This article discusses trauma-informed care in education and its role in nurturing resilience development within the community, using a specific example of a DEIS[1] primary school located in Dublin. The article outlines and reflects on three school-led Trauma-informed Practices (hereafter TIPs) aimed at building resilience in young people within this context.

The American Psychological Association (2020) defines resilience as "the process of adapting well in the face of adversity, trauma, tragedy, threats or even significant sources of stress". While there is a lack of consensus on the definition of resilience, the majority of definitions in the literature include reference to positive outcomes or the ability to bounce back in the aftermath of adversity (Southwick, et al., 2014; Vella & Pai, 2019). The concept of resilience has sparked further debate over the years, with critics arguing that a focus on a person's resilience following a traumatic event, shifts blame on the individual and, therefore, away from societal and structural issues (Masten, 2019). However, while earlier views considered resilience an innate trait that a person does or does not possess (Connor and Davidson, 2003, Ong et al., 2006) more recent perspectives emphasise resilience as dynamic and shaped by external factors including biological, psychological, social, and cultural (Luthar et al., 2000; Bartlett & Steber, 2019). This article aims to provide insights into practical interventions or TIPs aimed at bolstering resilience within a school setting. It also aims to highlight the need for a collaborative, multi-agency response to trauma intervention.

Trauma-Informed Care

Toxic stress, as a result of trauma or adverse childhood experiences (ACEs), can impact an individual's long-term physical and mental health (Middlebrooks, 2007) as well as adversely impacting an individual's development across areas of behaviour, emotional regulation, cognitive processing, and the ability to form trusting relationships (Jennings, 2019; Lewis, 2017; Van der Kolk, 2015). According to SAMHSA (2014), trauma is "an event, series of events, or a set of circumstances that is experienced by an individual as physically harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, and spiritual wellbeing". Experiencing trauma in childhood can be particularly harmful (Jennings, 2019) and a growing body of research has shown the adverse effects childhood trauma can have on an individual.

An increased awareness of the impact of ACEs and childhood trauma has led to a greater focus on how services may potentially exacerbate or mitigate trauma-related

[1] DEIS: Delivering Equality of Opportunity in Schools. Schools are assigned DEIS status due to their level of disadvantage (DES, 2022)

issues, resulting in an increasing number of services adapting practices under the framework of TIC (SAMHSA, 2014). Trauma-informed care is described as a service model approach that reflects an understanding of the prevalence of trauma, recognises its effects on individuals and seeks to intervene effectively across an organisation's policies, procedures and practices (SAMHSA, 2014). Critics of this approach argue that highlighting the potentially adverse outcomes related to childhood trauma can create an overly fatalistic view leading to a deficit-based approach (Lotty, 2024b). Balanced with evidence on resilience, however, it could be argued that TIC is in fact a competence and strength-based model which focuses on prevention and on building strengths (Education Scotland, 2018; Southwick, et al., 2014). According to SAMHSA (2014), TIC reflects person-centred principles that strive to provide safety, give choice, enable trust, collaborate, empower and is culturally sensitive. Trauma-informed schools could therefore be described as aiming to create a culture of care that prioritises pupil wellbeing and promote safe and trusting relationships between pupils and all members of staff. They seek to implement policies and practices that "actively resist re-traumatization" (SAMHSA, 2014) in order to ensure all members of the school community, including staff, pupils and their families, feel safe and supported.

This article will outline and reflect on three collaborative trauma-informed practices (TIPs) implemented in a school setting and aimed at various stakeholders. TIPs refer to the everyday practices within an organisation by practitioners (Lotty, 2023a). TIPs, in the context of a school, refer to the daily practices and interventions that reflect the principles and assumptions of trauma-informed care. TIPs are underpinned by an understanding to apply knowledge of trauma recognition and intervention into concrete interventions that support resilience development and recovery from trauma, as part of a united endeavour of all those involved in supporting the children and their families (Lotty, 2023a). Furthermore, TIPs also involve an integration of existing practice wisdom that already exists within aligned professional practices and programmes (Lotty, Kearns and Frederico, 2024).

The first TIP that will be discussed was implemented in order to encourage an ecological approach to fostering resilience within the community in focus. It involved training for school staff, local service providers and community members in order to spread awareness of TIC and empower those involved to implement TIPs across various settings. The second TIP introduces a trauma-informed mentoring programme targeting at-risk pupils in their final year of primary school, aiming to build resilience and support their transition to secondary school. The third TIP focuses on a trauma-informed peer support group for teachers, recognising the impact of vicarious trauma on educators. To conclude, the reality of implementing trauma-informed care in the current educational climate will be discussed,

including some of the challenges faced by schools. It should be noted that, at present, there has been no formal evaluation carried out on the three approaches outlined below and that reflections included in this article are from the authors.

Context and Background

This article will look at an area of extreme disadvantage in Dublin City which has been classified as one of the most deprived electoral divisions in Ireland, according to a study done by Pobal (2017). The community experiences high levels of poverty, violence and antisocial behaviour and has developed a tarnished image associated with crime, drugs and gangs. The first author currently works in a DEIS primary school in this community, as Home School Community Liaison Coordinator (HSCL)[2]. The HSCL works closely with the families of children at risk of educational disadvantage with the aim of increasing trust, building relationships and empowering parents to support their child's learning and development.

Similar to other areas of deprivation, there is a high prevalence of trauma in the community. Young people in the area are regularly involved in antisocial behaviour and one of the major issues at present, identified by the community, is the grooming of primary school-aged pupils for involvement in criminal gangs (Nolan, 2020). A large number of pupils attending the school have experienced adversity or trauma in their childhood, which, along with other social issues faced by the community, significantly increases their risk of involvement in crime (Levenson, 2016). McAra & Mc Vie (2022) identify poverty; neglect and abuse; family and neighbourhood environments characterised by violence; educational disconnect; and substance misuse, as some of the key factors associated with involvement in crime, which unfortunately are challenges many families in the community are faced with.

In 2020, a report on the area was commissioned by Dublin City Council, in response to escalating levels of violence in the community. One of the actions highlighted in this report was the need for an "ACE informed approach" (Nolan, 2020, p. 46) in local schools. Following on from this, staff in the school engaged in training on the topic of Adverse Childhood Experiences and childhood trauma. While knowledge of the ACE study (Dube, et al., 2003) was a helpful starting point, further education and training around the concept of trauma-informed care offered staff an approach which moved beyond an awareness of the impacts of ACEs and trauma on a young person, and instead encouraged a response to promoting recovery from ACEs and trauma. Since being introduced to trauma-informed care, staff in the school have

[2] The HSCL Scheme was introduced to DEIS schools in Ireland with the aim of promoting partnership between the school, parents and other services in the community in order to improve educational outcomes for young people in marginalised communities.

demonstrated their commitment to implementing TIPs within the school in order to build resilience and reduce the impact of trauma on pupils. Resilience is the result of a combination of protective factors (Masten, 2021) and staff in the school aim to build on the number of protective factors in the lives of pupils, through an ecological approach to trauma-informed care (De Candia & Guarino, 2020). Protective factors put in place by the school or the community can buffer children from the risks associated with childhood trauma (Lotty, 2023b).

With young people spending a significant amount of time in school, staff in schools are well-placed to foster resilience in young people. Schools offer a stable, structured environment for young people, as well as a consistent, daily interactions with trusted adults. Schools can also offer the sense of safety, belonging and community required to build resilience in young people. Within the school in focus, while there are a range of interventions being implemented by teachers and staff that target pupils on an individual and organisational level, a collective, multiagency approach is necessary in order to tackle the multitude of challenges faced by some students.

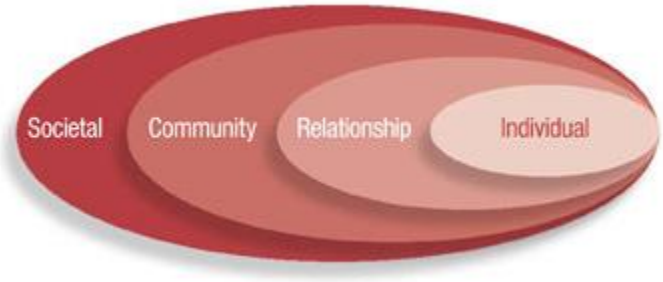
Due to the collaborative nature of the role, the HSCL Coordinator is well-placed, not only to implement TIPs within the school setting, but to promote TIPs at family and community level. Given the need for a collaborative effort, the first TIPs were developed to promote a community-wide approach to trauma-informed care and resilience development. Below is an outline of three TIPs based on a collaborative approach to building resilience, which target individual, relational, school and community systems.

Tip 1: Developing Awareness of Trauma-Informed Care to Promote Community Responses for Resilience

Since starting the role of HSCL and following on from the recommendation of an "ACE informed approach" in schools from the Nolan Report (2020), the first author has worked to develop a community resilience project in order to counteract the impact of childhood trauma on the young people in the community. One key driver in this project is the introduction of TIC not only to schools, but to other service providers in the community, in order to encourage a whole community effort to promote resilience development. This is based on an understanding that interventions in the school, although crucial, will not be sufficient in isolation. An ecological approach to promote resilience development recognises that there are multiple levels of influence on a child's development; the individual, family, school, community and society (Bartlett & Steber, 2019). Interagency collaboration

is essential, therefore, in order to foster resilience and reduce the impact of trauma on students and their families.

Figure 1: The Social-Ecological Model



(Centre for Disease Control and Prevention, 2011)

The first step in this project was to build awareness of trauma and its impacts in the community through offering a two-day basic training programme[3] as an introduction to TIC to people living and working in the community. This initial training was delivered to 15 community partners in 2021. According to Bartlett & Steber (2019), providing community partners with training and professional development on childhood trauma is an important element of implementing TIC in order for them to become aware of the prevalence of trauma; learn strategies to manage trauma-related problems in individuals; and learn to view people's difficulties in behaviour, learning or relationships as a natural reaction to trauma.

In year one, training was organised for leaders in five local schools. Evidence synthesis highlights that the lack of adequate training and education on what trauma is, what trauma-informed care is and how to operationalise it, is a significant barrier to the implementation of TIC (Bargeman, et al., 2022). The aim of the training, therefore, was to begin to break down some of these barriers by targeting leaders working directly with young people in schools and providing them with effective training and education on the topic. Since this initial step, additional talks and training have been organised in the local schools (e.g. workshops with play therapist and educators with experience of TIC). Two of the five schools have identified the implementation of trauma-informed care specifically as a priority area in their schools, while the other three schools continue to engage in further professional development in the area.

In year two, funding was secured to provide training for an additional thirty individuals, either working or living in the community. A total of eleven different

[3] Training was provided by *Quality Matters*, a not-for-profit organization who work with services in Ireland to improve social service provision

organisations who provide services to local families, took part in the training, including staff members from youth clubs, youth diversion projects, the housing unit in the local council, drug awareness projects and the policing service. Extending training opportunities to community partners was intended to encourage a whole community response to children who have experienced adversity and trauma. Although the training was organised as an introduction to TIC and to build awareness of resilience development, it is worth noting that engaging in training alone does not constitute trauma-informed care. While the initial training was successful in starting the conversation in the community around TIC, the ultimate aim was to create a network for TIC within the community. Resilience to childhood trauma depends largely on the supports available to a child and their family and there is significant evidence that states that "protective factors" put in place by families, in schools or in communities can buffer the impact childhood trauma has on an individual (Bartlett & Steber, 2019). Through cross-sector collaboration, it is hoped that service providers and community leaders can come together with the shared goal of intentionally increasing protective factors for young people at community level and, in turn, foster community resilience. An ecological systems approach recognises that the responsibility to develop resilience in the aftermath of adversity, does not lie solely with the individual or with one organisation. Interventions to promote resilience development must target individual, interpersonal, and community systems (De Candia & Guarino, 2020), therefore a whole-community response is required.

Following on from the initial training, further training needs were identified leading to nine members of staff within the school in focus completing the university-based Level 9 *Trauma-Informed Practice in Education Programme* for professional staff (University College Cork). As part of the final assignment, and building on the first TIP outlined above, the first author implemented two further TIPs within the school, presented below.

There were a number of factors which limited the impact of this TIP including the cost of outsourcing training and the limited number of spaces available for training. The funding received covered the cost of training for forty-five participants. Available spaces for the training were offered across multiple organisations, potentially diluting the impact of the training and leading to a slower response in implementing interventions within organisations and across the community. Reducing the number of organisations targeted to allow more spaces to staff in a select number of services, may have helped to create a stronger, more cohesive community response after the training.

Tip 2: Trauma-informed Mentoring Programme to Promote Pupil Resilience

The sixth class mentoring programme was a TIP initiative implemented in the school, designed to support at-risk young people during their transition to secondary school. Discussions with community partners, including teachers, youth workers and parents, found that young people at this age were particularly vulnerable to becoming involved in crime. Building resilience in children and young people, as well as their families and communities, is crucial in order to reduce crime and victimization (The Scottish Government, 2018), as well as to reduce the impact of childhood trauma on all other areas of their health and development. The overall aim of this TIP was to help develop the young person's resilience through working with "one good adult" in the school setting. Research shows that the strongest protective factor linked with resilience to childhood trauma is "at least one stable and committed relationship with a supportive parent, caregiver, or other adult" (Harvard University Centre on the Developing Child).

The programme targeted eight pupils in their final year of primary school who were particularly at risk of negative outcomes due to their trauma histories. The project involved a suitable adult in the school working with pupils outside regular school hours. Sessions took place in the school building, directly after school in order to eliminate some of the external barriers that may have affected the young person's attendance. The aim of these sessions was to encourage involvement in prosocial activities, to develop their sense of self-worth and ultimately, to develop positive relationships between the young person and a supportive, trusting adult in the school setting. Appropriate staffing was the main challenge faced when planning and implementing this intervention and a significant factor that will likely impact the scalability and sustainability of the programme going forward. It was important that the pupils would respond positively to the adult they were grouped with, therefore, pupils were assigned to mentors depending on relationships already formed e.g. through sports teams, extracurricular activities, etc.

As mentioned, the intervention also aimed to support these pupils as they transferred to secondary school. The transition from primary to post-primary school is a significant milestone in young people's lives but unfortunately can be a substantial challenge for some young people. Students are expected to adapt easily to a number of significant changes when they transfer to secondary school e.g. moving to a new building, exposure to new teachers, adapting to new ways of learning, and forming a new peer group. Unsurprisingly, this can be particularly challenging for pupils who have experienced adversity or trauma in their childhood. During their transition to secondary school, pupils shift from spending five hours a day with one teacher in primary school, to working with up to nine different teachers a day in secondary school. Due to the increased number of adults a child will work with on a daily basis, as well as the significant reduction of contact time

with one single teacher, it is reasonable to assume that for some children, particularly those with disrupted attachment styles, it may take some time to build trust and form a connection with an adult in their new school setting. The Department of Education recognises the importance of successful transitions for pupils from low socio-economic backgrounds and have, therefore, included it as one of the six themes outlined in a DEIS Action Plan[4]. Primary and post-primary schools will have systems in place to support pupils in their transition from one school to another, however, it is evident that some of the more vulnerable students are still struggling with the transition. Chronic absenteeism and early school leaving are issues still being reported by local post-primary schools and youth clubs.

As part of this intervention, mentors continued to engage with the students in their group during their first two months of secondary school in order to support them during their transition to post-primary school. It could be argued that the programme's duration may limit the opportunity to have a meaningful impact on the young people involved. However, the aim of the sessions was to ensure that the young person continued to have at least one trusting, supportive adult in their lives, and allowed time for them to begin to build connections with adults in their new school. Two local secondary schools agreed to pilot the programme after discussions between HSCL Coordinators in the schools about the need for targeted interventions to improve transitions for some of the more vulnerable pupils and an agreement that collaboration across schools was needed in order to fully support young people in this. Both post-primary schools agreed to release the pupils engaging in the intervention from their classes once a week to check-in with their mentor.

Feedback was positive, with mentors stating that the young people were happy to have the opportunity to discuss the challenges they were facing in the one-to-one setting. With the young person's consent, these challenges were communicated to HSCLs in the secondary schools who were then able to provide pupils with the necessary supports. Feedback from staff in secondary schools was also positive, with HSCLs reporting an increased awareness of the day-to-day challenges students were faced with, as well as strengthened ties with pupils engaging in the programme and their families. The most positive outcome of the check-ins according to mentors and post-primary staff, was the identification of an adult in the new school which the young person felt a connection with. Perry & Szalavitz (2007), state that relationship are the agents of change and that "the more healthy relationships a

[4] DEIS Action Plans: DEIS schools are required to develop a school improvement plan for the purposes of school self-evaluation. The six themes outlined in a primary school's DEIS Action Plans include attendance; retention; transitions; literacy; numeracy; and partnership with parents and others.

child has the more likely he will be to recover from trauma and thrive." Once an adult was identified, this information was shared with the HSCL in the post-primary school who linked them with that adult in order to ensure that the young person would continue to have the support of at least one safe, trusting adult in their new school setting when the mentoring sessions came to a close. Upon reflection, a review meeting between HSCLs, parents and the new mentor would be beneficial in order to ensure effective communication and a meaningful hand-over after the mentoring sessions come to an end.

The success of the programme thus far can be attributed to strong relationships and collaboration between current HSCLs in the three schools involved. The inclusion of this TIP in the individual schools' action plans, however, would ensure the responsibility of the roll out of the programme does not lie solely with the HSCLs, and instead encourage a collaborative effort between HSCLs and school leadership. This would in turn help to support the sustainability of the programme.

Securing ongoing funding for mentors to engage outside school hours is also a challenge which may impact the future of the programme. A formal evaluation of this TIP and its impacts on pupils may support the argument for the continuation of the programme, while also providing evidence to support future funding applications.

Tip 3: Trauma-Informed Peer Support Group to Promote Teacher Resilience

It was recognised that school staff were being exposed to pupils' trauma on a daily basis and that, in order for staff to fully support young people, interventions to support teacher resilience and wellbeing were crucial. A peer support group was set up with the aim of promoting teacher resilience in the school. Vicarious trauma refers to the effects of being exposed to other people's trauma. Supporting trauma-affected students can be a source of amplified stress for teachers (O'Toole & Dobutowisch, 2022) and although trauma-informed approaches emphasise the importance of self-care for teachers, the majority of schools do not have systems in place to effectively support teacher health and wellbeing. Luthar & Mendes (2020) argue that support for teachers is the "critical missing ingredient" for school trauma-informed efforts and, although there had been a number of TIPs implemented in the school, there was no form of supervision in place to support teacher resilience. Lawrence (2020, p. 2) describes supervision as "dedicated time, set aside regularly, for critical reflection where you can discuss and talk through the impact your work is having on you". According to a report carried out by Lawrence (2020), when structured and carried out properly, experiences of supervision are valued by teachers.

The support group was piloted involving a small group of teachers. Senior management agreed that a structured peer support group would benefit the staff and, subsequently, the pupils they work with. Teacher and student wellbeing are "co-dependent and intimately entangled" (O'Toole & Dobutowisch, 2022, p. 130) and in order to effectively employ trauma-informed care, teachers need to have the personal resilience and control to overcome the range of challenges that arise in the classroom (Jennings, 2019). Resilient teachers can support pupils to develop their own resilience, through modelling and instruction (Jennings, 2019), however, interventions to support teacher resilience and wellbeing need to be put in place systemically.

During discussions with members of the group it was agreed that sessions would take place after school, to avoid issues around class cover and reduced contact time with students. Participation was optional, however, all teachers who were approached opted to take part. Once the group was formed, membership was closed in order to establish trust and safety within the group. In order to ensure staff benefited fully from the process, sessions followed a clear structure, based on the TARA Group format. The TARA Group is an implementation strategy to support professional practitioners to deliver TIPs, based on peer support. It is located within the TARA Practice Model (hereafter TARA) (Lotty, 2023c) outlined below. TARA, which stands for Trauma, Attachment and Resilience into Action, a promising practice model developed to support front-line practitioners in child serving systems, such as schools, to integrate TIPs into existing practice (Lotty, O'Shea, Frederico and Kearns, 2024). TARA involves a mindset of practicing through and in a parallel process (O'Leary, et al., 2023)**.** This means that when working "with trauma", in the face of trauma, we are acutely aware of how this intersects with our own personal trauma history, and exposure to acute or vicarious traumas in the work.

TARA Group Framework (University College Cork)

1. A staff member (the presenter) outlines an issue they are facing uninterrupted, being brief but specific (4-5 minutes)
2. Group members (enablers) ask questions if necessary to clarify any aspect (2-3 minutes)
3. The enablers ask open-ended, enabling questions without giving advice (8-10 minutes).

   Open questions can include:

   - How does that make you feel?
   - What do you think would happen if...?
   - What is stopping you?
   - What would doing nothing look like?
   - What are your options?
   - Who can support you?
4. Enablers assist the presenter review option and decide on action

Although no formal evaluation has taken place to date on the effectiveness of TARA in a school context, recent Irish-based research reports promising results on the implementation of this model in child welfare and protection agency context (Lotty, et al., 2024). The TARA group TIP was highly acceptable to teachers based on their feedback. Time to discuss and reflect on their work was greatly appreciated and staff felt that they benefitted from the guidance and advice from other teachers. Participants also described increased levels of trust and strengthened relationships with other members of their group as time went on, which benefitted them beyond the formal setting of the TARA Group. It was agreed that this intervention would be offered to all staff the following year, with the majority of staff opting to take part. One of the weaknesses of the original pilot was the limited time to share due to group sizes. One of the amendments made the following year, therefore, was reducing group sizes to three or four members to allow time in each session for everyone to share. Another limitation of the original pilot was the scheduling of sessions after school. This excluded a number of staff members who had other commitments after school, therefore, it was agreed that alternative times would be

offered (e.g. lunchtime, during required after-school planning sessions). This change also warrants further reflection however. Balancing the need for peer support with the time constraints of teaching is a challenge for schools. Without official time allocation for peer support during a teacher's workday, TIPs aimed at fostering teacher resilience may in fact act as an additional burden for teachers. A formal evaluation of this TIP would be effective in highlighting the strengths and weakness of this programme, as well as determining the level of demand among staff for the continuation of this support.

Discussion

This article has outlined three TIPs implemented to support resilience development and recovery from trauma in a school setting. The TIPs were designed through applying knowledge of trauma recognition and intervention into practical interventions to support resilience development. Resilience is the result of a combination of protective factors (Masten, 2021) and staff in the school aim to build on the number of protective factors in the lives of pupils, in order to mitigate the effects of trauma and build resilience in young people. It is important to note that the TIPs outlined in this article alone are not intended to increase resilience in a young person, but are three examples of a number of protective factors being implemented by school staff within the relationship and community systems of the socio-ecological model.

Across all three TIPs mentioned, the greatest challenge was faced before reaching the planning or implementation stages of any of the interventions, specifically in the initial stages of building awareness and momentum around TIC. While TIP 1 was intended to act as a catalyst for a whole community response to fostering resilience and trauma intervention, the time required for this process was greatly underestimated. This initial phase of building awareness lasted approximately two years in the school, before any other TIP was implemented. While a small number of TIPs have been implemented in the wider community, this phase of building awareness is still ongoing. There are a number of reasons for this slow response, most-notably service-provider buy-in, both within the school and amongst other services. Bargeman et al. (2022) identify service provider buy-in as one of the key challenges which has hindered the implementation of TIC in and across services. A number of factors contribute to this, including concerns around a lack of time and resources, inadequate training, uncertainty around ability to deal with trauma disclosures and fears of experiencing vicarious trauma. That being said, provided with adequate training, as well as the appropriate resources and supports required to effectively implement TIC, research studies have shown that service providers are generally receptive to the concept of trauma-informed care (Bargeman, et al.,

2022). This was evident within the school in focus which observed the most significant transformation within the organisation after nine members of staff completed the university-based Level 9 *Trauma-Informed Practice in Education Programme*. The completion of this programme led to the formation of a committee to lead TIC within the school and to support other staff to implement various TIPs. It is likely that the committee's enthusiasm and support positively impacted other staff members, with staff generally being receptive to the implementation of various TIPs.

According to Lotty (2024b), a factor contributing to staff resistance to TIC is likely to be the lack of consensus in current literature around the definition of trauma, trauma-informed care and on how best to implement it. This absence of conceptual clarity, along with the lack of empirical evidence on the effectiveness of TIC, has adversely impacted the acceptance and implementation of trauma-informed care (Bargeman, et al., 2022). It is important to note, however, that TIC is a relatively recent development and that the majority of empirical studies in this area have only been published in recent years. Bargeman et al. (2022, p. 836) state that "it is not surprising, given the complexity of trauma and the newness of empirical research on TIC, that the scientific literature is still working towards establishing consensus regarding what is TIC and how best to operationalise it."

As mentioned, the response in implementing TIPs in the wider community was slower than expected. Having said that, the initial training was successful in motivating those who participated to make changes within their individual organisations and drove participants' appetite to collaborate and further develop concrete practice changes in the community. Some recent examples of these changes include local schools shifting from a Behavioural to a Relational Policy, and the collaboration between the school in focus and local youth club to form a "Community Nurture Space" in order to provide a safe space and for young people outside school. Bargeman et al. (2022) highlight the lack of clear policies and procedures as another significant barrier to the implementation of trauma-informed care. However, the school and community in focus have demonstrated the motivation to make changes to practice at grass-roots level. Feedback from staff in the school suggests that, despite the influence of existing policies, strong leadership and buy-in from individuals and organisations can lead to positive transformations.

While stakeholders have responded positively to the TIPs outlined above, the sustainability of these interventions remain a key concern. Further study is needed to measure the impact of the TIPs on students in order to identify areas of success and improvement. A formal evaluation of these interventions would also support an argument for further funding, while continuous review and adaptation of these

practices is essential in order to identify best practice and to ensure the effective implementation of trauma-informed care.

Going forward, a key factor for schools to consider is the need for approaches to have clear links with national frameworks, for example, the Department of Education's *Wellbeing Policy Statement and Framework for Practice*. TIPs that are not directly linked and are implemented in isolation risk becoming unstainable and fragmented (Education Scotland, 2018). Schools must also ensure that, along with understanding and awareness amongst staff, there is a clear focus on practical TIPs that lead to positive outcomes for individuals (Education Scotland, 2018).

Finally, one of the major challenges for all schools in fully implementing TIC and supporting young people who have experienced trauma, is the difficulty in accessing trauma services or mental health systems. Access to trauma services and therapeutic support is important for those with complex trauma histories (Bargeman, et al., 2022), however, access to these supports in the Irish context is a difficult and lengthy process (Lotty, 2023a). A report on Child and Adult Mental Health Services (CAMHS) in Ireland highlights the long waiting lists, as well as stakeholder organisation's inability to refer, as significant barriers to young people accessing these services (Inspector of Mental Health Services, 2023). According to Bargeman et al. (2022) schools and other child serving systems should have the ability to rapidly refer individuals to trauma-specific treatment or mental health services when needed. Unfortunately, an established referral network between schools and mental health supports is lacking, meaning a large number of pupils with complex trauma histories are not accessing the supports they need. While school staff and other service providers can put protective factors in place for young people at individual, relational and community level, it is imperative that policy makers put relevant supports in place at societal level. As mentioned, staff in the school in focus have demonstrated positive outcomes for pupils as a result of some of the TIPs put in place, while remaining within their scope of practice. However, while these approaches are effective in reducing the impact of trauma on young people, there is a need for greater collaboration in and across all systems, in order to fully support the most vulnerable children in our communities. Recent funding has been secured to evaluate these initiatives within the school in focus and findings will be reported in 2025.

Conclusion

This article has explored trauma-informed care in education and its role in promoting resilience development within a community, looking at a specific example of a DEIS primary school in Dublin. The implementation of trauma-

informed care in the school is a response to the prevalent trauma experienced by students. The authors have outlined and reflected on three school-led TIPs which showcase efforts by staff in the school to build resilience and mitigate the impact of trauma on students and the wider community. Further evidence needs to be gathered as to the impact of each of these approaches at whole school level.

Some of the challenges of implementing trauma-informed care have been discussed, including the significant difficulties in accessing trauma and mental health services. However, the article has highlighted positive outcomes observed in the school in focus since embracing TIPs. Finally, it has emphasised the importance of a collaborative, multi-agency approach in order to address trauma effectively and foster resilience in young people.

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