GOOD TEACHING

Trauma Informed Practice

Department of Education

Tasmanian Government

For the latest version of this document and additional support materials go to:
www.education.tas.gov.au/intranet/

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INTRODUCTION

Everyone in the community is responsible for the safety and protection of children and young people. We know that experiences of trauma and disadvantage impact on the brain development of young people, their experience of education and their capacity to learn.

When thinking about events that may have a traumatic impact on children, it is really important to consider the types of experiences that overwhelm individual children's ability to cope and what they perceive as traumatic. This can involve a range of different events. Some of these events may be single incidents, such as a car accident, the death of a parent or loved one, a traumatic medical procedure, or a natural disaster, including bushfire, flood or a cyclone. Children may also experience complex traumas, which are usually repeated or multiple events that are severe and interpersonal, and can include abuse, neglect, separation from loved-ones and exposure to domestic violence.

While it is vital for all staff to understand the impact that trauma has on children, it does not mean that they need to become their therapists. Health professionals can be instrumental in helping education staff to learn about the effects of trauma and the ways in which they may be indicated in the education environment. School support teams include support teachers, school psychologists, social workers and speech and language pathologists who are trained and skilled in working with children and their families/carers to overcome social barriers which are affecting their achievement at school.

Increased recognition of the role of trauma, and the development and access to therapeutic services specific to children and young people in care, has provided positive outcomes for children.

Many children who are impacted by trauma, for reasons such as family violence, mental illness, drugs and alcohol or a lack of adequate housing, are supported within the Out-of-Home Care (OOHC) system. This system has grown over the years to meet the demand of increasing numbers of children and young people being placed in care as a child protection safety response. These children require placements that will ensure their safety and wellbeing, and provide them with every opportunity to reach their full potential.

Under the *Partnering Agreement between the Department of Health and Human Services and the Department of Education*, all young people in Out-of-Home Care are required to have a Learning Plan to identify their strengths, aspirations and needs to support wellbeing and learning success.

This resource is designed to equip schools and other education settings to better meet the needs of all learners who have experienced trauma, significant disruption and disadvantage, whether they are living at home or in Out-of-Home Care.

ABOUT THIS RESOURCE

Supporting school improvement and quality teaching

We know that effective teaching makes a difference to our students and their learning outcomes. The rich resources that are provided in the *Good Teaching* series are successfully supporting teachers and educational leaders to continue to build both collaborative practice and whole school approaches to school improvement K–12.

This resource focuses on how educators can better relate to, and support the wellbeing and learning of children who have been impacted by trauma. It provides guidance on how to better understand why traumatised children and young people act and react in the ways they do. It acknowledges that many students who have experienced trauma are students who live in Out-of-Home Care (OOHC).

It is important to note that the strategies that work for children impacted by trauma work for all children. This resource is provided to support educators with tools to work effectively with students impacted by trauma. Social and emotional learning is something all teachers can embed into their teaching and learning programs. The key concepts and principles outlined in the *Early Years Learning Framework for Australia*, and the *Personal and Social Capability* within the *Australian Curriculum* provide rich learning opportunities for educators to draw from.

Educators should always refer to specialists for issues related to diagnosis, and engage appropriate professional support staff to develop best-fit student-centred approaches together.

The Problem		The Solution	How We Get There	
1 Many learners have had traumatic experiences.	**2** Trauma can impact learning, behaviour and relationships.	**3** Trauma sensitive education settings help children feel safe to learn.	**4** Trauma sensitivity requires a whole school effort.	**5** Helping traumatised children learn should be a major focus of education reform.

Adapted from: http://traumasensitiveschools.org/

Supporting professional learning

The Department is committed to building inclusive education communities that focus on supporting all learners to achieve their best.

This publication has been developed to support educators working with children affected by trauma. It provides practical resources to develop teachers' confidence in this area. This document is part of the *Good Teaching* suite of resources.

Practical examples are provided using the following identifiers:

Good Practice

Tool

Resources

Conversation Starters

Student in Out-of-Home Care Voice

How the content is organised:

The booklet is divided into chapters, each of which should be given consideration to ensure teaching and learning best supports trauma informed practice. Each chapter begins with key messages and pointers for classroom practice, followed by actions for leaders, teachers, professional support staff and external services and finally some conversation starters to initiate rich discussion in staff meetings.

This resource should be used in conjunction with:

Respectful Schools Respectful Behaviour which highlights the importance of providing safe and supportive environments as a vital part of quality teaching and learning.

https://tasedu.sharepoint.com/sites/intranet/Shared%20Documents/Respectful-Schools-Respectful-Behaviour.pdf

WHAT IS TRAUMA?

"Trauma is the emotional, psychological and physiological residue left over from heightened stress that accompanies experiences of threat, violence and life challenging events" (Australian Childhood Foundation, 2010).

"At the moment of trauma, the victim is made helpless by overwhelming force… Traumatic events overwhelm the ordinary systems of care that give people a sense of control, connection and meaning" (Herman, 1992/1997 as cited in Downey, 2007).
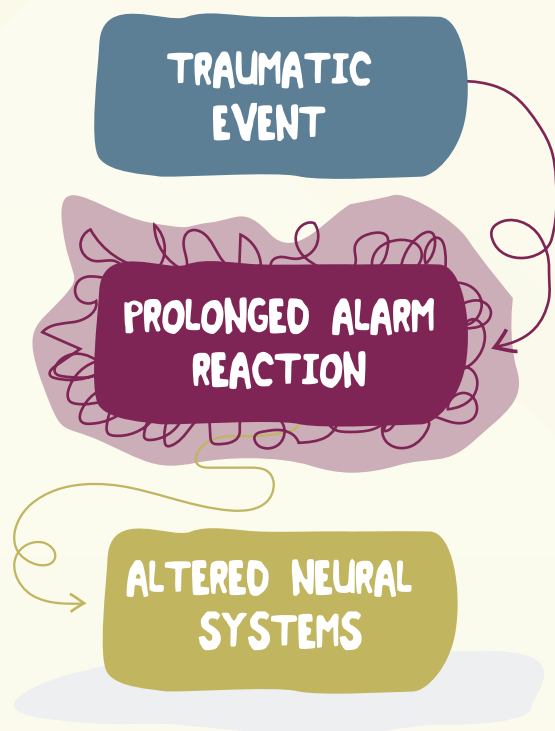
TRAUMATIC EVENT

PROLONGED ALARM REACTION

ALTERED NEURAL SYSTEMS

Figure 1.

Adapted from the Australian Childhood Foundation, 2010

Above is a representation of what happens when there is an event, which is so frightening that it causes a prolonged alarm reaction. The body is pumped with stress hormones such as adrenaline and cortisol. This sustained alarm reaction in turn creates altered neurological systems, and altered emotional, physical and physiological states which affect the body and the brain together. The process is automatic and unconscious but can be mediated by care and support. The response can be mediated by the cortex which is the seat of rational thought. However, this part of the brain

does not fully develop until the mid-20s. Trauma often inhibits the growth of this part of the brain.

The body's response to trauma is adaptive. Traumatised children will do anything to survive, not because they want to, but because they have to. They become disconnected from their feelings, push away memories of pain and ultimately stop relying on relationships around them to protect them. They stop trusting and believing in others.

COMMUNITY

FAMILY

CHILD

TRAUMA

Figure 2.

Adapted from the Australian Childhood Foundation, 2010

Traumatic experiences can have a devastating effect on children, impacting on their physical, social, emotional and cognitive development. In turn this can have profound and enduring impact on families, communities and the whole of society.

BEHAVIOUR LEARNING BRAIN RELATIONSHIPS BODY EMOTIONS MEMORY

Trauma can impact on all elements of children's development.

Figure 3.

Adapted from Australian Childhood Foundation, 2010

When children experience multiple stressful or traumatic situations, their brains and bodies continue to function as though the threat remains. Traumatised children spend a lot of energy scanning their environments, looking for the threat. Their bodies stay in a constant state of alarm, and their brains are endlessly vigilant. There is little brain capacity left for learning. Routine demands such as paying attention and retaining and recalling new information, along with the other areas of their development shown in Figure 3 can present difficulties for these children. In learning settings, the behaviour of children who have been traumatised can be extremely challenging and they experience ongoing difficulties in building positive relationships with their peers.

Like all children, traumatised children do not fit neatly into boxes. Each child's experience of trauma is unique. Although studies such as the *Adverse Childhood Experiences Study* (1998) show that many children enter education settings each day carrying the experience of verbal, physical or sexual abuse and complex family dysfunction, their trauma symptoms can vary quite considerably. Further evidence is provided in the case studies outlined on the website: www.cdc.gov/violenceprevention/acestudy/.

In order to support these children to recover from the harmful impacts of trauma it is vital that adults in their lives understand and are responsive to their individual needs. To meet the needs of these children, consideration must be given to both their physical and affective environments, as well as supporting the people working with them.

Finally, it is important to reflect on the fact that there is nothing new about teachers educating students who have experienced trauma. What is new, is that research is now able to explain why learning difficulties exist in large proportions in our schools. What is even more important is that there is further evidence to suggest that recovery from trauma is possible. This is most likely when the child is safe and secure and nurtured through a trusting, caring adult relationship.

WHAT ARE THE TYPES OF TRAUMA?

A growing body of research has identified simple, complex and developmental trauma as the three main areas that affect children. While the main focus of this resource is complex trauma, explanations for each type are provided.

Simple Trauma

Simple trauma is the term often used to refer to the impact of a single traumatic event that lasts a short time and involves a one-off crisis. Most traumas are unexpected. Simple traumas arise from experiences such as car accidents, house fires, bush fires, earthquakes, cyclones and floods. Generally, the response is for people in the community to react in a supportive way to the people who have experienced the trauma.

Complex Trauma

The term complex trauma describes the impact on the individual from experiencing multiple or chronic and prolonged developmentally adverse traumatic events, mostly of an interpersonal nature (Van der Kolk, 1994). These events involve threat, violation and violence between people. Examples of circumstances resulting in complex trauma include child abuse, bullying, family violence, rape, war and imprisonment. Often, these exposures occur within the child's caregiving system. At times, responses from the community are not helpful, and they serve to further blame and disempower the targets of the violence. People who experience complex trauma tend to feel unsupported, isolated and blamed, and carry a sense of shame and stigma.

Children who have been forced to flee their homelands as humanitarian refugees often experience complex trauma, and in many cases have had limited access to basic human rights (i.e. access to food, water, shelter).

The refugee experience can be characterised by danger, violence and uncertainty, as the end of the journey is unknown. Many refugees seek safety in camps located in bordering countries, while awaiting resettlement in a third country. Sometimes years are spent in these camps, where life is unsafe, particularly for women and children, and shortages of food and water are a daily concern. Resettlement in Australia is commonly a traumatic experience for children and their families. The impact of a new language and unfamiliar cultural expectations, together with racism, poverty, discrimination, isolation and crowded housing contribute to the trauma experienced by refugee children. This trauma is often ongoing and may significantly affect the refugee child's ability to learn in educational settings.

Developmental Trauma

Developmental trauma occurs when the child is exposed to longstanding or repeated traumatic events. Children are extremely vulnerable to the impact of trauma because of the brain's immaturity. Long term exposure to trauma results in reduction in the development of the thinking area of the brain. It limits the way children manage their feelings and behaviour, and impacts on their ability to grow to their potential. Developmental trauma is caused by incidents where children are neglected, abused or experience ongoing conflict between parents and carers. Developmental trauma may result from the experience of sustained complex trauma.

Children and Trauma

Children are more vulnerable to the effects of trauma due to their dependence on adults for their care and safety. Children who have experienced childhood trauma can feel helpless and pushed beyond their ability to cope. It is important to note that children react to and cope with trauma differently depending on their age, personality and past experience. Children are more vulnerable to the impacts of trauma events because their brains and bodies are still developing. Neurobiological research shows that damage to the brain of a child who has experienced trauma is due to the release of toxic stress hormones.

Traumatic events occurring in the early years of a child's life influence:

- immune systems

- how feelings are expressed and managed

- behaviour and stress

- how relationships are formed

- communication skills

- intelligence

- physiological functions such as temperature and hormone production.

CORTEX
Reasoning/judging centre
3-6 years

LIMBIC SYSTEM
Emotional centre
1-4 years

CEREBELLUM
Motor centre
Birth - 2 years

BRAIN STEM
Basic survival functions
Pre-birth - 8 months

Reference: Australian Childhood Foundation –
Making Spaces for Learning resource

What does normal brain development look like?

The brain develops vertically, starting from the brain-stem and sequentially over time. The first developed structures of the brain form the foundation on which the next structures grow. The brain continues to develop, with each successive part responsible for more complex functions including: movement, feeling, identifying emotions, the ability for abstract thought and self-control.

The first part of the brain to develop is the **Brain Stem**. It develops while babies are in utero. It is responsible for key body functions such as breathing, controlling heart rate, body temperature and blood pressure. These structures are least capable of change, and most necessary to survival.

The **Cerebellum** is responsible for movement and interpreting physical sensory stimulation.

The **Limbic System** evaluates the significance of sensory input in preparation for either remembering or forgetting. It stores and helps interpret emotional states. The limbic system is the centre for unconscious memory. It stores memories of experiences with no awareness of the remembering process.

Finally, the **Cortex** is responsible for higher-level thinking, reasoning and conscious processing. It stores explicit memories about events, people and experiences. It provides the basis for self-reflection or the capacity to think about thinking.

Because trauma occurs in the context of primary relationships, children often experience relationships as dangerous or frightening.

Many children respond defensively or aggressively, resulting in repetition of the original trauma experience. This creates a vicious circle where the limbic system becomes trapped in the fight or flight stress response. The child's behaviour becomes reactive, and a response from the reflective part of the brain (cortex) does not occur. Consequently, because the cortex is not active, it does not develop, resulting in difficulties with impulse control, consequential thinking and perspective taking.

How stress changes a child's brain
3 YEAR OLD CHILDREN
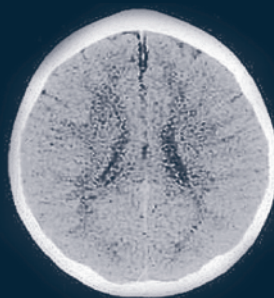
NORMAL	EXTREME NEGLECT
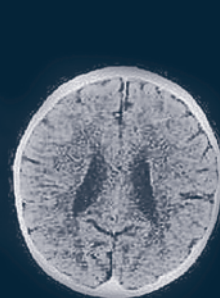
Outcomes of extreme neglect:

- Prolonged exposure to trauma triggers physiological changes in the brain.
- Neural circuits are disrupted, causing changes in the hippocampus, the brain's memory and emotional centre.
- This can cause brain shrinkage, problems with memory, learning and behaviour.
- A child does not learn to regulate emotions when living in state of constant stress.
- Associated with greater risk of chronic disease and mental health problems in adulthood.

Maslow's Hierarchy of Needs

1. **Physiological** – basic needs for staying alive, such as food and water.

2. **Safety** – a safe and secure place to live, free from harassment or threat.

3. **Love and Belonging** – a sense of belonging, acceptance and love. *Research indicates that for children this need outweighs all others.*

4. **Self Esteem** – a sense of worth and recognition.

5. **Self Actualisation** – reaching potential and finding meaning and purpose in life.

The effects of childhood trauma on the ability to ascend Maslow's Hierarchy of Needs:

Maslow has suggested that progressing through this hierarchy of needs is achieved one level at a time. The next level cannot be attained unless the previous one is in place. Although this theory has been contested, there is unequivocal evidence that childhood trauma can have a drastic effect on the capacity to experience these goals.

- Children of extremely neglectful parents/carers who may not feed them adequately will not have their physiological needs met.

- Children living with abusive parents/carers or in households where domestic violence exists will experience constant fear and not have their needs for safety and security met.

- Children who are rejected by their parents/carers will not have their need to belong satisfied, nor will they develop a solid sense of self esteem.

These examples mirror current understandings of brain development, particularly in relation to high order functioning depending on strong structural foundations, built from the ground up.

The physical and psychological stress from ongoing deprivation will eventually result in neurophysiological changes to the child. But these changes can be repaired.

Trauma informed practice plays an important role in the process of healing.

SELF ACTUALISATION
You are living to your highest potential

SELF ESTEEM
You've acquired the skills that lead to honour and recognition

LOVE AND BELONGING
Achieving deeper, more meaningful relationships

SAFETY
Home, Sweet Home

PHYSIOLOGICAL NEEDS
Food, Water, Sleep

UNDERSTANDING TRAUMA

"Trauma is locked in the body, and it's in the body that it must be accessed and healed. Trauma responses are fundamentally highly activated, incomplete biological responses to threat, frozen in time" (Van der Kolk, 2014).

Key messages

Human brains are designed to allow us to adapt to our environment. Students who grow up in chaotic, stressful and abusive environments experience neurobiological structural changes in order to survive. These changes are often disabling and interfere with typical development.

Experiences influence the brain's unique ways of understanding and responding to the world. Many of these processes are unconscious. Students' experiences of home life are interpreted as normal.

School environments are outside the normal range of experiences for students with complex trauma histories. They find school stressful because they are trying to cope in an environment that fails to make sense and has different expectations and ways of operating.

Students with complex trauma histories require help to build new or more functional neural pathways. This is done through the development of lasting and trustworthy relationships (see section on *Knowing Your Students*).

Students with complex trauma histories generally require a variety of educational adjustments to learn the skills necessary to meet their developmental needs (see section on *Teaching and Learning*).

Supportive practice

The needs of students affected by trauma are diverse and unique. Educational programs that assess and meet these needs can be time-intensive and emotionally demanding. It is recommended that staff do not work in isolation, but that a team approach is taken.

The team identifies the developmental needs of the trauma affected student. Depending upon the severity of the symptoms, school staff may need to enlist the specialised knowledge and skills of professional support such as those within the Department. They may also liaise with external support providers such as Child Safety Services and the Child and Adolescent Mental Health Service.

The focus of the team is to develop an holistic plan where environments are created to help the child become physiologically and emotionally regulated. From this secure base, the child can then explore, experiment and learn new personal, social and academic skills.

In supporting behavioural change, the team pool their expertise to identify the need being met by the behaviour of concern. They then plan supportive teaching and learning programs and model, teach and reinforce appropriate ways of relating and regulating.

Roles and Responsibilities

All staff have a primary role in reducing potential harm to students experiencing ongoing trauma. We are all advocates for their developmental needs, growth and learning success.

Principals/Leaders

- Take a lead role in ensuring all staff have an understanding of trauma and opportunities for professional learning.

- Implement evidence-based and data-driven systems and processes that:

  - Establish a whole-school approach to supporting student wellbeing and behaviour.

  - Encourage teachers to identify the underlying function of student behaviour and the link to complex trauma.

  - Facilitate a team approach that includes external agencies and captures student voice.

  - Coordinate professional support staff and external providers to support teachers.

  - Foster staff wellbeing and awareness around personal self-regulation.

Professional Support Staff

- Assess a student's developmental and family contexts to inform educational planning and intervention.

- Facilitate communication, information and collaboration between schools and external agencies, translating between contexts.

- Contribute to learning and behaviour support plans to support student resilience and regulation at school.

- Collaborate with teaching staff to identify the underlying needs behind challenging student behaviour.

- Assist teachers in linking social-emotional goals to student academic outcomes for all students.

Educators

- Know learners holistically.

- See challenging behaviour as social-emotional errors and an opportunity to assess or teach and model skills.

- Identify key support strategies for regulation and learning.

- Implement Learning Plans and universal trauma informed educational programs.

- Understand the effect of trauma on brain development and the process of escalation and de-escalation.

- Remember that regulated responses teach the child how they are expected to respond.

- Take a lead role in repairing learner relationships.

- Ensure that learning environments are predictable, calm and positive.

External Services

- Provide professional consultation around a learner's needs and collaborate with staff to adapt strategies into the school context.

- Request feedback from education settings to inform therapeutic interventions.

- Participate in Care Team meetings and be mindful that the core business of education settings involves multiple priorities and a complex web of learner dynamics.

- Communicate changes to medication, therapy and family changes about learner and family developments within the bounds of confidentiality and privacy.

Understanding trauma

Understanding trauma

Window of Tolerance: A Framework

The ebbs and flows of life could be described as occurring within a 'Window of Tolerance'. This is an optimal zone for processing and integrating our experiences of life. In this zone we can rationalise and reflect on problems and choices and are in touch with what is going on around us. In this zone our bodies are unstrained and we feel relatively calm.

Most people can identify times when they have been outside the boundaries of their window of tolerance. At these times thinking or behaviour has become disrupted by intensified emotional and physiological arousal. Behaviours during these times are not normally chosen, and a lack of flexibility in responses is common. Either excessive rigidity or chaos are typical during these dysregulated episodes.

Effective educational programs work to keep everyone within the Window of Tolerance optimal arousal zone.

Some physical cues suggesting too much arousal and an overshooting of the Window of Tolerance include:

- dilated pupils (to let light in to see better)
- lack of saliva making the mouth dry
- shallow breathing
- butterflies in the stomach
- faster heart beat
- excessive sweating
- tensed muscles (readied for action)
- agitated movement
- difficulty finding stillness.

Some physical cues suggesting too little arousal and an undershooting of the Window of Tolerance include:

- slumped posture
- collapsed body
- endless stare with pin like pupils
- loose muscles
- slowed heart rate
- blank face.

Overshooting the Window
Too much arousal to integrate

Window of Tolerance

Mobilised-fight or flight, hyper-vigilant, action-orientated, impulsive, emotionally flooded, reactive, defensive, self-destructive

Undershooting the Window
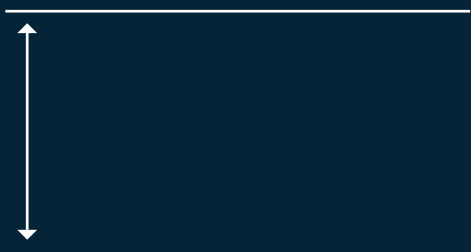Too little arousal to integrate

Key Questions:

- What might restrict or expand a learner's Window of Tolerance?

- How might the Window of Tolerance for a learner with complex trauma be different from someone not affected by trauma?

- How do I know where a learner is in the Window of Tolerance?

- How might the Model for Preventing and De-escalating Crisis (Colvin and Sugai, 2005) from the *Respectful Schools Respectful Behaviour* resource complement the Window of Tolerance Framework?

- What is the effect on learning if the teacher's Window of Tolerance exceeds the student's optimal arousal zone? Are there any situations where this may be the case?

- Recall a time when your Window of Tolerance was exceeded. Describe your emotional state and reactions. How were you able to regain a regulated state?

Differences in the window of tolerance

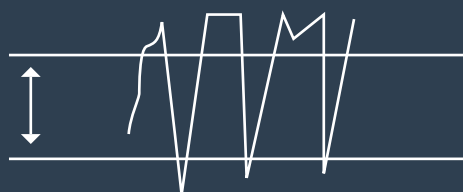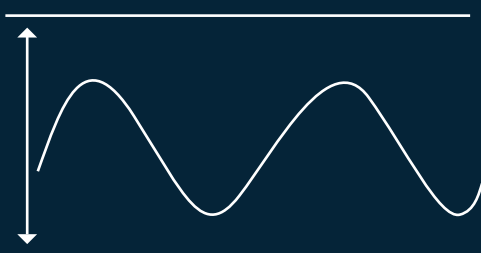| NON-TRAUMATISED INDIVIDUAL	TRAUMATISED/ANXIOUS INDIVIDUAL

THE SIZE OF THE WINDOW

THE RESPONSE WAVE OF INDIVIDUALS TO EVENTS

Reference: Australian Childhood Foundation and the Department of Education, Tasmania, 2011

Understanding trauma

TO DO...

- ☑ Get to know your professional support team.

- ☑ Engage in professional development to better understand the neurobiology of trauma and its effects on child development.

- ☑ Timetable Care Team meetings to discuss the function of a learner's behaviour to inform planning, teaching and learning

- ☑ Depersonalise challenging behaviours through debriefing and mentoring processes.

- ☑ Become familiar with the Department's *Respectful Schools Respectful Behaviour* resource.

> " EVERY TIME THERE WOULD BE A FATHER'S DAY I WOULD FIND IT A BIT AWKWARD BECAUSE I DON'T KNOW MY DAD AND I PROBABLY DON'T EVEN WANT TO KNOW MY DAD. SO WHEN IT'S FATHER'S DAY I FEEL BAD BECAUSE I DON'T KNOW WHAT TO DO, HOW TO CELEBRATE IT. "

CONVERSATION STARTERS

- What are the school's policies and practices in relation to respectful relationships? How are these differentiated to suit the needs of a learner with a trauma history or signs of complex trauma?

- Who on staff has engaged in trauma informed practice and how can we build our capacity further?

- How strong are the school's links to external agencies and how can we work better together?

- What are the barriers in relation to attitudes and resources that challenge the implementation of trauma informed practice in our school?

- How do our school planning processes ensure we mobilise support where needed and promote improved outcomes for learners?

- What does our behaviour data show us? What do the indicators highlight in our policies and practice? How is this data informing our school improvement processes?

- What more do we need to find out about our learners?

- Who do we go to for more information?

KNOWING YOUR STUDENTS

Key messages

The *Good Teaching – Differentiated Classroom Practice: Learning for all* resource indicates that the integral part of building relationships lies in getting to know the backgrounds, talents, needs and aspirations of our learners. This includes knowing about social disadvantage or trauma that may be part of a learner's background.

As educators, the essence of our work is maintaining unconditional positive regard for the children in our care. This means helping them to recover and learn from social and emotional errors, not just cognitive errors.

For our guidance to be effective, everything we do to support these children should be based upon the development of positive working relationships.

Knowing their stories, their fears and their hopes helps foster the trust necessary for these children to take risks and learn.

Children who have suffered trauma may not find it easy to trust, but without trust little can be achieved.

All decisions relating to the welfare of children in our care should be focused on what is best for the child. Knowing the learner is essential. When we know our learner we can make informed decisions, ensuring every child has the best chance of enjoying success at school.

It is important to remember that what works for children who have suffered trauma, works for all children.

Where possible educators should consult with parents/carers to ensure they understand information that relates to each learner.

Supportive practice

By forming positive working relationships with children who have suffered trauma, the members of the teaching team place themselves in a position of trust.

When children can trust that they will be treated fairly, and be included in decision-making, the process of recovery can begin.

Many children who have suffered trauma are dysregulated and live in dysregulated environments. One of the most powerful tools we have as a teaching team is to continuously demonstrate what regulated behaviour looks like. Our own responses, comments and actions model to the child what it is to be self-regulated.

For the child who is used to living in an unpredictable and dysregulated environment, an educational setting with its systems and processes will seem strange. For these children operating in an environment they find difficult to understand will cause elevated levels of anxiety.

These children need individualised support and a safety plan in order to make sense of their environment. Effective teaching teams understand the types of challenges facing these children and act responsively by making adjustments to teaching and learning programs.

> LAST YEAR WHEN SOMETHING HAD GONE WRONG AT ONE OF MY OTHER PLACEMENTS AND I WAS CHANGING OVER PLACEMENTS, MY TEACHER COULD TELL SOMETHING WAS UP SO MY TEACHER CAME AND ASKED ME WHAT WAS UP. "

Knowing your students

✓

Roles and Responsibilities

All staff have a primary role in reducing potential harm to learners experiencing ongoing trauma. We are all advocates for their developmental needs, growth and learning success.

Principals/Leaders

- Take a lead role in ensuring all staff understand the importance of knowing students' stories.

- Ensure staff have access to and are aware of relevant information concerning the child.

- Implement evidence-based and data-driven systems and practices that:

  - facilitate the development of positive working relationships with children

  - foster the use of all available professional assistance, including external services, when planning for positive outcomes

  - ensure staff work collaboratively using differentiated teaching practices, with targeted supports where needed

  - provide staff with a plan that supports their wellbeing e.g. checking in opportunities with a nominated colleague or senior staff person.

External Services

- Provide professional consultation around a student's needs and collaborate with staff to adapt strategies into their own context.

- Request feedback from staff to inform therapeutic interventions.

- Provide staff with feedback pertaining to the effectiveness of current interventions.

- Communicate changes to medication, therapy and learner and family developments within the bounds of confidentiality and privacy.

Educators

- Maintain unconditional positive regard for students.

- Understand the importance of forming a positive working relationship with the child regardless of how challenging their behaviours can be.

- Get to know their students through such processes as:

  - participating in Care Team meetings

  - referring to specialist reports

  - developing Learning Plans for discussing student needs with support staff.

- Set achievable (SMART) goals for each child based on individual strengths and needs.

- Respond in regulated ways to model how the child can respond.

- Maintain self-care and seek support when it is needed e.g. the *Employee Assistance Program.*

Professional Support Staff

- Assess a child's developmental and familial contexts to inform educational planning and intervention.

- Facilitate communication, information and collaboration between educational settings and external agencies, translating between contexts.

- Plan and implement practices and procedures that support daily staff practice at an individual and universal level within the educational setting (including professional development) with the principal or appropriate leader.

- Contribute to learning plans (including the development of appropriate SMART goals and effective strategies) to support student regulation at school.

Resources and Case Studies

In his book *Traumatic Experience and the Brain*, David Ziegler (2011) outlines the three principles that dominate the way that traumatised children make sense of the world around them:

1. **Survival.** This is foremost in their minds. They have learnt to survive in challenging conditions and so surviving anywhere takes precedence over everything else.

2. **Negative world view.** They believe that there is a great deal more bad than good in the world. They expect disappointment, and they expect things will go wrong even when things are going well.

3. **Immediacy.** They believe that unless things happen immediately, they will never happen. Second chances do not exist. Ziegler (2011) uses the example of a soldier engaged in combat. When he is fighting, only what needs to be done immediately matters. A soldier in this setting does not contemplate the future.

> **THERE WERE SO MANY TIMES THAT I WENT TO THE TOILET JUST BECAUSE I FELT ANXIOUS AND THOUGHT I MIGHT HAVE A PANIC ATTACK, BUT IF I TOLD THE TEACHER THAT THEN OTHER KIDS WOULD HAVE HEARD SO A MEETING BEFOREHAND WOULD BE GOOD "**

How would your thinking change?

Imagine that you are unlikely to survive the next 10 interactions or decisions you make, and that everything will end badly unless there is an immediate result.

How would this change your interactions?

Key questions

- How do I get to know a child with a negative view of the world?

- What can I do that will ensure a positive experience for this child?

- What are some of the barriers to learning and engagement?

Goals for making a positive start

1. Foster supportive relationships that help to develop trust.

2. Create an environment where the child feels safe.

3. Guide open conversations about how learning can feel uncomfortable and that making mistakes can be key learning opportunities.

4. Make it clear that you expect positive change and that positive change is going to happen.

Creating an environment conducive to success.

"What a child lacks in self-regulation must be provided by structure and consistency in the environment" (Ziegler, 2011).

The more predictability, the better. Children's anxiety will be reduced when they know what will happen next, why it is happening and for how long it will happen. Avoid sudden changes wherever possible and if you can predict that something may not go to plan warn the child.

These are the key reasons for children who have suffered trauma finding play times, before and after school, most stressful. These unstructured times are too unpredictable.

Knowing your students

"SOMETIMES IT'S HARD TO LISTEN BECAUSE YOU CAN'T REALLY CONCENTRATE AT SCHOOL AND THEN YOU CAN'T GET GOOD MARKS AT SCHOOL BECAUSE YOU ARE BUILDING IT UP INSIDE AND YOU CAN'T REALLY DO IT. "

Provide opportunities for children to talk about perceived threats. This allows the reasoning brain to engage, encourages more thought and consideration and provides information and awareness about any worries the child might have.

Teach children the difference between reacting and responding.

Reinforce all positive behaviour, even attempts at positive behaviour.

Helping the child engage

Flow

Flow is the mental state of operation in which a person performing an activity is fully immersed in a feeling of energised focus, full involvement, and enjoyment in the process of the activity. In essence, flow is characterised by complete absorption in what one does.

According to Csikszentmihályi (1990), flow is completely focused motivation. It is a single-minded immersion and represents perhaps the ultimate experience in harnessing the emotions in the service of performing and learning. In flow, the emotions are not just contained and channelled, but positive, energised, and aligned with the task at hand. He points out that people can lose track of time because they are so engrossed in an activity. As teachers and people who work with children, flow can be planned for through the design of specific activities. To help achieve flow it is important to ensure that:

- Both goals and rules are clearly stated

- The child has the skills to engage with the activity

- Feedback is clear and immediate.

Barriers to Engagement

Understanding what children with a trauma background will find difficult gives us insight into where and when they will need support. When designing interventions or activities, it is important not to assume the child has age appropriate competencies.

Trust – children with trauma backgrounds will find the concept of trust difficult. They trust inappropriate people, the wrong people or most commonly, resist trusting anyone.

Empathy – the concept of empathy is difficult. A question such as "how do you think she felt when...?" may make no sense to child with a trauma history.

Stress – managing stress and anxiety is complex. It is important to allow and guide children to explain the cause of their stress. It will be linked to their experiences of trauma, and often difficult to predict or identify. Events, sounds, particular people and even smells can cause stress for a traumatised child.

Impulses – controlling impulses is challenging. It is possible that the child's processing skills do not allow them to think about cause and effect. "If I do this, what might happen next?" may not occur to them.

Anger – controlling anger is demanding. Children suffering trauma may have no real insight into why they feel angry or may not be aware that there are other ways to express their feelings.

Shame – many traumatised children have a poor opinion of themselves and suffer serious self-doubt. If they are shamed or humiliated in any way, or even perceive that this may be a possibility, they will react badly.

Knowing your students well, and becoming aware of their lives outside school helps to build positive working relationships and to address some of the difficulties children may face. The *Berry Street Trauma Recovery Program* has developed a table listing (below) a range of barriers to engagement. https://learning.berrystreet.org.au/focus-areas/berry-street-education-model

Berry Street Trauma Recovery Program - Barriers to engagement

Self-perception	Culturally and socially imposed constructs of the self that limit what a student thinks he or she can do.
Ability to self-regulate	A student's ability or inability to manage emotions, particularly stress and anxiety.
Relationship skills	The student's ability to engage with others in a productive manner and to establish and maintain harmonious relationships.
Learned helplessness	The student has an external locus of control, believing that they have no choices in the things that happen to them and that as a result there is no real point in trying.
The "I am dumb; I cannot do it" myths	Students' incorrect assumptions that their current difficulties are unchangeable.
Learning difficulties	Undiagnosed difficulties with learning leading to lack of engagement, stamina and confidence. These difficulties often result from long periods of absence from school.
Sensory integration problems	Undiagnosed eyesight or hearing problems.
Family expectations	Exceedingly high, unattainable or low expectations leading to anxiety and stress.
Lack of "ready to learn" skills	Lack of ability to sit still, use fine motor skills, or to understand processes and cause and effect.
Geography	Lack of resources to arrive at school on time, or to access libraries, internet etc.
History of trauma	Unaddressed concerns in neuroarchitecture affecting thought, behaviour and other processes.
Cultural incompatibility and racism	The student experiences school culture as foreign, uninviting and incompatible with home expectations or suffers racism and criticism from other students and staff.

TO DO...

☑ Provide time for building relationships and getting to know learners' personal stories.

☑ Ensure a co-created safety plan is in place for each child so they know how they are being supported.

☑ Maintain unconditional positive regard for learners regardless of how challenging their behaviours are.

☑ Maintain Learning Plans ensuring that important information, SMART goals and key teaching strategies and supports are current.

CONVERSATION STARTERS

- How do we create a positive culture that values and supports our learners across our learning environments?
- How do we identify the key barriers to a child's participation and success in learning?
- How do we encourage deeper understandings of emotional awareness and self-regulation for learners and staff?
- When do we reflect on our individual and shared values as staff?
- As we get to know children with histories of trauma we may be shocked and horrified at what they have experienced. We may be outraged and appalled.
  - How do we make sure we are looking after ourselves so we can maintain our effectiveness?
  - How do we make sure others are ok?
  - How do we cope with knowing about the environments some of these children return to when they leave our care?

Knowing your students

TEACHING AND LEARNING

"traumatised and neglected children need patterned, repetitive experiences appropriate to their developmental needs, needs that reflect the age at which they missed important stimuli or had been traumatised, not their chronological age."

Dr Bruce Perry

Key messages

Learners need to feel safe and secure before then can learn. Learning involves risk taking – the student leaves the mental security of what is known to explore what is unknown. Moreover, new information is overwhelming. This process can be stressful and cause learners to disengage, act out or withdraw.
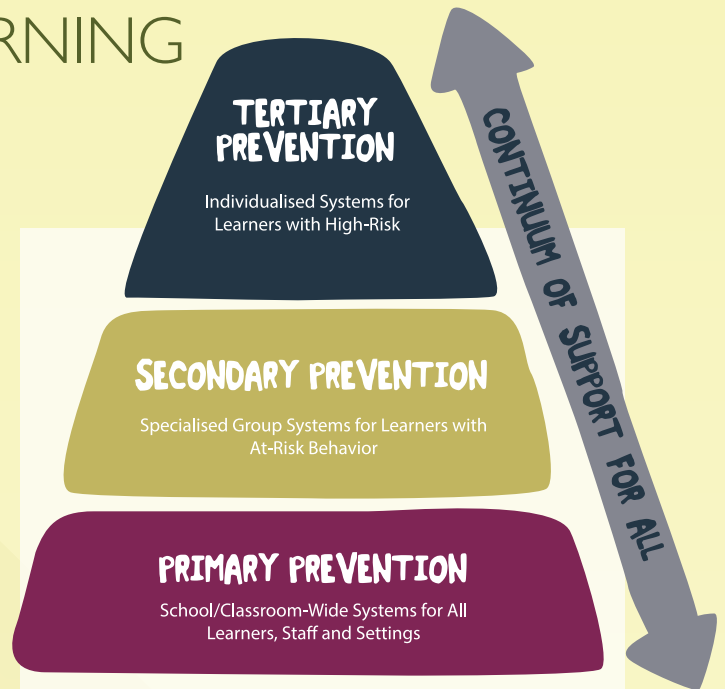
Learners with a history of complex trauma are often more easily overwhelmed when presented with learning tasks that have not been adjusted to suit their level of readiness.

Trauma informed strategies begin with knowing the learner well, their histories, the ways they express themselves and the levels of their emotional development. Effective educators understand that abuse and neglect impact on emotional regulation and children's capacity to:

- concentrate and attend to tasks
- retain chunks of information
- express themselves
- work collaboratively
- develop peer friendships.

These educators work through whole school approaches to create learning environments that are calm, safe and predictable. They adjust teaching strategies, tasks, materials and resources to meet the learners' strengths and needs.

Trauma informed teaching strategies are optimised when there is collaboration amongst educators, professional support staff and others closely involved with the learner. Wherever possible the learner's views are sought and incorporated in the development and implementation of tailored programs and strategies.

TERTIARY PREVENTION

Individualised Systems for Learners with High-Risk

SECONDARY PREVENTION

Specialised Group Systems for Learners with At-Risk Behavior

PRIMARY PREVENTION

School/Classroom-Wide Systems for All Learners, Staff and Settings

CONTINUUM OF SUPPORT FOR ALL

Key strategies are implemented across all three tiers of the Positive Behaviour Support model.

Supportive practice

- Get to know the learner's story and understand the meaning and purpose of the behaviour.
- Draw on the knowledge and expertise of those who know the learner well and differentiate teaching and learning programs accordingly. Start with the learners themselves as they will often have the best idea of what helps them learn.
- Plan for challenging incidents by developing a behaviour support plan in collaboration with those who know the learner well.
- Depersonalise learner reactions and behaviours.
- Separate the behaviour from the learner.
- Have clear expectations for behaviour and model, teach and reinforce calm considerate interactions.
- Provide predictable learning routines with high levels of organisation, clear visual messages, consistency and space for learners to recover if overwhelmed.
- Support changes to learning programs, transitions and unstructured times with advance notice, practised routines and additional support where needed.
- Provide timely and clear feedback recognising positive behaviours, even if only partially correct.
- Offer choices to complete tasks in a calm and controlled voice.
- Meet regularly with the Care Team to review practices, plans and the learner's progress.

"I DON'T WANT PEOPLE BELIEVING THAT I'M GOING TO HAVE A BAD LIFE I WANT THEM TO BELIEVE I CAN SUCCEED AND THAT I AM JUST AS CAPABLE "

Roles and Responsibilities

Principals/Leaders

- As instructional leaders, demonstrate and model differentiated teaching practice for learners with a history of complex trauma.

- Schedule planning time for staff to implement trauma informed educational practice and differentiation.

- Ensure that learners with complex trauma access and participate in educational programs on the same basis as all other learners.

- Ensure that trauma informed practice strategies occur across each tier of the Positive Behaviour Support model.

- Facilitate professional learning in relation to trauma to build staff capacity.

Teachers

- Differentiate and provide adjustments to create a safe, calm and consistent learning environment.

- Recognise that learners with complex trauma find it more difficult to leave their comfort zones and require different pacing in learning tasks.

- Recognise that an engaging and well-paced educational program leads to a reduction in the severity of challenging learner behaviour.

- Understand that the learner-teacher relationship is crucial for delivery of effective differentiated educational programs.

External Services

- Work with educators and support staff to identify and prioritise key learning and therapeutic outcomes and goals.

- Understand the complexities, dynamics, competing priorities and resources within education settings.

- Actively promote the link between therapeutic goals and academic success, enrichment and long term classroom functioning.

- Understand that all learner wellbeing and learning opportunities are of equal value and describe how recommendations may benefit all learners at the classroom level.

Professional Support Staff

- Collaborate with educators, external professionals and parents/carers to create strategies and SMART goals for Learning Plans appropriate to the developmental needs of the learner.

- Engage with staff in relation to implementing and adapting specialist recommendations into school and classroom contexts.

- Advocate for engaging and differentiated educational programs as a starting point for learner therapeutic development.

- Use specialist knowledge to work with schools to advise and implement trauma-informed school wide strategies.

- Assist educators to develop links with and work alongside external services.

Teaching and learning

Support Strategy Guide

TERTIARY TIER STRATEGIES

- Multi Agency Case and Care Team
- Reactive Strategy Plan
- Learning Plan and General Capabilities SMART goals
- Specialist DoE Staff Assessment
- Flexible Learning
- Family Support

SECONDARY TIER STRATEGIES

- Cross curricula, community access and enrichment programs
- Flexible Learning
- Learning Plan and General Capabilities SMART goals
- Structured transition and play
- Safe Space / Safe Network

- Sensory Room / Calm Room
- Buddy System
- Check in / Check out
- Heavy Work programs
- Therapeutic programs
- Home-school communication strategies

UNIVERSAL (PRIMARY) TIER STRATEGIES

- Verbalised Empathy
- Positive Behaviour Support (PBS) Team
- Mind Up Curriculum
- 5 point scale / Zones of Regulation

- Magic 1,2,3
- Window of Tolerance
- PRACTICE Model
- Differentiated Good Teaching Practice

CONTINUUM OF SUPPORT FOR ALL

https://mindup.org/

Positive Behaviour Support (PBS)

Positive Behaviour Support (PBS) is a framework for assisting staff in organising evidence-based behavioural interventions for enhanced student academic and wellbeing outcomes.

PBS is not a packaged curriculum, scripted intervention, or manualised strategy.

PBS is a prevention-oriented way for staff to work together to:

- use data to inform practices
- implement evidence-based practices to support improvements in learner behaviour
- review, analyse and refine the implementation of those practices
- implement effective on-going professional development
- maximise academic and social-emotional outcomes for learners.

Attention is focused on creating and sustaining **schoolwide** (through universal primary prevention strategies), **secondary** (more targeted strategies for some), and **tertiary** (highly individualised strategies for few learners) systems of support that improve academic and wellbeing outcomes for all learners.

For more information on schoolwide PBS visit: https://www.pbis.org/school/

> FAMILY TREES AND THAT SORT OF STUFF ARE HARD BECAUSE I HAVE NO IDEA ABOUT MY FAMILY BACKGROUND. IN ONE OF MY CLASSES THEY ASKED ME ABOUT MY BACKGROUND AND I SAID I HAVE NO IDEA I CAN'T REMEMBER ANY OF MY FAMILY EXCEPT FOR MY GRANDMA AND MY DAD. KNOWING WHAT YOU'RE DOING NEXT LESSON MIGHT BE GOOD BECAUSE THEN YOU CAN KNOW BEFOREHAND AND TALK TO THE TEACHER.

Teaching and learning

SMART Training PRACTICE Model (ACF, 2015)

PREDICTABLE

RESPONSIVE

ATTUNED
CONNECTING
TRANSLATING
INVOLVING
CALMING ENGAGING

The 'Responsive' element

Principle

Traumatised children will display behaviour which is experienced as difficult or challenging by others but often makes sense in the context of their trauma.

Traumatised children find it hard to internalise external rules and consequences.

The misbehaviour of traumatised children evokes secondary reactions in others which are experienced as threats. In turn, traumatised children play out familiar patterns of responses that aim to minimise the threat.

Strategy

- **Understand** the meaning and purpose of the behaviour.

- **Sanction** misbehaviour but stay connected with the child (separate child from behaviour).

- **Reinforce** rules in times of low stress, using neutral emotional tone.

- **Provide** 'time in' rather than 'time out'.

The crucial element in responding to behaviour is to ensure that the relationship is maintained throughout the response process and that the way we go about it does not elevate their internal alarm states.

Other Ideas...

- Track, record and acknowledge examples of when a child abides by the rules.

- After an issue has been resolved, go back to the traumatised child and talk it through with them again positively to reinforce the rules.

- Develop a positive behaviour management plan that is known and supported by all staff who are involved with a specific child. Meet regularly to review how effective the plan is and review responses to promote consistency across settings.

Outcome

- Traumatised children experience the present as different from the past.

- Traumatised children feel personal exchanges as reaffirming of themselves.

- Traumatised children are more likely to require and accept limit setting.

- Traumatised children are more likely to maintain and access rules in working memory.

- Traumatised children learn that they will be treated differently when they misbehave by people who support them.

- Traumatised children experience adults at school as affirming, consistent and helpful.

- Over time, traumatised children's behaviour adjusts to the expectations of the site.

When implementing responsive strategies, be aware that:

- Questions that form part of a restorative approach have some value but may need to be modified for traumatised children.

- Examples of positive behaviour may require as much analysis as difficult behaviours.

- Clear messages about both positive and unacceptable behaviour must be conveyed, along with explicitly articulated outcomes.

What do you remember happening?
Providing a summary of the event may be necessary, as traumatised children may genuinely not remember.

What did you do?
This can be a useful question, provided that the child has both the neural capacity to remember and access to the cortical processes needed to describe the event.

How did you feel when this was happening?
For some children more specific prompts such as *in your body*, or *in your head* can be helpful.

How do you think the other child might have felt?
Although this can be an effective question, clear and realistic examples should be provided as children who lack empathy will genuinely not know.

Why did you do that?
This question is not helpful and should be avoided.

Curriculum Intersect: The *Australian Curriculum* Personal and Social Capability

The general capabilities are a key dimension of the *Australian Curriculum*. The Personal and Social Capability is significant in the teaching and learning of social and emotional skills. The continuum extends from pre-school to Year 10 and describes how students can: develop self-awareness, tune into and regulate emotions, and build positive relationships. This capability can be addressed through the content of all learning areas. The personal and social capability continuum is a useful reference for teachers wishing to link social relationship goals to their unit planning. It is also useful for developing SMART goals in Learning Plans, to identify next steps in learning.

 "In the *Australian Curriculum*, students develop personal and social capability as they learn to understand themselves and others, and manage their relationships, lives, work and learning more effectively. Personal and social capability involves students in a range of practices including recognising and regulating emotions, developing empathy for others and understanding relationships, establishing and building positive relationships, making responsible decisions, working effectively in teams, handling challenging situations constructively and developing leadership skills."

For more information on the *Australian Curriculum* Personal and Social Capability visit: http://www.australiancurriculum.edu.au/generalcapabilities/personal-and-social-capability/introduction/introduction

For more information on young learners visit: https://www.education.gov.au/early-years-learning-framework

Teaching and learning

TO DO...

For leaders

☑ Identify what we do well at the classroom and individual level. How do we know?

☑ Identify gaps and formulate action plans.

☑ Implement action plans, monitor data, review at a key interval and refine.

For educators

☑ With a colleague reflect and review individual pedagogy against the PRACTICE model via the ACF SMART modules.

For professional support staff

☑ Work with your site leader around supporting the audit, identifying priorities and planning strategies and review.

The Anglicare Tasmania research report titled *Fostering Education – Supporting foster carers to help children and young people learn* provides a number of excellent case studies of good practice in supporting foster carers to support education. This is available from: https://www.anglicare-tas.org.au/research/

CONVERSATION STARTERS

• How do we differentiate for our children with a background of complex trauma?

• How do we differentiate in the areas of content, instruction, product and environment?

• What processes and systems in our site support wellbeing and learning?

• How do we involve our professional support staff in these conversations?

❝ WE SHOULD BE INVOLVED (IN CREATING LEARNING PLANS). IF THE TEACHERS ARE DOING IT THEY COULD SIT US DOWN AND TALK US THROUGH IT AND SEE WHAT WE WANT RATHER THAN TELLING US ❞

RESPONDING TO TRAUMA

Key messages

Everyone in the community is responsible for the safety and protection of children and young people.

All Departmental staff and volunteers are mandatory reporters under the Children, *Young Persons and Their Families Act 1997*. When a Department of Education (DoE) employee or volunteer knows, believes, or suspects, on reasonable grounds, that a child is suffering, has suffered or is likely to suffer abuse or neglect, he or she has a responsibility to take action.

Mandatory reporting further supports the Department's strategic direction to ensure that all learners are provided with a safe and inclusive learning environment which supports and allows them to strive for excellence and reach their full potential.

Mandatory Reporting is in line with the Tasmanian Government's coordinated, whole-of-government Action Plan to respond to family violence through Safe Homes, Safe Families.

Supportive practice

Children and Youth Services, an operational unit within the Department of Health and Human Services, delivers a range of services to children, young people and their families. Children and Youth Services deliver services through teams based in the North, North West and South of the state.

Child Safety Services sits within the Children and Families Portfolio. Their role is to assess, investigate and intervene to protect children.

Formal child protection services are focused on assessing risk, investigating and intervening to protect children.

DoE staff fulfil their obligations as mandatory reporters by making a notification to either a Community Based Intake Service such as Gateway, or Child Safety Services. Contact with either one or the other of these services only is required.

Referrals to Gateway Services can be made by calling 1800 171 233 and speaking to a Gateway Intake Worker. Should the referral meet a certain threshold it will be forwarded to Child Protection Services for appropriate action.

To make a notification to Child Safety Services or to seek their advice, phone 1300 737 639 or you can make an online notification through: https://www.communities.tas.gov.au/children/child_protection_services/what_can_i_expect_when

Once a notification is made the notifier may be contacted to provide further information or clarification.

Roles and Responsibilities

Principals/Leaders

- Ensure that all staff and volunteers receive Mandatory Reporting training annually.

- The Mandatory Reporting resources are available from: https://tasedu.sharepoint.com/sites/intranet/SitePages/Mandatory-Reporting.aspx

- Ensure all staff and volunteers are made aware of, understand and adhere to *Mandatory Reporting Procedures* https://tasedu.sharepoint.com/sites/intranet/Document%20Centre/Mandatory-Reporting-Procedures.pdf

Educators/Staff

- Report to either a Community Based Intake Service such as Gateway or Child Safety Services any reasonable belief, suspicion, or knowledge of a child who is suffering abuse or who is at risk of abuse.

- Seek advice and support from professional staff to build the capacity to ensure quality teaching and learning for all students.

- Utilise the skills and input of professional support staff to develop personalised learning programs for individual students or groups of students and school community members.

External Services

- The role of Child Safety Services is to assess risk, investigate and intervene to protect children.

- Communicate and liaise with site and support staff within appropriate timeframes and privacy requirements.

Professional Support Staff

- Participate in case management processes to develop and contribute to Learning Plans and other teaching plans as required.

- Provide timely feedback and documentation to educators utilising DoE processes as required.

- Undertake the roles and tasks assigned to them by senior professional staff and leaders in support of learning and building staff capacity.

- Support educators to provide quality differentiated teaching and learning programs for all learners.

The Case and Care Team Meeting Process

What is it?

This process can be initiated by the school or an external agency such as Child and Adolescent Mental Health Services (CAMHS) or Child Safety Services. Parents/carers are often an integral part of the team. In some instances, the student may also attend for a short time. Key site staff are often the principal or senior teacher and support teacher. Professional support staff may also attend (e.g. social worker, school psychologist, speech and language pathologist, autism consultant, school nurse).

It is a process in which key stakeholders collaborate to provide comprehensive support for a student with a background of trauma. It provides a forum for identifying the child's developmental needs, brainstorming strategies, coordinating roles, assigning responsibilities and monitoring progress.

Decision making is owned and shared by the group. Accountability is directly linked to the actions arising from the group's meeting minutes.

The Care Team goes through stages of forming, norming, storing and preforming. It is a process that evolves over time and does not provide an immediate panacea, though it often provides an immediate way forward.

What is the process?

Setting up the Care Team:

- identify and invite key stakeholders including parents/carers

- gain permission from guardian to share information within the team

- create an agenda of key concerns e.g. school observations, home observations, therapeutic observations

- share briefing information in advance if possible

- nominate a Chair and a minute-taker to document issues and actions arising

- set a meeting date

- consider any special needs of parents/carers and plan support so that their participation and perspectives have equal weight with other team members.

The first meeting:

- the Chair welcomes the group and explains the purpose of the Case and Care Team Meeting

- the Chair directs and opens the agenda items

- team members discuss concerns and observations, including positives and strengths

- the team determines priorities and recommendations are tabled

- actions that are realistic and achievable for each context are agreed upon

- all interactions are documented as accurately as possible

- actions are minuted, distributed, and a follow-up meeting is determined (often within 2-3 weeks).

Subsequent meetings follow a similar format but always review the actions agreed at the last meeting. Team members provide feedback about the efficacy of the actions reflecting the need for fine tuning and refinement.

For an example resource of effective collaboration in a meeting: http://www.apbs.org/files/teamingpractice.pdf

Responding to trauma

The Case and Care Team Meeting Process for Out-of-Home Care Students

What is it?
Care Team meetings for students in Out-of-Home Care are the responsibility of Child Safety Services (CSS) and involve external agencies such as Child and Adolescent Mental Health Services (CAMHS) or the Australian Childhood Foundation (ACF). Where appropriate, parents/carers are often an integral part of the team. In some instances, the student may also attend for a short time. Key education staff are often the principal or senior teacher and support teacher. Professional support staff may also attend (e.g. social worker, school psychologist, speech and language pathologist, autism consultant, school nurse.)

It is a process in which key stakeholders collaborate to provide comprehensive support for a student with a background of trauma. It provides a forum for identifying the child's developmental needs, brainstorming strategies, coordinating roles, assigning responsibilities and monitoring progress.

Decision making is owned and shared by the group. Accountability is directly linked to the actions arising from the group's meeting minutes. CSS relies on the Care Team to ensure robust planning is in place and that any issues can be addressed quickly.

The Care Team goes through stages of forming, norming, storming and preforming. It is a process that evolves over time and does not provide an immediate panacea, though it often provides an immediate way forward.

What is the process?
Setting up the Care Team:

• CSS identify and invite key stakeholders including parents/carers where appropriate

• whenever possible these meetings are chaired by CSS

• create an agenda of key concerns e.g. school observations, home observations, therapeutic observations

• share briefing information in advance if possible

• set a meeting date

• consider any special needs of parents/carers and plan that their participation and perspectives have equal weight with other team members.

The first meeting:

• nominate a Chair and a minute-taker to document issues and actions arising

• the Chair welcomes the group and explains the purpose of the Care Team Meeting

• the Chair directs and opens the agenda items

• team members discuss concerns and observations including positives and strengths

• the team determines priorities and recommendations are tabled

• actions that are realistic and achievable for each context are agreed upon

• all interactions are documented as accurately as possible

• actions are minuted, distributed, and a follow-up meeting is determined (often within 2-3 weeks).

Subsequent meetings follow a similar format but always review the actions agreed to at the last meeting. Team members provide feedback about the efficacy of the actions reflecting the need for fine tuning and refinement.

Family Group Conferencing

A family group conference is a formal meeting for family members to talk about what can be done to make sure their child or young person is safe. The family is asked to be involved in making plans for the child and to consider the issues raised by Child Safety Services.

Family group conferencing was introduced to Tasmania through the *Children, Young Persons and Their Families Act 1997* (*CYPF Act 1997*). The *CYPF Act 1997* is the key piece of legislation covering child protection issues in Tasmania. The Act states that there are certain circumstances under which a family group conference must be convened.

Family group conferencing is a way of planning for a child's future and reviewing past decisions.

Family group conferences allow families to have their say and to meet in private to develop their plan.

Family members, and professionals who have participated in family group conferences, have observed that they are an effective way of working together in the best interests of children and young people.

Child Safety Services are responsible for delivering the Family Group Conference Program in Tasmania. Family group conferences are organised by trained professionals called facilitators. Facilitators are independent of Child Safety Services.

Who attends a Family Group Conference?
The child or young person can attend if they are old enough and wish to.

Other service providers who have been supporting the family may be invited by the facilitator to attend a family group conference. Their role at the conference is to talk about their involvement and to provide information about what supports they can offer the family in the future.

The facilitator may also invite service professionals who are not currently involved with the family to provide information about the supports they can offer. For example, a teacher or school principal may be invited to attend a conference where there are concerns about a child's education.

Other service professionals such as counsellors, social workers, psychologists, doctors, and child and family health nurses may also be invited to attend a conference to talk about a child or young person known to them.

The facilitator and/or the child protection worker will meet with invited service representatives before the conference to prepare them for their role during the conference.

Sometimes the Court appoints a lawyer to act as the child's separate legal representative. The child's legal representative would only attend the family group conference if there were already legal proceedings before the court. This is the only circumstance when a lawyer would be permitted to attend a family group conference.

The facilitator must invite the child's separate legal representative to attend the family group conference. The facilitator will not appoint an advocate for the child if a separate legal representative has been appointed by the Court.

The role of the legal representative at the conference is to represent the child's legal interests. The legal representative ensures that the conference remains focused on the child and that their best interests are promoted at all times.

After the conference, the child's legal representative indicates to the Court whether they support the decisions made at the conference. Only a record of the agreements or decisions that were made at the conference will be given to the Court. Everything else said at the conference is confidential and will not be used in Court.

Although it is not common for a child in Out-of-Home Care to need to participate in a Family Group Conference, it can be quite stressful for children who do. Children may need a little extra support from key people in their lives, such as their school teachers or carers.

Care Teams

Care Teams are an important part of planning for a child in Out-of-Home Care. Care Teams engage in inclusive planning and information sharing to enhance the wellbeing of the child. They are facilitated by Child Safety Services and involve a range of key people in the child's life.

A strong and integrated Care Team is required to provide quality and stable care for children and young people in care.

An integrated Care Team shares skills and expertise to address the full range of developmental needs for a child and their family to achieve better outcomes for the child. Children, young people, families and carers will be actively involved in planning and managing care plans for the child or young person.

The Care Team should include:

- the appropriate child protection worker

- a care manager from the Out-of-Home Care service to support the placement

- family members, if appropriate

- other professionals involved in the day to day life of the child, for example, psychologists, educational social workers, health practitioners and education staff.

TO DO...

☑ Know the steps involved in making a mandatory report.

☑ Use the Student Support System (SSS) for storage of all student files.

CONVERSATION STARTERS

- In what ways do we ensure we have the information we need to support learners impacted by trauma?

- What has our experience been with Care Team meetings? What has worked well, what could be improved?

- Do we know which children at the school have Care Plans?

- Do we have a system to know and to be actively involved?

CREATE Foundation

Students who are in Out-of-Home Care rely on the care and education systems to understand and meet their needs as many of these children and young people do not have parents or families to advocate on their behalf. For this reason, children and young people in Out-of-Home Care should be encouraged to voice their views and concerns about their care and education, and have their needs reflected in Learning Plans.

CREATE Foundation (CREATE) is Australia's consumer peak body representing the voices of all children and young people in out of home care, http://create.org.au/

CREATE Foundation and the Commissioner for Children and Young People Tasmania partnered to consult with children and young people who have experienced Out-of-Home-Care, about their experiences at school.

The voices of young people who took part in this consultation have informed CREATE Foundation's involvement in this resource. These voices are also represented throughout this resource using the 'Student in Out-of-Home Care voice' icon.

Roles and Responsibilities

For supporting learners in Out-of-Home Care

Educators

- Ensure that every learner in Out-of-Home Care has a Learning Plan, developed after discussion with learners regarding their individual needs.

- Ensure that the learner's caseworker is informed about the implementation of the Learning Plan.

- Negotiate agreement between the learner and the school via Learning Plans, about who is involved in particular details about the young person's situation and determine what is acceptable to disclose.

- Maintain regular communication with the learner about how they feel they are progressing at school, including keeping Learning Plans updated.

- When identified by, and discussed with the young person, provide extra support and consideration, as would happen with any learner experiencing difficulties.

- Engage quality differentiated educating practice and respectful learning tasks.

- Encourage young people to regularly check in with a dedicated support teacher or staff member.

- Stay informed of acceptable strategies for helping learners to manage their emotions.

- Ensure that the school environment includes a suitable, private place for learners to calm down if distressed.

- Negotiate an agreement between the educator and learner on how the learner can notify the educator of the need for help in managing their anger, or when time away from the classroom is necessary to allow the learner to settle. Note these arrangements in the Learning Plan.

Principals/Leaders

- Ensure that every learner in Out-of-Home Care has a Learning Plan, co-developed with learners.

- Provide teachers and support staff with appropriate avenues for training and the resources to create awareness of the stigma children and young people in care are facing. Further information can be found at:

  - CREATE Foundation Report Cards **http://create.org.au/what-we-do/advocacy/position-papers/**

  - CREATE Foundation position papers **http://create.org.au/publications/create-research-reports/**

- Where possible incorporate the voice of appropriately trained children and young people with a care experience into professional development.

- Regularly reinforce privacy and confidentiality policies through induction and training for educators.

- Establish accessible, child-friendly mechanisms for young people to have their concerns addressed when they feel that their privacy or confidentiality has been compromised or breached.

- In partnership with Children and Youth Services, ensure that young people receive a thorough orientation when they move schools.

- Where possible introduce buddy initiatives to help children and young people during the transition into a new school. This system can include buddying with peers, and with student and teacher or other school staff member pairings.

- Consider establishing school strategies for managing bullying specifically related to particular cohorts of students (e.g. those in Out-of-Home Care).

- Provide information for staff on acceptable strategies for helping students to manage their emotions, developed in partnership with the children and young people and incorporating recognised therapeutic strategies.

Responding to trauma

Child Safety Services

- Ensure that every child or young person in Out-of-Home Care has a Learning Plan, developed in partnership with Department of Education, after discussion with the young person regarding their individual needs.

- Maintain communication channels with the Department of Education, in order to ensure that valid, reliable and up-to-date information is shared regarding young people for consideration in Learning Plans.

- Maintain regular communication with the learner and the school about progress.

- Ensure involvement in Learning Plans and attendance at relevant meetings.

- Ensure an invitation is extended to relevant staff to contribute towards Care Team meetings.

- If a young person is moving sites, work in partnership with Department of Education to maintain communication with the new site, in order to ensure that valid, reliable and up-to-date information is transferred between schools.

- In partnership with Department of Education, ensure that young people receive a thorough orientation when they are due to move sites.

CONVERSATION STARTERS

- What opportunities are there to incorporate the voice of appropriately trained young people with a care experience into professional development?

- How will the young person's voice be included in Learning Plans?

- How will you contribute towards young people in care not feeling stigmatised at your school?

- If there is an activity planned which could trigger anxiety amongst young people with an experience of Out-of-Home Care, how will this be managed?

GLOSSARY OF TERMS

Cognitive errors
Our patterns of thinking influence our emotional states and, in turn, our behaviour. When thinking patterns are inaccurate or do not reflect reality, they are known as cognitive errors or cognitive distortions. Learning to recognise cognitive errors increases the ability to ignore them. Thoughts such as negativity can then be actively changed, enabling intentional changes in emotions and behaviours.

Learning Plan
The Learning Plan is both a process and a product. It encapsulates important information and priority learning goals for students with diverse needs. It also describes adjustments suited to optimise learning and how the student can best demonstrate their understanding. A Learning Plan is a working document that is framed in collaboration with key stakeholders including the student wherever possible. The plan informs everyone who has responsibilities for the student about where the student is at in their learning, what goals are being targeted and where the goals are grounded in the curriculum.

Mandatory Reporting
In compliance with the *Children, Young Persons and Their Families Act 1997* if a prescribed person, in carrying out official duties or in the course of his or her work (whether paid or voluntary), believes, or suspects, on reasonable grounds, or knows of, or has reasonable grounds for believing, a child has been, is being, or is likely to be abused or neglected, the prescribed person must inform the Secretary (DHHS) or a Community-Based Intake Service of that belief, suspicion or knowledge as soon as practicable after he or she forms the belief or suspicion or gains the knowledge.

Positive Behaviour Support (PBS)
PBS is a whole-school approach designed to support the social-emotional and academic learning of all students. It is a decision making framework that guides selection, integration, and implementation of the evidence-based academic and behavioural practices for improving learning and behaviour outcomes for all students.

Professional Support Staff
May include: Support Teachers, Psychologists, Social Workers, Speech and Language Pathologists, Respectful School Support Staff, Autism and Physical Impairment Co-Ordinators.

Schools
Within this resource the term "schools" is inclusive of all educational settings e.g. Launching into Learning, Child and Family Centres, Educaton and Care and Alternative Education programs.

Window of Tolerance
The Window of Tolerance (Ogden et al, 2006; Siegel, 1999) is the optimal zone of arousal which allows people to thrive and manage all circumstances in everyday life. http://www.stmichaelshospital.com/pdf/programs/mast/mast-session1.pdf

REFERENCES AND FURTHER READING

Anglicare Tasmania – *Fostering Education – Supporting foster carers to help children and young people learn.* https://www.anglicare-tas.org.au/research/fostering-education-supporting-foster-carers-to-help-children-and-young-people-to-learn/

Australian Childhood Foundation Resources - https://professionals.childhood.org.au/resources/ Parenting Books, Articles, Videos, Posters etc.

Australian Childhood Foundation ACF online modules are available from: https://professionals.childhood.org.au/training-development/

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