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Becoming Trauma Informed.

Supporting teachers to implement a trauma informed approach in a DEIS primary school.

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A Research Dissertation submitted to the Froebel Department of Primary and Early Childhood Education, Maynooth University, in fulfilment of the requirements for the degree of Master of Education (Research in Practice)

Date: 24/09/2021

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Abstract

Background

Adverse childhood experiences (ACEs) are stressful incidents or environments impacting children in their developmental years, with potential to cause long-lasting trauma (SAMHSA 2014). This can have serious impact on cognitive development, socialisation and relationships. Members of marginalised communities are at greater risk of experiencing ACEs (Adams, 2010). Research indicates that schools may alleviate the effects of adversity through whole-school, trauma informed approaches.

Aims

This study aims to explore the impact of trauma informed training in a DEIS primary school, with particular focus on the specific supports and actions teachers required, to implement this approach.

Participants

This research was conducted with eighteen primary school teachers, in a DEIS Band 1, coeducational school in Dublin's inner city.

Method

This thesis employed a qualitative methodology, typically used to understand complex and dynamic settings. All participants completed five surveys. Three in-depth, additional interviews were conducted. Drawing on Braun and Clarke's thematic analysis of collected data, the thesis explores the supports, identified by participants, as fundamental to the implementation of a trauma informed approach.

Results

This research documents the changes made in this school. Strength based attitudes and relationship-based practices are emerging. Significant changes were observed with participants, post-intervention, in terms of knowledge, confidence and an awareness of trauma. Participants recognised the impact of responding to adversity and trauma, revealing a developing awareness of self-care. Barriers to implementation were also revealed.

Conclusions

This study uncovers the supports and barriers to implementing a trauma informed approach in a DEIS primary school. While the data displays that the intervention may have changed the educational practice of many participants; the research also highlights the need for a continuum of support for teachers. This research has the capacity to affect positive change in the national educational field; and could play a significant role in developing a framework for schools beginning their TIC journey.

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List of Abbreviations

ACEs – Adverse Childhood Experiences

APA – American Psychological Association

APA – American Psychological Association

ARTIC – Attitudes Related to Trauma-Informed Care

BOM – Board of Management

CPD – Continuous Professional Development

CPTSD – Complex Post Traumatic Stress Disorder

DEIS - Delivering Equality of Opportunity in Schools

DES – Department of Education and Skills

DSM – Diagnostic and Statistical Manual of Mental Disorders

DTD – Developmental Trauma Disorder

EMCDDA - European Monitoring Centre for Drugs and Drug Addiction

IBP – Individual Behaviour Plan

IEP – Individual Education Plan

NCCA – National Council for Curriculum and Assessment

NCTSN – National Child Traumatic Stress Network

NCTSN – National Child Traumatic Stress Network

NEPS – National Educational Psychological Service

PEIN – Prevention and Early Intervention Network

PSI – Psychological Society of Ireland

PTSD – Post Traumatic Stress Disorder

PTSD – Post-Traumatic Stress Disorder

SAMHSA – Substance Abuse and Mental Health Services Administration

SNA – Special Needs Assistant

T – Teacher

TLPI – Trauma and Learning Policy Initiative

TRM – Trauma Recovery Model

TSSTP – Trauma Sensitive Schools Training Package

Chapter 1: Introduction

1.1 Overview

This chapter presents the background and context of this research. It presents an overview of the intervention employed, along with the aims and potential contribution of this study to enhance educational settings.

'No one notices your sadness until it turns to anger, then you're just a bad person'.

(Author Unknown)

Childhood trauma and adversity refers to a single episode or a number of experiences which may be life-threatening or which negatively affect a child's physical, emotional, or mental health (NCTSN, 2008, 2019; SAMHSA, 2014). Some events may not be traumatic for every child; for instance, it is an individual's unique experience of an event which determines the level of adversity or trauma (Guarino & Chagnon, 2018). Exposure to trauma is often associated with broader adverse family circumstances, socioeconomic disadvantage, familial instability, and adverse experiences, which could be exacerbating pre-morbid emotional and behavioural symptoms that also affect adult health and functioning (Copeland et al., 2018).

While research describes the significant negative impacts of trauma, on children, one must consider the role of our education systems, schools, and school personnel, may have in mitigating against these effects (Felitti et al., 1998). Trauma informed care has begun to gather momentum in schools, particularly in the United States, while Scotland and Wales are at fore front in Europe. Observations indicate that Ireland is behind the international community, in terms of research and specific trauma informed policy within organisations. The initial research findings of TIC in educational settings, internationally, point to an improved awareness and knowledge of trauma among staff (Dorado et al., 2016).

This study aims to explore the trauma informed journey of teachers in an inner-city, DEIS school over an academic year, with particular focus on the specific supports and actions they required in order to implement a trauma informed approach.

I began my teaching career in Dublin's inner city in September 2002; I was appointed Principal in 2011. This school was included in the Breaking the Cycle Scheme from 1996 and the DEIS Plan from 2005, both programmes aimed at addressing the educational needs of children from disadvantaged communities (DES, 2005). Delivering Equality of Opportunity in Schools (DEIS) targets the provision of opportunities for students whose communities are deemed at risk of disadvantage and social exclusion. Levels of disadvantage were identified using the CSO national Census of Population Small Area data, and the HP Deprivation profile was created (DEIS Identification Process, 2017).

I have a deep interest in educational disadvantage and the barriers to equal educational opportunities. My workplace is situated in an area of extreme socioeconomic disadvantage. Students here live a community in which there is more adversity, more violence, more drug use, and more need for civic awareness and action. I have often considered the level of trauma our students experience and beyond that, their parents and the wider community. These experiences and exposures shape how children conceptualise their society, pervading their everyday language; the words and ideas that inform their world view and perceived norms.

My personal code of practice is based upon compassion, inclusion, and justice. I aspire to lead my school community with integrity and empathy. My profession has led me to realise the impact of historical and social influences on communities. For people residing in inner city communities, the cycle of deprivation and the persistence of poverty is further reinforced by adverse experiences, undermining both individual and community resilience, and altering identity and culture. The social wellbeing of these communities is threatened, reinforcing their marginalisation and exclusion. I strongly believe in the positive impact of members of a school community working together to improve outcomes and sharing a vision to better their community and individual lives. I am committed to creating and maintaining a positive school culture built on mutual inclusion, respect, and trust. I am hopeful that this will enable individual and collective growth and healing among teachers, parents, and children.

My interest in adverse childhood experiences and trauma initially arose early in my teaching career when a student in my class witnessed a very violent incident, involving his primary care giver. I noticed the impact that this had on the little boy. In the immediate aftermath, his ability to engage, learn, focus, and socialise seemed to dissipate. I observed his primary school journey for many years and felt ill equipped to support him, to understand him.

Although this marked the starting point, for approximately twenty years I have been challenged to make education accessible for children presenting with emotional disturbance and problematic behaviour, children who are forgetful, disengaged, distracted and unavailable for learning. I continually witness children in our care in the throes of sadness, shock, anxiety, fear, confusion, anger, and hopelessness. As a school, we found ourselves 'firefighting', whereby our behaviour policies were characterised by punitive responses to aggression, anti-social behaviour; impulsivity, impaired social interactions, and depressed behaviours such as withdrawal, mood swings, and suicidal ideation. Upon reflection, I realised that this is not a unique situation, for there are many teachers and educators caring for traumatised students without in-depth understanding of trauma and its impact. Seeking more knowledge, I completed a diploma in Post-Traumatic Stress Disorder (PTSD) in 2020 and studied the impact of intergenerational & historic trauma. I then trained in Trauma Informed Care in and in Trauma Recovery.

1.2 Research Rationale

Minuchin (1985) highlights how the institution we refer to as the family is the first and most significant culture a person can ever to be a part of. The stability of this small yet vital entity rests on the dynamics and interplay between each of its members. Although each member performs vital roles and functions, which are embedded as part of that family's culture and history, these roles can be negatively impacted by trauma; in particular, chronic, sustained trauma (Kaysen, Resick, & Wise, 2003). Although trauma has no boundaries in terms of age, gender, race, or ethnicity, Kaysen et al. (2003) argued that family functioning could be negatively impacted by poverty (2003). Marginalised families, struggling with daily stress factors, and coping with daily adversity and challenges, are often experiencing catastrophic and successive crises (Brody & Flor, 1997; Clark, et al., 2000).

Trauma exposure can take into consideration a range of experiences a child may encounter throughout their early life. Jaycox et al. (2009) define trauma as an event that is sudden and life threatening; an event that can leave and individual feeling terrified, or helpless. Adverse traumatic experiences can include community violence, bereavement, and a range of other social and emotional occurrences, as outlined by Kuban and Steele (2011). Experiences of violence may be domestic but also include witnessing or experiencing shootings or stabbings or seeing a dead body (Duplechain, Reigner & Packard, 2008). Complex Trauma describes an individual's exposure to repeated traumatic experiences, of the same type of trauma or

multiple types of trauma over a period of time (Van der Kolk, McFarlane, & Weisaeth, 1996). Complex trauma in children may include a child's exposure to neglect or abuse (physical, emotional or psychological), with the impact often being wide ranging and long term.

Experiencing or witnessing a traumatic event through another person is known as secondary trauma or vicarious trauma. This may be of significant relevance to childhood development, particularly if a caregiver, loved one, or important attachment figure is involved. This is particularly relevant for young children since their attachment figures often represent their perception of safety (Keats & Buchanan, 2013; Mash & Barkley, 2014; SAMHSA, 2014; NCTSN, 2019). These experiences can include a range of negatives, most notably death, injury, abuse and war (Little, Aiken-Little, & Somerville, 2011).

How an event affects an individual depends on many factors, including personal characteristics, the type of trauma, developmental stages and familial and cultural factors (SAMHSA, 2014). The human condition has evolved to enable most humans to recover and rebound from trauma but, according to Van der Kolk (2014), these experiences leave traces on our lives. In other words, our body 'keeps the score'. Following a traumatic experience, any hint of danger may reactivate the stress body's response, causing unpleasant emotions, intense physical sensations, impulsivity, and aggression. Trauma can cause hyper-vigilance in sufferers at the expense of their day-to-day functioning. Van der Kolk (2014) notes that this can cause individuals to repeatedly make the same mistakes without any apparent learning from experience. This, he says, is not due to a lack of morality or will power but is due to changes in the brain because of trauma.

1.3 Intervention

Terrasi and Galarce (2017) explore the importance of educators understanding the potential impact of childhood trauma on classroom engagement and behaviour, suggesting that the manifestation of complex trauma can often be mistaken as defiance, poor attention, or simply misbehaviour. As the Trauma Responsive Approach is a collective reprioritising of our school culture, there has been significant discussion and reflection on this issue for approximately twelve months, prior to intervention, in this educational setting. There is a shared understanding that trauma and adversity is affecting student behaviour and attainment

in school. Staff have expressed interest in learning about trauma and adversity in order to become more knowledgeable and to bring about positive change.

In January 2020, my intervention began. All teaching staff began training in Trauma Informed Care. The course content is devised for organisations wishing to become trauma informed, it is developed by Quality Matters, in partnership with Novas, with oversight by Dr Sharon Lambert of University College Cork. This training is designed to support staff at all levels in organisations to understand trauma, to recognise and respond effectively to it, and enable services to ensure that their environment is safe for people who are trauma survivors.

This stage of Cycle 1 took place during school closures during the Covid19 pandemic and training was delivered online. The initial introduction was a 3 hour pre-training, self-guided module, completed at participants' pace; however, completion was mandatory before Module 1 & 2. Modules 1 & 2 were 3.5 hours each, delivered with one week between each professional development session.

1.4 Potential Contribution of the Study

The research aims to assess the feedback from staff that attended trauma informed care training and report on any change in their competencies in understanding trauma and its outcomes on children and staff, as well as their ability to recognise and respond to signs of trauma. The research will also assess the impact of trauma informed training on staff perceptions regarding their own knowledge relating to trauma and its impact on school life, behaviour, and their own self-care.

I hope to explore and examine aspects of my own practice and school practice, with a view to improving the educational and emotional experiences of students in my care. Evidence will indicate the importance of collegiality, communication, and teacher wellbeing in, improving relationships, increasing participation, and encouraging school and community wide understanding.

The 'Well-Being Policy Statement and Framework for Practice: 2018-2023' (DES, 2019) identifies the importance of culture and environment and relationships and partnerships as two of the key areas for improvement for school's wellbeing plans to be effectively promoted (DES, 2019). Research asserts that TIC can develop supportive relationships between

children and teachers leading to positive outcomes (Crosby, 2016). Crosby (2016) suggests that trauma informed care replacing traditional punitive care is beneficial for student teacher relationships and attachment, supporting the theory that teachers can become a significant attachment presence for vulnerable students (Bergin & Bergin, 2009; NCTSN, 2014). This reinforces the 'one good adult' theory; a connection who is safe and available to a child in their time of need. This good relationship can have a deep impact on a child's self-esteem, belonging, social functioning, academic success, and resilience (Dooley et al., 2012).

1.5 Thesis Outline

This thesis has been developed with due consideration and adherence to guidelines from Maynooth University. It is divided into six chapters: Introduction, Literature Review, Methodology, Preparation & Research Cycles, Data & Findings, and Conclusion.

The introduction presents the background and context of this research. It presents an overview of the intervention employed, its aims, and potential contribution of this study to enhance educational settings.

Chapter two, Literature Review, provides a critique of the literature relevant to this research. It takes a critical look at the concept of trauma and understanding trauma within communities and educational settings. It focuses on historical trauma within a community and how this is relevant to the education system and children's school experiences within this community. The review also outlines the current research available, with limitations identified.

Chapter three, Methodology, outlines the methodological process of the data collection, the analysis, and validation process. It outlines the recruitment of participants and ethical considerations.

Chapter four, Preparation & Research Cycles, provides information on the research plan, intervention, ethical guidance, and project preparation. This chapter also discusses a pre-intervention survey undertaken and insights and learning from this stage.

Chapter five, Data & Findings, outlines the findings and emerging themes during the research. These themes highlight the expertise, knowledge, concerns, and insights of participants, in terms of trauma awareness and its impact, as well as potential barriers.

Finally, the Conclusion discusses strengths and limitations of this research and the significance of research. This chapter also includes a personal reflection and areas for further research and recommendations.

Chapter 2: Literature Review

2.1 Overview

The following chapter provides a summary for a systematic analysis of the literature on the subject of trauma informed care within communities and the application of a trauma informed approach in a primary school. The chapter addresses the conceptualisation of trauma from an historical, social constructivist and biomedical model, the transmission of trauma within communities and the phenomenon of trauma within an educational discourse, before finishing with a brief discussion of the above.

> ‘If a flower doesn't bloom, you fix the environment in which it grows, not the flower’
>
> Alexander Den Heijer.

A growing need for society to address historical and systemic trauma is evidenced by the increasing pressure being put on social and community services. A review of the current literature on this subject indicates that greater awareness, education, and the identification of trauma is crucial to implementing effective responses in the form of multi-disciplinary based approaches and practices. This, according to Treisman (2018), is necessary in order to consider its values, practices, vision, and purpose in a collective response to systemic trauma.

The intent of this literature review is to identify and examine documentation related to trauma, intergenerational trauma and trauma informed school practice to identify implications for changing teaching practice. I have categorised a number of areas: understanding the concept of trauma, historical/intergenerational trauma in communities and trauma in education. The geographical focus of this research is a DEIS primary school in the inner city of Dublin, a designated area of disadvantage, and so specific reference will be made to this region and the socio-cultural, geographical, and other mitigating characteristics.

2.2 Understanding the concept of Trauma

The American Substance Abuse and Mental Health Services Administration (SAMHSA) define trauma as a physically or emotionally harmful event, which may have long lasting negative effects on an individual’s functioning and mental, emotional, and physical well-being (SAMHSA, 2014). Elsewhere, but similarly, psychological trauma describes the

experience of an individual who, when faced with danger, anxiety, or instinctual arousal, may find their coping mechanisms overwhelmed, to such an extent that the person may believe that the world is an unsafe, uncontrollable and unpredictable place (Eisen and Goodman, 1998). Recent studies related to Trauma, Post Traumatic Stress Disorder (PDST), and Complex PTSD in Ireland (CPTSD) found that one-in-eight Irish adults meet the diagnostic criteria for PTSD or CPTSD (Social Psychiatry and Psychiatric Epidemiology, July 2020).

It was the extensive, historical research conducted on war veterans that gave rise to the understanding of the psychiatric disorder, PTSD. In the absence of comprehensive research into this subject, prior to the 1980s (APA), this condition was referred to as 'battle fatigue'. It is not too difficult to detect the presence of certain popular social discourses of the era, morality and masculinity, in the construction of such a concept and also how redundant such an understanding was in providing support for the recovery of these veterans. In the 1980s, the American Psychiatric Association formally acknowledged PDST as a clinical diagnosis. PTSD is typically attributed to a specific experience of a tragic event (American Psychiatric Association, 1980; Centre for Substance Abuse Treatment, 2014).

As society's values, principles, and assumptions changed over time, focus turned to the plight of many marginalised and vulnerable communities. Research began to focus on the younger population, finding that 50% of adults experienced at least one traumatic experience during childhood (Felitti et al., 1998); these were frequently linked to poor health as adults (Felitti et al., 1998). In 2016, American research on childhood trauma exposed the adverse and longstanding impact of childhood adversity and significant challenges presenting into adulthood, raising noteworthy concerns in terms of national health policy (ACEs Connection, 2016).

Agency is a term used to describe being in charge of your life, knowing that you have a voice and a say in shaping your circumstances. Van der Kolk notes that traumatised individuals are often trapped in cycles of fright and panic, and can feel out of control, disconnected, and frozen. Likewise, Janina Fisher (2017) refers to the brain's ability to compartmentalise and fragment as a survival tactic, with the trauma survivor 'splitting themselves' in order to get through the day-to-day ordinary life. Similarly, Van der Kolk notes the ignoring of internal warning signs can leave survivors confused, eventually becoming even more vulnerable to any sensory shift. The day-to-day ordinary life becomes less compelling and it is more

difficult to feel the joys of life (Van der Kolk, 2014), with the danger of shutting down becoming very real. Fisher details the complexities of post-traumatic stress, from memories flooding survivors unexpectedly to chronic expectations of fear, often leaving a long lasting impact on childhood development. Learning at school, peer relationships, and hobbies can succumb to the 'living legacy' of the past (Fisher, 2017, p.20). Van der Kolk (2014) also points out that adverse experiences can traumatise, not just individual lives, but families and communities, seeping through society, history and cultures for generations, inhibiting the capacity for joy, intimacy, emotional regulation and wreaking havoc with biology and immune systems.

2.3 Traumatised Communities

Historical trauma, according to Crawford (2013), refers to harm that occurs to individuals within a community as a result of an experience or event at specific points in time. Research on the impact of historical and generational trauma (Bezo & Maggi, 2019) indicates that the experiences of previous generations show genetic markers for the potential for trauma among children. Trauma is a complex biopsychosocial subject according to research. Much of the research highlights the health impact of trauma on particular groups or communities. The correlation between historical trauma and present day experiences link history to current suffering or resilience (Atkinson, Nelson, & Atkinson, 2010, Korn, 1997).

Vulnerable populations and communities exist throughout the world; the economically disadvantaged, low income families, ethnic minorities, the homeless and those with chronic health conditions. Communities are social groups with commonality such as values and customs, built upon shared spaces and experiences that strengthen social networks and relationships. Within the context of my research location, it is imperative to examine the complexities of the environment within which my research will take place. The inner city of Dublin, Ireland's capital city, contains significant clusters of high deprivation (Trinity National Deprivation Index, 2016). Typically described as a 'working class' areas, Dublin's inner city became characterised by flat complexes, which later presented problematic social issues. As the economic and social conditions in inner city Dublin declined in the 1960's and 1970's, communities struggled with poverty, unemployment, and crime; inner city flat complexes became ghettoized and almost no-go zones. Between 1961 and 1981, Dublin experienced a rapid population growth, resulting in overcrowding in the inner city and a lack of services and resources. There was little or no development or investment plan for the inner

city (Haase &Trutz, 2009). Heroin then arrived, changing the path of the inner city and these urban communities forever. As such, the level of continuous trauma which has developed from this historical start point must be considered in terms of social, cultural, emotional, and mental impact.

For people residing in inner city communities, the cycle of deprivation and the persistence of poverty is further reinforced by adverse community experiences, undermining both individual and community resilience. The emergence of heroin and its proliferation through inner city communities has transformed neighbourhoods and permanently altered their identity and culture (McCarthy & McCarthy, 1996). Communities suffered the loss of loved ones, perceived loss of safe spaces, distress, stigma, and marginalisation. The impact of this trauma on the complex biological, psychological and social wellbeing of these communities is worthy of much consideration. The impact of historical trauma across a community can cause the breakdown of social networks and social relationships, often preventing people from meeting their basic needs.

> *'Being able to feel safe with other people is probably the single most important aspect of mental health; safe connections are fundamental to meaningful and satisfying lives.'* (van der Kolk, 2014:79)

Since the 1980's, communities in the inner city of Dublin have consistently reported the negative impact of drug use and drug related activities on their quality of life (Lyder, 2005; Morley, 1998). Conrad and Schnieder (1987) highlight how a society's relation to suffering is an expression of how power influences social conformity, wherein one can quickly recognise how deprivation becomes connected with delinquency. Obvious issues to the forefront have been neglect, disorder, intimidation, crime, fear, health, lack of facilities and services and, more recently, gangland crime. However, some of the more profound effects include grief, loss of community spirit, loss of community morale, alienation, and stigmatisation (Morley, 1998).

The impact from the emergence of heroin in Dublin from the early 1980's, on thousands of lives and communities and its knock-on effect in terms of crime and social culture, is significant. Living in conditions which expose communities to ongoing trauma has seen inner city communities undergo rapid and intense transformation. Vulnerable groups where drugs became an increasing problem included areas of socio economic disadvantage, social exclusion and marginalised communities. Particularly vulnerable, were early school leavers,

children with social or academic problems, young people in institutional care ,and young offenders (EMCDDA, 2008). Heroin abuse escalated rapidly from the early 1980's in Dublin, surging through Dublin's north and south inner city, and quickly became labelled an epidemic. The rising volumes of children and young adults using heroin in Dublin's inner city was causing concern (Bradshaw & Dean, 1983). The portrayal of drug users, historically and culturally, is generally unacceptable and deemed incompatible with the perceived norm. As drug use was surging in the inner city, so too was societal stigma, exclusion, and further marginalisation.

Stigma is a powerful social phenomenon (Goffman, 1963). The stigmatised individual is 'reduced in our minds from a whole and usual person to a tainted, discounted one', a person 'disqualified from social acceptance' (Goffman, 1963:3). Neale (2006) found that marginalisation has a profound impact on services and policy. O'Higgins (1999) claimed that residents of inner-city communities were very much aware of the negative view of their community. Research noted that residents in Dublin's inner city regularly referred to problematic drug use and expressed strong resentment of outside representations of their environment (Mayock, 2000). Stigma, in itself, is a factor that contributes to social inequality (Link & Phelan, 2001).

Links between addiction and deprivation are clear (Wilkinson et al., 1987), and the socio-economic profile of Dublin's inner city and local authority housing was the subject of research, as the 1990's drew to a close. These housing complexes were frequented by large numbers of problematic drug users and highlighted the level of social exclusion, depravation, and marginalisation in the inner city (Dean et al., 1983). O'Higgins (1999) found that issues in Dublin housing estates, ranged from minor nuisance, to high levels of problematic drug use and drug dealing, which included threatening and coercive behaviour. The findings indicated that the use of heroin was a particular issue in Dublin estates and flat complexes; as part of this research, children from this area, referred to routine encounters with drug users, drug paraphernalia on stairs, stairwells, and balconies. Parents who participated revealed high levels of stress and concern for their children's welfare and the impact of regular exposure to drugs on their wellbeing. Corcoran (1998) uncovered similar findings in another inner-city complex, reporting that residents felt powerless in the face of such problematic and wide spread drug use. In 2013, the National Drug Treatment Reporting System and the Local Drugs Task Force Community highlighted the mounting and cyclical nature of problems for inner city communities, and warned that culture, community

networks, and dignity were breaking down in these inner city environments. Health and social services were struggling with rising unemployment and homelessness, and policing becoming a challenge.

A 2019 study 'Building Community Resilience' (Johnny Connolly and Jane Mulcahy) examined the extent of the criminal activity and anti-social behaviour in Dublin's south inner city. The study noted that criminality linked to the drugs trade and intimidating, antisocial behaviour is endemic in pockets of communities in the south inner city. Connolly notes the corrosive, damaging, and intergenerational impact of communities and families. The report cites particular concern for children growing up in deprived, urban areas which constitute adverse community environments, who experience emotional dysregulation and disrupted attachment, who are likely to engage in substance misuse. The 2019 study examined how 'criminal networks', particularly drug related networks, become rooted in communities and this culture becomes normalised, due to fear.

The trauma of problematic drug use in inner city Dublin deeply affected communities and impinged on resident's quality of life (National Advisory Committee on Drugs, 1996). Community members interviewed, discussed the impact of people dying from drug use, the devastation to families and of the ripple effect on communities, as a whole. The study noted that there was a significant depth of community pain.

> *'Traumatic events destroy the sustaining bonds between individual and community. Denial, repression and dissociation operate on a social, as well as an individual level'* (Herman, 1997:154).

Van der Kolk (2014) believes that social conditions must change in order to create environments in which children and adults can feel safe and where they can thrive. Healthy societies depend on children who can safely play and learn.

> *'Being frightened means that you live in a body that is always on guard. Angry people live in angry bodies. Trauma breeds further trauma; hurt people hurt other people.'* (van der Kolk, 2014:100).

2.4 Traumatised Systems: Education & the School Experience

Most schools and educators will work with young people and possibly families, who have experienced trauma or adversity. Schools play an important role in providing a safe, caring environment for children and building connections and relationships with trusted adults.

Schools often serve as a link between multi-disciplinary support agencies and are usually involved in differentiating curriculum and behavioural interventions to suits the needs of children in their care. Terrasi and de Galarce (2017) note the importance of teacher and educators understanding the potential impact of childhood trauma, on classroom engagement and behaviour. Similarly, Van der Kolk (2014) suggests that the manifestation of complex trauma can often be mistaken as defiance, poor attention, or simply misbehaviour.

The Trauma and Learning Policy Initiative (TLPI) (2005) proposes that traumatic experiences can overwhelm a child, disrupting their development. Traumatic stress can interfere with a child's cognitive ability, language acquisition and developmental play and creativity (TLPI, 2005). Likewise, the impact of trauma is cited as having a lifelong negative impact on social and emotional wellbeing, physical and mental health, behaviour and academic performance (Anda et al., 2006; Lang et al., 2015). Kuban & Steele (2011) report that traumatised children may present in school with poor academic attainment, below average literacy skills, challenging behaviour and a low IQ. Jaycoux (2009) concurs, reporting that a child who feels unsafe or in danger can display aggressive and delinquent behaviour.

Parents and families are the primary educators of children and have the most direct and lasting impact on children's learning and development. Schickedanz (2018) found that parents, who had experienced adversity in childhood, were more likely to have children who experienced behavioural problems. The research notes that the children of parents with four or more ACE's were twice as likely to be diagnosed with attention deficit hyperactivity disorder (ADHD) and four times more likely to have mental health problems. It also concluded that parents who experienced trauma in childhood reported higher levels of stress and mental health problems, as parents (Schickedanz, 2018).

The experiences of previous generations bare genetic markers for the potential for trauma among children and highlights the potential health impact of trauma on particular populations or communities (Bezo & Maggi, 2019). Alexander (2004) defines cultural trauma as a collective feeling of a group, having been subjected to a traumatic event that changes their group consciousness and affects their memory and future in a profound and fundamental way. O'Higgins (1999) reported that the steady influx of non-residents into inner-city Dublin estates was causing significant tension amongst communities. Children and families living in marginalised communities are often exposed to negative experiences

from a young age. Adverse Childhood Experiences (ACES) or traumatic experiences in early life are likely to have a significant and profound impact on experiences in adulthood (Fazel, Wheeler, and Danesh, 2005). When children are exposed to repeated trauma, their overdeveloped stress-response system is constantly scanning for danger. Constantly in this 'fight or flight' mode can have serious impact on memory, learning, cognitive development including impulse control and self-management and can result in problems with learning, socialising and developing relationships (Porges, 2014). These problems can extend to both physical and mental impairments (Finkelhor et al., 2015). The prominent link between trauma and illness and the impact of ACE's as fundamental to 'morbidity and mortality in adult life' has been highlighted in literature (Felitti et al., 1998). The National Child Traumatic Stress Network (2016) cites organ disease and failure, diabetes (Felitti, & Anda, 2003), problematic drug use (Dube et al., 2003), and depression (Felitti, & Anda, 2003) as possible consequences of trauma and adversity.

Maslow's 'Hierarchy of Needs' (1943) proposes the human requirements for survival. Typically presented as a pyramid, the base depicts physiological needs, such as food, water, shelter, and sleep. These are followed by the next level needs, including safety and security. The hierarchy continues to higher level needs such as belonging and love and self-esteem which ultimately extend to growth and self-fulfilment. The theory argues that the failure to have physiological needs met hinders the ability of human to progress through the hierarchy, impacting a person's wellbeing, including their sense of belonging and connection. While this theory has been critiqued in literature on the basis that meeting each previous need in the hierarchy is not always a precondition for people to meet their belonging and social needs (Tay & Diener, 2011), the theory does have a significant influence with researchers in the field of wellbeing. The absence of basic needs can represent trauma and adversity and impact a child's perception of reality and undermine a child's ability to reason and regulate (Blodgett, 2012), thus impacting their day-to-day behaviour. Blodgett (2012) suggests that 'survival trumps learning'.

Schools are challenged to make education accessible for children presenting with emotional disturbance and problematic behaviour. Behaviour 'management' policies are often characterised by punitive responses to aggression, anti-social behaviour; impulsivity and impaired social interactions. Delaney (2017) explores childhood attachment and the reality of children coming to school, from homes and environments which may not provide them with the necessary and consistent security, for them to be relaxed, regulated and trusting.

She reports that children experiencing trauma, loss, neglect and abuse are confused and frightened. Delaney describes how many children often communicate their distress through challenging behaviour in school. She asserts the importance of an 'authentic relationship of attachment' (Delaney, 2017) with a teacher or member of staff which can allow children to feel safe.

Gorski (2019), founder of the Equity Literacy Institute and EdChange, believes that organisations must expand their understanding of trauma beyond just the impact of adverse experiences; organisation practices and policies can have a harmful on students struggling with the trauma of managing systemic injustices (Teaching Tolerances, 2019). SAMHSA (2015) describe a trauma-informed practice as one that meets four requirements; realising the impact of trauma and understanding the potential recovery; recognising symptoms of trauma, responding with a trauma informed lens using policies and practices that underpin the trauma informed model, and resisting the re-traumatisation of individuals.

Trauma informed practices are models of care and support that recognise and consider the implication of childhood trauma and the impact on all aspects of childhood development (Morgan, Pendergast, Brown, & Heck, 2015). Trauma informed organisations prioritise safety, empowerment and choice (Poole & Greaves, 2012), as an alternative to traditional, punitive responses to challenging student behaviour (Dorado et al., 2016). Trauma informed practice usually focus on a system wide transformation, advocating for the empowerment of students, families and staff (Perry & Daniels, 2016). Research proposes that trauma informed care could play a significant role in the social-emotional development, well-being, and positive outcomes for students (Crosby, 2015; Phifer & Hull, 2016).

In a recent study in Ireland, Delaney (2020) assesses the impact of the 'Trauma-Sensitive Schools Training Package' (TSSTP, 2018). Delaney notes this as 'the first Irish study to explore the impact of an intervention of this kind' (Delaney, 2020:149). His findings noted positive results; the TSSTP programme was proven to be effective and participants were motivated and dedicated to implementing the programme in the sample Irish schools. Delaney asserts the need for programmes to align with Irish educational frameworks and suggests the impact on DEIS and non-DEIS schools be researched further. His research is current and encouraging in terms of trauma informed care and practices in Irish schools.

2.5 Discussion

This literature review critiqued the concept of trauma and understanding trauma within communities and educational settings. It focused on historical trauma within a community and how this is relevant to the education system and children's school experiences within this community. I believe the research highlights the plight of marginalised communities, that are challenged to cope with complex trauma that has been woven through their history. These communities are often struggling with underfunded services and few resources and supports. The literature reveals the connection between families, communities, and long-standing organisations experiencing trauma. Interestingly, while the literature explores the connections it also reveals the need to reconnect. There is an obvious need for families, communities, and organisations to collaborate to recognise trauma and cope, together.

A trauma informed approach offers much potential as a framework to developing support systems for traumatised children and young people. While there are several publications advocating for the need for trauma informed care in schools, I found few detailed evaluations from Ireland. The extensive search process highlights the gaps in research, in applying trauma informed care within inner city communities in Ireland. However, in the process of researching, I uncovered very detailed statistics and research relevant to my research site. This specific detail supports my existing knowledge of the culture and socio-economic background of children and adolescents who live in this urban community.

While the literature provides hope for healing and recovery, it also highlights the current limitations of organisations in terms of expertise, resources, and remit. I believe my research provides valuable knowledge, beneficial to this school and community. The expanding research on trauma could contribute to teachers' resources, improve practice, and care for the population of students. The literature highlights the current gaps in teacher education in terms of knowledge, understanding trauma and the impact of trauma on student development. The literature also points out the risks of implementing trauma informed care in schools, as possibly having unintended negative implications for school staff. Of equal importance in a trauma informed environment is self-care, working frequently with traumatised individuals can increase the risk of compassion fatigue. As such, this is a sensitive area that requires further discussion within the research setting with participants.

Based on evidence from cited research, a trauma responsive approach may provide a road map for educators to enhance their capacity to reflect on a child or families, functioning and behaviour with greater understanding and empathy. The importance of safe, supportive, and attuned relationships in trauma recovery is paramount. A trauma responsive approach may ultimately provide policy makers with the concrete and feasible steps for making schools safer for children, who otherwise may be misunderstood and labelled by society.

Chapter 3: Methodology

3.1 Overview

The following chapter outlines the theoretical, methodological, and paradigmatic influences of this study. Research methods and epistemological considerations are presented, as well as the process of the data collection, the analysis and validation process, the recruitment of participants, and ethical considerations.

3.2 Research Paradigms

3.2.1 Action Research

Parkin (2009) states that the grounds for undertaking action research is usually to create a change. This type of study can also be referred to as 'participatory action research, community-based study or co-operative enquiry' (Lingard et al., 2008; Whitehead et al., 2003). Likewise, Koshy (2009) considers the process of action, analysis, and reflection, as central to this type of research, thus creating a change in practice. Meyer (2000) considers the benefits of action research to be the generation of solutions to practical problems, the process, he notes, empowers the practitioner. Practitioners identify their own concern and finding solutions while systematically monitoring and reflecting on the process and outcomes (Meyer 2000). Whitehead (1993) describes 'living contradictions' as those who subscribe to a value but fail to live this value in practice. Exploring a gap between your theory and your practice, challenging this and constructing new knowledge is, according to McDonagh, Roche, Sullivan & Glenn (2020), good professional practice and offers practitioners opportunities to become respected academics in the educational community. Drawing on Dewey's claim that 'Education is life' (1996), McDonagh, Roche, Sullivan & Glenn (2020) believe that authentic action research enables practitioners to experience this perception first-hand.

Whitehead (1985) and McNiff (2017) write about action research as a lived practice, living out one's own values. Tensions often exist amongst those who write about abstract theories about practice and those who write personal theories derived from their own practice (McNiff 2002). Whitehead (1993) refers to abstract theorist's tendency to discuss practice as a thing 'out there' as opposed to investigating their own engagement with processes.

Winter (1989) presents six elements of action research:

1. Reflexive Critique

In Action Learning, the researcher's reflection refines the concern, leading to an examination of practice, bias, and interpretations which may have influenced the process. Questioning attitudes and values can lead to enhanced insight, learning, and understanding (Winter, 1989).

2. Dialectical Critique

Researchers reflect on the various relationships between elements that give rise to various phenomena in the research context. Examining ideas and values that are in opposition often has the most potential to create change (Winter, 1989).

3. Collaboration

Collaboration implies a common purpose, views share and a met with mutual respect and act as potential sources of knowledge. Collaboration supports credibility when information is extracted from ideas and contradictions, collectively and individually (Winter, 1989).

4. Risk

The transformation or process of change can threaten a pre-existing culture or an established system of doing things. This can create a sense of vulnerability and fear of one's assumptions, ideas, judgement being spotlighted. Action researchers, on inviting participation, must be transparent and ethically considerate, as well as open to their own vulnerabilities (Winter, 1989).

5. Plural Structure

The research includes various commentaries, accounts and contradictions, this type of collaboration can lead to numerous and sustained actions, based on the evolving contributions of participants (Winter, 1989).

6. Theory, Practice, Transformation

Theory and practice are dependent yet integral features of transformation, each element informs and supports the next (Winter, 1989).

3.3 Ontology & Epistemology

Crotty (2003) describes as 'the study of being' concerned with the world we are investigating and our assumption of this social reality; in short, how we come to know. Comparatively, he describes epistemology as 'a way of understanding and explaining how we know what we know' (Crotty, 2003:91). Epistemology influences researcher's data collection and the interpretation of the research process. As a researcher, it is vital to garner a deep understanding of the epistemology of practice, in the context of this school. Failure to delve into the relationship between knowledge and practice could form a barrier to success and create tension between researcher and participants.

3.3.1 Interpretive Research

This research employed an interpretive approach, encompassing the meaning garnered from the data collection process. Participants are central to this process as their ideas, thoughts and assumptions are critically analysed to create meaning (Punch, 2005).

3.3.2 Qualitative Research

Interpretive research typically involves a qualitative framework in order to understand complex and dynamic settings, for example schools or educational settings. Qualitative methods are widely used in teaching and learning research (Divan et al., 2017). Data relies on participant engagement and is gathered through surveys, questionnaires, focus groups, interviews, and observation. The data reveals personal opinion, accounts, experience and concerns which the research examines and interprets (Smith & Osborn 2008). This research focuses on humanistic aspects and is used to unpack and understand individual's beliefs, attitudes, experiences, behaviour, and interactions.

3.4 Data Collection

3.4.1 Research Site

The location of this research was an inner-city primary school in an area designated as socio-economically disadvantaged. It is a co-ed school with two hundred students from Pre-School to Sixth Class; the school has two classes for children with autism. It was included in the Breaking the Cycle Scheme from 1996 and the DEIS Plan from 2005, both programmes aimed at addressing the educational needs of children and young people from disadvantaged communities. The school promotes restorative practices and a peaceful presence as its core;

striving to demonstrate values of Respect, Trust, Empathy, Encouragement, Appreciation, and Belonging.

Typically described as a ‘working class’ area, the environment around this school became characterised by flat complexes and a number of problematic social housing complexes. A study in 2006 ‘A Divided City’ found that schools in this area service one of the most deprived areas in the country, levels of poverty in the worst 10% of the population. A study in 2004, commissioned by the Dublin Inner City Partnership, found that within this area, 32% of men and 37% of women had left school with no formal or primary education, 50% of adults had literacy problems, and 50% of families were single parent families. In 2006 the South Inner City Drugs Task Force estimated that as many as 12% of the population in this area were drug users. Students in this school live a community in which there are disproportionate levels of violence, drug use, and anti-social behaviour. In the immediate vicinity of this school, extreme antisocial behaviour is persistent, and violence, harassment, drug use, and defecation are typical daily.

Since 2002, student suspensions and exclusion were common and teacher turnover rates were high. Staff were challenged with teaching children experiencing sadness, shock, anxiety, fear, confusion, anger, and hopelessness. Expressions such as ‘emotional disturbance’ and ‘problematic behaviour’ were commonly used to describe children who were forgetful, disengaged, distracted, and unavailable for learning.

To address the emotional needs of students, the school invested heavily in emotional well-being programmes; play and talk therapies, to help children understand painful experiences and upsetting feelings. The school has worked to establish a positive culture, a safe, welcoming environment that focuses on positive relationships between teachers, students, and families. Trained in Incredible Years, Tibetan Bells, Story Massage, MindUp, Braincalm and Restorative Practises, staff implement a calm, restorative approach to conflict and mediation. Staff seek to minimise negativity and trauma and build on a series of core values with empathy, to the forefront. Through self-evaluation practices, the school have noted the positive difference that a shift in culture has made to the physical and emotional school experience for staff and students; a positive school climate, better student engagement, effective teaching and learning, improved literacy and numeracy test results, increased parental involvement and above average attendance rates.

Building on these significant strengths, the school now turns its attention to further alleviating symptoms of trauma in children and parents, hoping to open pathways to recovery. Trauma-informed care creates a shared understanding and common language, to create welcoming, caring, respectful, and safe schools. Children benefit from environments that are calm and predictable, through enhancing relationships, increasing participation and encouraging school and community wide understanding. I am leading this school on a trauma informed journey, exploring how I, as school leader, can support teachers to implement this approach.

3.4.2 Research Participants

The teachers in this organisation formed the sample population of this research. Purposeful sampling was used to draw on the knowledge base of teachers and the relevance of their experience. All eighteen teachers were invited to participate in this study; twelve female and six males participated. Teacher experience ranged from newly qualified to sixteen years, the average number of years' experience being ten. The aim of this study was to develop a thorough and rich understanding of the views and experiences of these participants in relation to delivering trauma informed care to students in this school and the supports they required to support their practice. Despite a shared vision, the fundamental basis of recruiting participants for this research depended on willingness, trust, and positive collaborative relationships. Discussion, peer mentoring, and informal colleague conversation enabled the exchange of spontaneous, diverse considerations, and ideas.

3.5 Data Collection Methods

Qualitative data collection methods serve to collect data for research and analysis. Qualitative research is multimethod, involving an interpretive approach (Denzin & Lincoln, 1994). My methods attempted to gain a deep, holistic understanding of existing knowledge, experiences, and complexities (Flick, 1998, Chambless & Hallon, 1998) in order to develop new understanding, knowledge, or theory.

Data collected is used to examine:

- The existing knowledge and experience of participants,
- Meaning and relationships,
- Social norms or practices impacting the cause.

Figure 3.1. Qualitative Data Collection Methods Used

3.5.1 Individual Interviews

Silverman (2000) suggests that interviews should provide a deeper understanding of social phenomena. Interviews often take place in a natural, comfortable setting and can be a greater reflection of 'real world' circumstances. As this research was conducted during the Covid 19 pandemic, interviews were held in line with government safety guidelines, researcher and interviewee wore masks in a well-ventilated room. Post-intervention interviews were conducted with three participants; the interviews were 30 minutes in duration, with a break after 15 mins, due to public health guidelines. Permission to record the sessions will be sought by all the participants. All recorded interviews were later transcribed.

3.5.2 Surveys/Questionnaires

Standardised qualitative surveys provided in depth data about participants underlying thoughts, knowledge, reasoning and motivations (O'Leary, 2014). Open ended questions provided opportunities for data relating to attitudes, habits issues and challenges. Five qualitative surveys were distributed pre and post-intervention.

3.5.3 Focus Groups

A focus group is established to explore specific views and reactions of a group of individuals to a particular topic. This type of discussion group is typically useful for research purposes. The aim was to learn more about participants' opinions, feelings, attitudes, and concerns relating to TIC and relevant topics. Three monthly focus groups were held during this research providing participants with opportunities to develop their ideas through discussion with colleagues.

3.5.4 Participant Observation

Participant observation enables researchers to observe and learn in the field of study, in a natural setting. Fine (2003) describes this process, as becoming part of the community, while observing behaviour and actions, emphasising the role of the researcher in the production of data, with the researcher and data considered inextricably connected. This process was most valuable in studying the social contexts of behaviour and processes through a trauma informed lens. Observations generated rich data and were less reliant on memory of participants.

3.5.5 Reflective Journal

The process of reflection is integral to Action Research and is emphasised throughout literature (Avison et al., 1999; Baskerville & Myers, 2004; Davison et al., 2004). The means of containing issues in a space for reflection enabled me to then revisit an experience (Pelling, Bowers and Armstrong, 2006). As Coghlan and Brannick (2005) propose, I found this purposeful 'reflection on reflection' resulted in 'learning about learning'. Reflection, as a way of thinking, depends on the recollection of events and the thinking process after an event or experience which supported my learning from experiences, feelings, reactions and attitudes (Schön 1991, Boyd & Fales 1983; Wong et al., 1995).

3.6 Data Analysis

3.6.1 Thematic Analysis

A thematic analysis process identifies themes or patterns emerging from qualitative research. Braun & Clarke (2006) consider this a core skill, which can be applied to various types of research and analysis. There are two levels of themes: semantic and latent (Braun & Clarke, 2006) Semantic themes consider the surface meanings of the data, the meaning intentionally

being communicated. In comparison, the latent level looks beyond this to identify the assumptions and pre-existing ideologies and theories which are informing the semantic content. Braun & Clarke (2006) provide a six-phase framework for conducting this kind of analysis.

The six stages are sequential, each stage building on the preceding. Analysis, as typical, was a recursive process, alternating between different phases. This enabled me to interrogate the data rigorously.

- Becoming Familiar with the Data: This stage entailed studying the data over a period of time and immersing oneself in the data.
- Generate Codes: This stage involved identifying prominent aspects of the data relevant to the research concern. The data was then coded and collated for later investigation.
- Search for Themes: This stage involved scrutinising the codes and data to determine the broad meaning and emerging themes. Each prominent theme and associated data was distinguished and collated.
- Reviewing Themes: This stage involved refining themes and searching for commonality, thus uncovering shared opinions and beliefs. This may lead to a key concept emerging in each thematic category.
- Defining and Naming Themes: This stage involved an in-depth study of each theme. Each thematic category was analysed for information and key points, enabling the naming and focus area of each theme.
- Report Writing: This final stage involved incorporating narrative analysis and the data in order to create a meaningful and real context.

My research analysis employed this framework, each stage assisting in further exploration of the content. Key features and patterns among participant's experiences and perceptions soon emerged. Defining and naming the emerging themes informed the direction this action research would take.

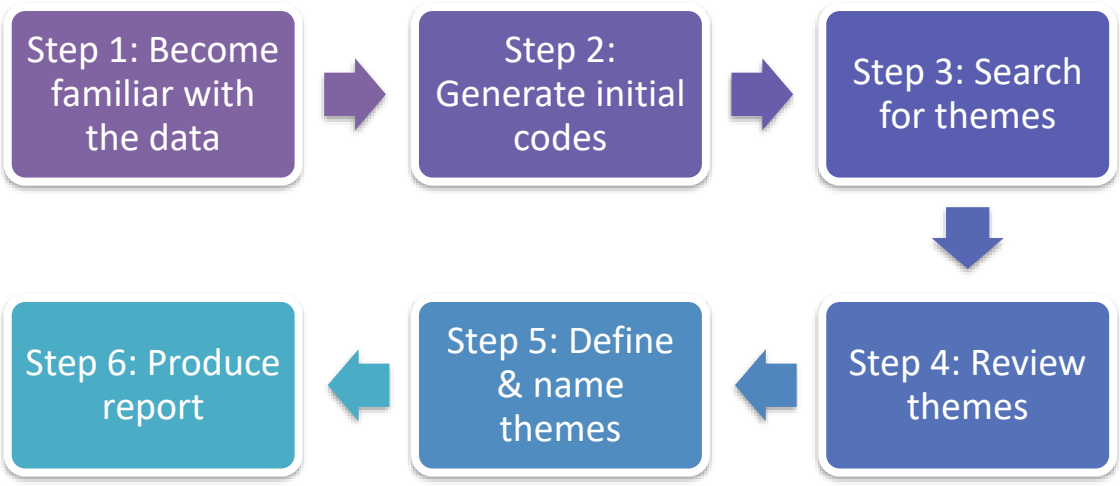


Figure 3.2. Braun & Clarke's six-phase framework for a thematic analysis

3.7 Validity and Credibility

Much analysis of qualitative data is based upon trustworthiness; data collection which involves field notes, interviews, and focus groups can be presented as less clear cut than statistical analyses seem to provide. Analysing qualitative data requires the researcher to look for themes and patterns of behaviour or response.

The generation of themes is a subjective, interpretative process which required me to continuously monitor my own reflexivity. McNiff (2017) recommends the inclusion of a colleague or trusted friend. In addition to ongoing supervision, the current study has built these resources into both the design and the data analysis. McNiff (2017) highlights the importance of drawing on one's own values as criteria and standards of judgement, while also being open to critique from other sources. I aimed to strengthen the validity of the qualitative methods outlined through triangulation, respondent validation, discussion with a critical friend, meetings with a validation group of colleagues. My research was also be reviewed and discussed with my supervisors.

I was very fortunate to have the extensive and varied wisdom of three critical friends throughout this study, one with a background in child psychology and two teaching colleagues, all of whom took a keen interest in this research. I found their feedback and

opinions to be encouraging but it also pushed me to extend my thinking, questioning assumptions, and clarify ideas. McNiff (2002) refers to a critical friend as a 'learning partner' and a key component in upholding the quality of research.

I invited a group of four colleagues to offer frequent, critical feedback on my research. This validation group contributed to the feeling of cohesion and community as well as ensuring quality, reliability, accuracy, and suitability in the context of the research site. Rigorous validation provides accountability and confidence in good practice.

Triangulation is a process of examining various origins of data, in several contexts, to enrich the understanding of the research concern and in doing so, enhance the credibility of the research study (Cohen et al., 2007). Qualitative triangulation involves examining data from many sources, including surveys, interviews, and focus groups which provide rigour to the researcher's claim. Anderson et al. (2005) consider five criteria for validity of action research. This criterion served as useful guidelines when examining the data gathered from a complex, dynamic school system:

- Democratic validity: portraying the multiple perspectives of all participants accurately
- Outcome validity; did the change emerging from the research lead to a gainful solution?
- Process validity: was the research conducted in a competent and trustworthy fashion?
- Catalytic validity: did the results of the research create change?
- Dialogic validity: was the research reviewed by peers? (Anderson et al., 2005)

3.8 Ethical Considerations

'Ethics', has been described as a group or professions, moral and guiding principle (Wellington, 2015). Social researcher's primary concerns are to protect the rights of participants as well as ensuring that no harm may come to participants as a result of their involvement in the study (Hugman et al., 2011).

I received permission from the BOM to carry out this research in the proposed educational setting. I complied with the school's Child Protection & Safeguarding Policy ensuring that the principles of best practice are adhered to, in child protection and welfare. I recognise and

am committed to the protection and welfare of children; this is of paramount importance, regardless of all other considerations.

I conducted my research in accordance with the school's GDPR Policy, Confidentiality Policy and the Health & Safety Policy. All data was treated with utmost confidentiality, with due regard for anonymity and restricted access. Data has been archived in accordance with the ethical considerations of Maynooth University; all information is confidential and will be destroyed in the stated timeframe in accordance with the university guidelines. The research did not begin until approval was granted by the Froebel Department of Primary and Early Childhood Education.

I employed a process of Informed Consent throughout the research period, providing sufficient information so that each participant could make an informed decision about whether or not to participate or to continue participation (David et al., 2001). All stakeholders were given a detailed rationale as to why the research is being conducted, why they are being invited to participate and clear guidance on opting out (Sullivan et al., 2016). Permission & Consent was acquired from all stakeholders; anonymity and confidentiality are paramount and were respected throughout the research process.

Although my research did not directly involve children, I fully recognise the United Nations Convention on the Rights of the Child, ensuring that all children are protected, nurtured, and empowered. The rights are viewed as necessary for the full and harmonious development of the child and inherent to the dignity of the child. The stakeholders included: Board of Management, Teachers, and Peers and Colleagues

3.8.1 Principled Sensitivity

The four fundamental principles of ethics are autonomy, non-maleficence, beneficence, and justice. Respect for human dignity is paramount and must be given priority. Cavan (1977) considers this an absolute. I was and am committed to the well-being, protection, and safety of the research participants. The potential benefits and risks that may have arisen for participants personally as a result of participation were highlighted. Possible sources of tension arising from the research were addressed in an open, honest, non-maleficent manner, ensuring the dignity and privacy of all participants, is upheld.

3.9 Summary

My methods of data collection aimed to explore trauma informed care implementation in a supportive and practical way, with authenticity and personalisation at the core. There was much consultation with participants, whose input was crucial, as personal and shared values were unpacked.

Chapter 4: Preparation and Research Cycles

4.1 Overview

The following chapter outlines the description of the project, intervention details, action plan, intervention preparation, and ethical guidance employed in this study. My research aimed to identify areas necessary for a trauma informed approach to operate effectively within this school. Via a pre-intervention survey, a clear picture of attitudes and practices prior to TIC training was developed. This was based upon teachers' current knowledge and understanding of trauma. The research action plan spanned three cycles, the development of which is outlined below.

4.2 Explanation & Description of the Project

Trauma informed care involves specific practices throughout an organisation. Staff professional development was highlighted as the most notable factor in implementing trauma informed care, as highlighted by Hanson and Lang (2016). This research aimed to investigate whether trauma informed training and professional development would positively impact staff perceptions regarding their own knowledge relating to trauma and its impact on school outcomes, behaviour, and their own self-care (Maynard et al., 2019; NCTSN, 2011). The research reviewed changes in staff competencies in understanding trauma, its impact on children and staff, and their ability to recognise and respond to signs of trauma. Self-care and self-compassion were vital components to becoming trauma informed; understanding the impact vicarious trauma is vital for individuals working with traumatised communities (Maynard et al., 2019).

Kraus (1995) argues that changes in staff attitudes are equally as important as knowledge change when developing a professional culture transition. This suggests that improving the attitudes of teachers towards potentially vulnerable students, developing knowledge that informs responses, as well as fostering supportive mediation, is essential, if a trauma informed approach is to be implemented successfully. Following training, the research aims to report any change in perception regarding school culture and policies and emerging themes thereafter.

4.3 Intervention Details

My research aimed to illuminate how supporting teachers, to implement a TIC approach in a DEIS primary school, may enhance the efficacy of such an intervention. The research setting is committed to providing a safe, positive learning environment for students. My role included ensuring that the school ethos and professional environment, throughout the intervention, was supportive and provided opportunities for reflection and discussion.

Relationships are central to our sense of belonging and well-being. Promoting positive school staff relationships and supporting emotional well-being is paramount for teachers working to build deep relationships with students. Al Yagon (2003) highlights the importance of establishing close bonds between teachers and children, supporting Bowlby's attachment theory (1969, 1982) on the importance of creating secure bases for children. Bowlby (1982) believed that children have an innate drive to form attachments. He proposed that children, who received comfort and protection from a caregiver, were more likely to thrive in adulthood. Bowlby demonstrated that nurturance and responsiveness were the primary elements of attachment.

The school undertook Trauma Informed Care training in January 2021. This training served as my intervention and the course content is devised for services wishing to become trauma informed. It is developed by Quality Matters, in partnership with Novas, with oversight by Dr Sharon Lambert of University College Cork. The training is designed to support staff to understand trauma, to recognise and respond effectively to it, and enable services to ensure that their environment is safe for those who are trauma survivors.

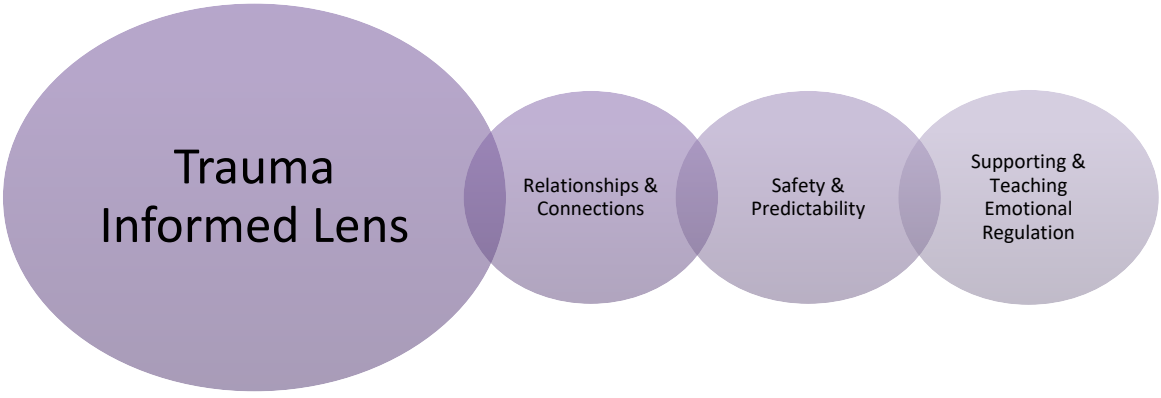


Figure 4.1. TIC Lens; principles to promote Growth, Healing & Learning

This stage of Cycle 1 took place during the Covid19 pandemic. Training was delivered online due to school closures and strict public health guidelines. The initial introduction was a 3 hour pre-training, self-guided module, completed at participants'; however, completion was mandatory before Module 1 & 2. Modules 1 & 2 were 3.5 hours each, delivered a week apart, as advised by the professional development facilitator.

4.4 Module One and Module Two Overview

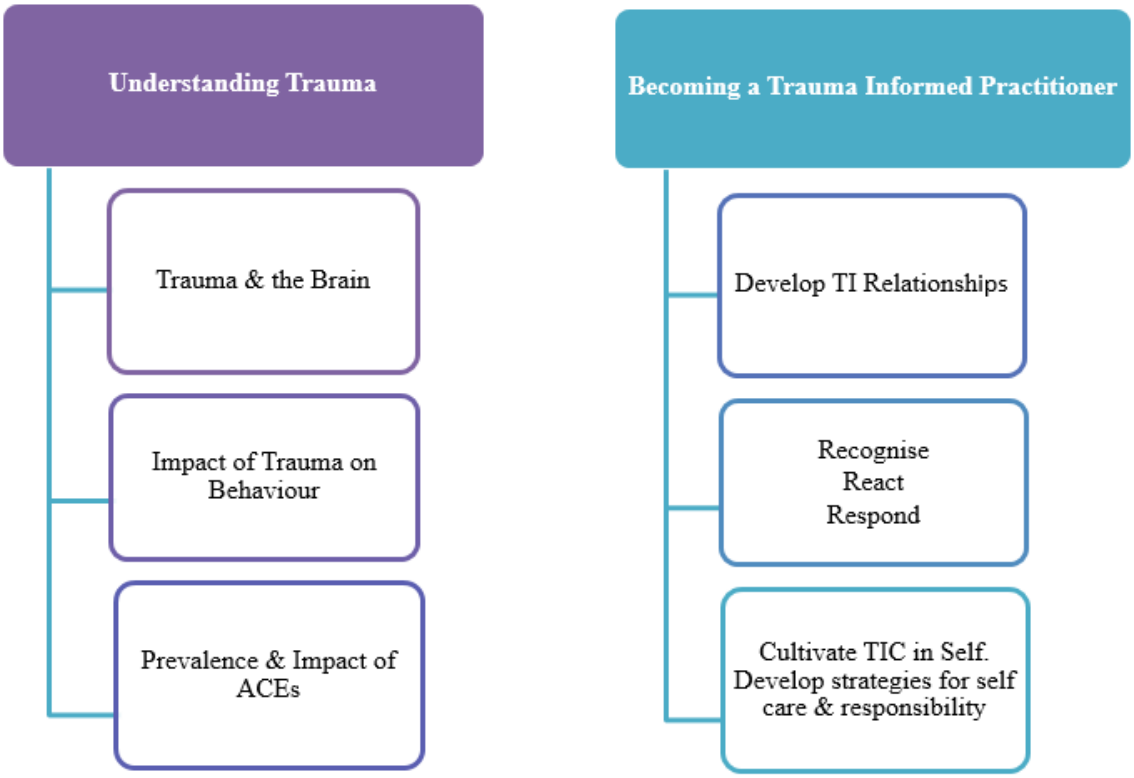


Figure 4.2. Module One and Module Two Overview

4.5 Action Plan

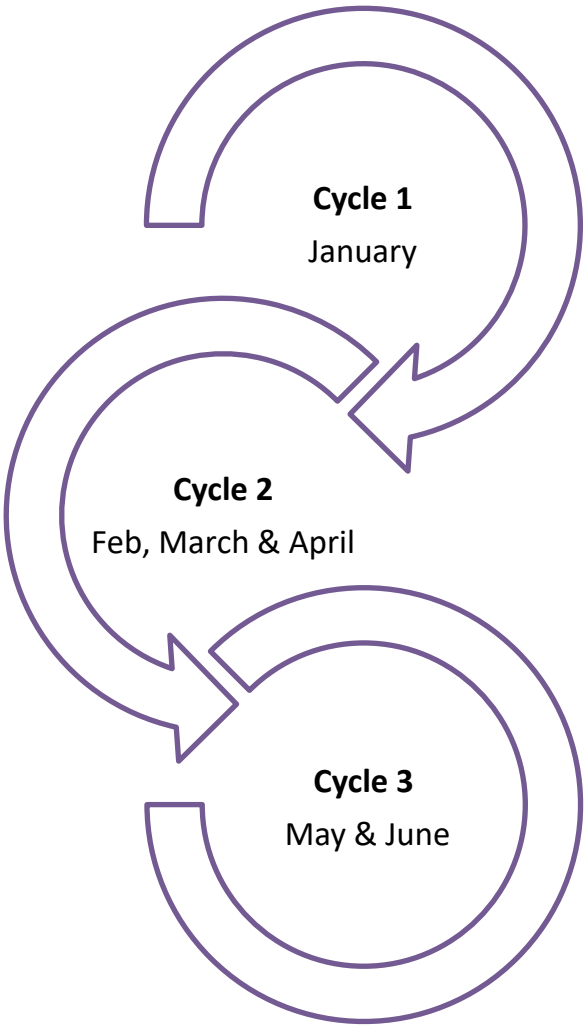


Figure 4.3. Research Cycle Time Frame

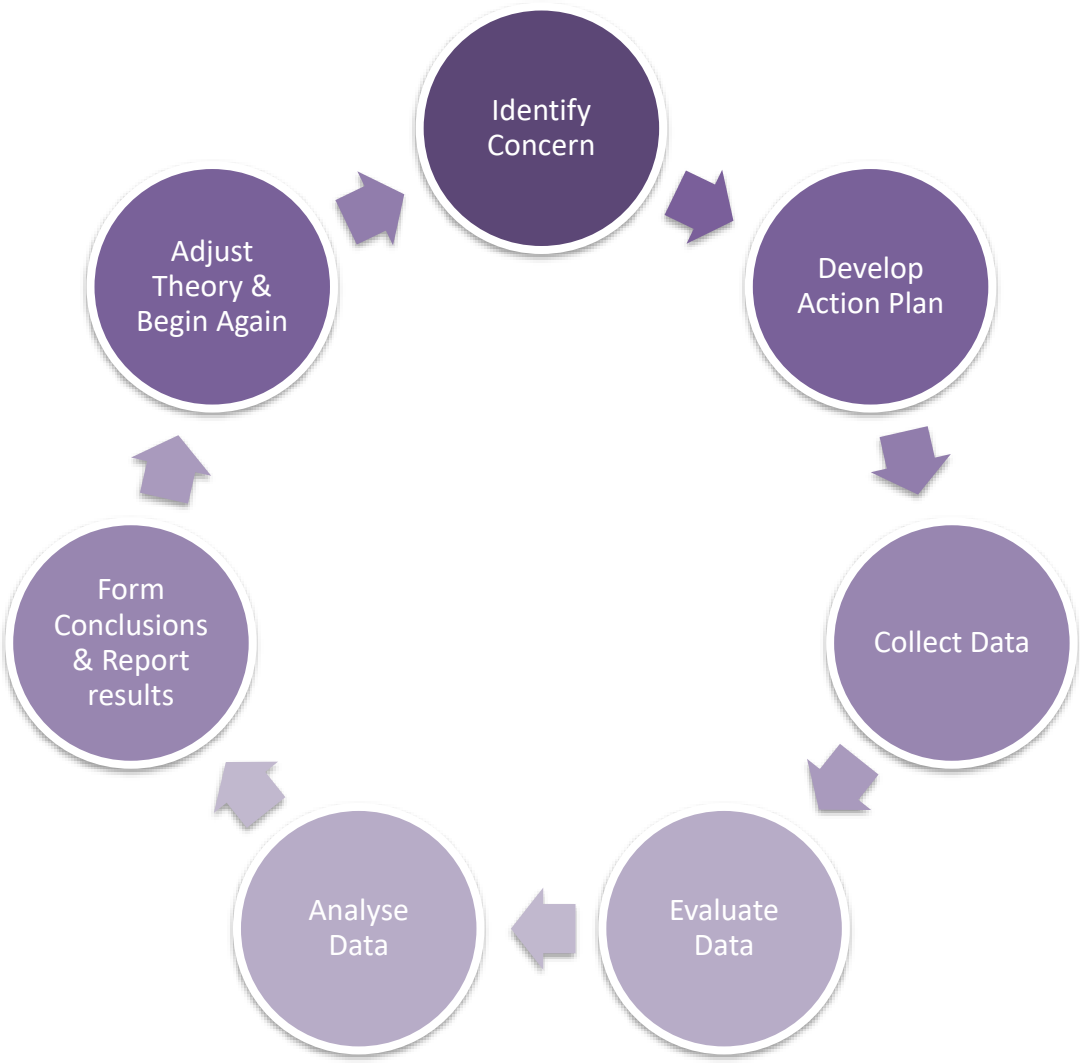


Figure 4.4. Research Cycle (adapted from McNiff & Whitehead, 2003)

4.6 Time line of Actions

January

Cycle 1:

Intervention: (Whole Staff) Training in Trauma Informed Practices x 9 hours
Post Training Feedback Survey
Discussions with critical friend/ validation group
Observations & Reflective journal

February March April

Cycle 2:

1 x Qualitative Survey: TIC practices
1 x Qualitative Survey: Reflective Supervision Feedback
Focus Group Discussions: Propose Changes
Communicate changes to whole staff
Discussions with critical friend and validation group
Observations & Reflective journal

May June

Cycle 3:

1 x Qualitative Survey: TIC practices
1 x Qualitative Survey: Reflective Supervision Feedback
Focus Group Discussions: Share feedback on Cycle 2
Communicate adjustments/changes to whole staff
Implement Adjustments
Individual Interviews with sample of teachers (n=3)
Discussions with critical friend and validation group
Evaluate data & findings
Observations & Reflective journal

4.7 Ethical Guidance

Qualitative research typically studies sensitive and personal aspects of one's experience, attitudes, and beliefs. There is an obligation and responsibility on researchers to prepare for potential causes of stress or distress in participants. Specific procedural guidelines and protocols must be developed prior to engaging participants.

Trauma is a sensitive subject and may encroach on the personal difficulties of participants; the methods employed were mindful of this. An underpinning characteristic in those delivering TIC is empathy, a value to be admired, but it may bring a concealed negative for some. Ensuring the safety and trust of vulnerable school children can have a serious impact on the wellbeing of educators. Triesman (2017) refers to organisations 'absorbing' trauma and this is relevant to teachers within the school organisation also. Research explores the impact of daily exposure to trauma and how it can become 'emotionally taxing' for professionals (Newell & MacNeil, 2010). It is a vital element of trauma informed care, that practitioners are informed and understand the symptoms and effects of 'burnout'. Professional burnout refers to compassion fatigue which encompasses secondary and vicarious trauma. Secondary traumatic stress refers to development of post-traumatic stress disorder symptoms in an individual as a result of indirect exposure to trauma (NCTSN, 2011). Vicarious trauma refers to the change a professional may experience, following exposure to another individual's trauma. The change occurs over time and may represent a change in the professional's esteem, beliefs, and worldview (NCTSN, 2011).

A clear opt out route was communicated to all participants prior to commencing. The Department of Education's Employees Assistance Programme (EAP) is facilitated through Spectrum Life; contact details were shared, clearly communicated, and displayed within the setting. The EAP offers support and intervention to those who may experience challenges that may affect their professional or personal lives.

Reflective supervision became an emerging theme for participants, but it is a vital component of TIC and a recommended measure to support practitioners. While supervision provides opportunities for self and team development and improvement, it can fundamentally mitigate stress and facilitate self-reflection and self-care (Glasburn et al., 2019).

One of the most challenging aspects of ethical qualitative research is to ascertain meaning and reliable knowledge. This study relied on the collaboration of all colleagues, both research and participants. Communication and trust are key elements of sociological investigations. This research was undertaken with a view to creating a positive change in people's lives and endeavoured to do so, without any ethical disturbance.

Permission was initially sought from the 'gatekeepers'; the Board of Management, a detailed letter of proposal was sent to the BOM outlining the study information and aims. The BOM have been involved in previous discussion regarding trauma informed professional development and shared the staff vision of intervention. The level of engagement and participation is influenced by the continuation of this interest and support. On receipt of approval from the Board of Management, letters of information and consent were distributed to potential participants.

4.7.1 Letters of Consent

A detailed rationale as to why the research was being conducted was developed. Permission & Consent was acquired from all stakeholders; anonymity and confidentiality are paramount and were respected throughout the research process. Participants were informed why they are being invited to participate and clear guidance was given on their right to withdraw (Sullivan et al., 2016).

A letter of consent was constructed depicting the nature and aims of the research and potential risk involved. Letters were written in the first person and offered opportunities to respondents to follow up with queries or questions relating to this research. Consent letters were constructed in simple, plain language suitable for the target participants. Forms were signed by consenting participants and returned to this researcher. The aims of the study did not change during the research period and so did not require a secondary letter with such details.

4.8 Interview Preparation and Development

The purpose of including interviews in this research was to enable respondents to tell their story of their lived experience. In-depth interviews can produce detailed contextual information and prioritise the participant's perspective to possible sensitive and complex issues. The timescale of each interview was limited, as mentioned, due to the covid19

pandemic and social distancing guidelines. Participants represented various roles and stages in the school system and were invited to attend. The questions were based on information received from survey participants, but aimed to develop emerging themes, clarifying points, asking for more detail in certain areas. Questions were simple, open ended and interpretative, allowing for conversational flow. Each participant was asked at the end of the interview for a general comment or follow up, especially if they felt they had anything they would like to add in the context of the research. Interviews aimed to be non-judgmental and balanced.

Transcribing the recordings and listening to each interview multiple times, was essential to interpret and understand of the content, feelings and issues raised in each interview. The data was also important for reflection on the process itself. Participants were informed direct quotes from the interviews may be used in my findings; they were advised that this would be done anonymously.

4.9 Survey Preparation and Development

My preparation included a timeline of actions, each stage determined how often surveys would be administered and was important in order to maximise the quality and assembling of the data. Multidimensional surveys were developed to measure knowledge and attitudes of participants. The initial pre-intervention survey and data gleaned enabled five following surveys to be constructed in a systematic process. Questions aimed to be non-judgemental and unobjectionable so as not to offend participants. Each survey was anonymous in order to encourage candid, truthful responses.

Response options varied between scaled, open, and closed. Open responses enabled a free text, comment option to express thoughts, opinions, and beliefs. These types of responses were more time consuming for both participant to complete and researcher to analyse, however they can offer rich data. Closed responses are time efficient and can offer immediate, structured responses. A number of scaled responses were presented to participants, and these enabled an element of underlying opinion to be analysed in responses.

4.9.1 Pre-Intervention Survey

The pre-intervention survey in this study was used to assess the base line of attitudes and beliefs of participants in terms of trauma informed care and current practice. It was also relevant to ascertain the awareness of trauma and its impact on care professionals. The

survey contained statements in each category, which participants were asked to scale according to their belief and experience.

In December 2020, in conjunction with Trauma Responsive Education, a pre-Trauma Informed Care training survey was distributed to participants. Several topics were explored including trauma types and effects, family partnerships, classroom strategies and techniques, school policies and procedures, collaboration and links with mental health organisations and community links.

4.10 Findings

The findings below have been analysed and summarised. They have been categorised as follows: aspects where participants felt knowledgeable and confident are highlighted in green, while areas that cause concern or a desire for improvement for participants, are highlighted in orange.

4.10.1 School Policies and Procedures

Participants were asked a number of questions relating to current policies and procedures. Data gathered in consultation with the Trauma Responsive Education organisation, December 2020 is as follows:

School policies keep children and staff safe. Child Protection & Safeguarding Policy and in the recording and transfer of confidential information.

There is a teacher support policy which explains who teachers can contact if they are having difficulty in their work and what support they can expect.

Discipline policies offer different approaches to dealing with issues and show an understanding of the effects of trauma. For example, there is a safe space for learners to go to if they need to calm down, restorative practices are implemented.

Support for staff is available on a regular basis, including supervision where they can talk about issues and feelings and/or consultation with a trauma expert.

There is a trauma-responsive whole-school action plan which records progress, identifies barriers to progress and evaluates success.

The data highlights a confidence amongst participants in terms of school policy and procedure. A fundamental piece of Trauma Informed Care is safety, and this recognition of both child and teacher safety and support, is encouraging. While the general view of policies and procedures was positive, there was a slight shift in responses regarding behaviour. There may be some uncertainty here in terms of delivering trauma informed cared and maintaining boundaries. Policy will need to frame approaches for dealing with challenging issues and behaviour which understand and respond appropriately to trauma.

An important component of TIC is staff supervision. This is a process enabling colleagues to discuss issues and experiences together, this can be done with a trauma qualified expert or a suitably qualified supervisor. These sessions can provide learning, development, and support for those working in care professions. There is clearly an awareness from participants, that this is not formally done in this setting. This awareness should provide scope for future discussion post-training.

The lack of a trauma responsive whole-school action plan was also an area of concern for staff. This is not a surprise at this stage of the research. The plan should be developed by a team of staff members, post training.

4.10.2 Classroom Strategies & Techniques

Data gathered in consultation with the Trauma Responsive Education organisation, December 2020 was as follows:

Expectations of students and staff are communicated in clear, concise, and positive ways.
Learners' strengths and interests are encouraged and included in lessons and school life.
Opportunities exist in all classes and outside class for learning how to interact with others.
Disciplinary processes take account of a learner's experience and the possible reasons for the behaviour. There are a range of positive behaviour supports and interventions
Goals for the achievement of students affected by trauma are realistic.

Staff are aware of the importance of students' home languages and can work with these in class.

Teachers believe that there are good strategies and techniques in place and that learner's strengths and interests are encouraged. Social and emotional skills require specific planning and discussion, and consideration is given to children experiencing challenges and/or trauma. This is very positive in terms of pre-training attitudes and knowledge of trauma and its effects on children's behaviour. TIC training should reinforce this, ensuring that activities are structured in predictable and emotionally safe ways.

Further work is required on communication, especially with regards to students' home languages. The challenges of delivering trauma informed care to children or families experiencing new languages, cultures and beliefs must be explored. Displaced families may have lost their sense of connection or even control, it is imperative to consider how one regains this and how our school setting can support healing.

4.10.3 Collaboration & Links with Mental Health Organisations

Data gathered in consultation with the Trauma Responsive Education organisation, December 2020 was as follows:

Access exists to specialist organisations with experience in dealing with the more severe effects of trauma for prevention, early intervention, treatment, and crisis intervention e.g psychological services, community charity groups.

Mental health services are linguistically appropriate and culturally aware.

Staff have regular opportunities for assistance from mental health organisations in responding appropriately and confidentially to families.

Participants recognise that external multi-disciplinary teams and organisations exist to support the more serious effects of trauma. However, responses suggest that there are insufficient opportunities for assistance from mental health organisations in responding appropriately and confidentially to families, including services that are linguistically appropriate and culturally aware. While referral routes exist, links need to be strengthened between us and external organisations. While this issue must be explored at a local level, it is also a national issue, with waiting lists and referral routes at crises point in this country (Mental Health Reform, 2019)

4.10.4 Family Partnerships

Data gathered in consultation with the Trauma Responsive Education organisation, December 2020 was as follows

Staff use a range of techniques to engage and build positive relationships with families, including family culture, language, race and ethnicity.
Staff work in partnership with parents/carers, including taking their advice on what works with their child.
Strategies to involve parents are tailored to meet individual family needs and include flexibility in choosing times and places for meetings.
Interpreters and translated materials are available if needed

The overview of the responses suggests that staff view their relationships with families very positively. Strategies to involve parents are tailored to meet individual family needs and include flexibility in choosing times and places for meetings. There are strong home-school liaison links fostered within this setting and a sense of value placed on children's home environment. A Home School Community Liaison teacher is a positive resource in promoting and nurturing this partnership. The issue of communication is again noted as an area of concerns for participants. The ability to communicate effectively with families using English as a second language, and the provision of supports to do so, requires improvement.

4.10.5 Community Links

Data gathered in consultation with the Trauma Responsive Education organisation, December 2020 was as follows:

School works with the local community to be aware of events and incidents arising.
When possible, school and community work together to access funding for further supports.
School develops and maintains ongoing partnerships with outside voluntary and state agencies.

There was very positive feedback in this category. Participants feel that there are very strong community links in place. This school is based in the inner-city and has served this community for over two hundred and fifty years. Strong links have been fostered with many generations of families and this has embedded a shared and diverse culture through

generations. Connections, friendships, traditions, and significant life events are major elements to this school and community's social interactions.

4.10.6 Types of Trauma & Effects Experienced

The final section of the pre-training survey explores trauma types and effects. In this section, participants were asked to identify the types of traumas experienced by children in their care. They were then asked to include their opinion on the effects of these types of traumas.

Participants highlighted the following areas as the types of trauma their students experienced:

Figure 4.5. Sources of trauma, experienced by students, as identified by teachers.

Participants were then asked to briefly describe the effects of trauma on the learning and behaviour of children in their care.

Figure 4.6. Word Cloud created by author, representing feedback from teachers on their experience, of the effects of trauma

4.11 Considerations

Staff responses demonstrate a deep understanding of effects of trauma on their students' learning and behaviour. This pre-intervention survey suggests that participants have a good pre-existing understanding of trauma and its impact on children's development. Staff identify practices in place which are aligned with trauma informed care. Participants clearly value family partnership and community relationships; this connection is a strength to be

recognised and nurtured. Managing behaviour and discipline approaches may be an area of concern for participants; uncertainty is evident in terms of showing an understanding of the effects of trauma while managing boundaries. This is to be expected and indicates vulnerability amongst participants. This pre-intervention scoping exercise proved worthwhile, informative, and very encouraging.

4.12 Insight and Learning

When researching the effects of trauma and adversity on children, psychologically and physiologically, it is natural for most sociological professionals to want to intervene and best support a child. This was evident from the teachers who participated in this study, the desire to mitigate trauma was clear. The pre-intervention survey, undertaken as part of this research, highlighted some of the participant's existing reflective and transformative praxis. Cultural transformation is cultivated through 'ethical and participatory engagement' (Luitel & Dahal, 2020). This stance provided me, as researcher, with an interesting insight and appreciation for the educators whose values of social justice and inclusivity were apparent early in this process.

4.13 Summary

The preparation cycle enabled me to focus on the potential toll that trauma can take on educators. Teachers in this study, connect with children from many diverse backgrounds on a daily basis. Children presenting from chaotic or abusive home environments typically require more supports and intervention than their peers. The preparation for this study had to focus, not only on the sensitive nature of the intervention, but also on the impact of daily trauma exposure on the professionals involved. While this was a conscious effort from the beginning, the level of ethical consideration required, while justified, was demanding. This stage embedded a sense of responsibility and accountability in my study.

The preparatory cycle and action plan provided me with an opportunity to reflect upon the development of this study. This stage enabled the clarification of the intervention and the proposed changes, in a realistic and achievable time frame. A sense of collaboration was evident at this early stage as a shared vision began to emerge amongst most participants.

Chapter 5: Findings & Analysis

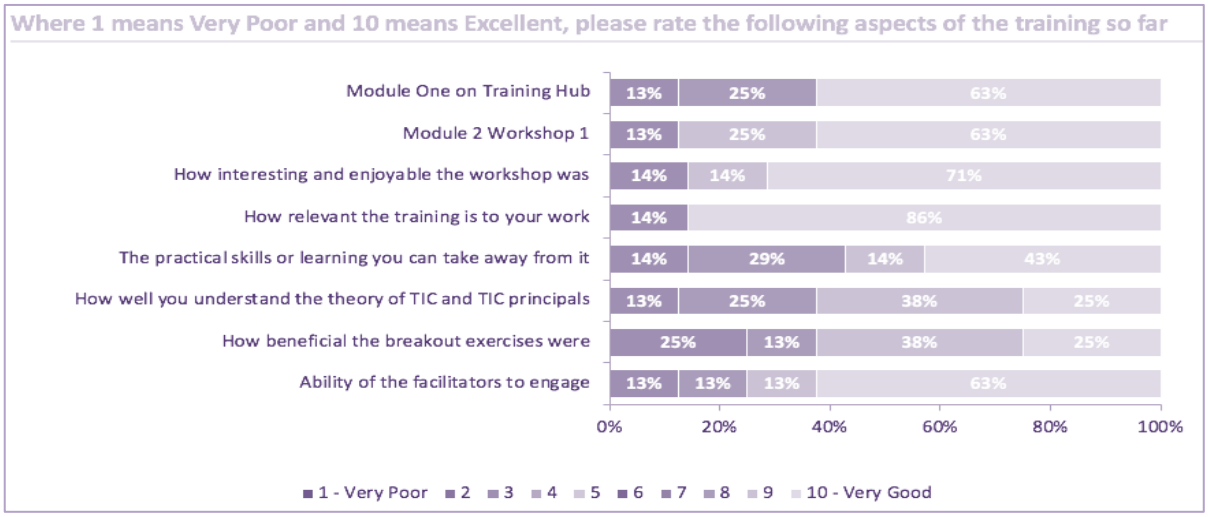
5.1 Overview

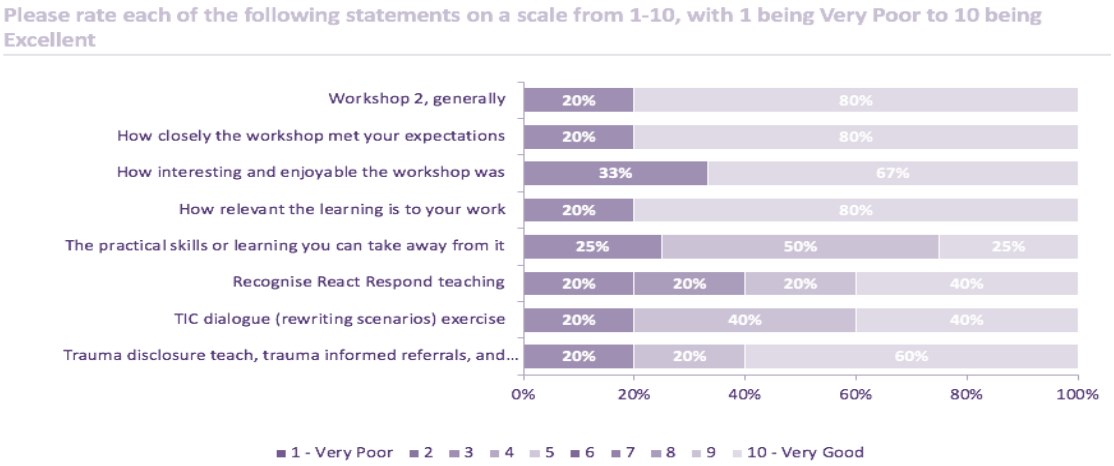
The following chapter draws together the data gathered during this action research. This report will explore the findings from each theme and consider the implication of each, in thematic categories.

5.2 Post Training Feedback

A summary of feedback from the training evaluation, as well as observations by the trainer, Aoife Dermody, of Quality Matters, are reported below, with consent form the course facilitator. The vast majority of the team rated the training very highly and relevant to their work. There was strong, positive engagement in the training, with many discussing where it would apply and challenges to its application. The results indicate that in all areas, 80% or more of participants rated all facets eight or higher.

5.2.1 General Ratings





100% of participants responded that they felt they had an improved knowledge of TIC and were now better equipped to understand trauma and prevent triggering/retraumatising others, following training. Participants noted the following in relation to their new learning:

- *'I can and will put it into practice going forward'*
- *'It has given me insight into trauma, and has challenged my misconceptions about human behaviour'*
- *'I've learned to always use empathy towards others and be aware of my own feelings & well-being. It is important to be at your best to support others you need a self-care plan to achieve this'*
- *'I would like yearly workshops to keep us informed'*

Some of the issues that came up in the training, which may be useful to explore, included:

- *How do you manage issues such as acting out, not doing homework, in a way that does not undermine rules and standards, but is still trauma-responsive?*
- *How do you support parents, who had difficulty with the education system themselves, to feel safe with you?*
- *I would appreciate more training.*
- *I realise that I need to look after myself better.*

Challenges and possible barriers, as identified immediately post intervention, included:

- There is currently a lack of space for personal and team reflection in the overall structure. Reflective practice is a vital component of TIC implementation and opportunities should be sought to build this capacity in a way that is sustainable.
- Any progress towards becoming trauma-informed must focus on relationships with children and parents, but also relationships with the self - many participants remarked on how much the felt they needed to work on their attention to self, stress and self-care.

- The results indicate that there may be some resistance or lack of engagement with the model and any progression towards trauma-informed practices should ensure that teachers and other staff have opportunities to raise doubts and concerns in a safe and open way.

5.2.2 Considerations

Further consultation with staff should identify one or two areas, and a small but manageable number of actions to progress over six-to-twelve-month periods. A cohort of enthusiastic and engaged will likely result in successful application. There is an eagerness to reflect on the application of this with both children and parents; implementation plans should consider both cohorts.

5.3 Thematic Analysis

Following the immediate post intervention survey, my research began to explore the reality of implementing a trauma informed culture in our school, and how I might approach linking literature with our everyday classroom reality. Analysis of my data collection saw four clear themes and two sub themes emerge for participants. These may be considered areas of concern for participant's own practice and our collective practice.

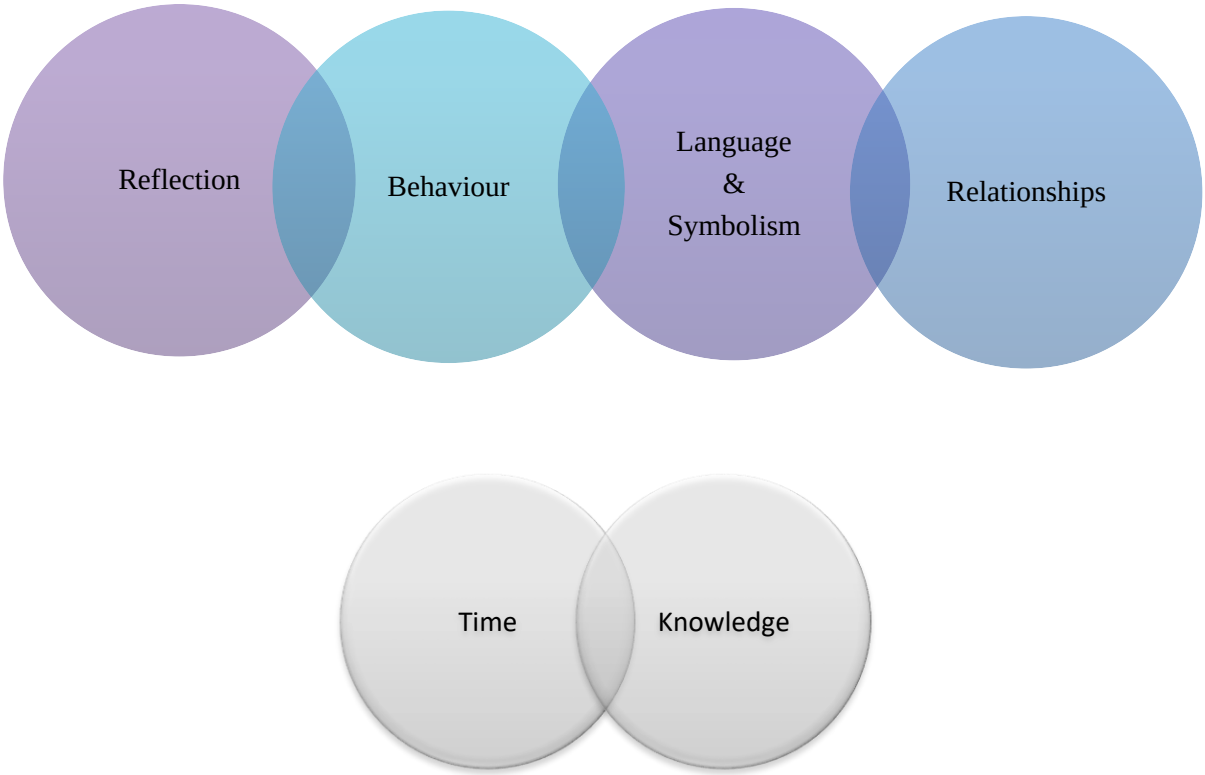


Figure 5.1. Four themes & two sub-themes were identified.

For the purpose of consistency throughout this report, I will draw on the data and findings from each theme and consider the implication of each, in thematic categories.

5.3.1 Theme One: Reflection

Reflection is a key component of trauma informed care and so it was unsurprising that it would be referenced early in this research. Reflective supervision is not counselling or therapy, it is profession based, and designed to create a space where those working with trauma can share experiences in a safe way. This can help resist vicarious trauma and trauma triggers. Marie Delaney (Trauma Responsive Education) described reflective supervision as 'extra-vision', noting it as a medium to enable practitioners to have different insights into issues and situations (EK, Reflective Journal, February 2021).

Engaging together, considering the emotional impact of our work, unpacking assumptions, and considering other perspectives, when done safely, promotes positive working relationships and a sense of shared values and a combined vision. Reflective supervision can assist teachers and care professionals to reflect on their responses to certain behaviours, they may have experienced in their line of work. Reflective supervision sessions can help participants to reserve judgment and respond in ways that create safety and build trust with children and families. This process reinforces the strengths and positive intentions of children and families and may help to overcome a negative focus on specific behaviours.

In December 2020, a cohort of teachers, surveyed pre- training, expressed an interest in regular support where they could talk about their workplace challenges and their feelings around these. In February 2021, post training, 100% of teachers surveyed expressed an interest in participating in Reflective Supervision. Sessions aimed to provide a space, to share and reflect on collaboration, voice, and agency. In association with Trauma Responsive Education, teachers began Reflective Supervision sessions in March 2021; sessions were optional and sixty to ninety minutes in duration. Reflective Supervision sessions were facilitated after school hours and online due to the Covid19 social distancing guidelines.

While the purpose of reflective supervision was clear, I was eager to fine-tune the process, to maximise the benefits. Frequency, attendance, and safety are paramount to the success of reflective supervision. Creating a culture of safety often involves acknowledging one's vulnerabilities and mistakes and creating knowledge and learning from these experiences. Sharing stories, experiences and knowledge is a valuable and rich learning opportunity, but, while this is reassuring, research rightly advises that reflection may expose uncomfortable or difficult aspects of our practice (Sullivan, Glenn, Roche, McDonagh, 2016). I began to explore this further after two initial sessions.

In April 2021, 100% of teachers surveyed said they now reflect more on their teaching practice. With an option to develop their response further, one teacher noted: *'I reflect on past situations and how I could have handled it differently, this has already begun to impact how I now deal with situations day to day'* (Teacher quote from current study, April 2021).

When asked about the frequency of reflective supervision, 57% of teachers expressed an interest in monthly sessions, with 43% of teachers noting a preference for fortnightly. These figures highlight the desire amongst participants to engage with their peers. While the

majority opted for monthly, this should be revisited in the future to reassess the need. While consideration must be given to the Covid19 pandemic, there is currently little opportunity to see peers in person for chat, dialogue, or exchanging ideas.

Reaction to reflective supervision was positive, all participants found the breakout rooms and ability to discuss cases with other staff members the most useful part of the sessions. I wanted to delve deeper into this experience and I questioned if it really was valuable for all or if limitations existed. In May 2021, teachers were asked if they feel comfortable sharing their experiences during reflective supervision while senior management are present and participating; 83% of participants said they did feel comfortable. Comments included:

- *'Happy to share'*
- *'It's important for everyone to be on the same page, and aware of how all staff members are coping'*
- *'I think it's important for management to hear the difficulties as they may be able to offer advice based on the situation using their knowledge and experience'*
- *'I'm happy to have a whole school approach with Reflective Supervision'*

(Teacher quotes from current study, May 2021)

The data shows that there are some participants uncomfortable with sharing their experiences with senior management. This area can be developed further on our trauma informed journey. Perhaps senior management also need to use the opportunities to share offerings during reflective supervision, this may increase the level of trust and intimacy. I realise that I and perhaps my senior co-workers, taking my lead, have not shared as much during these sessions, as others. While the intent was well meaning so as not to monopolise a situation, I will need to revaluate this going forward.

Enabling a space and time for personal and team reflection has proven most beneficial, and monthly one-hour sessions have become integral to our practice since March 2021. This will continue into our new school year, 2021/2022. Meaningful discussion and suggestions ensure that sessions are tailored and adjusted to provide maximum support for teachers. Reflective Supervision is valuable resource when it comes to revaluating our practice and highlighting areas for improvement. In May 2021, teachers requested further discussion and exploration of the following during reflective supervision sessions:

- *'Adaption of methods to young school aged children'*
- *'Supporting children who are in hyperarousal'*

- *'Help with providing consequences to dangerous or negative behaviour in a trauma informed way'.*

(Teacher quotes from current study, May 2021)

This rich feedback from participants and the openness to discuss these challenges can also be used to inform our school improvement plan, making it more meaningful and effective for this school.

Sharing experiences in a safe, non-judgemental way complements our trauma informed goals and practices. In June 2021 in an interview with three teachers, the following was noted regarding raising concerns in this school:

- T1:*'I have always felt safe raising doubts or concerns but now, since training and reflective supervision, it has made this even easier'*
- T2: *'I feel the school setting is supportive and makes it easy to raise concerns'*
- T3: *'On occasion when I've questioned my practice, reflecting on what I did or should have done, the school's management and colleagues have met me with understanding and most importantly compassion, helping me to reframe situations.'*

(Teacher quotes from current study, June 2021)

Considerations

The data suggests that reflective supervision is a positive addition to our trauma informed practice, providing teachers with time to assess their practice and the complexities of working with families and children in difficult circumstances. Dewey's (1933) theory of reflection placed great emphasis on the cyclical nature of development and how one cycle stimulates another and so on, fostering a process of reconstructing knowledge and skills, extending with each new experience. As Barnett and O'Mahoney (2006) suggested, the space afforded by conversation and supervision with peers, has embedded a culture of improvement within this school which one hopes will lead to better outcomes for students and teachers.

5.3.2 Theme Two: Behaviour

Coping with challenging behaviour is a common theme in schools and educational settings. Considering aggressive or disruptive behaviour through a trauma informed lens can present

another challenge for teachers. Our training teaches us that behaviour is a form of communication, and our responses should be restorative as opposed to punitive.

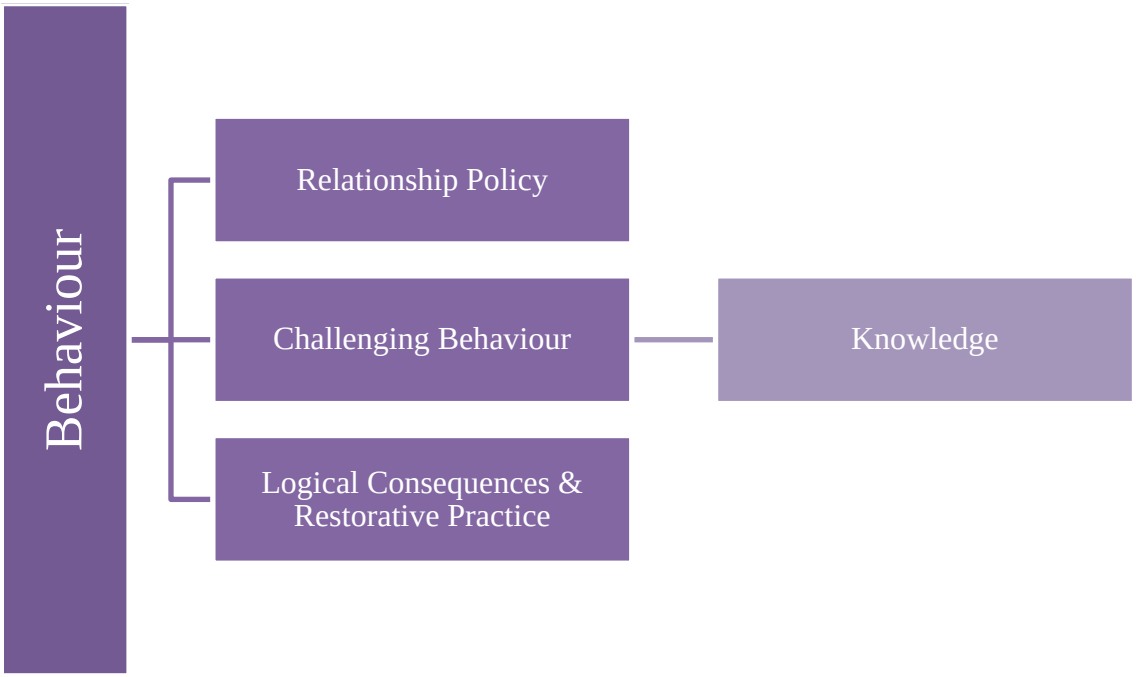
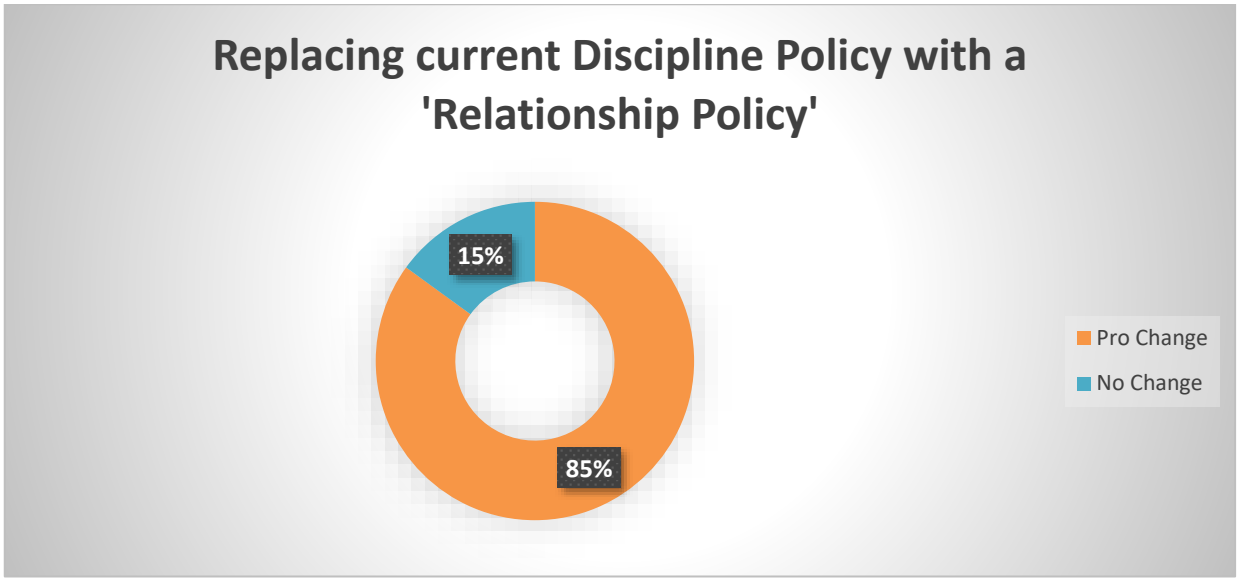


Figure 5.2. Behaviour Theme elements

Relationship Policy

In April 2021, a staff survey asked teachers to comment on our school 'Code of Behaviour' and to consider changing to a 'Relationship Policy', involving staff, children and parents.

Would you support a move from our current Behaviour Management Policy to a Relationship Policy?



The majority of commentary was pro change, and the language used and opinions expressed were clearly influenced by the training received:

- *'This makes sense given the training we have undertaken so far. I believe this would be a preventative methodology that will grow connections, relationships and strengthen bonds in the school. Moving away from a deficit framework will give authenticity and depth to communication as opposed to surface level repair which is innate in reactive responses to behavioural issues.'*
- *'Since relationship and connection impact how we interact and communicate, a whole school approach which is relational based makes sense. As we shift consciously towards a relationship-based approach, time must be given to developing meaningful Emotional Literacy - emotional check-ins, regulation strategies, emotion coaching and sensory processing for all children - helping children understand their behaviours. Also analysing behaviour would be beneficial as part of a process: address, analyse, intervention, reduce and prevent rather than address and punish.'*
- *'I think that with a relationship-based approach the emphasis is more on preventative measures. Fostering positive relationships with the pupils means that the ethos changes to focus on the positive parts of the pupils' personalities and helping them build trust with the staff in the school. From here we can set clear and realistic expectations for each pupil, and we'll have a much better sense of when they're having a challenging day and how best to support them through that period.'*
- *'I think this is a good idea, as it's practice that already exists quite comprehensively in our school, a policy would reinforce and recognise this, and possibly highlight areas we wish to improve.'*
- *'I have learned that keeping both parents and children informed and involved in the development of various areas of school life helps to promote a culture of voices for change.'*
- *'I think it is a great idea, it creates an element of trust between teacher and students.'*

(Teacher quotes from current study, April 2021)

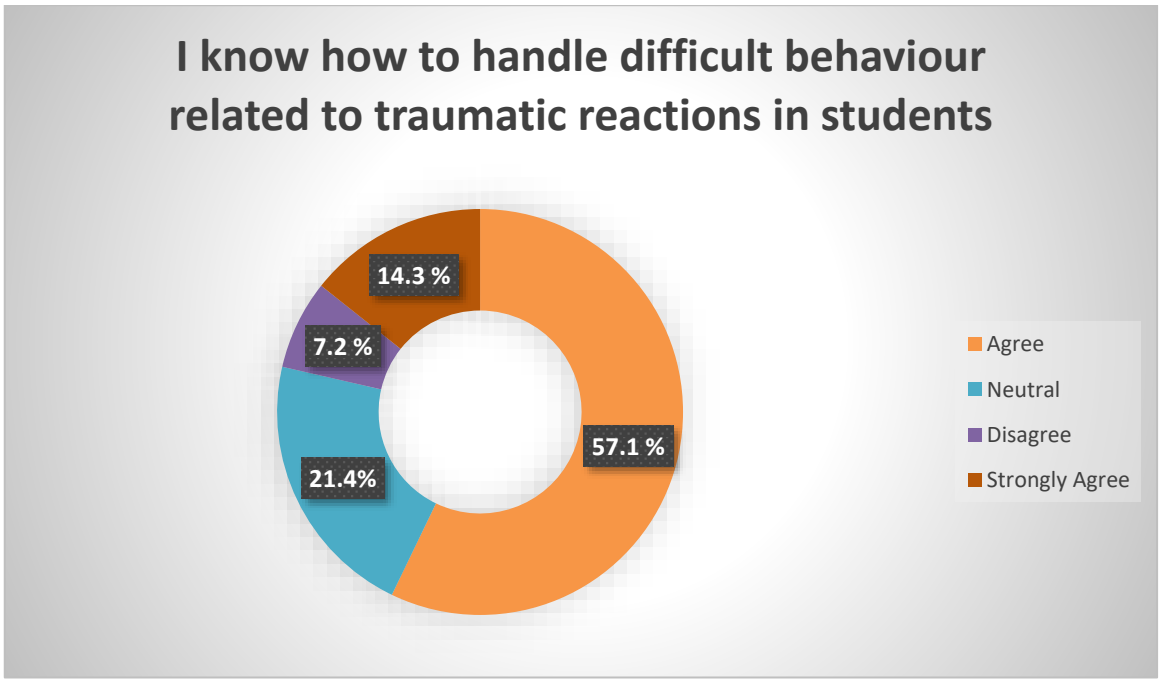
A number of comments communicated teacher's concerns:

- *'Relationships and behaviour are completely different.'*
- *'I feel this will be difficult in reality'*
- *'Can we trial a policy?'*
- *'We are moving to a social care model and may need to evaluate the care needs of some with the education of all'*

(Teacher quotes from current study, April 2021)

While concerns may arise from assumptions and pre-existing ideologies and theories, they are none the less valid and warrant consideration. Humphreys (2015) argues that sometimes resistance to change can be instinctive. I believe that change requires a confidence and self-belief amongst teachers in order to view themselves as influential practitioners. I find myself drawing on the influence of Pine (2009), who asserted that change requires time, patience, good communication skills and extensive planning; a gradual process of small changes, leading to effective, long-term traditions.

In June 2021, teachers were asked to rate the following statement:



Responses here, again, highlight a subtle concern and a clear apprehension in terms of coping with challenging behaviour or hyperarousal. Challenging behaviour can manifest in many ways in the classroom and a school environment and understandably, can be disconcerting and intimidating for both staff and children. Some teachers feel ill equipped to deal with difficult situations.

In June 2021, in an interview with three teachers, the following was reported regarding challenging behaviour and relationships:

- T1: *I would have said that my communication style and relationship interactions with the students/staff in the school were already aligned with the principles of trauma informed care, but since becoming trauma informed, it has made me more aware of the 'space' needed by a trauma sufferer to calm down and take perspective. Sometimes I have rushed this when there have been time constraints, so I need to adapt to these situations better.*
- T2: *'My expectations of an individual child changes regularly depending on how they present in the classroom - I'm questioning behaviour, what's going on for this child that results in this action etc. I've become more responsive to the child's emotional needs, asking myself what I can do to connect with the children. Overall, I'm moving my practice to a responsive not reactive approach. One needs to trust the process and reap the rewards later by prioritising relationship building, using approaches that lead with predictable like Restorative Practice, providing space for emotional regulation. At its core, TIC focuses on relational health. Developing relationships, securing trust and predictability takes time for all in the community'.*
- T3: *'I used to be much more conscious of 'boundaries' and they were very important to me. If someone raised their voice to me, I would inform them that I would only speak to them when they showed me respect. This has completely changed now. When someone is raising their voice now, I presume that they're in a hyperarousal state and I treat them as such. I tell them that I'll do everything I can to help. My voice is intentionally calming. I tell them I understand that they're upset and that I'm here for them. When they leave, I follow up with a supportive check-in and tell them that I'm here whenever they need'.*

<u>Considerations</u>:

The data gathered displays the commitment of teachers to the emotional needs of children and their educational experiences. As a school, our expectations, values and boundaries are important to maintain, but how we do that is clearly evolving, despite some low-level resistance. Similar uncertainty was evident in the pre-intervention survey in terms of behaviour and boundaries. Despite our trauma informed training, gaps remain in the confidence of participants to respond to challenging behaviour in a trauma informed way.

Creating a supportive workplace environment, with further training, and sharing an understanding of our school community may help.

Supporting teachers to consider the meaning of the behaviour, the internal and external triggers will potentially enhance their confidence in responding effectively. Children observe relationships and sources of social support all around them. Children must feel safe and secure within a sensitive and predictable environment, to build a rapport with school staff. Intensive, targeted interventions will nurture relationships and promote positive interactions. A Relationship Policy will require a framework of how to respond to such circumstances and suggested responses, highlighting the mitigating effect of connections and individual relationships on such circumstances.

Knowledge emerged as a sub theme in this category, and a desire for more learning and skills. Further training should enhance confidence and competence in teachers responding to challenging behaviour. In April 2021, teachers noted:

- *'This is an area which I am extremely interested in and have every intention of pursuing more training.'*
- *'I would like more training.'*
- *'I look forward to learning more and implementing new practices.'*

(Teacher quotes from current study, May 2021)

Logical Consequences & Restorative Practice

Within the Behaviour theme, the place of Logical Consequences & Restorative Practices, this school's current system of responding to poor behaviour choices, was discussed. In April 2021, 100% of teachers surveyed expressed an interest in retraining in Restorative Practices. In this same survey, 93% teachers noted that the Logical Consequences system works well and supports their practice.

The data suggests that teachers are engaging well with current policy and understand its intent; teaching children that every action has a reaction and the importance of restoring relationships. The school recognises that consequences remove blame, shame or pain; and should be kindly and firmly communicated.

Considerations

Educational research has found that supportive school relationships play a significant role in fostering children's healthy connections to school and positive holistic outcomes for students (Blum & Libbey, 2004). The growing body of evidence cannot be disregarded. Resistance to change is to be expected as suggested by Humphreys (2015) and informs the author of the need for further learning and knowledge, with further support at implementing change.

As we move towards being more collaborative, reflective practitioners, a number of changes, outside the scope of this study, have been evolving. Further training & information will be provided on Restorative Practices and the Trauma Recovery Model (TRM) in the new school year. A trauma recovery framework will provide teachers with the tools to support children through the challenging steps of recovery.

In consultation with staff, a new Relationship Policy has been drafted, to replace the current 'Code of Behaviour'. This policy will communicate the shared values and vision of our school and support both the care and educational needs of all our students, with particular focus on relations and connections. This policy will be implemented in the new academic year and will include the following guidelines for the care and support of all, some, and few.

- Rights and Responsibilities for All
- Relational Health
- Trauma Informed Care
- Managing Challenging Behaviour
- Restorative Practice
- Logical Consequences
- The Trauma Recovery Model
- The Care Team

5.3.3 Theme Three: Language & Symbolism

Trauma Informed training challenges organisations to consider how their practice may be retraumatising those attending a service, asking 'are we trauma inducing or trauma reducing (Treisman, 2020). This involves deeply considering the language and symbols we use. Following training there was a lot of informal conversation observed on this subject, there was a deliberate refocus on language and words and how they can impact our attitude, assumptions, and biases.

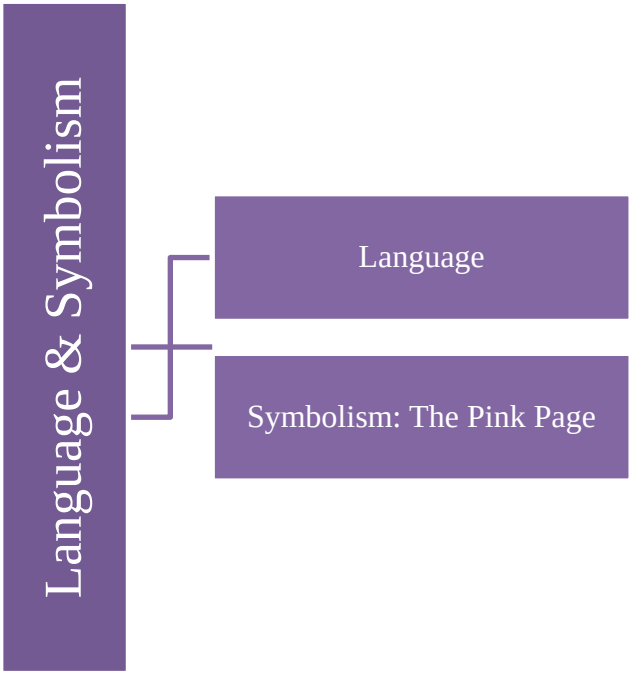


Figure 5.3. Language & Symbolism Theme elements.

Language

In a post training survey in March 2021, changes in how teachers use language were reported:

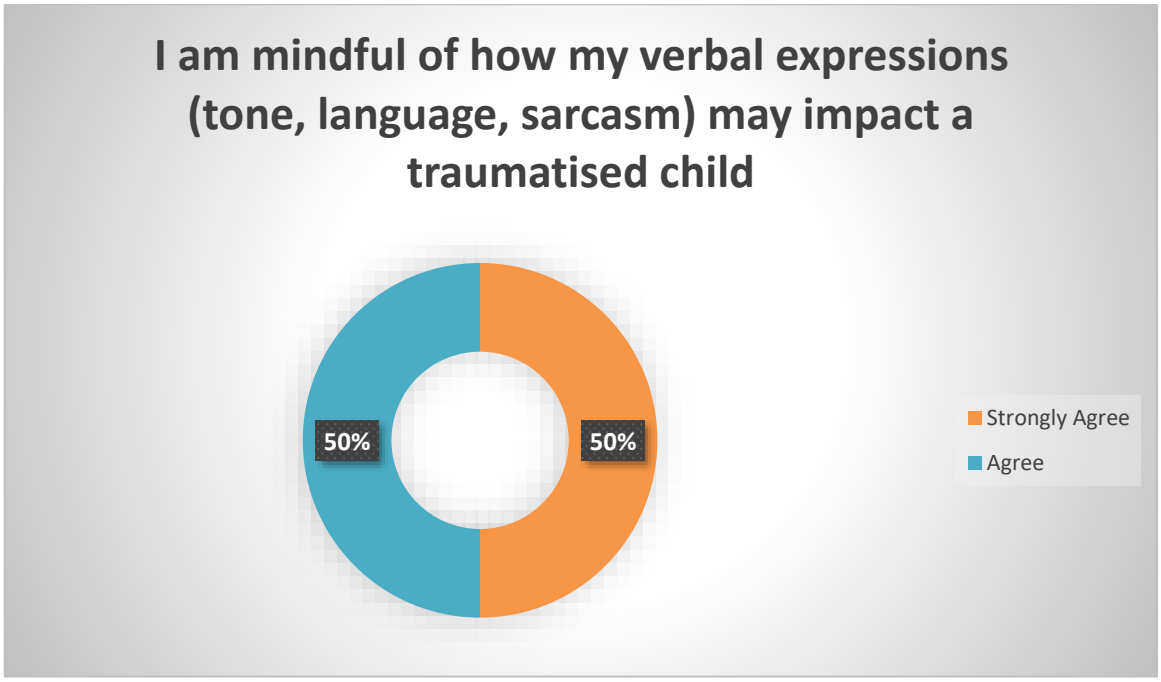
- *'I learned to use the phrase 'I wonder' more often'*
- *'I ask questions first as opposed to making assumptions'*

(Teacher quotes from current study, March 2021)

- *'I have changed the language I use'*
- *'I ask questions now before assuming'*

(Teacher quotes from current study, May 2021)

In June 2021, teachers were asked to rate the following statement:



In June 2021, in an interview with three teachers, the following was transcribed regarding language and communication:

- T1: *'My communication style and relationship interactions with the students/staff in the school were already aligned with the principles of trauma informed care, but since becoming trauma informed, it reminded me of the inability of students to be cognitively engaged when they are in a constant heightened mode and hyper aroused due to a trauma. This is very important to remember.'*
- T2: *'Active listening - you don't need to agree with someone. Do you listen to understand, or do we listen to reply? Really listen. You don't have to fix things.'*

(Teacher quotes from current study, June 2021)

Considerations:

Language is powerful and significant. Using trauma sensitive language and considered communication enables professionals to think and speak clearly and with awareness. A trauma informed lens considers the use and impact of labels, judgement, and jargon. I have observed and participated in rich conversations with my colleagues this year, during which the following expressions, previously used habitually, were now being reconsidered: 'teaching in DEIS', 'behaviour management', 'dealing with parents', 'bad behaviour' (EK, Reflective Journal, May & June 2021). The data highlights that there is an obvious renewed

awareness among staff in this school, of their words and their tone and the capacity of the person they are speaking to, to respond. This renewed awareness honours our school community and those we serve.

Symbolism:

In April 2021, teachers were asked to comment on the symbolism associated with a particular aspect of our practice of 'Behaviour Management'. An 'Incident Record Form' is currently used to document and record negative behaviour involving children. This form is completed in front of the child and passed to the Principal/Deputy Principal; it is pink in colour and referred to as the 'Pink Page'.

The survey feedback was particularly negative:

- *'Some children are very worried to receive the pink page. I think behaviour does need to be tracked on a whole school level but perhaps a method less visible would be more beneficial.'*
- *'I think we shouldn't make a spectacle of the child. Don't use it as a power move.'*
- *'Given what we have learned and spoken about in recent months, the Pink Page is counterproductive. It represents a symbol of compliance when threatened with, it is equated with bold behaviour and it doesn't heal or repair, it just points out the wrongs.'*
- *'The 'pink page' or its threat should be replaced with changes to a classroom culture and teacher's practice.'*
- *'Absolutely behaviour needs to be documented but in ways it is using fear to control the behaviour without really emphasising the consequence of the behaviour. Would also have to question whether children who have 'history' receiving the page more quickly than others'*
- *'There is definitely a stigma which is attached to the pink page and there is a certain expectation among the children as to what kind of child is the recipient i.e., it can 'brand' or 'label' children in a way that imprints a certain identity onto them. I feel that this can result in the self-fulfilling prophecy theory for some children.'*
- *'I have seen the pink form causing fear/anxiety in children.'*
- *'I think it can represent power and fear.*

(Teacher quotes from current study, May 2021)

Other responses included:

- *'The pink page definitely has a role; it gives teachers a guideline and a record of behaviour.'*
- *'I don't have an issue with the pink page, as long as its appropriately used. There are times that actions have consequences, and I think a fair and structured discipline system is necessary in a school. That being said, we could examine when it is used and the way in which it is issued to ensure that it conforms with TI care.'*

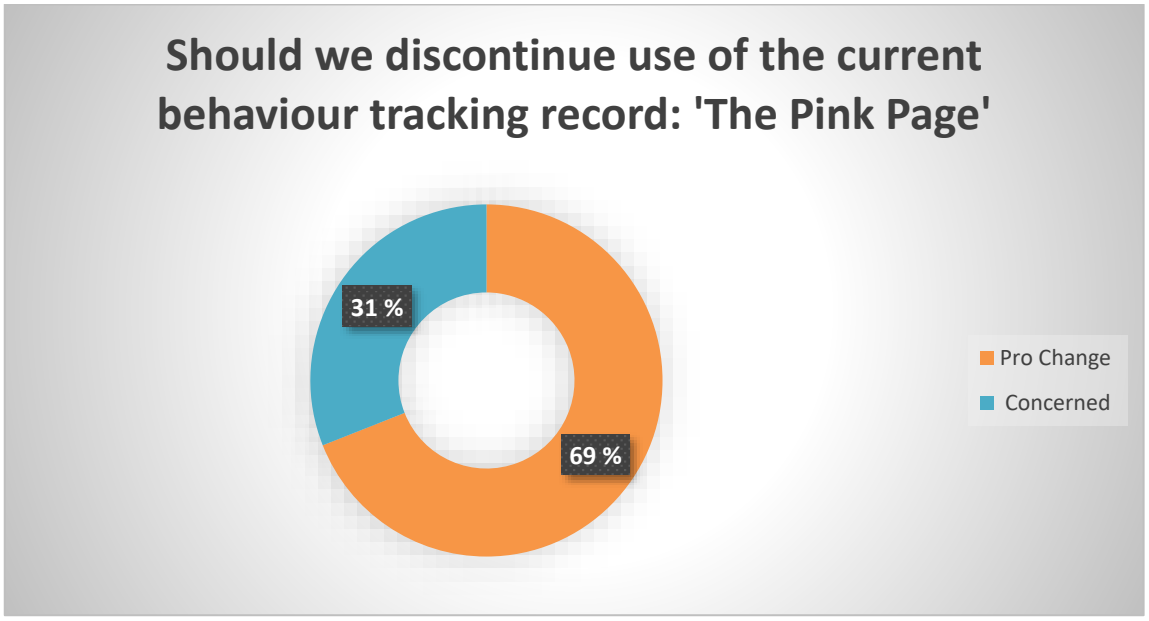
(Teacher quotes from current study, May 2021)

In May 2021, teachers were asked to summarise, briefly, their perception of the 'Pink Page'. Every word offered by participants, in this category, was negative, as the word cloud below shows.

Figure 5.4. Word Cloud, generated by author, depicting teacher's description of the Behaviour Record Form.

In June 2021, in an interview with three teachers, the following was recounted regarding the 'Pink Page' and symbolism:

- T1: *'Well intentioned strategies may retraumatise students, we need to be aware of this. Some teachers may feel disarmed if we change our punitive discipline structures'*
- T2: *'We shouldn't want to control another's behaviour but understand it as a communication from them and respond within our capacity. Teachers feeling a loss of 'power' or 'control' and this may be a barrier, so instead we as a staff need to work on our mindset regarding what we perceive we're 'controlling''.*
- *T3: 'When a child acted out in the past there was a ramification for their actions and some sort of reaction by the teacher or the management so that they knew this was wrong and wouldn't do it again. They might lose privileges, or their parents might be called if it was major. There's a belief in society that if someone does something wrong they need to be punished, but with the Trauma Informed model that is not the case. We're going deeper and aiming to support the children and parents as best we can.'*



Considerations

The role of the pink page has been highlighted as important in tracking children's behaviour. However, the way it is used causes discomfort for the majority of teachers, with many noting this as a recent change in their attitude. However, despite what the data asserts, in April 2021 when teachers were asked about discontinuing use of the 'Pink Page', a significant cohort of teachers expressed concern at possibly changing the current system.

The data suggests a contradiction between participant's values and practice (Whitehead, 1996). However rather than view this as a potential barrier, I felt the data had uncovered an unease among teachers, which often acts as a starting point for gradual change (McNiff & Whitehead, 2006; Sullivan, Glenn, Roche, McDonagh, 2016)

With due consideration for the concerns of teachers in terms of power and control, alongside the apprehension in terms of change, from June 2021 I altered the way we record behaviour and discontinued the coloured 'pink' page. The form remains in its current format, on white paper with a new statement added: 'Connect before Correct'. The form will no longer be completed in the presence of a student. It is not a tool for behaviour management, but a record of possible emerging behaviour patterns that may require further intervention; IBP/IEP.

5.3.4 Theme Four: Relationships

Relationships and Connections are key features of trauma informed care and became a key theme throughout this research. The fundamental shift in providing trauma informed care is to move away from thinking 'What is wrong with you?' to reconnecting and considering 'What happened to you?' (SAMHSA, 2014).

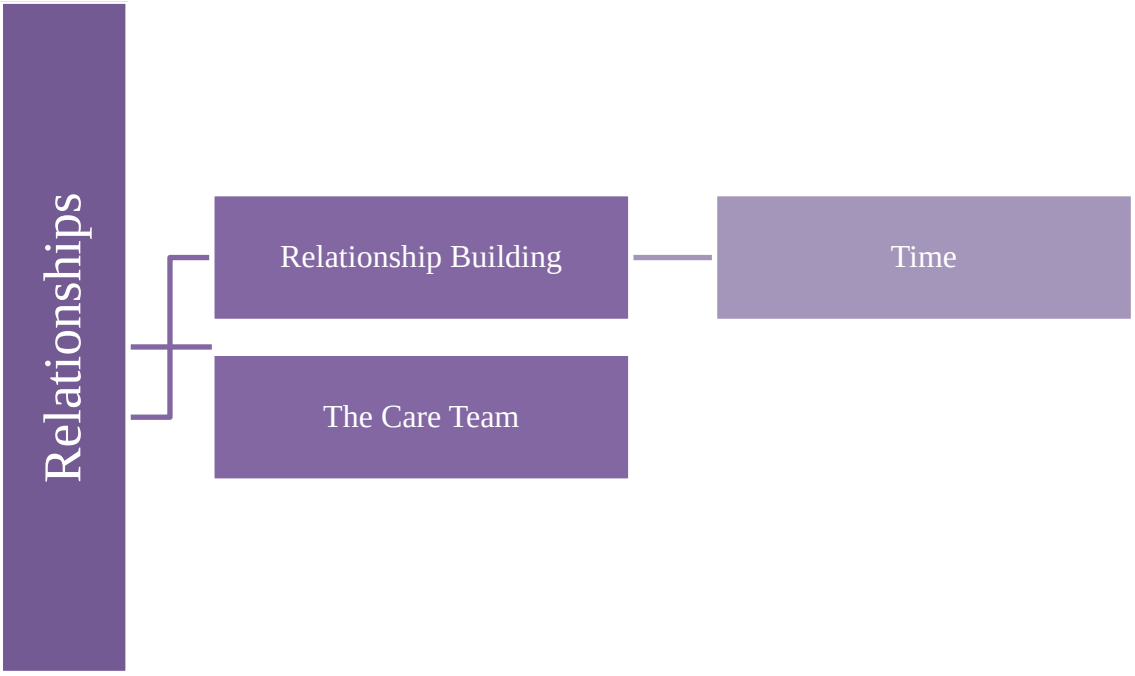
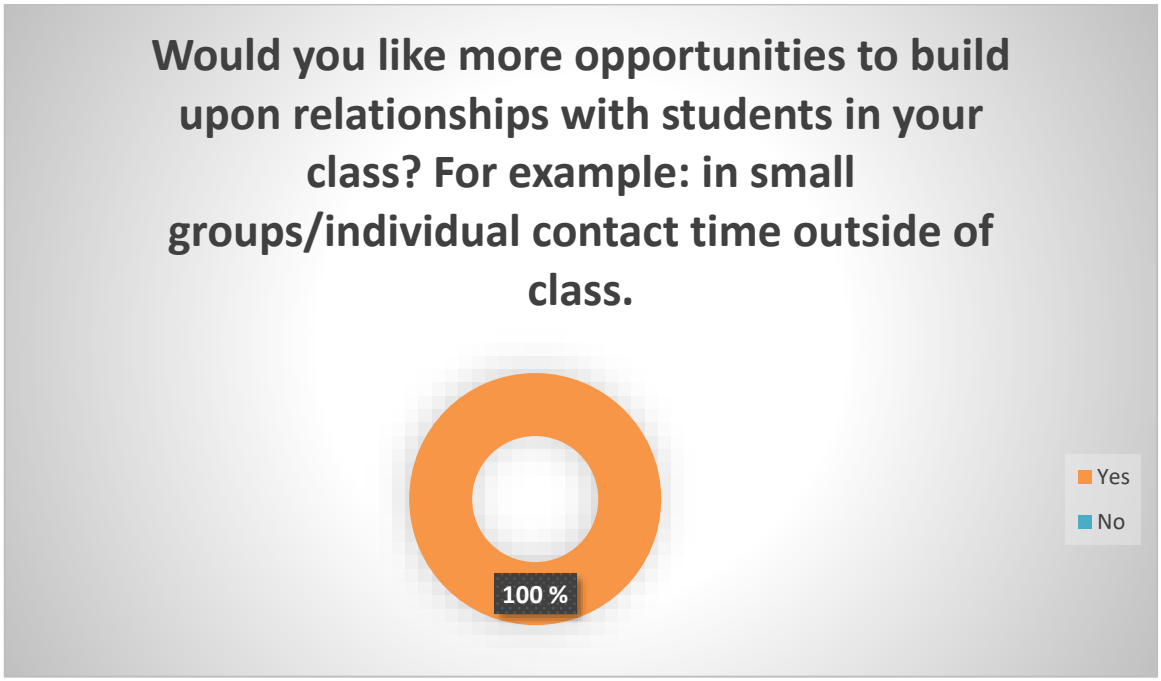


Figure 5.5. Relationship Theme elements

Relationship Building

In April 2021, teachers were asked the following question:

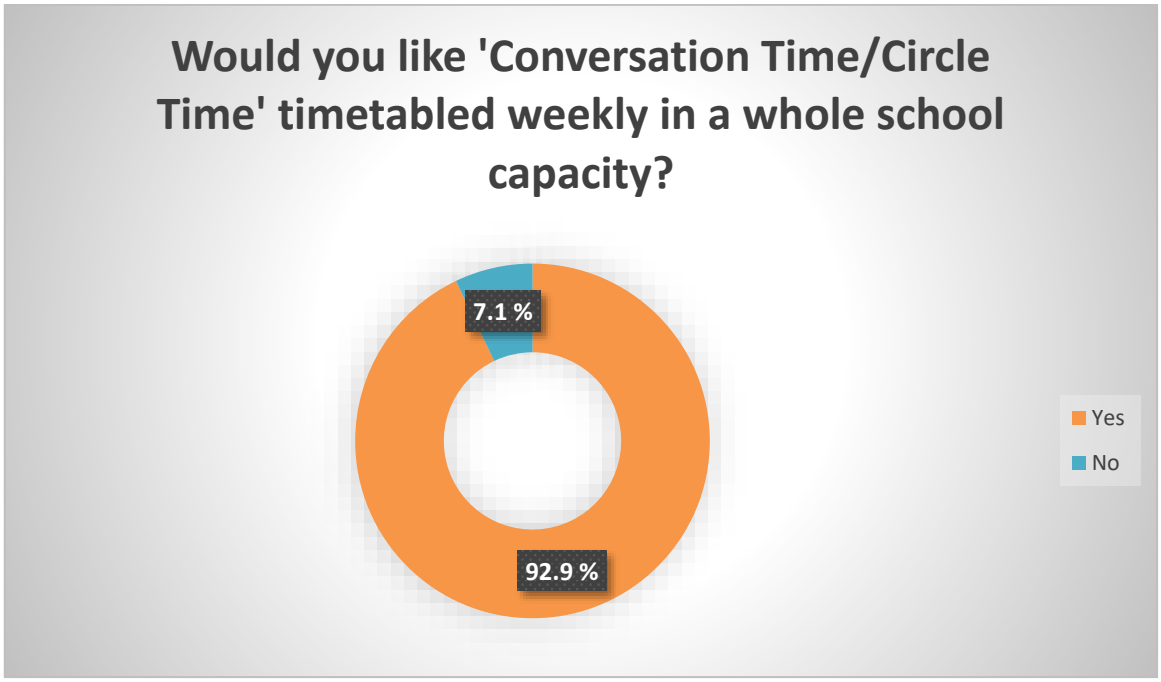


Participants were asked to suggest how they might enhance their relationships, connection, and communication with individual students. Responses included:

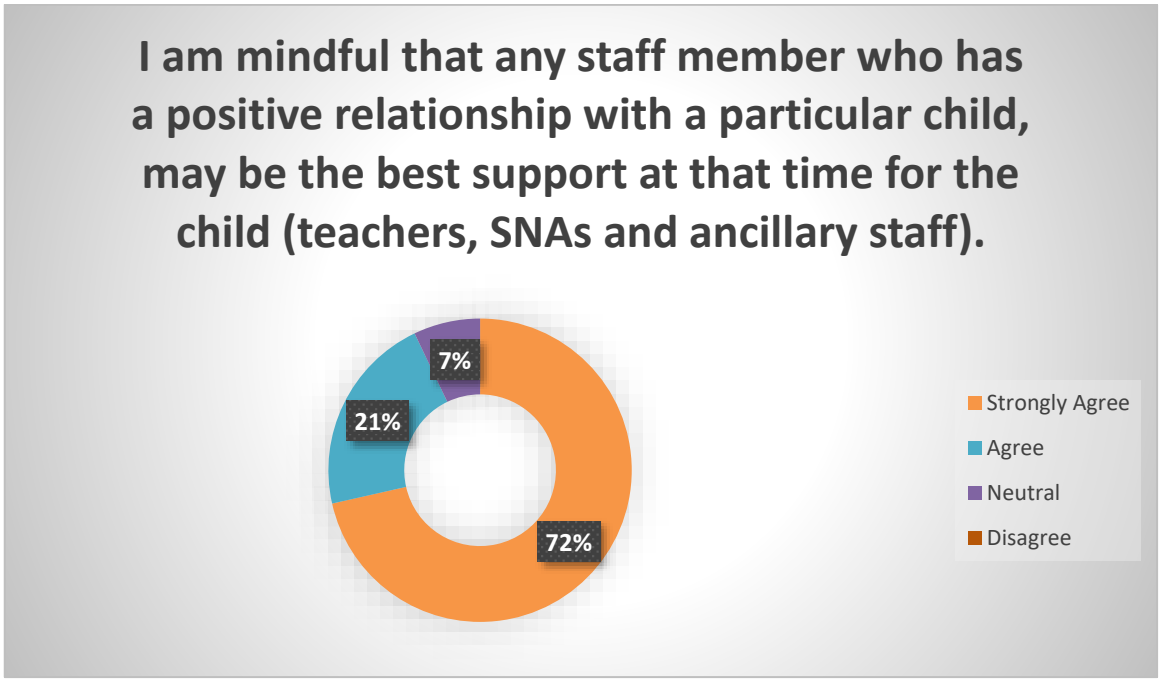
- *'Stamp books*
- *Care Journals*
- *Gratitude journals*
- *Reflective journals*
- *Drawing books*
- *Play*
- *Walks*
- *Gardening*
- *Baking*
- *Informal chat*
- *Meditation*
- *Mindfulness group'*

(Teacher Quotes from current study, April 2021)

In June 2021, participants were asked to rate the following statements:



There was a very positive response to the facilitation of time and opportunities to 'bond' and 'connect' with students. 100% of teachers opted in favour of this, noting: 'conversation, informal chat, enjoyment' as being fundamental to their practice.



This response suggests an awareness amongst most teachers, to value and encourage all relationships and connections in the school community, regardless of role.

Considerations:

A very notable sub theme that emerged here was Time. While eager to invest in student relationships, teachers responded feeling pressured by curriculum and timetable constraints making relational work often feel *'unnatural'* or *'rushed'*, one noting '*where will we get the time?'* (Teacher quotes from this study, April 2021). In response to this, with BOM consent, I have timetabled a specific, common, Wellness Time & Connection Time for all classes September 2021. This time will be used for all staff Teachers, SET & SNA's to work and supervise collaboratively, to support each other as they build on individual connections, in conjunction with our SPHE and Wellness whole school plan.

One of the strongest predictors of stability and well-being, in young people, is the existence of at least 'One Good Adult' in their lives. This theory asserts that one connection, who is safe and available to a child in their time of need, can have a profound influence on a child's self-esteem, belonging and resilience (Dooley et al., 2012). As a school, we are deeply rooted in our local community, with many staff coming from our immediate surroundings. I have observed, for years, the special connections fostered between breakfast club staff, caretaker, office staff and our students, and believe that these should be cherished. This is a significant shift in traditional methodology but represents an openness from staff, to nurture daily interactions which may serve as a conduit for calm and healing for our students.

The Care Team:

Post TIC training, staff were asked to consider becoming a champion of change in trauma informed care and a support for colleagues and children. Eight staff members responded with interest and the Care Team was established in June 2021.

Aims of the Care Team

- The Care Team will operate an enhanced case management system for supporting children experiencing the effects of adverse experiences and/or trauma, (short term or long term) with the fundamental belief of redeemability and a commitment to connecting.
- The Team will act as a support for adults working with children who are struggling with relationship building and possibly finding this school setting a significant challenge.

- The Team will also act as a support for children, in order to improve their childhood experiences and outcomes helping them to feel safe, seen and heard.
- The Team will focus on meeting a child where they are at; and plan an intervention through developmental mapping, prior knowledge, and focusing on key strengths and connections.

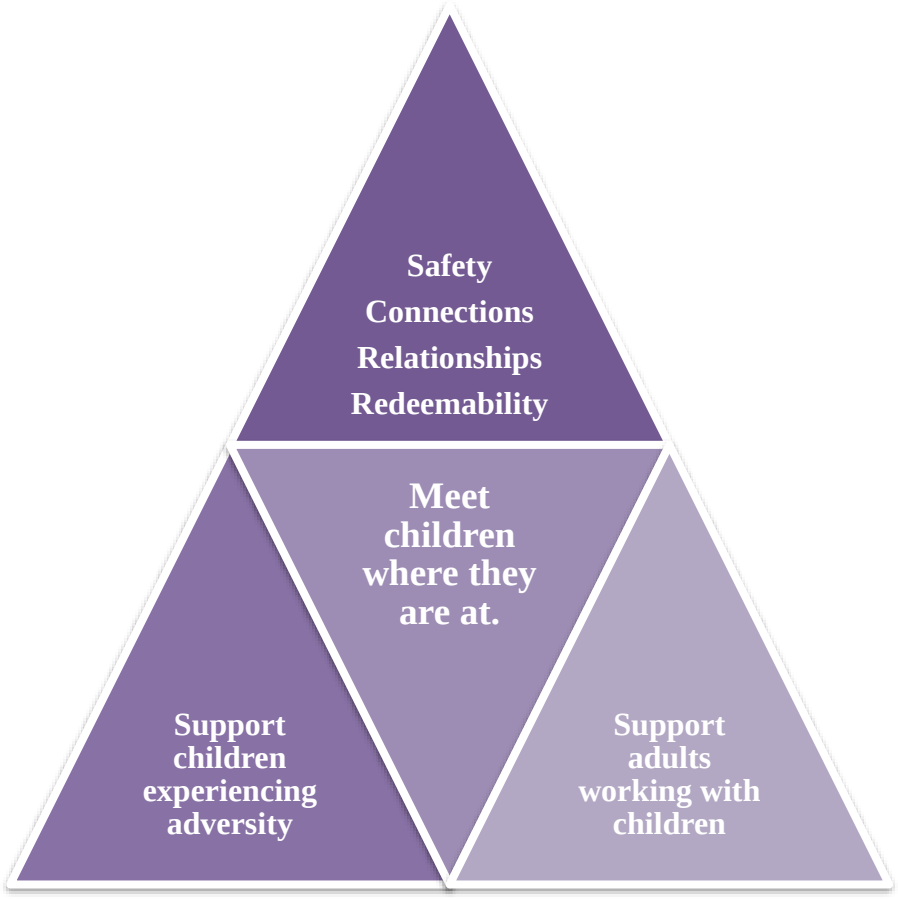


Figure 5.6. The Care Team role

5.4 Findings & Data Analysis

Cultural transformation is a journey and identifying what individuals need in order to realign values and practice, is paramount to the process. The research findings highlight that cultural change is dependent on many factors at organisational, team and individual level. Cultural change is a collective transformation of individual changes, anchored by a core belief. Supporting teachers with a change and scaffolding the process is, in my opinion, the first step on this journey.

The data has shown openness to change and a desire for further knowledge. Participants are reflecting, individually and as a group, drawing on their shared experiences and their knowledge. Reflective supervision although optional and after school hours, was valued and an enjoyable experience for most participants. This is a very positive and progressive step and encompasses the commitment of participants to the children's care and their own self-care. Behaviour, relationships, language, and symbolism are deeply considered and discussed openly, with a renewed sense of enthusiasm. There is a heightened awareness and an appreciation for the influence of educators on children's lives, especially children experiencing adversity. 'Connect before Correct' has become a frequently used expression, one teacher describing it as 'a reset button' (EK, Reflective Journal, June 14th 2021).

While there have been great strides made, there remains much work to be done. The data shows that confidence is lacking in some participants, in responding to trauma and applying the new skills acquired. Working with children who may present with disruptive or aggressive behaviour can see punitive practices re-emerge, in a bid to regain a sense of 'management'. This can cause frustration and confusion in a complex and pressurised environment. This would have been discussed on many occasions, informally, with 'is this trauma informed?' becoming a frequently asked question in the school staffroom (EK, Reflective Journal, June 10th 2021). These richly, reflective informal discussions, while at times derived from frustration, highlight the desire of participants to be trauma responsive and their willingness to support each other. The data offers much hope for the changing attitudes and culture in this school. The continuation of small, manageable changes, championed by a team of supportive colleagues will help to instil more confidence in teachers working in such situations.

This research aimed to uncover what supports and actions teachers needed, to implement a trauma informed approach. The data uncovered the importance of staff attitudes, self-efficacy, and perception of the teaching role as vital elements on this journey. This study is very individual to the research site but highlights how an organisation can pave the way to becoming trauma informed, using TIC principles. TIC approaches aim to level the playing field, removing power dynamics which impede trauma informed care. It is not simply providing training and becoming 'trauma informed'. Valuing empowerment and the voice and choice of all, through daily interaction and policy embeds a trauma responsive culture. It is important to understand the responsibilities and the process but to avoid pressure and unrealistic expectations.

In June 2021, a number of teachers noted the following:

- *'I have changed the language I use'*
- *'I ask questions before making assumptions'*
- *'We are broken through relationships, and we are fixed through relationships'*
- *'I am not as emotional*
- *'I am less likely to take things personally'*
- *'I have begun to implement changes based on my new knowledge*
- *'You can't help kids to regulate if you can't help yourself'*
- *'One needs to trust the process and reap the rewards later, by prioritising relationship building, securing trust and predictability, this takes time for all in the community.'*

(Teacher Quotes from current study, June 2021)

5.5 Summary

While very much a journey and transition, the data asserts that most participants have engaged positively with the process and have generated their own personal learning. Like all changes, a transition and its motivation will resonate more with some than with others and a component of TIC is safety and a secure model for all, to express concerns or fears along the way. Many participants in this school, engaged wholeheartedly, demonstrating their capacity to be agents of change.

The data displays that the intervention has changed the educational practice of many of the participants. It is a gradual culture shift that encompasses the shared values of this community, one that will continue to create small but valuable knowledge and meaning, if sustained.

Chapter 6: Conclusion

6.1 Overview

The following concluding aspect of this research includes strengths and significance of this study, the significance of research for my own learning and educational influence, as well as the learning of others, professional practice, and policy implications. The limitations of this research will also be discussed. This chapter concludes with a personal reflection and areas for further research and recommendations.

'We see you. We hear you. We are with you.'

(Author Unknown)

6.2 Significance of the Research

This research documents the changes made and the improvement plans for the future, in an inner-city primary school, on their trauma informed journey. Strength based attitudes and relationship based practices are emerging. Reflective practice is building an awareness of language, feelings, thoughts, and responses. Staff reflective supervision sessions are helping to prevent vicarious trauma and build safety and trust. Trauma Informed Care aims to

- Create a Safe Environment
- Prioritise Connections and Relationships
- Support a system wide approach with Shared Values
- Understand Community Trauma and Oppression

(SAMHSA, 2014)

Treisman (2018) suggests that organisations should not be just trauma informed but work to becoming more culturally and adversity aware and responsive. Her research emphasises the need to create a significant paradigm shift across systems, creating organisational approaches to trauma-informed and trauma-responsive care. Bloom and Farragher (2013) describe organisations, particularly of a social context, as being akin to sponges, with trauma and loss being both absorbed and seeping out. Complex trauma can cause multi-layered

effects, with organisations becoming defined by its emotional, collective state. Triesman (2017) similarly notes that most long-standing organisations have a memory and may experience organisation historical trauma. Triesman (2017) recognises the importance of organisations acknowledging their own context and identity and why community and generational trauma are so relevant to present day events. This unveiling can cause an organisation to feel exposed and vulnerable. However, honouring our school and our community's story has enabled me to integrate and lead a trauma informed approach, with sensitivity and awareness.

This research aspired to uncover what supports teachers needed in order to implement a trauma informed model. While successful in providing knowledge, this intervention highlights the need for a continuum of support for staff, to apply said knowledge. Individual and team reflection proved integral on this journey of discovery, the data shows that teachers connected with themselves, their values, and beliefs. This further reinforces the findings in this research; that people at all levels in organisations need to be afforded the opportunity and time to reflect on collaboration, voice, and agency. A willingness and openness to express the impact of past practice and experience, while also feeling concerned regarding change, is a brave stance. The TIC principle of 'safety' has proven to be relevant to all: service providers (teachers), as well as service users (children).

Literature and international research have shown that TIC approaches are gaining momentum as a means of supporting children experiencing adversity. Recognising, realising and responding to traumatised children, and understanding the impact on behaviour, learning, and emotions, creates an environment that is safe, sensitive, and conducive to healing and learning (SAMHSA, 2014). I believe that this research and findings can make a significant contribution to the field of trauma informed care research. Educators, in this study were keen to develop their understanding and recognition of trauma. Motivating staff to participate was not an issue, thus highlighting the desire of teachers to acquire knowledge in this field. Triesman (2018) compares an organisations journey to a Trauma River; moving from knowing to doing, responsive rather than informed. She describes the stages of reflection as: trauma sensitive, trauma aware, trauma informed, trauma responsive.

This unique, detailed study spotlights the finer details of cultural change within an educational setting. While authentic to a particular DEIS school, in the inner city of Dublin, this research provides a significant base of information for those responding to children

experiencing trauma or adversity. This research has the capacity to affect positive change in the national educational field; and could play a significant role in developing a framework for schools beginning their TIC journey.

6.3 Limitations

6.3.1 Personal Narratives

Personal narratives draws on one's lived experience, in that they are personal accounts and observations from the participant. My conclusions needed to be carefully formulated to avoid unreliability and my own assumption as well as potentially recognising underlying themes, embedded in the narrative.

6.3.2 Ethical

A number of ethical considerations are worthy of note in this research. Exploring trauma and its impact may cause stress or re-traumatisation in participants, if they have experienced adversity or trauma themselves (NCTSN, 2011). The potential for staff members to re-experience personal trauma during the training is a possible concern. A number of participants provided feedback immediately after the training programme, citing feelings of regret regarding their previous interactions with students in this school and other schools, who may have been affected by childhood trauma. Participants noted that they may have responded differently to children's difficulties had they the TIC knowledge. Details of the Department of Education's employee assistance service, Wellbeing Together, were extended to all staff prior to training. Participants were also informed and reassured of their right to opt out or withdraw from the study at any time.

6.3.3 Professional Development

Staff professional development often provides opportunities for discussion and sharing of information, however this is not always the case; physical environments that are not conducive to training can hinder the process, lack of engagement, lack of space for discussion, challenging workplace cultures all impact CPD (Fox, 2006; Luneta, 2012). This professional development was undertaken during a very difficult period nationally and internationally. The global Covid 19 pandemic forced the closure of schools and the commencement of online learning; teaching and training. The absence of physical

connection and in person training, in the context of a highly emotive subject, may have proved difficult for some participants.

6.3.4 Design

A significant point to note is that the professional training undertaken was not co-designed in our school context. The programme, while extremely informative is not specifically tailored for school or educational settings. There was little input from school in terms of designing the training. This could potentially be viewed as a negative from teachers who may feel that certain aspects were not focussed or targeted enough.

6.3.5 Leadership

The absence of leadership or managerial support is often also a significant barrier. It is evident that change is less likely when management are uninvolved or unsupportive (NCCA, 2009). This was not an issue in this research report but comparatively, management 'pushing' an agenda, which may be viewed by teachers, as too time consuming or not a priority in their classroom, will also struggle to succeed. Change must be collaborative and considered and usually is derived from a shared concern over time.

6.3.6 Sustaining

Culture change can prove ineffective if there is an absence of staff 'buy-in'. If participants are not convinced or do not share the view, that this concern is a priority, sustaining momentum and motivation will prove exceptionally challenging. Regular feedback, evaluations, and consultation must be maintained.

6.3.7 Financial

In-depth TIC Training is currently not provided by the DES. While the training programme was largely funded through a community development organisation in this community, the cost of the programme is and will be a barrier to many services.

6.3.8 Evidence Based Measurement

The Traumatic Stress Institute co-developed the ARTIC Scale, to assess the attitudes of teachers and their capacity to view their practice through a trauma informed lens. There are several ARTIC variants for different organisations at different stages of trauma informed

practice. In August 2021, the California Evidence-Based Clearinghouse for Child Welfare officially added the Attitudes Related to Trauma-Informed Care (ARTIC) Scale to their list of evidence-based measurement tools for child welfare. Although the ARTIC is an expensive measurement tool, I learned mid-intervention that it is complementary for a research study. I feel it would have been beneficial to conduct a pre-intervention ARTIC and a post-intervention ARTIC with participants as a means of comparatively tracking our trauma informed journey. As our TIC journey continues, this is an aspect that could be followed up in the coming months.

6.4 Further Research and Recommendations

The Department of Education & Skills recognise that schools are key to equipping children and young people with the knowledge, skills and competencies to deal with challenges which may impact their wellbeing. The national wellbeing policy statement and framework for practice, positions schools, as vital, in promoting children's wellbeing (DES 2018). In light of this policy, a primary recommendation of my research is that teachers need to be equipped with the knowledge and skills required to support children who may be traumatised or experiencing adversity. Research in the US claims that the surging prevalence of ACE's in American society is at crises point (Women and Trauma Federal Partners Committee & United States of America, 2013). Research consistently tells us that experience of ACEs can have detrimental repercussions for the brain and body (Van der Kolk, 2014). Schools and teachers are supporting children with cognitive, social, emotional impairments, behavioural difficulties, impulse control, low self-esteem, and emotion dysregulation (Copeland, Keeler, Angold, & Costello, 2007), with little guidance or training in doing so. Professional development in Understanding Trauma and the Impact of Trauma is recommended.

A secondary recommendation of my study is that further research is required, particularly school-based research. There is a significant absence of Irish based research in this field, with Delaney (2020) being the most current on trauma informed training in schools and reaching a similar recommendation for the need for more research, specifically in schools. Further research exploring the efficacy of trauma informed care in educational settings with education staff is required. Members of marginalised communities are at greater risk of experiencing ACEs (Adams, 2010). This would point out that research commencing in DEIS schools may be a good starting point.

6.5 Personal Reflection

Education is rightly presented in mainstream discourses as a positive force, leading to a more peaceful and productive world. While education is an empowering force and I strongly advocate for its positive role in the world, creating knowledge, confidence, and opportunity; the systems of education should be critically considered. Brookfield (1995) proposes that critical thinking links personal experience with social and power arrangements, this is worthy of consideration in terms of systems of education, and the potential for adversity. Brookfield's autobiographical lens and the field of critical pedagogy has afforded me the opportunity to delve deeper into my role in a system, where power relationships and management may prevent schools from being more equitable and socially-just environments. Positive education assumptions aside, my reflections have brought concerns to the fore, about the limitations and possibly adverse effects of educational systems and the implications of such.

This research has afforded me the opportunity to reflect meaningfully on my leadership role and the complexity of schools. There ensues a realisation that practices I have assumed to be useful and beneficial may in fact have constituted forms of symbolic violence and perhaps explain how school systems are failing some students. I find myself eager to explore authoritarian administrative structures and procedures, reflecting on the 'codes of discipline' and expectations I have overseen in my school community. I consider how complicit I may be in a cycle of educational systemic violence, preventing my students from learning and in doing so, harming them (Epp & Watkinson, 1996). Illich (1970) postulated that populations are profiled according to their educational outcomes, a system further aggravated by school cultures of management, control, authority, and punitive consequences for non-compliance. Gerbner (2002) suggests that such authority and power in educational systems could be deemed symbolically violent. Skinner (1938) proposed similar, that conditioned learning and threat of consequences for non-compliance, is a form of violence.

Teacher identity and living contradictions are consistent themes on my reflective journey. The process has enabled me to ask difficult questions about the potential for symbolic violence in our education system and to question traditional power structures. Brookfield (2006) suggests that exploring the operation of educational settings and how this is perceived by children, through a variety of lenses may highlight the inevitable pervasiveness of power but also the importance of social justice and democracy in the education system. Few schools

function without some negative social implications, subtle forms of symbolic violence embedded in culture and attitudes, but to be hopeful for the future of social organisations and to assume the good intention of educators is vital (Whitehead 2004). Hopeful, but aware. Being aware of the potential for abuse in educational institutions is imperative (Waite and Allen, 2003). Brookfield (2006) notes that a critically reflective teacher increases the awareness of their teaching, from as many different vantage points as possible.

My research and reflective experience has highlighted the contradictions and the reality of power in my life, my relationship, and engagement with said power and the impact this may have in my school and my community. Where I previously looked to global, systemic issues of inequality and control in a detached sense, my refined reflective practice has enabled me to focus upon my involvement in issues of inequality. Perhaps I unintentionally have made decisions or engaged in practices that reinforced inequalities, marginalisation, and exclusion, further enhancing educational disadvantage. Bertrand (1998) claims that knowledge is born of 'an awareness, a sensitivity to life' (Bertrand, 1998: 117). My research has created new knowledge for me, a self-study that has disclosed invaluable learning both personally and professionally. Dewey (1933) identified three attributes of a reflective teacher: being open-minded, wholehearted, and responsible, I have found being open to vulnerability, in order to critically evaluate my work, has been an empowering journey. Rather than feel I have failed in my commitment to my values, I feel I have delved deeply into the source of my values and uncovered some inherent truths. I remain assured that my values have and do act as guiding principles in my practice but when coupled with reflective tools, align to create positive change.

6.6 Summary

My personal reflections have exposed the power of reflective thinking as a tool for continuous improvement; improvement which has implications far beyond my personal or professional practice but in a meaningful social context. Treisman (2016) suggests that organisations can become defined by their emotional, collective state. My critical reflective practice has highlighted the need for opportunities to reflect on collaboration, voice, and agency. This research highlights the need for schools to be integrated with cultural humility and responsiveness. School leaders and teachers must consider their practice within their organisation's own context and identity. This research has reconnected me with my role, my community, and my values. Creating connections and relationships with my students and

colleagues in this community motivates me to explore my learning, so that concepts and theories become embedded and meaningful in my practice. This study has given me a greater sense of self efficacy and a renewed focus. As a result, I feel more consciously competent and hopeful about the potential of my everyday practice.

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Appendices

Appendix 1: Consent Letter to BOM

Roinn Froebel Don Bhun- agus Luath- Oideachas, Ollscoil Mhá Nuad
Maynooth University Froebel Department of Primary and Early Childhood Education

October 25th 2020

Dear Chairperson & BOM Members,

I would like to thank the BOM for its support and contribution to my studies. As you know, I am a student on the Master of Education programme at Maynooth University. As part of my degree I am undertaking a research project, the focus of my research is Trauma Informed Care and it's implementation in a DEIS school, namely how I might support teachers implementing this model. In order to do this, I intend to carry out research with teachers. The data will be collected using observations, interviews, journals, feedback, questionnaires; staff will be asked for their input and opinions throughout the process.

I believe in the value of educational equity and the role it plays in empowering individuals and communities to break the cycle of disadvantage in our society. I believe that society struggles to consider the negative impact of historical and social influences on communities and children, the marginalization and stigmatization of communities, concerns me. For people residing in inner city neighbourhoods the cycle of deprivation and the persistence of poverty is further reinforced by adverse community experiences, undermining both individual and community resilience and altering their identity and culture. The social well being of these communities is threatened, reinforcing their marginalisation and exclusion. For people residing in inner city communities the cycle of deprivation and the persistence of poverty is further reinforced by adverse community experiences, undermining both individual and community resilience.

I am interested in school and community level strategies to address trauma and promote community healing and resilience. Through my action research I hope to build on indigenous knowledge to produce strategies that are culturally relevant and appropriate, creating and sustaining these changes requires a respectful adjustment and reprioritisation, where the whole community works together to cultivate a space in which students, staff members and the community thrive. I have a firmly established commitment to my school community, the culture, beliefs, behaviours, fears and anxieties of this community are fundamental to the success of our school and our students. With training and a whole school approach I hope to integrate trauma sensitive care into our school policies and procedures. I will explore and examine aspects of my own practice and school practice, with a view to improving my practice and advancing the knowledge base for teacher education. I aim to support the educational and emotional experiences of the students in my care, as well as improving relationships, increasing participation and encouraging school and community wide understanding.

My research will fully comply with the school's Child Protection & Safeguarding Policy ensuring that the principles of best practice are adhered to, in child protection and welfare. I recognise and am committed to the protection and welfare of children; this is of paramount importance, regardless of all other considerations. I will conduct my research in accordance with the school's GDPR Policy, Confidentiality Policy and the Health & Safety Policy. All data will be treated with utmost confidentiality, with restricted access and archived in accordance with the ethical considerations of Maynooth University.

I will follow a process of Informed Consent throughout the research period, providing sufficient information so that a participant can make an informed decision about whether or not to participate or to continue participation. All stakeholders will be given a comprehensive explanation as to why the research is being conducted, why they are being invited to participate and a clear pathway to withdrawal/opting out. The possible benefits, risks and burdens that may arise for participants personally as a result of participating in the research and what benefits are expected to accrue to them and to the community as a result of the research, will be considered and discussed. Possible sources of tension arising from the research will be addressed in an open, honest, non maleficent manner, ensuring the dignity and privacy of all participants is upheld.

I recognise the United Nations Convention on the Rights of the Child, ensuring that all children are protected, nurtured and empowered. The rights are viewed as necessary for the full and harmonious development of the child and inherent to the dignity of the child. I work to always ensure that I respect rights of the child and potentially vulnerable children, this particular research study does not directly involve children.

Permission & Consent will be required from all stakeholders; anonymity and confidentiality are paramount and will be respected throughout the research process. All information will be confidential and information will be destroyed in a stated timeframe in accordance with the university guidelines. The correct guidelines will be complied with when carrying out this research. The research will not be carried out until approval is granted by the Froebel Department of Primary and Early Childhood Education. All methods of data collection will be carried out in a sensitive manner; participants may cease involvement at any time and without the need to supply a reason.

I would like to request permission to carry out this research in our school. If you have any queries on any part of this research project feel free to contact me by email or phone.

With many thanks,

Eilish Kelly

Appendix 2: Consent & Information Letter to Participants

Roinn Froebel Don Bhun- agus Luath- Oideachas, Ollscoil Mhá Nuad
Maynooth University Froebel Department of Primary

October 25th 2020

Dear Colleagues,

As you may know, I am a student on the Master of Education programme at Maynooth University. As part of my degree I am undertaking a research project, the focus of my research is Trauma Informed Care and it's implementation in a DEIS school, namely how I might support teachers implementing this model. In order to do this, I intend to carry out research with teachers. The data will be collected using observations, interviews, journals, feedback, questionnaires; staff will be asked for their input and opinions throughout the process.

I believe in the value of educational equity and the role it plays in empowering individuals and communities to break the cycle of disadvantage in our society. I believe that society struggles to consider the negative impact of historical and social influences on communities and children, the marginalization and stigmatization of communities, concerns me. For people residing in inner city neighbourhoods the cycle of deprivation and the persistence of poverty is further reinforced by adverse community experiences, undermining both individual and community resilience and altering their identity and

culture. The social well being of these communities is threatened, reinforcing their marginalisation and exclusion. For people residing in inner city communities the cycle of deprivation and the persistence of poverty is further reinforced by adverse community experiences, undermining both individual and community resilience.

I am interested in school and community level strategies to address trauma and promote community healing and resilience. Through my action research I hope to build on indigenous knowledge to produce strategies that are culturally relevant and appropriate, creating and sustaining these changes requires a respectful adjustment and reprioritisation, where the whole community works together to cultivate a space in which students, staff members and the community thrive. I have a firmly established commitment to my school community, the culture, beliefs, behaviours, fears and anxieties of this community are fundamental to the success of our school and our students. With training and a whole school approach I hope to integrate trauma sensitive care into our school policies and procedures. I will explore and examine aspects of my own practice and school practice, with a view to improving my practice and advancing the knowledge base for teacher education. I aim to support the educational and emotional experiences of the students in my care, as well as improving relationships, increasing participation and encouraging school and community wide understanding.

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I will follow a process of Informed Consent throughout the research period, providing sufficient information so that a participant can make an informed decision about whether or not to participate or to continue participation. All stakeholders will be given a comprehensive explanation as to why the research is being conducted, why they are being invited to participate and a clear pathway to withdrawal/opting out. The possible benefits, risks and burdens that may arise for participants personally as a result of participating in the research and what benefits are expected to accrue to them and to the community as a

result of the research, will be considered and discussed. Possible sources of tension arising from the research will be addressed in an open, honest, non maleficent manner, ensuring the dignity and privacy of all participants is upheld.

Permission & Consent will be required from all stakeholders; anonymity and confidentiality are paramount and will be respected throughout the research process. All information will be confidential and information will be destroyed in a stated timeframe in accordance with the university guidelines. The correct guidelines will be complied with when carrying out this research. The research will not be carried out until approval is granted by the Froebel Department of Primary and Early Childhood Education.

All methods of data collection will be carried out in a sensitive and non-stressful manner, you may cease participation at any time and without the need to supply a reason. I would be very grateful if you would consent to participate in this research study. If you have any queries on any part of this research project feel free to contact me by email or phone.

With many thanks,

Eilish Kelly

CONSENT FORM

I have read the information provided in the attached letter and all of my questions have been answered. I voluntarily agree to participate in this study. I am aware that I will receive a copy of this consent form for my information.

Staff Member Signature_____ Date: _____

Appendix 3: Pre-Intervention Trauma Informed Survey

(In conjunction with Trauma Responsive Education)
December 2020

Your school is taking part in the trauma responsive education programme. As a part of the programme, we would like to help your school to assess their strengths in this area and to highlight any areas for development. You have been asked to fill in this questionnaire because it is important to get a range of views from people in different roles in the school.

Please rate your school on a scale of 1-4 using the following criteria:

1= this is not in place at the moment
2 = this is partially in place
3 = this is mostly in place
4 = this is fully in place
0 = I cannot say because I do not know.

Area of focus - School policies and procedures
School contains predictable and safe environments (including classrooms, hallways, outside spaces, transport) that pay attention to transitions and sensory needs. (For example, noise and lighting)
There is a trauma-responsive whole-school action plan which records progress, identifies barriers to progress and evaluates success.
Teachers are aware of the role which trauma can play in learning and behavioural difficulties at school
All support staff, including SNAs, are aware of the role which trauma can play in learning and behavioural difficulties in school
All staff are aware of the impact of attachment difficulties on learning and behaviour, particularly with regard to children in care

Discipline policies offer different approaches to dealing with issues and show an understanding of the effects of trauma. For example, there is a safe space for learners to go to if they need to calm down, restorative practices are implemented
Support for staff is available on a regular basis, including supervision where they can talk about issues and feelings and/or consultation with a trauma expert.
There are polices for teachers to support each other. For example, peer observation, team teaching.
The school policies explain how the school keeps learners and staff safe. For example, the recording and transfer of confidential information.
There is a child protection policy which all staff are aware of and there is a designated person for protection issues. (This is a policy which tells staff what to do if they have information that a learner is at risk of abuse or in immediate danger from self or others)
There is a risk assessment policy. (This is a policy which explains what staff need to do if they are doing an activity which may cause some potential risk)
On-going professional development opportunities exist for all staff, and include training on the impact of trauma on learning and behaviour
There is a clear teacher support policy which explains who teachers can contact if they are having difficulties with their work and what support they can expect.

Area of focus – Classroom strategies and techniques
Expectations of students and staff are communicated in clear, concise and positive ways for example, with posters on the walls.
Goals for the achievement of students affected by trauma are realistic
Learners' strengths and interests are encouraged and included in lessons and school life.
Activities are structured in predictable and emotionally safe ways.
Opportunities exist in all classes for learners to learn and practice regulation of behaviour and management of feelings. Eg calming activities and routines, opportunities to name feelings in activities
Opportunities exist in all classes and outside class for learning how to interact with others.
Staff are aware of the importance of students' home languages and can work with these in class

Information is presented and assessed using different modes and methods.
Social and emotional skills are explicitly taught and discussed.
There are a range of positive behaviour supports and interventions.
Disciplinary processes take account of a learner's experience and the possible reasons for the behaviour.

Area of focus – Collaboration and links with mental health organisations
Policies exist which describe how, when and where to refer students to mental health support and all staff are aware of these.
Access exists to specialist organisations with experience in dealing with the more severe effects of trauma for prevention, early intervention, treatment and crisis intervention e.g psychological services, community charity groups
Mental health services are linguistically appropriate and culturally aware.
Staff have regular opportunities for assistance from mental health organisations in responding appropriately and confidentially to families

Area of focus- Family partnerships
Staff use a range of techniques to engage and build positive relationships with families, taking into account family culture, language, race and ethnicity.
Staff work in partnership with parents/carers, including taking their advice on what works with their child
Strategies to involve parents are tailored to meet individual family needs and include flexibility in choosing times and places for meetings.
Interpreters and translated materials are available if needed.
All communications with and regarding families respect the bounds of confidentiality.

Area of focus – community links
School develops and maintains ongoing partnerships with outside voluntary and state agencies.
School works with the local community to be aware of events and incidents arising.

When possible, school and community work together to access funding for further supports

What are the main types of trauma which students in your school experience or have experienced?

How do the effects of trauma show up in school in learning and behaviour?

Thank you for taking the time to complete this questionnaire. We look forward to working with your school.

Appendix 4: Post Intervention Feedback Questionnaire

(In conjunction with Quality Matters)

January 2021

General Ratings Module One and Module Two, Workshop One
Please rate the following aspects of the training, where 1 means Very Poor and 10 means Excellent:

Module one on the Training Hub

Module 2 Workshop 1
How interesting & enjoyable was the workshop
How relevant the training is to your work
The practical skills or learning you can take away
How well you understand the theory og TIC and TIC principals
How beneficial the breakout exercises were
Ability of the facilitair to engage

Module Two, Workshop Two
How closely the workshop met your expectations
How interesting & enjoyable was the workshop
How relevant the learning is to your work
The practical skills or learning you can take away
Recognise React Respond teaching
TIC dialogue (rewriting scenarios) exercise
Trauma disclosure teach, trauma informed referrals ….

Outcomes: Improved Knowledge of TIC
Does the training so far, better equip you to understand trauma and prevent triggering/retraumatising other?
Yes
No

Appendix 5: Trauma Informed Care Teacher Survey

March 2021

Do you feel you have reflected more upon your practice since the TIC Training? Would you like more opportunities to reflect with your colleagues in small groups?

Once a Week

Once a Fortnight

Once a Month

No thanks

Would you like more opportunities to build upon relationships with students in your class? For example, small group/individual contact time outside of class.

Yes

No

If you answered Yes above please suggest some ways you might do this in school?

Would you like 'Conversation Time/Circle Time' timetabled weekly in a whole school capacity?

Yes

No

What is your opinion on moving away from the current ‘Code of Behaviour’ and towards a Relationship Policy, involving Staff, Children & Parents. please comment below?

The school currently operates a system of 'Logical Consequences'. Is this something that is currently working well for you or would you like to see amendments? Please comment below.

As we are now a TI School, we must look at what we do and how we do it. The use of the 'Pink Page' can impact children in different ways. Please consider this and comment below.

A Whole School Restorative Approach has been suggested this would focus on recording the impact of the incident and how the issue was resolved. This could replace the 'Pink Page'. What are your thoughts?

Would you welcome a refresher course in Restorative Practices?

Yes

No

The TI Care Team will be a group of passionate and supportive practitioners who will work with the ISM Team to continue to develop our compassionate and safe school ethos. If you are interested in joining the Team please add your name below:

Any other comments?

Thank you for taking the time to complete this survey.

Appendix 6: Reflective Supervision Feedback Form

April 2021

(In conjunction with Trauma Responsive Education)

What parts of the supervision sessions did you find useful?

Were there any parts of the supervision sessions that you did not find useful? If so, which parts?

Are there other areas or topics that you would like to explore further?

How do you hope to implement learnings from these sessions in your class or school?

Any other comments?

Thank you.

Appendix 7: Reflective Supervision Survey

May 2021

I would feel more comfortable sharing my experiences during Reflective Supervision if the school management team were not present.

Yes

No

Comment (Optional)

Appendix 8: Trauma Informed Care Staff Survey

June 2021

I am aware of the effects of trauma on the behaviour of students in my classroom

Strongly Disagree
Disagree
Neutral
Agree
Strongly Agree

I consider my students' experiences with trauma as I design strategies to engage students in learning

Strongly Disagree
Disagree
Neutral
Agree
Strongly Agree

I can identify traumatic responses in students

Strongly Disagree
Disagree
Neutral
Agree
Strongly Agree

I am aware of aspects of the school environment that may trigger trauma reactions in students

Strongly Disagree
Disagree

Neutral
Agree
Strongly Agree

I know how to handle difficult behaviour related to traumatic reactions in students

Strongly Disagree
Disagree
Neutral
Agree
Strongly Agree

I understand how the brain is affected by trauma

Strongly Disagree
Disagree
Neutral
Agree
Strongly Agree

I am mindful of how my verbal expressions (tone, language, sarcasm) impact a traumatised child

Strongly Disagree
Disagree
Neutral
Agree
Strongly Agree

I am mindful of the way my body language and non-verbal expression impact a traumatised child

Strongly Disagree
Disagree

Neutral
Agree
Strongly Agree

I am mindful that any staff member who has a positive relationship with a particular child, may be the best support at that time for the child (teachers, SNAs and ancillary staff)

Strongly Disagree
Disagree
Neutral
Agree
Strongly Agree

Any further comments on your TIC experience this year

Thank you for taking the time to complete this survey.

Appendix 9: Participant Interview

June 2021

How has your practice changed, if it has changed, since becoming a Trauma Informed practitioner?

Do you feel you can raise doubts or concerns in a safe way in this school?

What do you think maybe a barrier or challenges to this school's trauma informed journey &
How might this school overcome this/these?

Have you anything else to add in terms of commentary or observation over the past 6 month of being trauma informed?

Thank you