into the school's daily practice. These findings point to the importance of continued investment in staff support and training as well as further support around policy development to ensure the long-term success of TIP in the school.

4.3 Discussion

This study used a mixed methods approach to evaluate the impact of trauma-informed practices (TIPs) on key stakeholders in a primary school setting. TIPs included:

- Regulating tools and strategies embedded into the school day (*Thermometer of regulation, Focused Regulation Time and Regulation Toolkits*)
- Safe, calm spaces in classrooms and in the wider school (*Regulations Stations/ Calm corners, the Nest* (Nurture Space) and *the Sensory Pod*)
- Relational approach to disruptive behaviour (check-in, regulate in class, regulate outside class) in place of traditional star system

While international studies have explored TIP in education settings, to date, there is a dearth of evidence on the impacts of TIP in schools in Ireland. The study has produced evidence of the positive impact of trauma-informed practices in the research site while also identifying needs

and challenges of implementing TIP in schools. It also illuminates the nuances in weaving TIPs through a school's practices and policies.

4.3.1 Impact of trauma-informed practice on pupils

Findings from this study indicate positive outcomes for pupils as a result of the implementation of trauma-informed practice within the school. This aligns with findings in similar international studies (Berger, 2019; Dorado, et al., 2016; Hodgson et al., 2013; Watson & Astor, 2025). A significant benefit this study reported was the improvement of emotional literacy and regulation skills in pupils after the implementation of TIPs in the school. This mirrors outcomes in previous studies which identified improvements in children's ability to identify, express and modulate emotions after the implementation of trauma-informed approaches (Dorado, et al., 2016). The *Thermometer of Regulation* and *Regulation Time* are examples of TIPs which were found to benefit pupils in developing emotional awareness and management skills. Furthermore, this study builds upon earlier findings (Dorado, et al., 2016) by providing additional evidence of the effectiveness of these TIPs in also developing pupils' understanding, awareness and empathy towards other people's emotional states.

The study also indicates that TIP supported pupils in engaging more effectively with their learning. Staff indicated that TIP had a positive impact on the overall learning environment in the school while pupils demonstrated an understanding of how TIPs such as *Focused Regulation Time*, the *Thermometer of Regulation* and *Safe Spaces* supported their readiness to learn. These findings highlight the integral role of TIPs in helping to create an effective environment which is conducive to teaching and learning. Previous studies on the impact of TIP have found that trauma-informed approaches can decrease trauma-related symptoms in young people (Hodgson, et al., 2013) and contribute to improved academic outcomes (Berger, 2019; Watson & Astor, 2025). An evaluation of one particular trauma-informed approach in the United States found teacher-reported improvements in pupils' time on task, ability to learn, and attendance in school (Dorado, et al., 2016). While these specific outcomes did not emerge directly from this study, these results from international research offers further insight into the potential impact of trauma-informed practices on pupils.

4.3.2 School as a safe haven

The study also provides evidence that the implementation of TIPs contributed to fostering a sense of safety within the school. A key component of trauma-informed schools is safety (Watson & Astor, 2025), which includes physical, psychological, emotional, moral and academic safety (Bloom, 2010; Harris & Fallot, 2001; Venet, 2023). Polyvagal Theory (Porges, 2011) highlights the importance of creating safe and supportive learning environments for children who have experienced trauma. Safe environments promote social engagement and reduce stress for students and teachers, helping pupils regulate their nervous systems and in turn support them to engage in learning.

The school was consistently described by pupils, staff and community partners as a safe and supportive environment. Studies show that positive relationships can contribute to pupils perceived sense of safety (Kutsyuruba, et al., 2015), therefore, one key factor in establishing

this felt safety in pupils was the improvement in pupil-staff relationships. Studies show that pupil-staff interactions are related to pupils' emotional and behavioural engagement in school (Skinner & Belmont, 1993) and that positive interactions may lead to improved academic, behavioural and emotional outcomes for pupils (Watson & Astor, 2025).

The shift towards a relationship-based behaviour approach, which was widely welcomed by stakeholders, likely further contributed to pupils' sense of safety. Pupils expressed a strong preference for relational and supportive strategies over punitive systems. The relational approach to behaviour adopted in the school aligns with the principle of co-regulation, whereby supportive adult-child interactions help to soothe the nervous system, allowing children to regain control rather than being punished for behaviours that may stem from trauma and dysregulation.

Findings indicate an improvement in the overall school atmosphere since the introduction of TIP, with a calmer, more positive environment being reported. These findings support the literature which advocates for the use of trauma-informed approaches to create safe and positive school climates (Bloom, 1995; Cole, et al., 2005). Dorado et al. (2016) states that principles around safety and predictability, compassionate and dependable relationships, and resilience and social emotional learning are interrelated and contribute to the creation of a school climate that is conducive to teaching and learning.

The study also found evidence of the positive impact of trauma-informed practices on pupils' wellbeing. This aligns with findings from other international studies (Jones & Harding, 2023). In Ireland, educational policies highlight wellbeing as central to children's success in education and in helping them to reach their potential (DES, 2019). According to the *Wellbeing Policy Statement and Framework for Practice* (2019), the promotion of wellbeing in schools is a priority area for the Department of Education and Skills. The document acknowledges that children learn more effectively when they are happy, confident and feel supported in school.

Staff in the school reported a high level of agreement for the positive impact of TIP not only on pupil wellbeing, but on staff wellbeing and whole school wellbeing. One key challenge identified, however, was the need for further support for staff around vicarious trauma. O'Toole & Dobutowisch (2022) state that although TIP emphasises the importance of self-care for staff, the vast majority of schools do not have procedures in place to support teacher wellbeing effectively. While a peer support group was piloted in the focus school, limitations in time and staffing hindered the programmes ongoing implementation. Luthar & Mendes (2020) state that support for teachers is the "critical missing ingredient" for school trauma-informed efforts, however, a significant challenge is in balancing the need for peer support with the limitations on time for staff working in the school. In the absence of official time allocation for peer support during a teacher's workday, peer support aimed at supporting staff wellbeing has the potential to instead act as an additional burden for staff (Nic Dhomhnaill & Lotty, 2025). Teacher and student wellbeing are "co-dependent and intimately entangled" (O'Toole & Dobutowisch, 2022, p. 130) and in order to effectively employ trauma-informed practice, teachers need to have the personal resilience and control to overcome the range of challenges that arise in the classroom (Jennings, 2019).

4.3.3 Complex Needs of Community

The *Complex needs of the community* was also an important theme that emerged in this study. Findings underscored the ongoing need for supports around pupil's physiological and care needs. The importance of addressing children's basic needs such as food, rest and hygiene was strongly emphasised and seen as essential supports for vulnerable pupils. Findings emphasised the critical role of schools in meeting pupils' physiological needs as a foundation for engagement, regulation and learning. This supports Maslow's Hierarchy of Needs Theory (1943), which suggests that children's fundamental needs must be met before being able to engage in learning.

Findings also indicate the need for further supports to address some of the extreme behaviour and emotional needs in the school. A recent report on addressing educational disadvantage in Ireland highlights mental health as a significant concern for DEIS schools (Cerna, et al., 2024). Access to therapeutic services is crucial for trauma-affected pupils (Bargeman, et al., 2022) and studies show that school-based trauma interventions can reduce symptoms and increase treatment completion (Jaycox et al., 2010; Rolfsnes & Idsoe, 2011). While it is acknowledged that the Department of Education has recently extended the *Counselling in Primary Schools Pilot*, the overall effectiveness of this programme remains to be evaluated. Although the programme aims to prioritise pupils with the highest levels of need, the six-session cap per child is unlikely to provide adequate support for those with complex trauma histories, rendering such referrals ineffective and potentially harmful. Access to therapeutic and mental health supports outside the school system is equally challenging. Bargeman et al. (2022) argue that schools should have the ability to rapidly refer young people to mental health services or trauma-specific treatment when required. Without adequate state-provided supports, it is unrealistic to expect schools to fully meet the complex needs of children affected by trauma. Some whole school models for TIP suggest strengthening community partnerships in order to enhance access to clinical supports for pupils (Cole, et al., 2005). Examples of such partnerships within the focus school include the collaboration with a local organisation, *Preparing for Life*, to provide play therapy for pupils during school time. Such partnerships highlight the importance of an ecological approach to trauma intervention. This approach recognises that the responsibility to address the impact of trauma on young people does not lie solely with one organisation. Practices and interventions to tackle the effects of trauma on children must target individual, interpersonal, and community systems (DeCandia & Guarino, 2020), therefore a whole-community response is required. An ecological approach recognises that, although essential, interventions in the school alone will not be sufficient and that a collective, multiagency approach is necessary in order to tackle the multitude of challenges faced by trauma-affected pupils.

The study also found that addressing extreme pupil behaviours was an ongoing challenge for schools. Pupils and staff raised concerns about behaviours witnessed in school. While some studies show the effectiveness of TIP in reducing disciplinary referrals, suspensions and incidents involving physical aggression (Dorado, et al., 2016; Stevens, 2012), there is little discussion in the trauma literature around strategies or systems that effectively address extreme pupil behaviours. Bloom (1995) argues that, while every effort should be made to support pupils to heal within the class or school environment, if a child's needs are so severe that they make it impossible for

the classroom to function, special programmes need to be created and funded to address these needs. While TIP provides a strong foundation for relational and supportive practice, in some cases more specialised treatment and support may be required in order to fully support children with extreme behaviour and emotional needs, as well as to ensure the safety and wellbeing of other pupils.

4.3.4 Trauma-informed Practice in Action

While there is a lack of consensus on what a trauma-informed approach in schools entails, Watson & Astor (2025) identify four key components in trauma-informed schools: (1) understanding trauma and making a commitment to address it by all members of the school community; (2) an emphasis on physical, emotional and psychological safety for all school members; (3) taking a strengths-based, whole-person approach towards pupils, families and staff; and (4) trusting, collaborative and empowering relationships between pupils, families, staff and the wider community. The study reported supporting evidence for all four components demonstrating the adoption of trauma-informed practice in the school. Firstly, the frequent and widespread use of TIPs within the school, supported by high levels of reported staff knowledge reflect a shared commitment by staff to implementing trauma-informed approaches. Secondly, stakeholders, including pupils, parents and staff, consistently reported a strong sense of safety within the school, underpinned by a supportive, nurturing environment. Thirdly, the school's emphasis on emotional regulation, wellbeing, relationships and learning illustrates a strengths-based, holistic approach that recognises and responds to the needs of the whole child. Finally, the presence of positive, supportive partnerships between pupils, staff, parents and community partners align closely with Watson and Astor's fourth component, highlighting the school's commitment to building strong, collaborative relationships within the school community.

The study found a high level of acceptance for TIP within the research site and consistent application of TIPs at whole school level, indicating the strong support for trauma-informed practices. The study found that TIPs such as the *Thermometer of Regulation*, *Focused Regulation Time*, *Safe Spaces* and *Relational Approaches to Behaviour* were effectively woven through the school's daily practices and policies. Furthermore, the use of the *Thermometer of Regulation* by pupils was observed beyond the school setting and into pupils' home environments.

Further needs to ensure the long-term success of TIP within the school were also identified in the study. This included the need for ongoing training and continued professional development in order to increase staff confidence and competence in delivering TIP, as well as to ensure any new staff are appropriately trained and educated on the topic. These findings align with Wassink-de Stinger et al. (2021) who identified three key drivers in the successful implementation of TIP: individual competency (i.e. professional development); organisational factors, leadership support and engagement of stakeholders; and "buy in" from school staff.

The study found that, while satisfaction with the implementation of TIP was high amongst stakeholders, there is a need for further investment and support in schools in order to continue to effectively implement TIP and, in turn, support pupils most at risk of educational disadvantage. According to L'Estrange & Howard (2022), a key step in the system-level response to TIP is the need for TIP programmes to be introduced in teacher training colleges. The topic of trauma is not currently covered in teacher training colleges in Ireland meaning newly qualified teachers (NQTs) are inadequately prepared to respond appropriately to trauma-affected pupils. The responsibility to educate and train NQTs on this topic therefore is left to individual schools.

4.3.5 Limitations

Some limitations should be considered when interpreting the findings of this study. Firstly, the absence of a data prior to the school adopting TIP limits the ability to determine baseline perceptions or to measure any change of stakeholder experiences and perceptions. Additionally, the relatively small sample sizes, particularly in the Photovoice study with pupils (n= 12) and the Focus group study with community partners (n= 6) may limit the findings in relation to general stakeholder perceptions of TIP. Despite these limitations, the use of a mixed methods approach and the engagement of multiple stakeholders strengthen the depth and validity of the results of this evaluation.

4.4 Summary

The findings of this study highlight both the significant progress made and the ongoing challenges in implementing trauma-informed practice within a primary school setting. The school has demonstrated a strong commitment to embedding trauma-informed practices at whole school level and achieved positive outcomes for all stakeholders, including pupils, staff and community partners. Sustained success depends on continued professional development, systemic supports for staff wellbeing, and access to specialist services for pupils with complex trauma histories.

Chapter 5: Conclusions & Recommendations

5.1 Introduction

This chapter presents the key conclusions drawn from the findings of this study. Recommendations for practice, policy and future research will also be outlined.

5.2 Summary of Key Conclusions

This study has evaluated the perceived impact of trauma-informed practices on key stakeholders in a school setting including pupils, staff and community partners. After triangulation of the three component studies, four meta themes have been identified: *Impact of trauma-informed practice*; *School as a safe haven*; *Complex needs of the school community*; and *Trauma-informed practice in action*.

The study found strong evidence of the positive impact of TIPs on stakeholders. Reported outcomes included improved emotional literacy and regulation skills in pupils; development of pupils' understanding, awareness and empathy towards other people's emotional state; and effective engagement in learning. Additional benefits included strengthened pupil-staff relationships, high satisfaction with the new relationship-based behaviour policy and high levels of felt safety and wellbeing across the school community (pupils, parents and staff). Findings indicate that the school was consistently viewed as a safe, supportive, and nurturing environment by stakeholders. A key challenge identified by staff however, was the need for greater support for staff in managing vicarious trauma.

The study also underscores the ongoing importance of supports around pupils' physiological and care needs. Addressing children's fundamental needs such as food, rest and hygiene was seen as essential supports for vulnerable pupils. The findings highlight the essential role of schools in addressing these basic physiological needs as a foundation for engagement, regulation and learning in school.

The study presents strong evidence to suggest that TIP has been effectively implemented within the school. Findings highlight the successful implementation of TIPs such as the *Thermometer of Regulation*, *Focused Regulation Time*, *Safe Spaces* and a *relational approach to behaviour* into daily practices and whole school policies. The use of the *Thermometer of Regulation* by pupils was also observed in pupils' home environments, demonstrating the use of TIPs beyond the school environment. Despite the clear benefits observed for pupils, staff, and community partners, the study also highlights the ongoing challenges in sustaining and fully implementing TIP. These include the need for ongoing training and continued professional development for staff in order to increase confidence and competence in delivering TIP, as well as to ensure new staff are appropriately trained in TIP.

Finally, the study highlights the prevalence of complex emotional and behaviour needs present in the school community. Findings indicate the need for further supports around these

challenges. While TIP provides a strong foundation for relational and supportive approaches to behaviour, more specialised supports are required in some cases in order to fully support children with more severe emotional and behavioural needs and in order to ensure the safety and wellbeing of all pupils and staff. The complex and evolving needs of school communities, particularly in areas of high deprivation, reinforce the necessity for multiagency collaboration, adequate resourcing, and a broader ecological response.

5.3 Recommendations

Based on the study finding and conclusions, a number of recommendations are proposed in this section at practice, policy and research level.

5.3.1 Recommendations - Practice Level

Practices with pupils

1. Adopt a school-wide approach to integrating trauma-informed practices that prioritise:
 - I. Meeting pupils' basic care needs (e.g. food, hygiene, rest).
 - II. Emotional regulation strategies and development of emotional literacy through the use of tools and strategies such as the *Thermometer of Regulation* and *Focused Regulation Time*.
 - III. Creating and maintaining safe, supportive spaces within the school such as *Calm Corners/ Regulation Stations, Nurture Spaces etc.*
 - IV. Daily routines which allow time and space for pupils to connect with class teachers, support teachers or SNAs (e.g. *Focused Regulation Time, Toast Time, one-to-one/ small group time*)
 - V. Strong parent-teacher relationships and collaboration
2. Support the implementation of relationship-based behaviour policies in schools
3. Provide additional resources for managing extreme behaviours to ensure the safety and wellbeing of all pupils and staff

Practices for staff

1. Provide ongoing CPD (Continuing Professional Development) for staff to build and maintain confidence and competence in trauma-informed approaches
2. Establish and maintain peer support systems to promote teacher wellbeing and resilience, recognising these as essential components of sustainable TIP

Practices for community partners

1. Strengthen community partnerships, ensuring multi-agency collaboration in meeting the complex needs of trauma-affected pupils

5.3.2 Recommendations - Policy Level

1. Policy to support trauma-informed practice education into initial teacher training programmes to prepare teachers to support trauma-affected pupils
2. Increase funding and staffing allocations to ensure schools have the capacity to meet pupils' complex care, emotional and behavioural needs and to implement trauma-informed practices effectively
3. Provide more effective referral pathways to appropriate therapeutic and mental health supports for pupils with complex trauma histories

5.3.3 Recommendations - Research Level

1. Conduct effectiveness and implementation research to more accurately assess the impact of TIPs over time
2. Investigate the long-term outcomes of trauma-informed practices for pupils, staff and community partners

5.4 Concluding Remarks

The research around trauma-informed practice in education is at an emergent stage in Ireland. This study addresses some of the gaps in empirical evidence by exploring the experiences and perceptions of pupils, staff, parents and community partners in a DEIS school in Dublin. The findings contribute to a deeper understanding of the positive impacts of TIP in a school setting, as well as highlighting the needs and challenges for schools in fully adopting TIP. The study also presents how TIPs can be effectively woven through school practices and policies and how TIP can be successfully embedded within the Irish educational context to promote safety, resilience and positive outcomes for the whole school community.

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Appendices

Appendix 1 Stakeholder Group Membership

Alex Bodor

Family Support Worker, Woodale YJP

Elisa Deniri

Family Therapist, Archways

Brian Doyle

Senior Social Worker, Túsla

Thomas Durkin

Public Health Nurse, HSE

Fiona Finnegan

Deputy Principal

Alison Gilliland

Board of Management Representative

Ann Hayden

Community Representative

Dr Maria Lotty

Academic and Research Advisor, UCC

Catherine Mitchell

Parent Representative

Eithne Nic Dhomhnaill

Researcher

Moira Ryan

Play Therapist, Northside Partnership

Kay Varden

School Nurse, HSE

Maria Williams

Past Pupil Representative

Appendix 2 Survey information sheet for school staff



Thank you for considering participating in this research project. The purpose of this document is to explain to you what the work is about and what your participation would involve, to enable you to make an informed choice.

The purpose of this study is to evaluate impacts of trauma-informed initiatives in [focus school] on pupils, staff, parents and other community partners. Should you choose to participate, you will be asked to complete an online survey which will include questions on your experience of various trauma-informed initiatives introduced at class, school and community level.

Participation in this study is completely voluntary. There is no obligation to participate, and should you choose to do so you can refuse to answer specific questions or decide to withdraw from the study prior to completing the survey. All information you provide will be confidential and your anonymity will be protected throughout the study.

You maintain the right to withdraw from the study at any stage up to the point of data submission. At this point, your data will be collated with that of other participants and can no longer be retracted.

The anonymous data will be stored on University College Cork's supported cloud storage platform, OneDrive. The data will be stored for minimum of ten years.

The information you provide may contribute to research report, research publications and/or conference presentations.

We do not anticipate any negative outcomes from participating in this study. However, should you experience distress arising from participating in the research, the contact details for support services provided below may be of assistance.

Spectrum Life 1800 411 057

This study has obtained ethical approval from the UCC Social Research Ethics Committee.

If you have any queries about this research, you can contact the research team at xxx@ucc.ie

Appendix 3 Information sheet and consent form for parents/ guardians of pupils participating in Photovoice study

Exploring the Impact of Child-Centred Practices in Education is a project funded by Sláintecare and Dublin City Council

Purpose of the Study: *Exploring the Impact of Child-Centred Practices in Education* is looking at evaluating the impact of recent initiatives implemented in [focus school] on pupils, teachers and community partners.

What will the study involve? The study involves collecting views of 5th and 6th class children, on a number of new initiatives implemented in OLI SNS. We invite your child's participation in two Photovoice sessions on [date] and [date] at [focus school]. A researcher from our team at UCC will conduct the Photovoice sessions with pupils in the school library. Each session will take approximately 1.5 hours.

The first session will involve an Image Selection task where children will be asked to choose an image that represents their school/ class. This will be followed by a group discussion where children will discuss the picture they chose and why. After this children will take part in a Photography task. They will be given a number of prompts and asked to take photographs to represent their ideas using disposable cameras. These sessions will be supervised by the researcher and a teacher on the school grounds.

The second session will involve children looking at their printed photographs and discussing the photographs they took with the researcher. This session will be carried out in groups of 2 or 3.

If you choose to complete the consent form, please place it in the envelope provided, seal it, and return it to the school with your child on or before [date of site visit]. You can keep the information sheet and the second blank copy of the consent form for your records.

Why has your child been asked to take part? Your child has been asked to take part in the research because they attend [focus school], which has agreed to participate in *Exploring the Impact of Child-Centred Practices in Education*.

Does my child have to take part? No, participation is voluntary. You will be asked to sign a consent form on behalf of your child. Your child will also be asked to sign an assent form. If you do not give permission, your child cannot participate. Both you and your child have to agree to proceed with participating in the study. Your child has the option of withdrawing from the study, even if they have agreed to participate. Once your child has completed their involvement, they can still withdraw up until 2 weeks after the completion of the session.

Will your child's participation in the study be kept confidential? Yes, absolutely! We are collecting data for research purposes only, so we gather only a minimum of personal data (name and telephone number) to record consent. It will be stored securely and separately from the data collected from the Photovoice sessions. Your personal data will be processed

and handled in accordance with European legislation, including the General Data Protection Regulation (EU) 2016/679. Access to personal data will be highly restricted (project researchers only), and no attempt will be made to link personal data to responses from the Photovoice sessions. Ten years after the completion of the project, your personal data and the research data will be erased. Your child's responses during the Photovoice session will be tagged with an anonymous identifier made up of letters and numbers.

What will happen to the information you and your child give? The responses from your child will become part of a securely stored database, along with data from other children. Because the answers that your child gives will be anonymised, there will be no way to tell who provided the information. The research team will use this data for research and policy development within the school.

What will happen to the results? It is expected that results of this study will be published in a project report. After the project has finished, the anonymised data may be made available to other researchers, but only once we have ensured that it is not possible to identify any individual person from it.

What are the possible disadvantages of taking part? We don't envisage any negative consequences for your child in taking part.

What if there is a problem? At the end of their participation, we will discuss with the children how they found the experience and how they are feeling. If they feel distressed, we will talk to their teacher. If you have any issues, you should contact the UCC research team (details below). We can provide contact information for support services.

Who has reviewed this study? Approval has been given by the UCC Social Research Ethics Committee, and all members of the research team visiting schools have been Garda vetted.

Any further queries? If you need any further information, you can contact:

Eithne Nic Dhomhnaill, Researcher: [08X-XXXXXXX]

If you agree to allow your child(ren) to take part in the study, please fill out the attached consent form.

I _____ give permission for my child(ren) to participate in the research project *Exploring the Impact of Child-Centred Practices in Education*.

The purpose and nature of the study has been explained to me in writing.

I understand that my child will be participating voluntarily.

I understand that anonymity will be ensured, because personal data is collected only to record consent and is stored separately to data collected from children, with no attempt made to link them. My child's data will have an anonymous identifier made up of letters and numbers.

I understand that my child can withdraw from the study, without repercussions, whether before it starts or while they are participating, and we do not have to give any reasons for this.

I understand that the data and any personal details collected are for research and teaching purposes only within the scope of the *Exploring the Impact of Child-Centred Practices in Education* project. My personal details will be processed and handled in accordance with European legislation including the General Data Protection Regulation (EU) 2016/679. I have the right to access these data, rectify them, limit or oppose their processing and to request deletion of my personal data.

I understand that my child can withdraw permission to use the data at any time up until 2 weeks after the completion of the Photovoice sessions, in which case the material will be deleted. If my child changes their mind and wishes to withdraw after a report has been published, their material cannot be removed from the reports, but the research team will refrain from using it in any future work or analysis. I understand that it may be practically impossible to remove their data from a focus group with others. I understand that after ten years all data associated with the study will be destroyed.

I understand that disguised extracts (e.g., name / location won't be used) and data from my child's Photovoice responses may be quoted in presentations and subsequent publications (journal article, book chapter, student thesis, newspaper article, social media publicity about the study's findings, etc.), if I give permission below (please tick):

- I confirm that I am a legal decision-maker² for the child(ren) listed below.
- I consent to my child(ren) participating in this study³
- I do not consent to my child(ren) participating in this study

Signature: _____

Date: _____

Name (CAPS): _____

Child's name (CAPS): _____

² Parent / legal guardian. For children in state care, please consult the HSE National Consent Policy (2019, p. 75): "In order to conduct research involving a child in care, researchers should first get consent from the responsible legal guardians e.g., parent and/or the child's health / social care providers or someone with a duty of care to the child. This consent must be supplemented with the child's assent". Click here for full policy.

³ "For the purposes of participation in clinical trials, anyone over the age of 16 years can consent on his/her own behalf. For all other research, the person must be over the age of 18 years in order to provide consent" (Health Service Executive, 2019, p. 72). Click here for full policy.

Appendix 4: Information sheet and assent form for pupils participating in photovoice study



Exploring the Impact of Child-Centred Practices in Education is a research project funded by Sláintecare and Dublin City Council

Purpose of the Study: *Exploring the Impact of Child-Centred Practices in Education* is looking at how recent interventions in your school have impacted pupils, staff and other community members.

What will the study involve? A researcher from our team at UCC will conduct two Photovoice sessions on [date] and on [date] in [focus school]a with pupils. Each session will take approximately 1.5 hours.

The first session will involve an Image Selection task where you will be asked to choose an image that represents your school/ class. This will be followed by a group discussion where you will discuss the picture you chose and why. After this you will take part in a Photography task. You will be given a number of prompts and asked to take photographs to represent your ideas using disposable cameras. These sessions will be supervised by the researcher and a teacher on the school grounds.

The second session will involve looking at your printed photographs and discussing the photographs you took with the researcher.

Why have you been asked to take part? You have been asked because you are a student at [focus school].

Do you have to take part? No, participation is voluntary. You will be asked to sign a form which explains what the study is about and what will happen to the information you provide. You can also stop participating in the study, even if you have already agreed, and you do not have to give a reason. After you have finished, you can still change your mind up until 2 weeks after your Photovoice session.

Will your participation in the study be kept confidential? Yes, absolutely! Your answers will be anonymised, which means that no one will know that they are yours. Your name and any other identifying information about you will not be used.

What will happen to the information you give? Your information will become part of a securely stored database with the data from your group and other people linked to your school! The

research team will use this data to evaluate how you and others are finding some of the new initiatives introduced in your school.

What will happen to the results? The results will be presented in a report. We also hope to talk about the study's findings at conferences / teaching / on the radio and to publish the findings in articles, blogs, on social media and in books.

What are the possible disadvantages of taking part? We don't expect any negative consequences for you in taking part.

What if there is a problem? At the end of the process, we will talk with you to see how you found the experience and how you are feeling. If you feel upset, you should talk to your teacher or contact the researcher below.

Who has reviewed this study? Approval has been given by the UCC Social Research Ethics Committee, and all members of the research team visiting schools have been Garda vetted.

Any further queries? If you need any further information, you can contact:

Eithne (researcher): 08X-XXXXXXX

If you would like to take part in the study, please fill in the form on the next page!



I _____ [name in CAPS] agree to take part in the research study.

I understand what the study is about, and it has been clearly explained to me.

I am participating voluntarily.

I agree to maintain the confidentiality of the Photovoice sessions.

It's fine if I drop out of the study, and I do not have to give any reasons for this.

I understand that the data/ information collected is for research and teaching purposes only. I have the right to see these data, change them, or ask that they be deleted and not used.

- I can withdraw permission to use the data from the study at any time up until 2 weeks after the Photovoice sessions are completed, in which case the material will be deleted.
- I understand that no guarantees can be made to withdraw my recorded responses as it may be hard to pick out my voice on the audio.
- If I change my mind and want to withdraw after a report has been published, my material cannot be removed from the reports, but the research team will not use it in any future work or analysis.

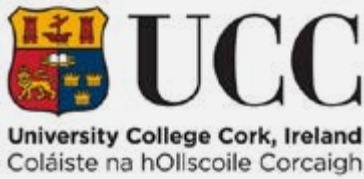
I understand that nobody will know it's me in the results or report because my name or any other identifying information will not be linked to my responses. I understand that my parent(s) / guardian(s) must also consent before I can take part in the study.

Name (CAPS): _____ Date: _____

Signature: _____

- Yes, I consent** to take part in this study.
- No, I do not consent** to take part in this study.

Appendix 5 Information sheet and consent form for focus group with community partners



Thank you for considering participating in this research project. The purpose of this document is to explain to you what the work is about and what your participation would involve, to enable you to make an informed choice.

The purpose of this study is to evaluate impacts of trauma-informed initiatives in [focus school] on pupils, parents and community partners. Should you choose to participate, you will be asked to take part in a focus group along with other community partners. The focus group will be facilitated by a member of the research team and is expected to take approximately two hours. This focus group will be audio recorded.

Participation in this study is completely voluntary. There is no obligation to participate, and should you choose to do so, you can refuse to answer specific questions, or decide to withdraw from the focus group. Once the focus group has been concluded, you can choose to withdraw your contribution at any time in the subsequent two weeks after the conclusion of the focus group. However, as the transcript will be an amalgam of voices generated from the focus group audio file, it may not be possible to delete your data.

All of the information you provide will be kept confidential and anonymous, and will be available only to the research team. The only exception is where information is disclosed which indicates that there is a serious risk to you or to others. Please be aware, however, that while we can guarantee that we will maintain confidentiality, we cannot guarantee that group members will do the same.

Once the focus group is completed, the recording will immediately be transferred to an encrypted laptop and wiped from the recording device. The data will then be transcribed by the researcher, and all identifying information will be removed. Once this is done, the audio-recording will also be deleted and only the anonymized transcript will remain. This will be stored on University College Cork's supported cloud storage platform, OneDrive. The data will be stored for minimum of ten years.

The information you provide may contribute to a research report, research publications and/or conference presentations.

We do not anticipate any negative outcomes from participating in this study. However, should you experience distress arising from participating in the research, the contact details for support services provided below may be of assistance.

Northside Counselling Service: 01-8484789

This study has obtained ethical approval from the UCC Social Research Ethics Committee.

If you have any queries about this research, you can contact me at xxx@ucc.ie.

If you agree to take part in this study,
please sign the consent form overleaf.

I _____ agree to participate in the study *Exploring the Impact of Child-Centred Practices in Education*.

The purpose and nature of the study has been explained to me in writing.

I am participating voluntarily.

I give permission for my focus group to be audio recorded.

I understand that I can withdraw permission to use my data within two weeks of the focus group, in which my material will be deleted from the transcript; however, for the reasons outlined above, I understand that this may not be possible. All audio files will be deleted six months after the transcript is complete.

I understand that data from fellow participants in the focus group will be retained.

I understand that anonymity will be ensured in the write-up by disguising my identity. I also undertake to maintain the confidentiality of the focus group.

I understand that disguised extracts from the focus group (e.g. my name / location won't be used) may be quoted in presentations and publications (e.g. article, book chapter, student thesis, social media publicity of the study's findings, etc.), if I give permission below (please tick one box):

- I agree to participate in this study
- I do not agree to participate in this study

Signed: _____

Date: _____

Print Name: _____

Appendix 6 Research Survey for school staff

Consent Statement Research Consent Statement :

Do you consent to taking part in this study?

- Yes (1)
- No (2)

Gender

- Male (1)
- Female (2)
- Non-binary / third gender (3)
- Prefer not to say (6)

Q3 What is your role in the school?

- Class Teacher (1)
 - Support Teacher (2)
 - SNA (3)
 - Caretaker (4)
 - Secretary (5)
 - Principal (6)
 - HSCL (7)
 - Other (please indicate below) (8)
-

Q4 By the end of the current school year, how many years will you have been teaching/working in a school setting? _____

Q5 What year group are you currently working with?

- Early Start (1)
- 3rd class (2)
- 4th class (3)
- 5th class (4)
- 6th class (5)
- Multiple groups (6)
- Not applicable (7)

Q6 Have you engaged in any training in Trauma-Informed Practice?

- Yes (1)
- No (2)

Q7 If yes, how many hours?

Q8 Have you completed the University College Cork CPD Level 9 training in Trauma-informed Practice

- Yes (1)
- No (2)

Q9 Please select how often you use the following strategies/ interventions in your work

	Never (1)	Sometimes (2)	Often (3)
Thermometer of regulation (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Regulation in the morning (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Regulation after small break (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Regulation after lunch (4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Regulation station in classroom (5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Regulation toolkit (6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relational approaches to disruptive behaviour (check in, regulate in room, regulate outside room) (7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q10 Please outline any other TIP strategies or interventions you use.

Q11 What are your general thoughts on the implementation of TIP in your school so far (include challenges and/or things you have found useful)

	Strongly disagree (1)	Somewhat disagree (2)	Neither agree nor disagree (3)	Somewhat agree (4)	Strongly agree (5)
I understand how fear impacts the body (physiology of fear) (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I understand how trauma affects the brain (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am familiar with trauma-informed care (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I understand how adverse childhood experiences (ACES) impact an individual throughout the lifespan (5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am familiar with the long-term behavioural effects of ACES (30)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am familiar with the long-term physical effects of ACES (6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am familiar with historical trauma (7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I understand how racism can contribute to ACEs (8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I understand how the brain develops (9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can identify threats to healthy brain development (10)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am familiar with attachment theory (11)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am familiar with mindfulness as a trauma-informed practice (12)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Strongly disagree (1)	Somewhat disagree (2)	Neither agree nor disagree (3)	Somewhat agree (4)	Strongly agree (5)
I understand the reward pathway in the brain (13)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I understand the effects of alcohol on the brain (14)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I understand the effects of cannabis on the brain (31)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I understand the effects of drugs such as cocaine, methamphetamine and nicotine on the brain (15)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I understand the connection between substance use disorders and trauma (16)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I understand vicarious trauma (17)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I understand how to develop practitioner resilience whilst working with children with trauma experience (18)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am familiar with racism as a form of trauma (19)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I understand what it means to be trauma-informed (21)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can identify whether a practice is trauma-informed (22)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can take my knowledge of trauma-informed practice and approaches and change a practice and/or policy in my school (23)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Strongly disagree (1)	Somewhat disagree (2)	Neither agree nor disagree (3)	Somewhat agree (4)	Strongly agree (5)
I care about whether my work is trauma-informed (24)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learning about trauma-informed practices and approaches is important for the work I do (25)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Applying a trauma-informed lens to my work can improve how I provide service in my school (26)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Applying a trauma-informed lens to my work can improve outcomes I (and my school) seek to achieve (27)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is important that our school has a budget specifically allocated for trauma-informed trainings and care (28)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acknowledging cultural differences is an important component of a trauma-informed approach (29)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Measuring trauma-informed practices in the workplace. For each of the following statements, please indicate your level of agreement.

	Strongly disagree (1)	Somewhat disagree (2)	Neither agree nor disagree (3)	Somewhat agree (4)	Strongly agree (5)
Trauma-informed practices and approaches are common knowledge in the school in which I work (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All staff in my school are adequately trained on trauma-informed care (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Our staff handbook and/or induction material sufficiently references trauma-informed practices (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Most staff understand trauma and how it might show up in our school (4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Our school cares about trauma experience (5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Our school is interested in learning ways to reduce re-traumatization (6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Our management/ leadership team provides adequate training on trauma-informed practices and approaches (7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Our school can provide resources to support staff when they feel burnt-out (8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Our school is concerned about vicarious trauma (9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Strongly disagree (1)	Somewhat disagree (2)	Neither agree nor disagree (3)	Somewhat agree (4)	Strongly agree (5)
Our school provides resources to staff who may feel traumatised (11)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Our school prioritizes staff wellbeing (10)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Assessing Interactions with Clients (i.e. pupils). For each of the following statements, please indicate your level of agreement.

	Strongly disagree (1)	Somewhat disagree (2)	Neither agree nor disagree (3)	Somewhat agree (4)	Strongly agree (5)
I believe that our pupils can identify at least one practice or policy that reflects our organizations desire to be trauma-informed (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I believe that our pupils feel safe within our school (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I believe that our school has strong partnerships with trauma-informed community-trusted organizations to further support our pupils in need (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I believe that our school has a thoughtful and effective process of addressing and incorporating feedback from pupils into current practices (4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I believe that our school makes every effort to provide trauma-informed services to our pupils (5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Assessing Safety and Acceptance.

My culture is defined by (choose all that apply):

- My race (1)
- My ethnicity (2)
- Where I grew up or where I live (3)
- Where I work or what I do for a living (4)
- My gender identity or sexual orientation (5)
- My socioeconomic status (6)
- My education (7)
- Other (Please indicate below) (8)

For each of the following statements, please indicate your level of agreement.

	Strongly disagree (1)	Somewhat disagree (2)	Neither agree nor disagree (3)	Somewhat agree (4)	Strongly agree (5)
I have thought about how my cultural background impacts my sense of safety at work (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have thought about how my cultural background affects the way I am perceived by others (e.g. colleagues, pupils, parents) at work (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have thought about how my cultural background affects the way I engage with others (e.g. colleagues, pupils, parents) at work (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am confident that my school thoughtfully embraces and celebrates cultural differences (4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Strongly disagree (1)	Somewhat disagree (2)	Neither agree nor disagree (3)	Somewhat agree (4)	Strongly agree (5)
I am confident that my school makes sure everyone feel included (5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am confident that my school understands racialized trauma (6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am confident that my school understands and values diversity (7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am confident that my school intentionally encourages employees to consider cultural differences when delivering services (8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My cultural background is respected in my school (9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel seen and heard at work (10)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My unique cultural experience is valued at work (11)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel understood at work (12)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel accepted at work (13)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel supported at work (14)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel safe at work (15)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Trauma-Informed Practice in my work For each of the following statements, please indicate your level of agreement.

	Strongly disagree (1)	Somewhat disagree (2)	Neither agree nor disagree (3)	Somewhat agree (4)	Strongly agree (5)
I use TIP in my work (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trauma-informed practice has had a positive impact on my work (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trauma-informed practice has helped me to deal with challenging/ distressed behaviour more effectively in my work (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trauma-informed practice has had a positive impact on my wellbeing in work (4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Since implementing trauma-informed practice I have noticed a positive impact on my relationships with pupils (5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Since implementing trauma-informed practice I have noticed a positive impact on my pupil's sense of safety in school (6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Since implementing trauma-informed practice I have noticed a positive impact on my pupils' wellbeing (7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Since implementing trauma-informed practice pupils' awareness of their feelings has improved (8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Since implementing trauma-informed practice, the majority of pupils I work with are better able to regulate their emotions (9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Strongly disagree (1)	Somewhat disagree (2)	Neither agree nor disagree (3)	Somewhat agree (4)	Strongly agree (5)
Since implementing trauma-informed practice I have noticed a reduction in challenging/ distressed behaviours in the classroom (10)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Since implementing trauma-informed practice I have noticed a positive impact on my relationships with parents (11)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teachers who implement trauma-informed practice effectively generally maintain a more positive classroom environment (12)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trauma-informed practice has positively impacted the culture in my school (13)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trauma-informed practice has had a positive impact on my school as a whole (14)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What are your thoughts on the impact, if any, trauma-informed practice has had on your class, school or work so far?

What are your thoughts on the potential impact trauma-informed practice could have on your class, school or work in the future?

Appendix 7 Photovoice questions

Prompts for image selection task

1. Think of your school/ classroom. Look at the pictures displayed on the tables. Select an image/ images that jumps out at you.

Group discussion follow up:

What image/ images did you choose and why?

Prompts for Photowalk task

1. A typical day in school includes...
2. What are some of the things that help you in school?
3. Think of the changes that have been made in your school- take pictures to represent these changes and your experience of them

Group Discussion- follow up

Tell me about your photographs. Why did you take a photograph of X? What does it represent?

Appendix 8 Focus Group Questions

1. Introductions

- Can you tell us your name and your role?

2. Explain project and state aims

3. Explain Photovoice study with pupils and outline main themes which have emerged.

- We are going to share some of the main themes that emerged from the Photovoice study with you. We would love to hear your opinions on these findings.

4. Theme 1: Regulation

- Are the findings in line with what you are experiencing in your role/ Is there anything that strikes you/ Are you getting any feedback on any of these initiatives?

5. Theme 2: Curriculum and Learning

- Are the findings in line with what you are experiencing in your role/ Is there anything that strikes you/ Are you getting any feedback on any of these initiatives?

6. Theme 3: Nurture and Care Needs

- Are the findings in line with what you are experiencing in your role/ Is there anything that strikes you/ Are you getting any feedback on any of these initiatives?

7. Theme 4: Relationships and Connection

- Are the findings in line with what you are experiencing in your role/ / Is there anything that strikes you/ Are you getting any feedback on any of these initiatives?

8. Share teacher survey results.

- We are going to share some of the results from the teacher survey with you. Again, we would love to hear your opinions.
- Are the findings in line with what you are experiencing in your role/ Is there anything that strikes you?
- One of the results that stood out was staff with more years of experience reported lower perceived impact of TIP. What are your thoughts on that? Why would you think that is?
- Another point mentioned was the need for “consequences” Would you agree that there is a need for consequences? Are they effective?

9. Final reflections

- To finish, if you could share any final thoughts and views and tell us what impact if any you are seeing in your role.

The Green Zone School Project
An ED- TARA Primary School Evaluation
For Sláintecare and Dublin City Council | Eithne Nic Dhomhnaill and Dr Maria Lotty
31st December 2025