

“An exploration of trauma-informed practice in Irish primary schools: experiences from teachers, principals and educational psychologists

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Abstract

Over the past two decades, trauma-informed practice has integrated into education systems via efforts to provide early intervention and to mitigate against the effects of childhood trauma and adversity. This research explores the potential role of nurture as a structured approach to trauma-informed practice in primary school settings. Insights were gathered from key personnel in the education system. Twelve participants were recruited which included four teachers, four principals and four educational psychologists. Data were collected through semi-structured interviews and analysed using multi-perspective interpretative phenomenological analysis. In the absence of a top-down framework for trauma-informed practice in education, the findings highlight the crucial role that nurture can play in supporting children affected by trauma, positioning it as a viable and meaningful approach to trauma-informed practice in schools.

Introduction

This paper explores the role of trauma-informed practice in primary school settings, with particular attention to the growing implementation of nurture and its alignment with trauma-informed principles. This research was conducted across primary schools in Ireland. Recent global events, including war, the Covid-19 pandemic and the rising prevalence of childhood mental health issues, have compelled schools in Ireland and internationally to adapt and respond to increasing levels of childhood trauma and adversity. While trauma-informed practice has gained significant international attention, its application within the

Irish educational context is still emerging. Despite growing interest in trauma-informed practice, there is a notable lack of research in Irish schools (Delaney, 2020; Hickey, 2020). This study was therefore motivated by the need to explore trauma-informed practice within Irish primary schools.

Literature review

Childhood is a critical period for learning and development (Sydnor et al., 2025). However, some children are exposed to adverse or potentially traumatic experiences, which may increase the risk of a range of negative outcomes. Since the

seminal study by Felitti et al. (1998) highlighted the association between cumulative exposure to adverse childhood experiences and poorer outcomes in adulthood, there has been increased public awareness of the potential long-term impacts of childhood adversity. While this cross-sectional study identified significant associations with outcomes such as chronic disease, mental illness and adverse social outcomes (eg incarceration, unemployment and substance misuse), it did not imply that such outcomes are inevitable. Despite methodological criticisms, the study prompted further research emphasising the widespread prevalence of childhood adversity across gender, age, race, ethnicity and sexual orientation (Hughes et al., 2017; Merrick et al., 2018). Subsequent longitudinal and quasi-experimental research has strengthened this evidence base, demonstrating that childhood maltreatment increases the risk of later mental health difficulties, including depression and anxiety (Baldwin et al., 2023; Li et al., 2016).

While definitions vary, the Substance Abuse and Mental Health Services Administration (SAMHSA, 2014, p. 7) defined trauma as an “event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual wellbeing.” Although prevalence estimates suggest that approximately 60 per cent of children experience at least one adverse childhood experience (Madigan et al., 2023), exposure to adversity does not necessarily result in trauma. Rather, adverse childhood experiences are best understood as risk factors that may increase vulnerability to trauma and other negative outcomes. In response to growing recognition of these risks, international efforts over the past two decades have increasingly focused on developing systems that are “trauma-informed” (Lang et al., 2015).

Trauma-informed practice

There is growing recognition of the levels of childhood trauma and adversity experienced by children. In response, early intervention has been increasingly prioritised across many public service sectors, including education (Thomas et al., 2019). Initially pioneered in the United States by Harris

and Fallot (2001) and later further developed by the Substance Abuse and Mental Health Services Administration (SAMHSA, 2014), trauma-informed practice is a model of care and guiding framework designed to support individuals impacted by trauma. SAMHSA, an agency within the United States Department of Health and Human Services, has played a leading role in defining and promoting trauma-informed practice internationally. In 2014, SAMHSA published a comprehensive framework outlining the definitions, underlying principles, assumptions and implementation guidance for trauma-informed practice.

Within this framework, trauma-informed practice is grounded in four key assumptions, commonly referred to as the ‘4 Rs’: It ‘realises’ the widespread impact of trauma and understands potential paths to recovery, it ‘recognises’ the signs of trauma, it ‘responds’ by fully integrating knowledge about trauma into policies, procedures and practices to actively ‘resist re-traumatisation’. Moreover, trauma-informed practice is centred on the six core principles of safety, trustworthiness, choice, collaboration, empowerment and respect for diversity (SAMHSA, 2014). According to Harris and Fallot (2001) and SAMHSA (2014), developing a trauma-informed approach requires integration of trauma-informed principles into multiple levels of the organisation including governance and leadership, policy, the physical environment, engagement and involvement, cross sector collaboration, screening and assessment, training and workforce development, progress monitoring and quality assurance, financing and evaluation. Although SAMHSA emphasises that its guidance document is not a prescribed checklist, it offers structured guidance for organisations, including schools, to support the effective implementation of trauma-informed practice.

A multi-tiered whole-school approach to trauma-informed practice is recommended (Chafouleas et al., 2016; Dorado et al., 2016; NCTSN, 2017; Overstreet & Chafouleas, 2016; Wiest-Stevenson & Lee, 2016). A multi-tiered approach is grounded in early identification of risk, varied levels of intervention support designed to teach skills and prevent more serious problems, and includes ongoing data-driven evaluation of progress and response (Chafouleas et al., 2016). This approach allows the integration of trauma-informed practice

across a continuum of support. For example, tier 1 is a universal approach that focuses on preventative measures for all students, ranging from whole-school training, trauma screening, or classroom training for students. Tier 2, or targeted support, is aimed at students who are at risk and may benefit from specialised psychoeducational group interventions. For tier 3, the students with the highest level of need are identified and provided with individualised support, typically delivered by educational psychologists or specific school staff (Chafouleas et al., 2016; Dorado et al., 2016; Overstreet & Chafouleas, 2016).

While literature is still emerging, there has been promising evidence for how implementing trauma-informed practice in schools addresses the needs of students impacted by trauma. Research has observed improvements in staff awareness of trauma (Dorado et al., 2016; McConnico et al., 2016; Perry & Daniels, 2016; Sweetman, 2022), academic performance (Dorado et al., 2016; Holmes et al., 2015; Roseby & Gascoigne, 2021), emotional regulation (Dorado et al., 2016; Perry & Daniels, 2016), relationship building (Dorado et al., 2016; Wilson-Ching & Berger, 2023), fewer behavioural problems (Dorado et al., 2016; Holmes et al., 2015; Sweetman, 2022), and reduced trauma-related symptoms, eg adjustment, affect regulation, intrusions, attachment, disassociation, guardedness and shutting down (Crosby et al., 2015; Dorado et al., 2016).

Despite these findings, the lack of clearly defined concrete guidelines impact the successful implementation of trauma-informed practice in schools (Baker et al., 2016; Carter & Blanch, 2019; Maynard et al., 2019). Although frameworks like the SAMHSA principles offer general guidance, they require schools to adapt these principles to their unique contexts. This lack of clear operationalisation makes it difficult for teachers to translate training into daily practice, leaving many unsure of the specific steps needed to create a truly trauma-informed school environment. Consequently, the lack of clear definitions, inconsistent terminology and variability in implementation pose significant challenges evaluating the effectiveness of trauma-informed practice in education (Avery et al., 2020; Berger, 2019; Cohen & Barron, 2021; Maynard et al., 2019). As such, school-based interventions such

as nurture have emerged in the context of trauma-informed practice.

Nurture

Nurture is a key school-based intervention aligned with trauma-informed principles. Developed by Marjorie Boxall in 1969, nurture was developed to address the rising social, emotional and behavioural needs of children in schools as a result of deprived healthy nurturance in early life (Bennathan & Boxall, 2013). Nurture is underpinned by attachment theory, which highlights the importance of secure attachments as a protective factor in the social and emotional development in children (Bowlby, 2008, Linsell et al., 2019). As such, nurture aim to support the development of secure attachments with Nurture practitioners or teachers within a supportive, home-like environment.

The implementation of nurture in schools is guided by six key principles which are outlined in **table 1**. In a typical nurture group, there are between six and 12 students, facilitated by two staff members called nurture practitioners who have completed nurture training (nurtureuk, 2019). Students are screened and selected to attend nurture groups using the Boxall Profile® assessment measure which assesses their social, emotional and behavioural needs (Bennathan & Boxall, 1998).

Table 1. Six Principles of Nurture (Lucas, Insley, & Buckland, 2006)

Principle 1	Children's learning is understood developmentally
Principle 2	The classroom offers a safe base
Principle 3	The importance of nurture for the development of wellbeing
Principle 4	Language is a vital means of communication
Principle 5	All behaviour is communication
Principle 6	The importance of transitions in children's lives

Nurture is growing in popularity, with research describing promising outcomes related to improved social and emotional skills (Cloran et

al., 2022; Cooper & Whitebread 2007; Hughes & Schlosser, 2014; Kearney, 2005; Jones et al., 2025; Macpherson & Phillips, 2021; Lyons, 2017; Sanders, 2007; Sloan et al., 2016; Sloan et al., 2020), school attendance (Sanders, 2007; Sloan et al. 2016), school attainment (Reynolds et al., 2009; Sanders, 2007; Seth-Smith et al., 2010), as well as improved parent-child relationships (Ofsted, 2011; Pyle, 2015) and whole-school ethos (Binnie & Allen 2008; Cooper et al., 2001). Jones et al. (2025) conducted a narrative synthesis of qualitative studies examining the effectiveness of nurture groups and found that much of the existing evidence relies on outcomes measured using the diagnostic section of the Boxall Profile®. This reliance highlights the promising but methodologically limited nature of the evidence base and underscores the need for stronger methodological designs when evaluating the effectiveness of nurture interventions.

The success of nurture groups has prompted the development of broader nurturing approaches. Nurture has evolved from targeted interventions designed to support a small number of children through nurture groups to whole-school nurturing approaches (Kearney & Nowek, 2019). In 2009, a report by Her Majesty's Inspectorate of Education in Scotland (HMIE) proposed that nurture should be embedded as a universal approach to address the wider needs of the pupil population (HMIE, 2009). Subsequently, Education Scotland published a national framework for nurturing approaches, providing guidance on the implementation and self-evaluation of whole-school nurturing practice (Education Scotland, 2017). According to Education Scotland, a nurturing approach places a strong emphasis on the school environment and on balancing care and challenge, incorporating attunement, warmth and connection alongside structure, high expectations and a focus on achievement and attainment (Education Scotland, 2017, p. 13). Emerging evidence has demonstrated promising support for the implementation of whole-school nurturing approaches in schools (Nolan, 2021; 2023).

Nurture as an approach to trauma-informed practice

While nurture was not explicitly designed as part of a trauma-informed approach, it shares many key components with trauma-informed practice and

can be offered as part of a whole-school approach to trauma-informed practice. Both nurture and trauma-informed practice share the importance of early intervention, an understanding of the underlying reasons of behaviour, the importance of prioritising relationships and a recognition that poor outcomes can be mitigated with the appropriate supports (Education Scotland, 2018, Nolan et al., 2021). **Table 2** provides an overview of how the principles of nurture (Lucas, Insley, & Buckland, 2006) align with the assumptions of trauma-informed practice as defined by SAMHSA (2014), making nurture a suitable component of a whole-school approach to trauma-informed practice.

Educational policy context

In recent years, trauma-informed practice has been embedded in educational policies across parts of the United Kingdom, with nurture explicitly referenced as a key approach within these frameworks. In Scotland, nurture appears in the national frameworks such as *Getting it Right for Every Child* (Scottish Government, 2014), *Applying nurture as a Whole-School Approach* (Education Scotland, 2016), *Included, Engaged and Involved, Part 2* (Scottish Government, 2011) and *Better Relationships, Better Learning and Better Behaviour* (Scottish Government, 2013). The Department of Education in Northern Ireland currently funds 62 primary schools through the Nurture in Education Programme, providing both financial and professional support for nurture group provision. The Department of Education's document *Nurture Group Provision – Guidance for Schools* (Department of Education, 2024) outlines the framework for the funding, implementation and operation of nurture in primary school settings, explicitly endorsing the nurture in education programme as a “trauma-informed and strengths-based model”.

In Ireland, nurture has gained significant traction but without an equivalent policy foundation. The largest structured initiative has been the Educate Together Nurture Schools Programme (2020-2023), funded by Salesforce and Rethink Ireland. Of note, Educate Together schools are state-funded, multi-denominational, co-educational schools in Ireland. There are 97 Educate Together primary schools in total (Educate Together, 2025). The Educate Together Nurture Schools Programme involved training teachers to become nurture practitioners

Table 2. Mapping nurture and the Six Principles of Nurture (Lucas, Insley, & Buckland, 2006) to SAMHSA's 4Rs of trauma-informed practice (SAMHSA, 2014)

SAMHSA's 4Rs	Nurture principles	Application to nurture
1. Realise: Realise the widespread impact of trauma and understand potential paths for recovery.	Nurture principle 1: Children's learning is understood developmentally	<ul style="list-style-type: none"> Nurture is founded on the understanding that early experiences shape social, emotional and cognitive development. Nurture acknowledges that many children struggle due to disruptions in attachment or trauma. Nurture realises that many children require structured, attachment-based environments to thrive.
2. Recognise: Recognise the signs and symptoms of trauma in clients, families, staff and others involved with the system.	Nurture principle 5: All behaviour is communication Nurture principle 6: The importance of transitions in children's lives	<ul style="list-style-type: none"> The Boxall Profile® is used to screen and assess social, emotional and behavioural development. This ensures that teachers can recognise the impact of trauma on behaviour. The Boxall Profile® supports teachers to interpret student behaviour as communication, rather than viewing students as defiant.
3. Respond: Respond by fully integrating knowledge about trauma into policies, procedures and practices.	Nurture principle 2: The classroom offers a safe base Nurture principle 3: The importance of nurture for the development of wellbeing	<ul style="list-style-type: none"> Nurture is utilised as a response to student trauma by facilitating safe, predictable environments that replicate the home. Nurture practitioners act as attachment figures who model positive interactions and co-relational strategies, helping students to develop these skills.
4. Resist re-traumatisation: Resist re-traumatisation of children, as well as the adults who care for them.	Nurture principle 4: Language is a vital means of communication	<ul style="list-style-type: none"> Nurture actively resists re-traumatisation by avoiding punitive approaches and instead fostering acceptance, emotional safety and predictable routines. There is an emphasis on helping children to develop trusting relationships and promote positive relationships rather than reinforcing cycles of distress.

and delivered nurture to 2,250 students, across 25 Educate Together schools. An evaluation of the programme reported improvements in attendance, self-confidence, literacy and numeracy, teacher-student relationships and teacher capacity to support students with socio-emotional and behavioural needs (Educate Together, 2023). The findings also highlighted the benefit of rolling out nurture across the Educate Together school network in the future should adequate resources become available (Educate Together, 2023).

Despite its growing popularity in Irish classrooms, the Department of Education and Youth provides no formal guidance or support for nurture. The Department of Education and Youth references nurture briefly in the *Wellbeing Policy Statement and Framework for Practice* (Department of Education and Skills [DES], 2019), which recognises nurture as appropriate support for students with additional and/or complex needs.

Nurture is becoming increasingly common in Irish schools, especially within schools included in the DEIS (Delivering Equality of Opportunity in Schools) programme, which supports schools in disadvantaged communities (Department of Education and Skills, 2017). Schools included in this programme receive additional funding and resources such as reduced teacher-student ratio, enhanced access to a school meals programme, access to Home School Community Liaison services, access to the school completion programme, targeted literacy and numeracy support, and increased time allocation from the National Educational Psychological Service. Research suggests that students in DEIS schools are more likely to come from lower socio-economic backgrounds, belong to minority groups and face challenges such as homelessness, food poverty, trauma and the effects of drug use in their communities (Devine et al., 2024). Without guidance from the Department of Education and

Youth, schools have been compelled to adapt their school funding and resources to facilitate nurture. Nurturing Schools Ireland and Nurture International are currently the only two known providers of nurture training in Ireland. While the exact number of schools that have accessed these services is unknown, anecdotal evidence suggests that many Irish schools have self-funded nurture training through these providers. The financial costs associated with such training mean that only schools with sufficient financial resources are able to implement nurture in their schools, eg DEIS schools, leading to significant inequities in access to nurture provision across Irish schools.

Methodology

Sampling and recruitment

The study used purposeful sampling, whereby four primary schools adopting trauma-informed practice were recruited. For the purposes of this research, primary schools adopting trauma-informed practice included:

1) a primary school that has completed professional development related to trauma-informed practice;

AND a school that has an established nurture group. This includes;

2a) schools enrolled in the Educate Together Nurture Schools Programme

OR

2b) schools that independently set up their own nurture group.

Participants and school demographics

A total of 12 participants were recruited for the study, forming triads from four different primary school settings. Educational psychologists in this study were employed by the National Educational Psychological Service (NEPS) as part of the Department of Education and Youth. These schools varied in size, status, context and geographical location. Each triad consisted of a teacher, a principal and an educational psychologist from each school, totalling four teachers, four principals and four educational psychologists. Each participant was assigned an anonymised alphanumeric code. The letter component denoted the participant's professional role (P = Principal, T = Teacher, N = NEPS psychologist), while the numerical component indicated the school from which they were recruited, ranging from School 1 to School 4. For example, the principal from the first school was coded as P1. A summary of participant and school demographics is provided in **Tables 3 and 4**.

Ethical approval

The study was granted ethical approval from Mary Immaculate College Research Ethics Committee (MIREC). Further ethical approval was sought from the NEPS Research Ethics Committee (NREC) as the study included NEPS personnel as participants. Given the sensitive nature of the study, precautions were taken to protect participants from distress. In some instances, talking about the lived experiences of supporting children through trauma may result in secondary traumatic stress or vicarious trauma (Christian-Brandt et al., 2020; Diehm et al., 2019; Hydon et al., 2015). As such, a distress and disclosure protocol was developed

Table 3. School demographic information

School	Status	Description	School ethos	2023/2024 enrolment numbers	Training received
School 1	DEIS Rural	Co-educational national school	Catholic	113	<ul style="list-style-type: none"> Nurturing Schools Ireland RP Connect – Restorative Practices
School 2	DEIS Band 1	Co-educational senior national school	Catholic	151	<ul style="list-style-type: none"> Nurturing Schools Ireland TINT Education – Trauma-informed practice
School 3	DEIS Band 1	Co-educational senior national school	Catholic	166	<ul style="list-style-type: none"> Nurturing Schools Ireland TINT Education – Trauma-informed practice
School 4	Non-DEIS	Co-educational national school	Educate Together	203	<ul style="list-style-type: none"> Nurturing Schools Ireland TINT Education – Trauma-informed practice

Table 4. Participant demographic information

Participant code	Gender	Current role	Number of years' experience in current role
School 1			
P1	Female	Principal	6 years
T1	Female	Mainstream class teacher	20 years
N1	Female	Educational psychologist	15 years
School 2			
P2	Male	Principal	20 years
T2	Female	Nurture teacher	2 years
N2	Male	Educational psychologist	5 years
School 3			
P3	Female	Principal	15 years
T3	Female	Mainstream class teacher	7 years
N3	Female	Educational psychologist	14 years
School 4			
P4	Female	Deputy/Acting principal	6 years
T4	Female	Mainstream class teacher/ nurture teacher	2 years
N4	Female	Educational psychologist	19 years

through adaptation of Dempsey et al. (2016). It aimed to safeguard participants from experiencing emotional distress and to respond appropriately if a participant disclosed sensitive or personal information during the course of the interview.

Data collection and analysis

Data collection was carried out using semi-structured interviews between April 2024 and January 2025, developed using the five-step approach by Kallio et al. (2016). Interviews were offered face-to-face in their school setting or via the online platform, Microsoft Teams to suit the participants' preferences and availability. Four interviews were carried out in person in the

school setting and eight were carried out online on Microsoft Teams. The duration of the semi-structured interviews ranged between 30 and 65 minutes. Each interview was recorded using an audio recording device and then transcribed verbatim. Interview transcripts were then uploaded to NVIVO 12, a qualitative data management programme. The data were analysed in line with the principles of multi-perspective interpretative phenomenological analysis research (Larkin et al., 2019; Smith & Nizza, 2022; Rostill-Brookes et al., 2011). **Table 5** provides an overview of each step.

Table 5. Summary of data analysis process

Steps	Data analysis process
1.	Reading and re-reading: This step served to familiarise and immerse the researcher into the data. The researcher also listened to the audio recording of each interview.
2.	Exploratory note taking: This step involved recording initial reactions to the transcript by creating descriptive, linguistic and conceptual notes. Descriptive notes summarised the explicit meaning of what the participant said; linguistic notes described the specific use of language used by the participant, and conceptual notes took the form of questions to consider different and potential meanings (Smith et al., 2009).
3.	Formulating experiential statements: This step involved creating concise statements of what emerged as important in the exploratory notes associated with the corresponding portion of the transcript. Statements were grounded in the data while also showcasing the conceptual meaning of the text (Smith & Nizza, 2022).
4.	Finding connections and clustering experiential statements into personal experiential themes (PETs): This step was carried out by printing the list of experiential themes and cutting them into pieces of paper so each experiential statement was on a separate piece of paper. They were laid out on a large surface allowing the researcher to cluster the statements that were similar or connected in some way. Once complete, this step was repeated on NVIVO where each experiential statement was organised by their participant code and PET number using the node function, eg N1_Theme1 represented the first PET from the NEPS psychologist assigned to school 1.
5.	Naming the personal experiential themes and organising them in a table: Once experiential statements were clustered into groups they were organised into a table and named as PETs.

6.	Repeat stages 2-5 for each transcript
7.	Working with personal experiential themes to develop group experiential themes across cases: This step involved cross-case analysis of each participant group (teachers, principals and NEPS psychologists) where similar PETs were grouped together to form group experiential themes (GETs). Thus, each participant group had a distinct set of GETs relevant to their experiences.
8.	Across-group analysis: In line with the principles of multi-perspective IPA research (Larkin et al., 2019; Rostill-Brookes et al., 2011), an additional step was included in which the researcher created three overarching themes with subsequent subthemes based on GETs from each participant group. This process involved identifying convergences and divergences across each set of participant group GETs.

Results

As this research is drawn from a section of the first author's doctoral thesis, two themes relevant to the present study are discussed: (1) Tailoring trauma-informed approaches to individual school needs and (2) Striving for trauma-informed practice within challenging systemic conditions. Theme 2 has two subthemes: (1) Failure to recognise trauma and (2) Resource Limitations.

Regardless of school context, participants recounted the significant role of nurture as an effective approach to trauma-informed practice within their schools. This was most clearly articulated by T2, who described nurture as the "fastest working intervention I've seen in 20 years". To ensure its efficacy, teachers and principals emphasised the importance of tailoring nurture to their individual school contexts. However, participants also reported a notable lack of systemic acknowledgement of trauma, which was further compounded by limited resources.

Tailoring trauma-informed approaches to individual school needs

Familiarity with the wider school context was an important factor in adopting trauma-informed practice. This theme emerged most strongly in DEIS settings, where intergenerational trauma was greater. Principals reported having a deep-rooted understanding of the trauma experienced within their communities. Both principals from DEIS

schools referenced student trauma related to family suicide, community violence, addiction, parental separation, homelessness and children witnessing violence. As P3 noted, "we would be in one of the most disadvantaged places in Ireland... it's a very difficult place, trauma has always been a feature of this community."

Consequently, there was a clear commitment among schools to align trauma-informed practice with their individual contexts. As P2 explained, "everyone's school context is different, so everything that works there might not work here, and similarly, what works here might not work there." This recognition informed P2's approach in setting up a new nurture group, prompting them to visit several schools with established nurture provision. Observing different nurture rooms across diverse school contexts was essential in enabling them to tailor the model to the needs of his own school.

Principals in the study demonstrated a strong commitment to adopting trauma-informed practice in response to urgent needs within their schools. They were required to take a proactive approach in adapting existing resources to meet these needs. This involved actions such as reorganising staff to support nurture provision, facilitating shared teaching practices and whole-school nurture approaches, sourcing specialised professional development for staff, revising school policies to reflect trauma-informed practice principles and allocating school funding to trauma-informed initiatives. As P3 explained, "If I was waiting for the Department of Education and Youth to say yes, you can have a nurture room... I'd be waiting."

Striving for trauma-informed practice in challenging systemic conditions

Failure to recognise trauma

An overarching theme reflected by participants was the lack of acknowledgement of trauma at a systemic level, a concern that was consistent across all school contexts. Principals in DEIS settings, in particular, noted a significant lack of departmental recognition of the extent of trauma within their communities. This was most eloquently illustrated by P2 noting that;

One of the requests that we have is that they

[Department of Education and Youth] acknowledge that certain communities around the country have a greater sense of disadvantage and as a result, have a bigger, trauma piece to do....It was very frustrating hearing X [Minister of the Department of Education and Youth] saying that there are disadvantaged children in every school. Yes, of course there is, but there are X [school population] really disadvantaged children in this school.

This frustration was also reflected in the DEIS programme, which aims to provide better opportunities for those in communities at risk of disadvantage and social exclusion. Principals from DEIS school settings noted that the current DEIS model was insufficient in meeting the needs of schools. For example, P1 stated that; "I'm in a DEIS school for 27 years and they're throwing money at something and they're not seeing it. We're not breaking the cycle.... The system is, it's almost, it's terrible to say this, but it's almost set up to fail."

This lack of acknowledgement was also reflected in school policies such as the Whole School Evaluation process which is a department initiative to evaluate the effectiveness of each school's self-evaluation process. The school self-evaluation process encourages schools to identify and improve areas for development which takes account of their own school context. However, T4 noted that while these initiatives were appreciated, their aim to prioritise trauma-informed practice was rejected with the view to prioritise specific subjects instead; "We had a Whole School Evaluation and they said we had to focus on Irish, so we're focusing on Irish, but it was meant to be trauma-informed practice".

There was also an appreciation of the level of responsibility schools and their staff must hold in relation to trauma that is not acknowledged at a systemic level. According to N2, schools are now expected to be "all things to all people". He reflected on how schools are silently carrying the weight of addressing trauma in schools, often without acknowledgment or additional resources. He highlighted how schools adapt their staff allocation to facilitate full-time nurture groups, they take on home responsibilities such as washing students' uniforms, and they are now expected to schedule counselling sessions for students under the new Department of Education and

Youth's student counselling initiative. N4 further emphasised the lack of systemic recognition for teacher wellbeing and adequate support for the emotional impact of trauma. She noted that compassion fatigue among school staff is frequent but often overlooked as a priority in attempts to address trauma in schools.

Resource limitations

Alongside this systemic gap, participants identified the lack of resources to adopt trauma-informed practice and nurture as a further subtheme. All schools in this study reallocated staff such as their special education teachers to facilitate nurture groups either on a full-time or part-time basis. Recognising this situation is less than ideal, schools had to alter their terminology for policy makers to justify having a nurture practitioner as an additional special education teaching resource. For example, T2 stated that "if the inspector was to arrive to the door, we would say this is resource and try and justify it in another way".

Further to this, schools wished for greater opportunities and funding for specialised professional development on trauma. There was a consensus from all participants that professional development was essential to embed trauma-informed practice into school culture. However, schools grappled to source funding for professional development noting that without DEIS funding, it is not possible. T1 described neighbouring schools without DEIS status struggling to fund professional development training.

They're fundraising to keep on the lights and the heating, we are too. But we also have the funding that it is available to us to use for certain things... If schools don't have that available to them, they just don't have it. And without the training, you're at nothing.

The lack of resources also extended to support from educational psychologists. Participants expressed the significant limitations of the National Educational Psychological Service in supporting students impacted by trauma. While schools valued the role of educational psychologists, their allocated time was significantly limited which in turn impacted their level of support to schools. T1 reported that "our psychologist is very supportive. But she's swamped... like that we only have so

many days of [allocated] support, there's only so much we can do". In the absence of such support and resources, schools must adapt existing structures, often limiting their capacity to provide comprehensive, trauma-informed practice for students affected by trauma.

Discussion

Nurture as a structured approach to trauma-informed practice

The findings of this research indicate that school teams view nurture as a valuable and structured approach to trauma-informed practice in schools, however, they report insufficient resources to adequately support its implementation. Although nurture is not explicitly designed as a trauma-informed approach, it inherently incorporates principles of trauma-informed practice that place emphasis on early intervention, understanding and recognising behaviours associated with trauma and fostering relationships to mitigate adverse childhood experiences (Education Scotland, 2018). **Table 2** presents further detail on how the core principles underpinning nurture align with trauma-informed practice.

In this study, there was an overwhelming recognition that nurture was essential to meet the needs of the students, with principals prioritising their funding for staff professional development, nurture group resources, as well as reallocating staff from positions such as special education teaching to facilitate full-time and part-time nurture groups. In some cases, the perceived effectiveness of the nurture group also extended to whole-class practices, highlighting its popularity in primary school settings. In areas of greater social disadvantage such as DEIS schools, participants recognised nurture as a critical component in their school context. Throughout the literature, nurture groups have shown promising outcomes for students facing social, emotional and behavioural challenges (Hughes & Schlosser, 2014; Sloan et al., 2020); however, evidence of effectiveness is not consistently demonstrated across studies and further methodologically rigorous research is required (Jones et al., 2025). In the vein of trauma-informed practice, nurture recognises that without secure attachments, children's abilities to soothe themselves, regulate their emotions and form relationships are significantly impacted

resulting in a myriad of challenges (Linsell et al., 2019). As such, nurture recognises that children without secure attachments are not regulated to engage with academic learning (Binnie & Allen, 2008; Cooper & Whitebread, 2007; MacKay et al., 2010; Reynolds et al., 2009; Sanders, 2007). Therefore, each school in this study advocated for greater systemic support from the Department of Education and Youth to recognise the effectiveness of nurture in meeting the social and emotional needs of students.

Presently, schools in Ireland are establishing nurture groups without formal guidance from the Department of Education and Youth. Findings from this study indicate that participating schools identified a clear need for greater support for students who experience adversity. Within this context, nurture emerged as a potential whole-school, trauma-informed approach through which such needs might be addressed. While it may be advantageous to introduce trauma-informed practice in its optimal form, as outlined by the SAMHSA framework (2014), it is critical to acknowledge that nurture has already established itself as a viable trauma-informed approach within the Irish educational system. To implement nurture effectively, schools will require substantial resources and a thoughtful reallocation of existing resources. One principal articulated that the request to the Department of Education and Youth is not to "re-invent the wheel", but rather for the provision of support for an initiative that is already operational and has demonstrated efficacy. Consequently, this study points to the broader application of nurture as an approach to trauma-informed practice and advocates for education systems internationally to do the same.

Educational policy

The findings of this study raise the question whether nurture could be embedded in educational policy both in Ireland and internationally, as a structured approach to trauma-informed practice. Given the considerable ambiguity and variation in how trauma-informed practice is currently interpreted and implemented across education systems worldwide (Baker et al., 2016; Carter & Blanch, 2019; Maynard et al., 2019), nurture offers a framework that schools could potentially adopt with consistency and fidelity. Embedding nurture within educational policy at both national and

international levels would help ensure that trauma-informed principles are applied effectively across diverse school contexts, reducing inconsistencies that arise from broad interpretation.

Limitations and future research

The aim of this research was to explore the use of nurture as an approach to trauma-informed practice in primary school settings. While it included key personnel involved in the education system, such as teachers, principals and educational psychologists, it did not incorporate the perspectives of other important stakeholders, including children, parents and other school staff, eg home school liaison officers, special education teachers or special needs assistants. Further research including these key perspectives would provide greater insight into the adoption of trauma-informed practice in primary school settings.

Conclusion

This research explored the use of nurture as an approach to trauma-informed practice in primary school settings. The study highlighted how the core principles of nurture align with trauma-informed practice and found strong support from schools for its effectiveness. Based on these findings, this study advocates for educational policy internationally to formally recognise nurture as a structured approach to trauma-informed practice.

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