A photograph of a classroom scene. A teacher is sitting on the floor, reading a book to a group of young children who are also sitting on the floor. The teacher is holding a large book open. The children are looking towards the teacher. The background shows a classroom with a red bulletin board and a computer monitor.

Evaluation of Trauma-Informed Practice in Education Approach 2021

30 DECEMBER 2021

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Executive Summary

About the program

Developments in neuroscience have shaped current understanding of the impact of trauma on children's development and behaviour. These developments have shifted perceptions of some children's misbehaviour away from a view that this is deliberate and controllable, towards an understanding of such behaviours as protective and automatic, or ingrained responses to stimuli that are rooted in the impacts that trauma has on the developing brain.

Importantly for education, the experience of complex trauma early in life has been found to impact the development of cognitive capacities that enable children to thrive in education settings. This includes foundational skills and capacities that impact on students' ability to engage in learning, and to develop and maintain relationships. Traditional approaches to behavioural management, developed without an understanding of the neurobiological effect of trauma on the brain, have been argued to exacerbate the impact of trauma in the classroom and school and make engagement in learning harder to achieve.

The Trauma-Informed Practice in Education approach aims to build the capacity of educators and support staff to educationally and socially include and meet the needs of children and young people affected by complex trauma. The Trauma-Informed Practice in Education (TIPIE) team within the South Australian Department for Education coordinate a multi-level approach which includes access to a centralised calendar of professional development opportunities for individuals and leadership teams, whole-of-school programs from a panel of preferred providers and advanced post-graduate opportunities for individuals. The Telethon Kids Institute was engaged to conduct an evaluation of the professional development elements of TIPIE, specifically the centralised calendar (Strategies for Managing Abuse Related Trauma (SMART) and Berry Street Education Model (BSEM) programs) and whole of school program - the Trauma Aware Schools initiative (TASi). Schools and individuals had the option of participating in TIPIE training either as part of the centralised program on an individual or leadership team basis or as part of a whole school program as a TASi school.

About the evaluation

The evaluation employed a mixed-methods design incorporating surveys, focus groups and interviews with leadership, educators and corporate staff. Surveys were designed to measure changes in self-reported confidence, skill and knowledge in the area of trauma-informed practice; the extent to which trauma-informed practices were present in the school and classroom environment; and participants' perceptions of working with children who have experienced trauma and their support needs. Focus groups and interviews with school staff were conducted to gain greater insight into implementation processes and experiences.

Who we heard from

Surveys were administered to staff from sites who had undertaken TIPIE training (both centralised training participants and TASI schools were invited to participate). Surveys were completed at three time-points: pre-training, post-training, and during implementation of trauma-informed practice. As no pre-existing validated measures were identified in the literature, survey development drew upon existing questionnaires currently utilised by researchers delivering training in this area. Focus groups and interviews were undertaken with staff from TASI schools between late 2019 and early 2021, ranging in size from three to 21 people.

1,225 pre-training surveys

199 post-training surveys

328 implementation surveys

16 focus group/interview sites

Analytic approach

Initial survey design presupposed surveys would be completed by the same individuals over time. There were, however, fewer than 80 cases where data across surveys could be linked for individuals. Therefore, we explored changes in measures over time for whole groups (e.g., leadership, teachers). The balance of teachers and leadership changed between pre training and post training surveys with far more teachers represented in the pre-training survey and the post- and implementation surveys being completed more frequently by leadership. These differences in participation rates should be taken into account when interpreting findings.

Focus group and interview data were thematically analysed using a deductive coding method guided by the aims of the review, the evaluation questions, and key features of trauma-informed practice implementation.

Key findings

Why do schools and individuals undertake TIPIE training?

1. Schools undertaking TIPIE training are operating within complex community contexts and find managing challenging behaviour and supporting student engagement to be an ongoing challenge.
 - Over 90% of participants reported having worked with children who had experienced trauma either within the current year or in the past. Participants working in low SES sites were more likely to report having worked with children who had experienced trauma in the past year compared to high SES and mid SES schools.
 - Over 80% of participants reported experiencing the following behaviours at school sometimes, often or very regularly: learning difficulties, acting out verbally and physically, chronic non-attendance, difficulty controlling emotions, difficulty with relationships with adults in the school and difficulty with relationships with peers in the school.
2. TASI sites wanted to increase staff capacity, both in terms of staff's ability to support their own wellbeing as well as to increase their understanding of the impact of trauma on students in the school environment and effective behaviour management approaches.

What is the value of TIPIE training?

1. Most participants felt that TIPIE training had increased their knowledge, skill and confidence, but the extent to which they felt the training prepared them for their work with students varied.



- Over **90%** felt that the training increased their confidence across all or some areas of their scope of practice.
- 98% felt training had improved their skill to some degree. Of these, over half (**61%**) felt the training enhanced their professional practice, 27% felt it provided them with some new strategies, and only 10% of participants felt the training provided them with all the tools needed to support children who have experienced trauma.
- Most participants felt the training increased their knowledge regarding the importance of relationships for student learning, the link between wellbeing and learning, the neurobiological impact of trauma, and whole of school practices.

2. A key takeaway from the training was how a **universal approach** could be applied across entire sites which removed the need to differentiate approaches for different cohorts of students. Participants also **valued the practical strategies** provided that could be immediately and easily applied in the classroom.
3. Participating in TIPIE training provided schools **with time and opportunity to reflect together** on their school practices and policies which provided additional value beyond the content of the training.

What approaches to implementing trauma-informed practice are schools taking?

1. Experiences of implementing trauma-informed practice were generally spoken of positively, however, there were distinct differences in the ways in which schools approached implementation (i.e., scale, resourcing intensity).
2. The methods used to track the success of implementation of trauma-informed practice varied across sites. There was a **lack of consistency** in the way in which sites spoke about **using data**, and when data was used, this was mostly a site-driven initiative based on existing data collections, rather than a strategy promoted during TIPIE training.
3. Participants identified the following facilitators for implementation: the development of a site-wide common language and approach used and understood by staff and students; commitment from leadership at their site to driving change and creating shared vision; training in trauma-informed practices provided to all staff members, including non-teaching staff; and, keeping the momentum going by: keeping trauma-informed practice on the agenda and having continued access to training, professional development and implementation support.

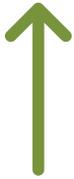


What shifts in practice are happening following TIPIE training?

1. Pre and post survey responses indicated shifts in classroom practices and policies following trauma-informed practices training. Participants reported **improvements** in classroom expectations, managing challenging behaviours, supporting emotional regulation and supporting learning and academic achievement.
2. Beyond the classroom, survey responses indicated that trauma-informed policies and practices at a site level also showed **improvement** between pre-training and implementation. These were in the areas of:

support for staff, leadership, collaboration and linkages with mental health services, partnerships with families, and community linkages.

3. Focus group and interview participants provided examples of the ways in which changes are evident within their classroom and school practices and interactions with students:
- Ability to **foster compassion, understanding and belonging for students who are often excluded** from social and learning experiences in school both among staff and other children in the school.
 - A shift towards **strengthening the relationships between staff and students**, creating a culture with a sense of relational safety, where relationships are seen as the responsibility of all staff.
 - Shift in expectations of children and the way **behaviour is understood** leading to more effective responses from staff.
 - **Increased use of reflective practices** to consider the impact of staff perceptions, beliefs and strategies on children.
 - **Increased focus on a strengths-based approach**, which included the adoption of a growth-mindset and an understanding that students presented with different profiles of academic skills and character strengths.



What are the outcomes that schools are seeing and experiencing?



1. A number of improvements in student outcomes were reported by focus group and interview participants. These outcomes were often spoken of anecdotally, although some staff spoke about changes in data. The most frequently mentioned improvement was in terms of behaviour outcomes, with participants reporting that the **frequency and severity of behaviour incidents** had decreased over time. Participants also spoke of improvement in **engagement, self-awareness and self-regulation abilities** of students, improvement in academic outcomes in terms of **engagement in learning and assessment**, and improvement in **attendance**. Staff also described feeling more able to discuss their challenges, more supported, and safer to seek support. Survey findings were in contrast to focus group and interview participant observations in relation to behaviour incidents, with staff responding to the implementation survey reporting that they **experienced challenging behaviours more frequently** than pre-training respondents. While the evaluation is unable to draw conclusions about the reasons for this, it could reflect an actual increase in behaviours or an increased awareness of staff about these behaviours following training.
2. **Staff wellbeing** across the three time points showed a general pattern of **initial improvement** between pre-training and post-training, **followed by a decline or levelling off** between post-training and implementation. This suggests that while taking part in training appeared to improve people's feelings towards their work in the short term, there is a need for additional ongoing support through the implementation phase and beyond.
3. Survey respondents' **self-rated skill level and knowledge** showed improvement between pre-training and implementation. Findings in relation to **self-reported confidence** were **less consistent** with both

increases in the proportion of people reporting little confidence alongside increases in the proportion of people reporting high levels of confidence during implementation. This indicated that while some people felt better about their ability to support students, for others the work may have highlighted the depth of complexity in supporting students impacted by trauma.

4. Assessing **outcomes at a school level** was considered a challenge for participants. Many felt the meaningful changes they were seeing (such as a calmer school environment, and improvements in responses from students and interactions with them) were areas that were **not measured in administrative data collections**.

What is needed to support implementation of trauma-informed practice in education?

Resources



1. Training participants identified the need for ongoing support in trauma-informed practice with responses at each time point expressing a preference for occasional or specific support. When asked about the types of support staff require at the implementation phase, the majority (80%) valued training/courses, followed by information and resources (72%) and coaching/mentoring (73%).



2. Participants from many sites reflected on the importance of access to funding and resources to support ongoing effective trauma informed practices. Participants identified a need for acute and individualised support in situations where challenges experienced by a particular student exceeded the capability of education staff and clinical support was required.

Connections



3. Participants spoke of the challenge of balancing competing priorities in trying to adopt a trauma-informed approach. This was evident in two ways: a) balancing a focus on trauma-informed practice alongside academic expectations, particularly maths and literacy, and b) balancing the rights of trauma-impacted students alongside the rights of other students within the classroom, both in terms of their right to learn as well as their right to a safe learning environment. Schools require additional supports for children who present with high intensity challenging behaviour. Supports are required to both reduce the impact on classroom function and other students' learning as well as provide educators with the time they need to deliver the curriculum.



4. Participants acknowledged the importance of what happens outside the school gates, both in terms of events and experiences that impact students as well as supports within the community that could confer benefit to students. While a few TASI sites had invited specific programs into their site, on the whole strong connections to services within the community to support children with more complex challenges had not been established.



5. Most participants recognised that engaging with parents and families was a necessary part of trauma-informed practice and a goal for their site but acknowledged that this was a challenge for them to achieve.

Systemic support



6. Participants from most sites spoke of having achieved buy in from the majority of staff, however, it was acknowledged that most sites had some staff who were resistant to a trauma-informed approach. A shift towards a trauma-informed mindset was reported to be particularly difficult for more experienced teachers who had been in the profession for some time and had solidified their approach, particularly in relation to behaviour management.



7. Top-down support and prioritisation was identified by participants as a crucial element needed to support a trauma-informed approach and Department for Education-wide buy in and consistency in approach.



8. Concerns were raised by participants regarding the transition processes for students who were transitioning both in and out of their sites. For many, this was not a consistent or collaborative process, with a lack of clearly established information sharing processes. In terms of transitioning out of sites, participants expressed concern over their students once they moved beyond the supportive trauma-informed environment the site had created.



9. A need to incorporate trauma-informed learnings into pre-service university education was highlighted. Participants reported that new staff coming out of university often came to their sites with little understanding of how to support children who present with behaviour or learning challenges. Behaviour management strategies taught in universities were considered to conflict with a trauma-informed approach and participants highlighted the great potential to improve education practices over time by integrating this learning into higher education courses.

Recommendations

- 1. Continue to provide training and development to sites on the basis of self-identified need.** The evaluation identified that sites who reported successful experiences implementing a trauma-informed approach had undertaken previous work and/or training in the area of trauma-informed practice and were on a 'learning journey'. These sites were self-motivated and had supportive leadership. The Department can use evaluation findings to help fine tune their assessment of implementation readiness prior to commencing training. The Department may consider additional supports to increase implementation readiness for schools who could benefit from a trauma-informed approach but who are not well prepared to implement training learnings. The provision of training and support to schools on the basis of Department identified need (e.g., based on the social or economic characteristics of the community) may not be as successful.
- 2. Provide support for implementation in the form of coaching or mentoring.** This may be informal supports through peer networks or formalised support through line management or education support services.
- 3. Provide access to ongoing professional development for leadership** to enable them to engage in continuous quality improvement relative to managing behavioral complexity.
- 4. Provide access to training for individuals and explore partnerships with the university and TAFE sector** to include trauma-informed practice training for pre-service educators.
- 5. Build pathways to high quality specialist and community services for children who require additional support.**
- 6. Develop and maintain accountability for outcomes for children as part of implementing a trauma-informed approach.** Investigate the use of the school performance dashboard to support schools to monitor their progress, including investigating the addition of relevant indicators of schools managing behaviour and supporting student engagement and inclusion.

Introduction

Background

The Telethon Kids Institute through the Fraser Mustard Centre was contracted to contribute to a three-year evaluation of the Trauma-Informed Practice in Education approach in collaboration with the Department for Education. The Department's Trauma-Informed Practice in Education approach aims to connect leaders, teaching and support staff to training to improve their capacity to work with children who have been impacted by trauma. The objectives of this training and professional development are to facilitate conditions in which children impacted by trauma can engage in learning and development opportunities in school settings by: (1) increasing knowledge of educators and support services about the impact of trauma on children's wellbeing and capacity to learn; and (2) building skills in the workforce to enable the implementation of trauma-informed strategies so that education environments are conducive for all children to engage in learning.

Trauma-informed practice in education

The impacts of complex trauma on children's engagement in learning can present in the classroom and school environment in a variety of ways. Trauma is generally categorised as either 'simple' trauma resulting from a singular life-threatening incident such as a natural disaster or car accident, or 'complex' trauma which involves repeated incidents of interpersonal threat such as neglect, abuse, family violence and experience of extreme poverty (Centre for Education Statistics and Evaluation, 2020). For children impacted by complex trauma, their experience at school can be punctuated by behavioural incidences, fearfulness and anxiousness, inability to concentrate, difficulty developing and maintaining relationships with peers and adults, struggles with emotional regulation, high rates of absenteeism, and school exclusion (Blodgett & Lanigan, 2018; Brunzell, Stokes, & Waters, 2016; Cole et al., 2005; Costa, 2017; Department of Communities Child Safety and Disability Services, 2007). Developments in neuroscience have helped shape the understanding of children's responses to trauma. These developments have shifted perceptions away from seeing these experiences as cognisant behavioural responses, towards an understanding of the impacts that trauma has on the developing brain and subsequently on behaviour and readiness to learn. Recent research has identified influences of trauma experiences on the development of neural pathways. Early indications are that areas impacted influence functions such as regulation of emotions, behaviour and stress, impulse control and fight or flight responses (Howard, 2018a; Tobin, 2016). Recently, the broad dissemination of research about the impact of trauma on brain development has prompted schools, educators and policy makers to consider the impacts of trauma not only on the wellbeing of students and others within the school community, but also on their core business; academic learning and school achievement.

Importantly for education, the experience of complex trauma early in life has been found to impact the development of cognitive capacities that enable children to thrive in education settings. This includes foundational skills and capacities that impact on students' ability to engage in learning and develop and maintain relationships. Indirect impacts on academic outcomes are also likely when poor development in these areas affect children's motivation to learn, confidence in their abilities and sense of belonging in the school community. Moreover, trauma has been cited as having an impact on abilities that are prerequisites for learning, such as memory, regulation of stress response, attention and ability to focus on tasks, and the ability to process and retrieve new information (Costa, 2017; Department of Communities Child Safety and Disability Services, 2007; National Commission on Social, 2019; Perry & Daniels, 2016). For educators, this can mean that they see students in their classrooms who struggle to engage with learning tasks and curriculum content, frequent behavioural incidents, withdrawal or disengagement, difficulty engaging in emotional regulation strategies, and

challenges with social interactions (Berger, Martin, & Phal, 2020; Howard, 2018b). These challenges can create stressful classroom environments both for the students experiencing them as well as for teachers and other students (Howard, 2018b; Kim, Crooks, Bax, & Shokoohi, 2020).

Researchers and practitioners are moving away from the idea that trauma is an uncommon experience that should be treated reactively through targeted individualised intervention. Experiences of trauma vary across a spectrum from the complex often pervasive trauma of continuing abuse and neglect, through to witnessing violence, or the upheaval associated with family separation. Complex trauma is often experienced within the context of the salient relationships in a child's life and as such, the relational aspect of supporting children who have experienced trauma is considered a key component of trauma-informed practice (Brunzell et al., 2016; Gibbony Wall, 2020). The effects of trauma are also considered to be passed on through generations, with effects of trauma experienced by parents or grandparents evident in later generations (Howard, 2018a). It is difficult to quantify the rates at which children experience and are adversely and persistently impacted by trauma. Recently research using linked administrative data sets in South Australia examined rates of notifications to child protection and the extent to which these were related to children's development and wellbeing (Pilkington et al., 2017). The study found that one in four children in South Australia have had a notification to the statutory child protection body by the time they are 10 years old and those notified to child protection were twice as likely to exhibit developmental vulnerabilities at the start of school (Pilkington et al., 2017). Child protection notifications represent a conservative estimate of children who have experienced trauma. These types of figures, which are replicated nationally and internationally, have contributed to a shift in the conceptualisation of a best-practice approach to supporting students who have experienced and continue to experience trauma. Responses have shifted from reliance on targeted services alone to the idea that the impacts of trauma on education and development can be minimised, and outcomes for children improved, with proactive system-wide approaches (Brunzell, Stokes, & Waters, 2019; Chafouleas, Johnson, Overstreet, & Santos, 2016; Champine, Lang, Nelson, Hanson, & Tebes, 2019).

Traditional approaches to behavioural management, developed without an understanding of the neurobiological effect of trauma on the brain, have been argued to exacerbate the impact of trauma in the classroom and school and make engagement in learning harder to achieve (Costa, 2017; Crosby, Howell, & Thomas, 2018; Substance Abuse and Mental Health Services Administration, 2014; Tobin, 2016). Traditionally, challenging behaviours in the classroom have been managed with disciplinary responses that are punitive and reactive with the aim of providing a consequence to a behaviour in order to act as a deterrent. Exclusionary discipline practices, such as suspension and exclusion, are a key example of a behaviour management practice that has typically been used in a punitive and reactive way (Costa, 2017; Graham, McCarthy, Killingly, Tancredi, & Poed, 2020). The recent Inquiry into Suspension, Exclusion and Expulsion Processes in South Australian Government Schools put forth evidence that exclusionary discipline is not effective in reducing challenging behaviour and can exacerbate challenges experienced by students contributing to behaviour escalation, greater achievement gaps, rupture of relationships with peers and staff, and ultimately disengagement from the education system (Graham et al., 2020). In line with this evidence, proponents of trauma-informed practices in education propose that historical and current practices and policies in education are at odds with emerging understandings of the impacts of trauma on children and the types of practices required to support their engagement and learning. In contrast, behaviour management approaches that are trauma-informed aim to be proactive rather than reactive and consider behaviour in the context of the child's experience, their relationships and their emotional regulation abilities (Brunzell, 2017; Brunzell et al., 2019; Graham et al., 2020). As such, responses are delivered within the context of a supportive child-educator relationship and resulting outcomes

focus on how the child can be supported to address their behaviour and engage in education rather than being delivered punitively.

Teachers often identify that training in approaches to support children who have experienced trauma is not provided explicitly as part of their pre-service education and training. Indeed, support for children who have experienced trauma has generally been considered a specialist field or a role for specialist intervention services and beyond the scope of the schools alone (Howard, 2018a; Zakszeski, Ventresco, & Jaffe, 2017). Within the education system pathways exist for educators to refer students who are experiencing challenges out of the classroom to access support from specialist allied health professionals (Chafouleas et al., 2016). While access to such specialist support plays a vital role in supporting students, sole reliance on specialist supports excludes school staff from the process of understanding and responding to the impact of trauma on the student's experience at school and may place strain on their relationship with the student. The trauma-informed practice approach aims to challenge this way of thinking and create classroom environments that are supportive to children's engagement in education by developing the capacity of school staff to improve the accessibility of learning environments, support children to develop self-regulation abilities, positive self-regard, and build supportive relationships (Brunzell, 2017; Brunzell et al., 2016).

In understanding a trauma-informed approach it is important to understand the distinction between a trauma-informed education site and the need for acute specialist support. Specialist clinical support and a school-wide trauma-informed approach implemented by school staff are two complimentary practices that work alongside one another to support children and create an effective trauma-informed system. They are not two alternative options for support provision that can be applied as a substitute for one another. To assume that a site in which education staff are trauma-informed negates the necessity for access to specialist support services would be misguided. In order to understand the way in which these differing approaches work together to support children, some education systems have adopted a tiered framework to understand the different levels of support needed to support an effective system-wide approach (Berger, 2019; Chafouleas et al., 2016; Dorado, Martinez, McArthur, & Leibovitz, 2016; Thomas, Crosby, & Vanderhaar, 2019). These frameworks propose a system response where universal whole-of-school approaches are supported by more targeted approaches within the school and access to specialist support services as required.

Trauma-Informed Practice in Education is an approach that has been developed in response to the evidence regarding the impact of trauma on children's ability to learn and engage in schooling. The exact strategies implemented within a school as part of a trauma-informed approach vary as there is no standard blueprint detailing which activities need to be undertaken in order to become trauma-informed. Current practice wisdom suggests that an effective trauma-informed approach is likely to be one that has been thoughtfully planned and implemented to meet the needs of the culture of the school and community (National Commission on Social, 2019). Instead, a definition of a trauma-informed approach focuses on a consistent understanding of the principles that underpin trauma-informed systems. Trauma-informed systems: realise that experiences of trauma and their impact are widespread and understand the most appropriate ways to support those who have experienced trauma; recognise the signs of trauma; respond with integration of trauma knowledge into policies and practice, and; resist practices and policies that can exacerbate trauma symptoms and re-traumatise (Substance Abuse and Mental Health Services Administration, 2014). This approach does not represent a targeted therapeutic intervention to be administered in a reactive manner but instead a proactive, system-wide approach that is built into everyday practice with the aim of increasing the accessibility of education for children who would otherwise struggle to engage in learning. In this approach, the whole school community works together to build the capacity of all staff to support all children to develop the necessary skills to engage in

learning and more effectively manage behaviour in the classroom. This concept of a whole-of-school approach to trauma-informed practice is reflected in the Department's Trauma-Informed Practice in Education approach.

Both nationally and internationally, there is increasing recognition that this whole-of-school or whole-of-system approach is necessary to support all children to engage in learning rather than relying solely on a targeted programmed response. A whole-of-school approach such as this represents a significant shift in culture for a site, involving a corresponding shift in school practice and policy. Creating a shift in school culture is not an easy task. While there is acknowledgement in the trauma-informed practice in education literature that a shift in culture could be a crucial component to implementation success, more difficult is developing an understanding of what it is that enables culture to shift in schools given that such a process is usually nuanced, unique to context, and is not easily quantifiable (Costa, 2017; Holmes, Levy, Smith, Pinne, & Neese, 2015; Loomis, Epstein, Dauria, & Dolce, 2019). Nonetheless, factors such as collaborative decision making, goal-oriented leadership and teamwork have been suggested to contribute to positive shifts in school culture (Teasley, 2016).

Recent trauma-informed practice initiatives can be seen in other Australian jurisdictions. In collaboration with the Queensland University of Technology, the Queensland Department of Education has been exploring the experiences of education staff with complex childhood trauma in order to work towards a trauma-aware framework (Howard, 2018a). In 2020, the New South Wales Department of Education Centre for Education Statistics and Evaluation released an explainer for education staff which summarises the evidence base on trauma-informed practice in education and aims to answer key practice-related questions (Centre for Education Statistics and Evaluation, 2020). These recent moves to incorporate trauma-informed practices in education require evaluation to ensure concepts can be applied and to develop an understanding of the impact that applying the practices has on the education systems and staff. Evaluation should also measure the effectiveness of varying approaches in improving children's wellbeing and engagement in learning as well as academic outcomes.

Department's approach to trauma-informed practice in education and the TAsi program

The Trauma-Informed Practice in Education approach is aimed at building the capacity of educators and support staff to support children and young people affected by complex trauma. The Trauma-Informed Practice in Education team coordinate a multi-level approach which includes access to a centralised calendar of professional development opportunities for individuals and leadership teams, whole- of school programs from a panel of preferred providers and advanced post-graduate opportunities for individuals. The evaluation is focused on the centralised calendar – Strategies for Managing Abuse Related Trauma (SMART) and Berry Street Education Model (BSEM) programs and whole of school programs through the Trauma Aware Schools initiative (TAsi).

About the roll out of professional development opportunities

The initial phase for the TAsi commenced in December 2018. Communication channels within the Department for Education were used to invite preschools and schools to complete an expression of interest to take part in the initiative. Schools were advised the training was aimed at supporting them to take a whole of school approach to trauma-informed practice. At the same time preschools and schools were invited to complete a separate expression of interest for the BSEM for leaders programs to be held in a central location in 2019 and for scholarships for the Graduate Certificate in Developmental Trauma (GCDT). In October 2019, a second round of invitations for expressions of interest for the TAsi, BSEM central leaders programs and 2020 scholarships for GCDT were published via the Department's communications channels. SMART training is offered throughout the

school year via individual registrations through the Department for Education’s learning portal. Given this roll out approach, it is likely that those schools who signed up to the training were motivated to do so.

Trauma Aware Schools initiative

In the first phase in December 2018, expressions of interest (EOI) for the TASI were received from 86 preschools, schools and partnerships between December 2018 and February 2019. Of these applications, nine also submitted an EOI for BSEM. In October 2019, a further call for EOIs was released with 39 applications received, eight of these completed the BSEM central training in 2019 and then nine applied for the TASI. As of May 2020, there were a total of 154 education sites participating in the TASI (including: 23 preschools, 94 individual schools and 36 schools collaboratively signed up through four school partnerships).

The Department have noted that almost one third of the EOI submissions for the TASI were received from Category 1 and 2 schools. Of the submissions, four EOIs were from school partnerships; Anangu (n=5), Blue Lake (n=18), Inner West/Torrens (n=10) and Marion Inland (n=8). In addition to these partnerships, several primary schools invited preschools and other schools in their partnership or in close geographical location to attend their whole of school training, particularly where schools chose to engage with the Berry Street Education Model.

The Anangu partnership negotiated an appropriate program to include all of their schools to begin in 2021, thus their experience is not reflected within this report.

Aims and scope of evaluation

The evaluation aimed to provide the Department with information about the support schools need to successfully implement a trauma-informed practice approach in their school and embed trauma-informed practices in policies and daily practice to achieve a sustainable shift in the school culture. To do this, the evaluation sought to answer the following questions:

- What steps can schools be encouraged and supported to take to provide them with the best opportunity to successfully implement trauma-informed practice?
- What challenges/barriers do schools face in implementing trauma-informed practices and are there ways that these can be pre-empted and addressed to prevent loss of value from training?
- Do schools need support to implement strategies and processes taken from the training to sustainably implement trauma-informed practice and create culture shifts? If so, what support is required?

In addition, the evaluation aimed to provide the Department with an understanding of how trauma-informed practice training is best delivered in order to maximise the value and efficiency of future training provision to schools. To do this, the evaluation sought to answer the following questions:

- Are there steps that schools need to have taken before training in order for them to benefit?
- Do particular characteristics of schools/leadership/teachers influence the value gained from training?
- Do schools/individuals from different contexts gain different value from training?

This evaluation was not an impact evaluation and focused instead on schools’ experiences of the TIPIE training program and implementing trauma-informed practice following training. The evaluation focused on South Australian government schools and included only those sites who had taken part in the TIPIE training program. In conjunction to this evaluation, the Department’s TIPIE team undertook analyses of Department administrative data sets. These provided inconclusive data due to the short period of time which schools had been

implementing change when the data was assessed, combined with the impact of COVID on systems data collection and other major policy changes occurring at the same time.

Findings from this evaluation in relation to how schools implement learnings and the challenges they face in doing so can support the Department to maximise implementation success and identify areas for future measurement of impact.

Method

The evaluation employed a mixed-methods approach, employing both qualitative and quantitative research methods. Data collection included surveys, focus groups and interviews. Additionally, routinely collected school administrative data was accessed for schools taking part in the Trauma Aware Schools Initiative (TASi).

Surveys were distributed to education staff who had undergone trauma-informed practice training at three time points: pre-training, post-training, and during implementation of a trauma-informed approach (around 6 months post-training)¹. Questions were designed to measure changes in self-reported confidence, skill and knowledge in the area of trauma-informed practice; extent to which trauma-informed practices were present in the school and classroom environment; and participants' perceptions of working with children who have experienced trauma and their support needs.

Focus groups and interviews with school staff undertaking the TASi were conducted to gain greater insight into implementation processes and experiences. These were conducted at two timepoints; the first in the six months post training to explore early implementation approaches, and up to 12 months post-training to explore how implementation progressed.

Quantitative analysis of schools' administrative data was concurrently undertaken by the Department to determine any potential impact of TIPIE training on child and school outcomes over time.

Surveys

Survey development

Three surveys were developed, one corresponding to each of the three previously mentioned survey time points (pre-training, post-training, implementation).

Survey development was informed by review of published trauma-informed practice literature. No existing validated measures were identified in the literature. Informal consultation with researchers in the trauma-informed practice field further informed survey development and questions developed were consistent with

¹ A fourth survey timepoint had been planned for 12 months post training when learnings had been embedded in schools, but this was disrupted by the COVID-19 pandemic, which resulted in very few schools having reached 12 months post training at the conclusion of evaluation activities. The evaluation design also included survey distribution to schools who were not undertaking training to identify the unique value training added beyond 'business as usual' changes within the schooling sector. Distribution to schools not taking part in the training was, however, not possible due to Department restrictions in contacting schools for research in light of the COVID-19 pandemic. As a result, a comparison group was not available for use in analyses of survey data.

questionnaires currently utilised by researchers delivering training in this area. Questions were adapted to fit the context and intent of the South Australian TIPIE program.

Recruitment and sampling

Pre-and post-training surveys were distributed by the Department team responsible for coordinating Trauma-Informed Practice in Education training. Distribution of surveys by the Department was used in order to maximise survey responses, as this was an established channel of communication for schools undertaking training. Survey participation was voluntary and anonymous, and participants were informed of their rights to take part in research prior to completing each survey. Pre- and post-training surveys were distributed to all individuals who had undertaken training at the respective times and implementation surveys were sent to schools or individuals who were six months past the completion of training, or 12 months since commencement of training where the COVID-19 pandemic had impacted the completion of training. In the case of whole school trainings, surveys were sent to school leadership who were asked to distribute them to all staff at their school. Due to a lower response rate for post-training surveys, the opportunity to enter a prize draw for a \$50 Coles voucher was introduced as a participation incentive.

Participants

Survey collection commenced in March 2018 with the pre-training and post-training surveys, and closed in August 2021. The implementation survey opened in June 2020. During this time 1,253 people completed pre-training surveys, 199 post-training surveys and 328 implementation surveys were commenced. For each of the three surveys some participants skipped questions, or left surveys incomplete, thus for each analysis we present the number of complete responses. Figure 1 shows the number of survey responses sent and received for each of the pre-training, post-training and implementation surveys as well as the number of participants who had completed more than one of the three surveys.

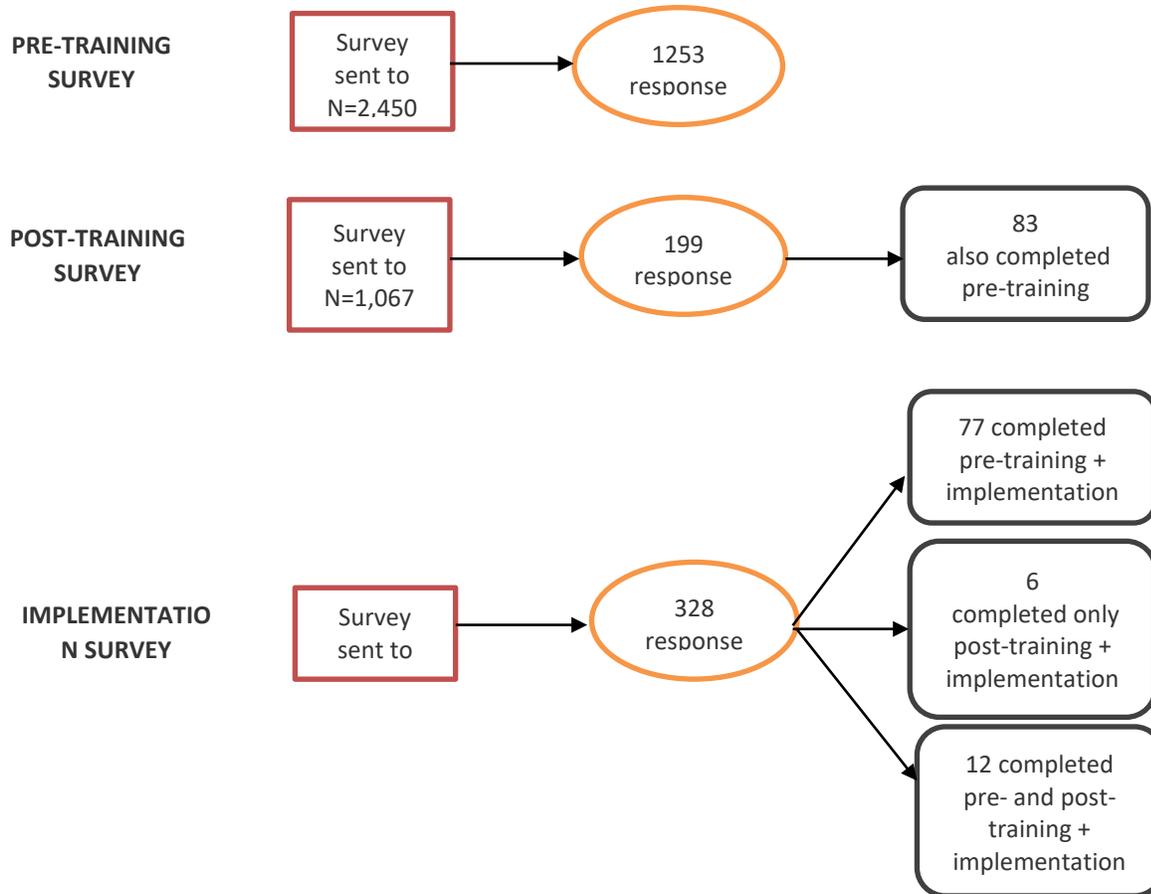


FIGURE 1 SURVEY DISTRIBUTION AND COMPLETION

Table 1 provides an overview of the characteristics of survey respondents. Survey respondents worked mostly at schools falling into funding categories 1, 2 or 3. Most had been at their site for over five years. Teaching staff and leadership made up the majority of survey respondents with the balance of these two roles varying between surveys. Specifically, at the pre-training survey the majority of respondents were teaching staff while at the post-training survey the majority of respondents were leadership. While there were also a greater number of respondents in leadership positions at the implementation survey, the disparity between the number of teaching staff and leadership staff was smallest for this survey. In the analysis sample used for comparing pre-training and implementation survey responses, the majority of respondents were in leadership roles. To explore whether survey attrition was biased in relation to key factors that could skew results of interest in change over time analyses (i.e., participant experience of working with children with trauma or by confidence, skills and support needs), we explored attrition rates for the pre-training survey group in relation to these variables at timepoint 1. Those who participated in later surveys were relatively representative of the pre-training survey respondent group, giving us confidence in changes over time explored with later survey cohorts.

TABLE 1 PROFESSIONAL BACKGROUND, EDUCATION SETTING AND TIMEPOINT 1 RATINGS OF EXPERIENCE OF WORKING WITH CHILDREN IMPACTED BY TRAUMA, CONFIDENCE AND SKILLS FOR DISTINCT SURVEY RESPONDENT GROUPS

	Pre-training		Post-training		Implementation		Pre training plus implementation	
	N	%	N	%	N	%	N	%
Education setting								
Low (categories 1, 2 and 3)	467	39.1	24	29.3	134	44.5	29	42.0
Mid (categories 4 and 5)	357	29.9	15	18.3	94	31.2	26	37.7
High (categories 6 and 7)	191	16.0	12	14.6	18	6.0	6	8.7
Preschool	96	8.0	16	19.5	24	8.0	5	7.2
Central office	82	6.9	15	18.3	31	10.3	3	4.3
Missing	60		117		27		16	
Total	1253		199		328		82	
Time in site ^a								
<12 months	202	16.1	12	14.6	46	14.2	8	11.4
1 year – 2 years 11 months	271	21.7	18	22.0	53	16.4	17	24.3
3 years – 4 years 11 months	197	15.7	16	19.5	76	23.5	12	17.1
>5 years	581	46.4	36	43.9	149	46.0	33	47.1
Missing	2		117		4		12	
Total	1253		199		328		82	
Role ^a								
Allied Health	25	2.0	5	6.2	5	1.5	0	0.0
School leadership	250	20.3	32	39.5	113	35.0	30	42.9
Student Wellbeing Leader	50	4.1	9	11.1	21	6.5	6	8.6
Support staff (multiple sites)	55	4.5	9	11.1	23	7.1	4	5.7
Support staff (one site)	273	22.2	7	8.6	64	19.8	11	15.7
Teaching staff	579	47.0	19	23.5	97	30.0	19	27.1
Missing	21		118		5		12	
Total	1253		199		328		82	
Past experience of trauma ^a								
No not yet	41	3.3	2	2.4	0	0.0	0	0.0
Unsure/don't know	35	2.8	1	1.2	2	2.9	2	2.9
Yes, in the past	403	32.2	17	20.5	18	25.7	18	25.7
Yes, this year	774	61.8	63	75.9	50	71.4	50	71.4
Missing	0		116		258		12	
Total	1253		199		328		82	
Confidence ^b								
Minimal to no	48	4.0	3	3.7	2	2.9	2	2.9
A little	141	11.7	8	9.8	6	8.6	6	8.6
Some but would like to increase	603	49.9	35	42.7	29	41.4	29	41.4
Reasonably	341	28.2	32	39.0	25	35.7	25	35.7
Very	75	6.2	4	4.9	8	11.4	8	11.4
Missing	45		117		258		12	
Total	1253		199		328		82	
Skill ^b								
Minimal to no	82	6.8	5	6.1	4	5.8	4	5.8

A little	199	16.4	7	8.5	7	10.1	7	10.1
Some but would like to increase	618	50.9	43	52.4	34	49.3	34	49.3
Reasonable	244	20.1	20	24.4	16	23.2	16	23.2
Strong	70	5.8	7	8.5	8	11.6	8	11.6
Missing	38		117		259		13	
Total	1253		199		328		82	
Perceived support needs^b								
Little to none	32	2.7	0	0.0	2	2.9	2	2.9
Occasional	971	80.8	67	82.7	54	79.4	54	79.4
Regular/weekly	199	16.6	14	17.3	12	17.6	12	17.6
Missing	49		118		260		14	
Total	1253		199		328		82	

Note: ^a Taken from each respondent's first survey completion (i.e., if more than one survey was completed the first timepoint response was used); ^b Ratings taken from pre-training survey only.

Data Analysis

Survey data was cleaned and descriptively analysed using SPSS software. Data was linked for respondents across time using a unique identifier generated by the participant during survey completion (combining two responses to questions asking for the first three letters of Mother's name and last three digits of phone number). Because there were very few cases where data across surveys could be linked for individuals, we explored changes in measures over time for whole groups. Missing data within and across survey timepoints was treated as such. The balance of teachers and leadership flipped between pre training and post training surveys with far more teachers represented in the pre training survey and the post and implementation surveys being completed more frequently by leadership. These differences in participation rates should be taken into account when interpreting findings. Trends differed slightly across these analysis groups, and this may be related in part to differences in the participant make up of these groups.

Focus groups and interviews

Recruitment and sampling

A list of sites who were part of the TAsi and were likely to have progressed far enough to have begun implementation was provided to the researchers by the Department team responsible for coordinating the training roll out for TAsi schools. The contact details for leadership at these schools and in the partnership were given to the evaluation team by the Department and the evaluation team made contact with leadership to offer an opportunity to take part in a focus group. For those schools who agreed to take part in a focus group, the researchers worked with leadership to select a suitable time, date and location for a focus group and leadership then circulated an invitation to attend, and information letter and consent form to staff from their schools. Of 144 TAsi schools and preschools who applied for and commenced the training program between 2019-2021, 58 were contacted by the researchers and a total number of 15 sites provided feedback for the evaluation. Focus groups ran for approximately one hour and all but one focus group were conducted on the grounds of the participating school. The one focus group that was not held on a school site was run online due to unexpected COVID-19 restrictions that had come into effect shortly beforehand.

Three sites wanted to provide feedback but were unable to participate in a focus group. For two sites this was due to COVID-19 restrictions in place at the time and in one site the leadership member contacted felt that the

school had not progressed far enough into implementation to provide feedback. In two instances an interview was undertaken with a site leader, one in person and one over the phone. These interviews were approximately 30 minutes in duration. In the third instance the site was provided with a list of questions and individual staff members provided responses via email.

The researchers felt that there was potential bias related to self-selection in the schools who opted to take part in a focus group. These schools tended to report positive experiences with the training program and subsequent implementation. Thus, an additional focus group was undertaken with Department for Education corporate staff members who supported TAsi sites that had undertaken training. This focus group was added to the evaluation design in order to gain additional information about the challenges that schools may be facing in implementing trauma-informed practice. Staff members in this focus group supported multiple sites across the state in various capacities. This focus group was held online to accommodate staff from a number of different locations.

Participants

Staff taking part in the qualitative evaluation component came from 16 education sites (schools and preschool) and corporate office locations. Qualitative data was collected between late 2019 and early 2021. Focus groups ranged in size from three people to 21 people and included staff in a range of roles across their site.

TABLE 2 DEMOGRAPHIC DETAILS OF PARTICIPANTS AND THEIR SITES TAKING PART IN FOCUS GROUPS AND INTERVIEWS

School level				Participant Level			
	N	%			N	%	
Location				Role			
Rural	5	31.3		Leadership	31	24.2	
Metro	10	62.5		Teaching	43	33.6	
N/A	1	6.2		Support staff	20	15.6	
Total	16	100		DfE Central staff	2	1.6	
Type of school				Missing	32	25.0	
Preschool	1	6.3		Total	128	100	
Primary	8	50.5		Time in role			
Secondary	3	18.8		<12 months	12	9.4	
R-12	2	12.5		1 year – 2 years 11 months	9	7.0	
B-7	1	6.3		3 years – 4 years 11 months	9	7.0	
N/A	1	6.3		>5 years	44	34.4	
Total	16	100		Missing	54	42.2	
Category				Total	128	100	
1	0	0.0					
2	5	31.3					
3	4	25.0					
4	2	12.5					
5	1	6.3					
6	2	12.5					
7	0	0.0					
N/A	2	12.5					
Total	16	100					

Data Analysis

Qualitative data analysis was conducted by reviewing transcripts of focus groups and interviews and written feedback. Data was deductively coded using NVivo Software, guided by the aims of the review, the evaluation questions, and key features of trauma-informed practice implementation identified in the literature. The first author conducted preliminary coding, and themes along with coding examples were discussed with the second author. At this stage, themes were refined, and a final coding structure agreed upon.

Results

Why do schools and individuals undertake TIPIE training?

Focus group and interview findings

School's participation in the TASI was voluntary and required an expression of interest and a commitment to undertaking training in trauma-informed practice. To understand why schools took part, and what they hoped to gain from the training, focus group and interview participants were asked to share their reasons for taking part in the training. The reasons participants gave for their schools or sites deciding to take part reflected two themes: responding to context and staff capacity building. That is, schools undertook training to seek more effective ways to address complex behavioural contexts they were facing. For many TASI schools, children's behaviour was said to be impacting their ability to deliver a high-quality learning experience for all children (both those presenting with challenging behaviours as well as their classmates whose opportunities were disrupted by these behaviours). Secondly, schools felt the training could contribute to building the capacity of school staff to better support students impacted by trauma and more effectively engage them in learning.

Responding to context

Community context

Participants in every focus group and interview discussed the contexts of the community their school served and the impacts they felt this was having on children who were enrolled in the school. Participants anecdotally reported that children and families in their communities had experienced 'trauma' with specific examples given in relation to alcohol or drug use, exposure to the legal system, violence or domestic violence, poverty and access to housing, unemployment, students living in out of home care, neglect or parenting struggles, families who are highly transient and multicultural families adjusting to new societal and cultural norms.

"And we know that kids here in the school, we've got a socioeconomic mix, which is fairly challenging. So a lot of our kids do have a lot of trauma background. Parents who are drug users in trouble with the law themselves, or violent, or historic generational unemployment, so really volatile family or home lives. We've got a reasonable number of students in care enrolled at the school. So there's a fair bit of disadvantage, trauma and the low resilience that comes with those things that makes up our student profile."

"Well, like any school, we have had a growing number of students who have some sort of either ongoing or past trauma in their backgrounds, whether that be family-based or they're not with their biological family, and you could see the impact of what was going on at home."

Not all schools taking part in the TASI described their communities as facing these complexities. In less socio-economically disadvantaged communities, schools described differing contextual challenges impacting children's wellbeing. Participants from one site highlighted parental expectations around academic achievement

as a challenge experienced by students that along with other factors contributed to making school a challenging place for them.

“But high expectations from families for the kids to do well... So definitely the pressure is on the kids to perform.”

Some sites said that although they had been serving a community of children and families who faced complex challenges for some time and these challenges were familiar to the schools, the challenges and disadvantage faced by their community were increasing.

“As a category three school, we have a high volume of vulnerable families living in our community. Our students are strongly impacted by their home lives, being exposed to drug and alcohol abuse, as well as domestic violence and family tension.”

“Our index of disadvantage in the area is increasing every year, so it’s proven from statistics, so we know there is a lot of complexity, we know we have high use of methamphetamine, that has been proven by our water samples. We have high levels of domestic violence, that’s proven by police reports. So there’s a lot of data that reflected what we were seeing with children”

Other schools felt there had been a change in community context over time which had resulted in a shift in the experiences of children who were attending and the challenges they faced in engaging in education and the school environment. For some educators and leaders, this presented a new challenge that they did not have experience in addressing and did not know how to address.

“the way the clientele at the school had changed. And I know the principal, he was consistent throughout that time and he had said to a few other staff, there’s a big change coming. And it was spot on. We had probably quite a much more probably academic, for want of a better word, group of students. And in the time that I left, so I left in 2006 and came back, whatever years later, about 2012, and in that time, just we had students coming from more troubled backgrounds...”

“Probably based on the needs of our students. We found that our cohort were changing, the demographic of [our town] was changing. Therefore, we were finding needs that we couldn’t meet in our students. So we looked for something to help us.”

“From 20 years ago when we had our families that would come in from a [regional areas], the parents had been to the school, that’s the thing. [Now we have] a lot more transient kids that are coming and going and they’re trying to manage them and the things they were bringing in, the physical and that sort of thing was probably things we hadn’t seen in our school.”

In all sites the challenges faced by their communities were described as a complex mix of factors compounding the complexity of the school context and the students’ experience of school. Several participants acknowledged the need for approaches that were somewhat individualised and highlighted the importance of not treating all children who had experienced challenges or trauma synonymously.

“Complex students with many different needs. A lot of students have experienced trauma but all very different and the need for an individual approach is very important.”

Some participants emphasised the intergenerational nature of trauma and associated challenges experienced by children and families in their community; with some sites noting that parents' past experiences of school and engagement with the school community could impact their children's current engagement in education.

"Yes. And we do have that generational situation."

"Generational trauma, poverty and everything all mushed into one."

Behaviour and engagement

In terms of how community context and children's experience of trauma was playing out within the school environment, participants reported that they were challenged by students' behaviour and engagement on a regular basis. These challenges were occurring across the school setting, in both the classroom and the school yard. Behaviours ranged from more explicit externalising behaviours such as violence and physical altercations, yelling or swearing, damaging property and emotional outbursts, to more internalised and inwards focused behaviour issues such as students withdrawing, becoming disengaged and lethargic and exhibiting symptoms of anxiety. Participants tended to speak about the extent to which this was disrupting their ability to deliver an education program and the demands it was placing on their sites.

"Leadership staff who are extremely skilled and experienced in the business of education and running a school are spending much too much time away from their core business every day dealing with these students. It is not their best use of time and expertise and not really what they signed up for. Sometimes it takes two staff at once to deal with one child. Behaviour management is an important part of leadership, but not to the extent that it over runs their workload."

Participants often referred to the behaviour challenges they witnessed as a "fight or flight" response or "flight or freeze" response and noted that the profile of challenges experienced by students varied across a spectrum and was often unpredictable.

"I think they're all different but something I've noticed is, those particular kids, when something goes wrong or anything like that, they shut down completely or they might just find a small space and get in that space, or they can still be in the open room but they're just, look is blank."

"It plays out in many different ways. Emotional outbursts. Many triggers. Violence. It plays out in lots of different ways. Non-engagement, being scared of new people."

"Sometimes this presents as students trashing classrooms, running away, using violence or swearing at staff and peers. Sometimes it presents as students withdrawing, completing little learning and finding it difficult to form bonds with peers and teachers."

"There can be quite a quick fight, flight, freeze response as well, that I've seen... some of the students come into school extremely heightened, not able to self-regulate, so they're already coming in at a much higher state, not being ready to be able to work."

"...big period of fighting and unrest. There were lots of physical fights out in the yard and ...lots of staff were getting stressed over it. There was lots of physical violence where staff was in the middle of it. It was really challenging."

Participants noted that behaviour challenges impacted upon readiness to learn, development of relationships (both with other students and staff) and engagement in learning. It was also acknowledged that difficulties in

areas such as social skills, resilience and problem solving could act as precursors and lead to escalation of behaviours.

“It impacted hugely on whether they were ready to learn when they got to school, and also once they're here, because if these underlying issues weren't dealt with, then we were seeing it come out in terms of behaviour issues.”

“I am finding that at the moment, we're having a lot of kids clashing with each other. They do not have those social skills to interact and to problem solve.”

“Even just resulting in minor conflicts between the peers, a lot of them don't have those skills to do that independently, so it can become a much bigger thing if we don't intervene and assist them.”

“Lots of students are looking to make connections. Not necessarily doing that in a positive way and needing a fair amount of support in negotiating relationships and environments.”

Change in approach needed

During focus groups and interviews the need for a new approach or change in approach was often acknowledged. Sometimes this was mentioned broadly in reference to a general approach or shift in culture for a site but typically it was brought up in reference to behaviour management and policy. The need for universal proactive strategies to support engagement for children who had challenges with behaviour was noted, along with acknowledgement that current strategies were not resulting in improved outcomes.

“We had had a few years of challenging behaviours and had exhausted our tool kit.”

“I think that's the school, it was very much of black and white approach with, let's say suspensions. So, we're trying to go down the restorative approach, and how can we be more inclusive of our students, given their needs. So, the trauma informed practices fits well with what we're trying to achieve.”

“The students here cannot really be managed by just punishing or having those negative consequences. I think it's a hard mind switch for everyone to be part of that.”

“And I think, too, [I] can still remember that day we were starting to think about our behaviour processes because it was very much behaviour management and very much the punitive stuff; sit in a room, fill out your form, off you go, no one talks to you and nothing changed.”

“...were both just getting into leadership roles and we were spending our days chasing kids around this yard, and both of us knew in our hearts that that wasn't right. There had to be a better way.”

“And it was how can we help these kids... because what we're doing right now is not helping all of the kids.”

“all the different things that we were trying for this one student, or group of students, weren't working.”

“And just the way we had to teach changed, the way we needed to deal with these students needed to change.”

Learning journey

For most sites, the decision to undertake TAsi training was not an isolated decision or strategy as a first response to behaviour challenges and children's contexts. In contrast, it was generally one step in a journey towards becoming better placed to support all students to engage in the school community and in their education.

Participants spoke of other approaches their site had already implemented and training they had undertaken. Training in trauma-informed practice was seen to complement this and provided another key piece in the puzzle of the approach their site was building.

“And I think the school were doing a lot of awesome things prior to all of this. So the trauma aware stuff that’s come with it has got all the staff to have an understanding of why we do that.”

“There are definitely things that we’re doing differently as a result, but in terms of our enhanced [additional learning support] processes, that’s existed for a while but not everyone understood why we needed to do that.”

“What else have we done? And looking at the behaviour management strategies and charts, and looking at, is this helping our students or not. From my point of view historically, we began with looking at how to best support some of our children on the ASD spectrum, some of those behaviours that can be really heightened, and they fight or flight.... So I think originally, although we had students with trauma and that they would be at the forefront of our minds, we’re also looking at how to deal with some of those really disruptive behaviours in the classroom or in the yard. Disruptive for the students or the rest of the class and then I think the whole thing just wove in together.”

“The strategies that we’ve learned through being involved in both Positive Schools program and the trauma-informed, and also [other training], they interweave really beautifully for our children to be able to work, and for us to really be able to understand where our children are coming from and support them.”

“...I’ve just felt in the last five years, all our training has actually sent the same message, whereas previous to that, one would say, “Oh, you do it this way, or you do it that way,” whereas I feel like all of our stuff is finally interconnecting and they are trying to send the same message.”

“So we then got onto interoception stuff. We did autism training. We did the TASI training. We did the interoception stuff, and it was just, it all seemed to dovetail perfectly “

Increasing staff capacity

Participants spoke about the need to increase staff competency to support and engage all students in learning as a reason their site had decided to undertake TASI training. Capacity building was generally spoken about in relation to two areas: a need to increase staff understanding of trauma, and supporting staff in their wellbeing and skill development.

Support teacher wellbeing and skill development

Staff wellbeing was considered a concern by focus group and interview participants who spoke about behaviour and trauma related challenges resulting in a workplace that caused staff stress and from which it was difficult to switch off. As a result of TASI training, sites hoped to be able to support staff to develop an understanding of vicarious trauma as well as their own triggers and backgrounds and how these might be influencing the ways in which they responded to students.

“And then I guess on another picture, as well, that we wanted more harmony amongst staff, I guess. It was a really stressful place to be for a while, so that was a part that we need to have a better understanding so that staff can get it and not be so frustrated and I guess understand a bit about their own trauma and vicarious trauma and stress and burn out and all the stuff that goes with it, as well.”

Understanding of trauma needed

Participants reported that while staff were aware that there were high numbers of children who had experienced trauma at their sites, an understanding of how children experienced trauma and how this might be impacting on their engagement at school was often needed. Participants expressed a desire to learn more about trauma, the way it can impact students who have experienced it and trauma-informed strategies that they could adopt to support students experiencing challenges.

“The hope was for all staff to achieve a better understanding of the impact of trauma on the developing brain and learn a range of strategies and ways of supporting students who are living with or have experienced developmental trauma. Ultimately to ensure school is a safe place where all children can reach their full potential, where staff wellbeing is high and the school culture is one of compassion, empathy and understanding.”

“I think, for me, I’ve just got a deeper understanding of what is the trauma. And so, then you can react, and recognise it more than I would have done before.”

“Also, our demographic comes from an area where trauma is a significant part of their lives, and we were really thinking, “What’s the best way to deal with this?”.”

Participants reported that staff often came from different backgrounds to students. It was suggested that their expectations of students were shaped by their own often different upbringing and childhood experiences and they sometimes had difficulty adopting a ‘trauma lens’.

“And this has also been a chance for the teachers to get their heads, or the school staff in general, to get their heads around what are the underlying issues behind why a child might be withdrawn or not giving their best. And why we might be used to expecting our baggage to be left at the school gate, that’s just not possible, and nor should we expect that.”

Survey findings

Pre-training survey data was used to describe the contexts of those who took part in TIPIE training. This included their experience of working with children who had experienced trauma, previous training in trauma-informed practice, the types of challenges children presented with in their schools, and how respondents felt about working with children who had experienced trauma.

This analysis sample was larger than the sample used for later time points. Due to the larger sample size, it was possible to compare results between sites with different educational indexes of disadvantage. Schools were categorised as either low SES (categories 1, 2 and 3), mid SES (categories 4 and 5) or high SES (categories 6 and 7). There were too few respondents from preschools to categorise this group by SES. Preschools and staff who worked in corporate office were included as two distinct groups. The corporate office group included respondents from a range of roles including policy and practice support roles in central Department for Education offices as well as support staff who worked in regional offices.

Previous training in trauma-informed practice

To explore the level of familiarity with trauma-informed practice prior to participating in training, respondents were asked whether they had previously undertaken training in trauma-informed practice. The majority of respondents reported having undertaken some form of trauma-informed practice training (see Figure 2). Of the five groups compared, corporate office staff were most likely to have undertaken previous trauma-informed

practice training, followed by preschool staff and those in Category 1, 2, or 3 schools. This likely reflects greater demands on these staff associated with the nature of their work.

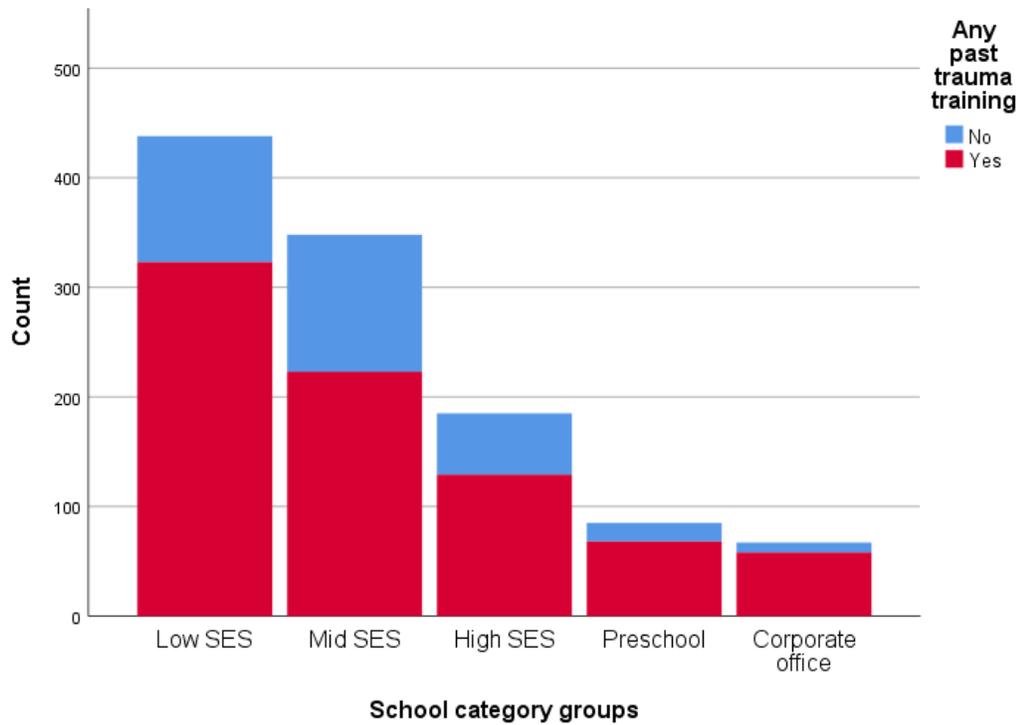


FIGURE 2 PREVIOUS PARTICIPATION IN TRAUMA-INFORMED PRACTICE TRAINING BY SCHOOL SETTING GROUPS

Respondents were asked how recently and which training course(s) they had undertaken. Most participants had undertaken some form of SMART training, with the most frequent being SMART online training, SMART professional development held at the respondent’s school or site or a SMART single day workshop. Previous training had generally been undertaken either in the past year or between 1-5 years ago. That most participants reported having undertaken previous trauma-informed practice training is consistent with focus group and interview findings, where participants reflected that TAsi training was not a first step into trauma-informed practice learning but formed part of their learning journey and built on other similar approaches and training programs.

TABLE 3 TYPE OF PAST TRAUMA TRAINING UNDERTAKEN AND TIME SINCE TRAINING (N=1513)

	SMART online training		SMART professional development at school		SMART single day workshop		SMART 3 day Train the Trainer program		Graduate Certificate (Developmental Trauma)		Berry Street Education Model 4-day program		Berry Street Master Class 1 day workshop		Other	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
No	545	52.0	596	58.3	681	67.2	879	95.2	905	98.3	876	93.4	897	97.0	570	69.9
Yes																
Past year	181	17.3	125	12.2	105	10.4	7	0.8	12	1.3	46	4.9	11	1.2	105	12.9
1-5 years	258	24.6	216	21.1	128	12.6	15	1.6	1	0.1	15	1.6	14	1.5	91	11.2
over 5 years	65	6.2	86	8.4	99	9.8	22	2.4	3	0.3	1	0.1	3	0.3	49	6.0
Missing	464		490		500		590		592		575		588		698	

Past experience working with students impacted by trauma

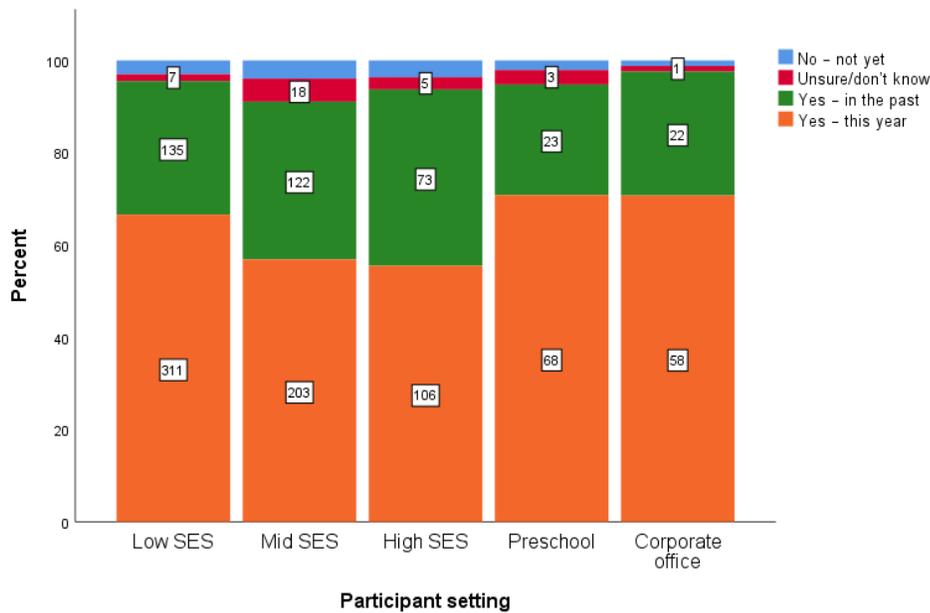
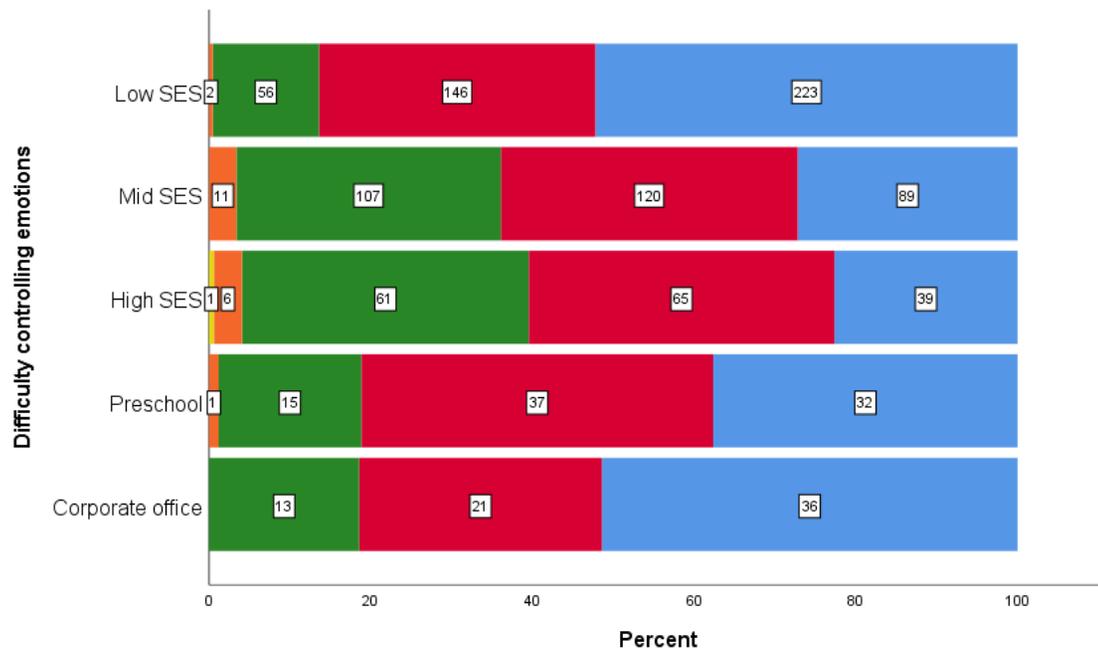
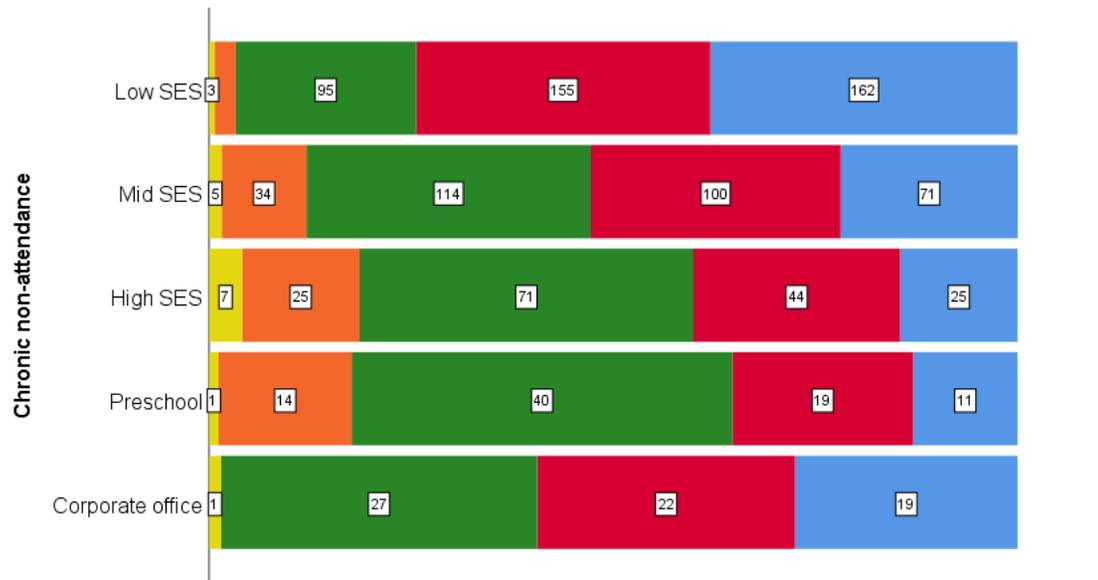


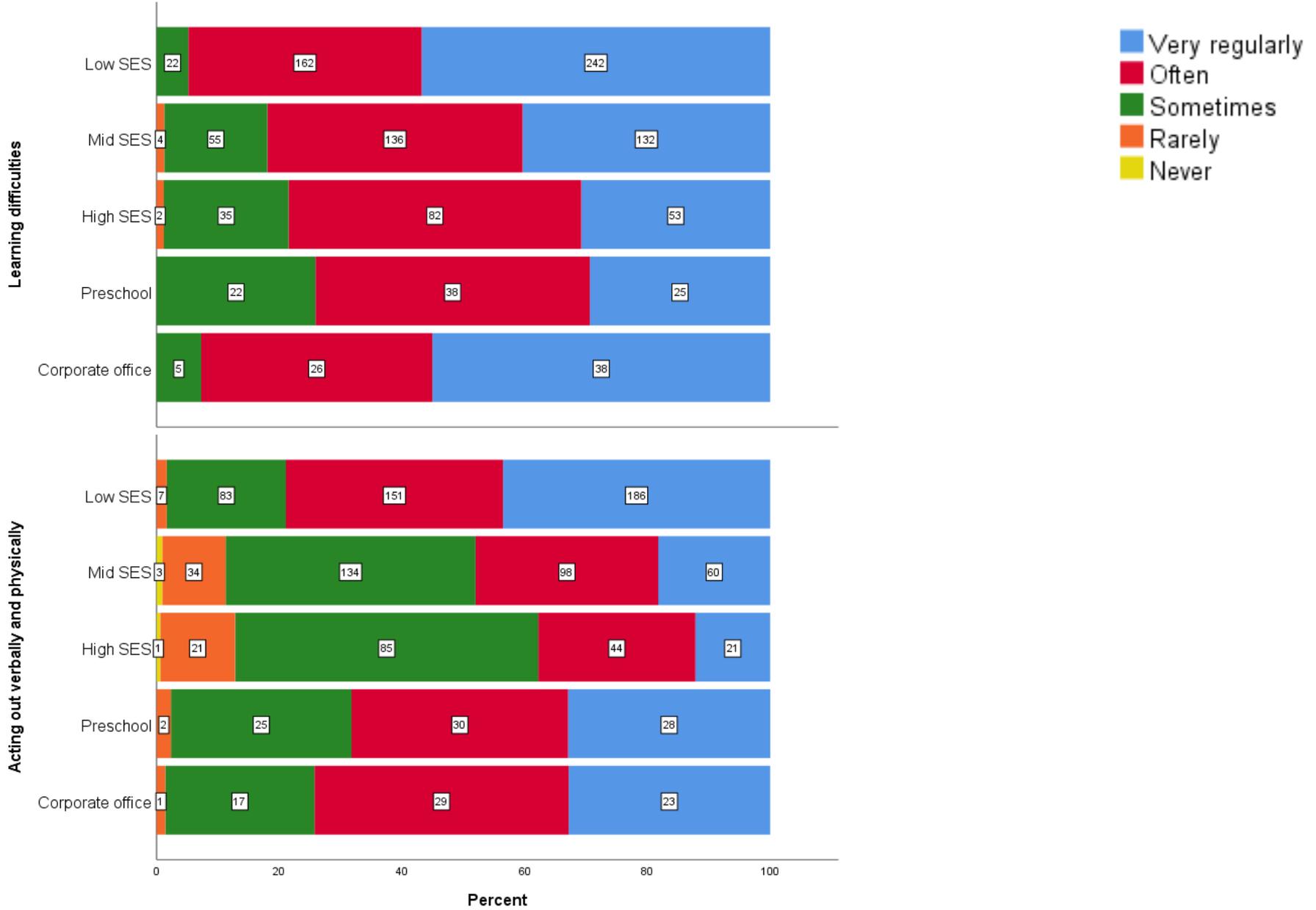
FIGURE 3 PARTICIPANT REPORTED PAST EXPERIENCE OF WORKING WITH CHILDREN WHO HAVE BEEN IMPACTED BY TRAUMA BY EDUCATION SETTING

Challenges children present with

Respondents were asked to rate how frequently children presented with six distinct trauma-related challenges in their school. These challenges included learning difficulties, acting out verbally and physically, chronic non-attendance, difficulty controlling emotions, difficulty with relationships with adults in the school and difficulty with relationships with peers in the school. Figure 4 presents reported prevalence of observed challenges for each of these six areas of challenges. The majority of respondents reported experiencing these challenges often or very regularly. The challenges most frequently experienced were reported to be learning difficulties and difficulties controlling emotions. Comparing across the education site groupings, respondents from low SES schools tended to rate challenges as occurring more frequently. This was most pronounced for the items acting out physically and verbally and difficulty controlling emotions. These findings are consistent with qualitative data that highlighted either a consistently high or increasing level of challenges experienced in the classroom and broader school environment.



Percent



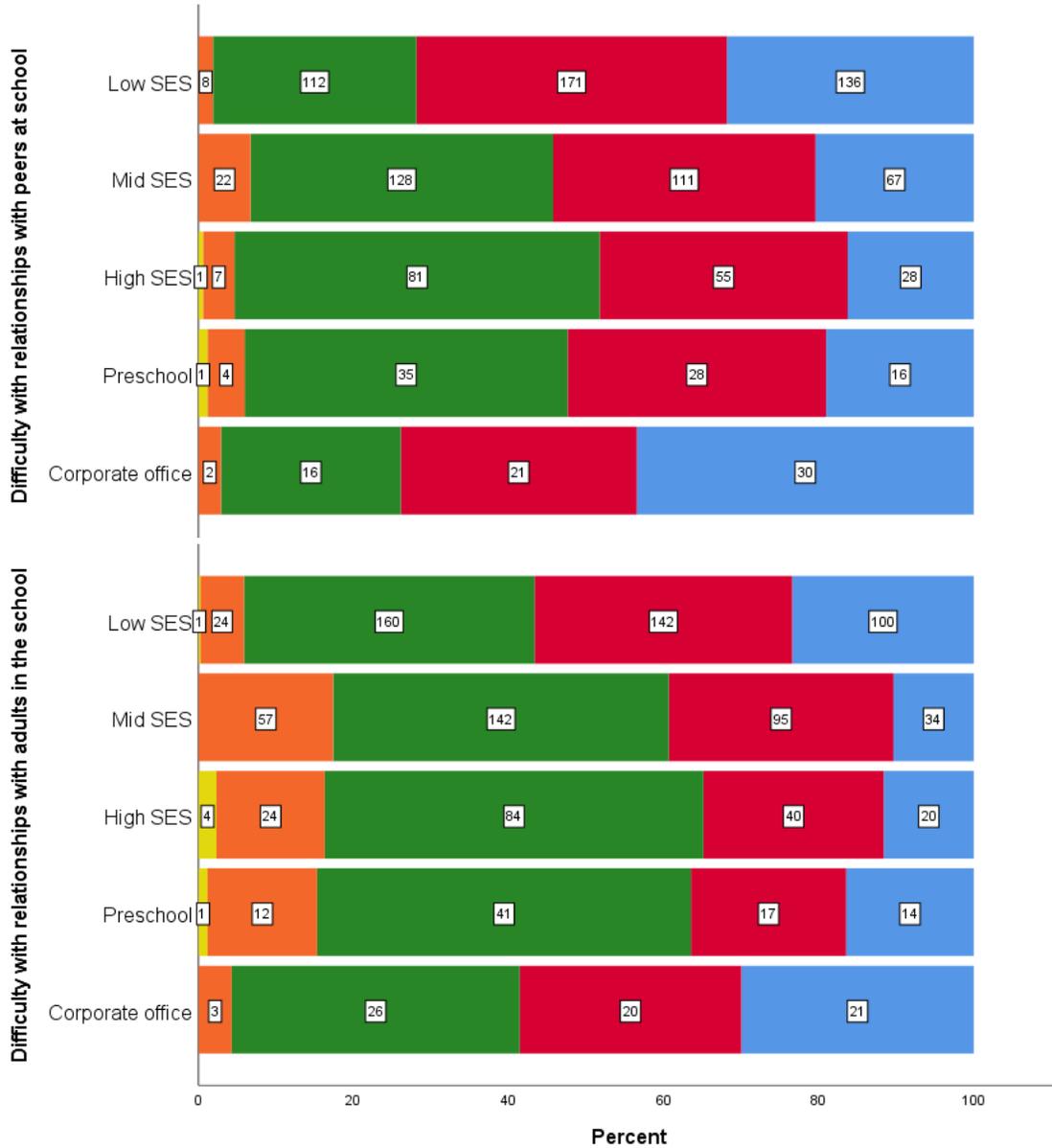


Figure 5

FIGURE 4 PARTICIPANT REPORTED CHALLENGES EXPERIENCED IN THE CLASSROOM

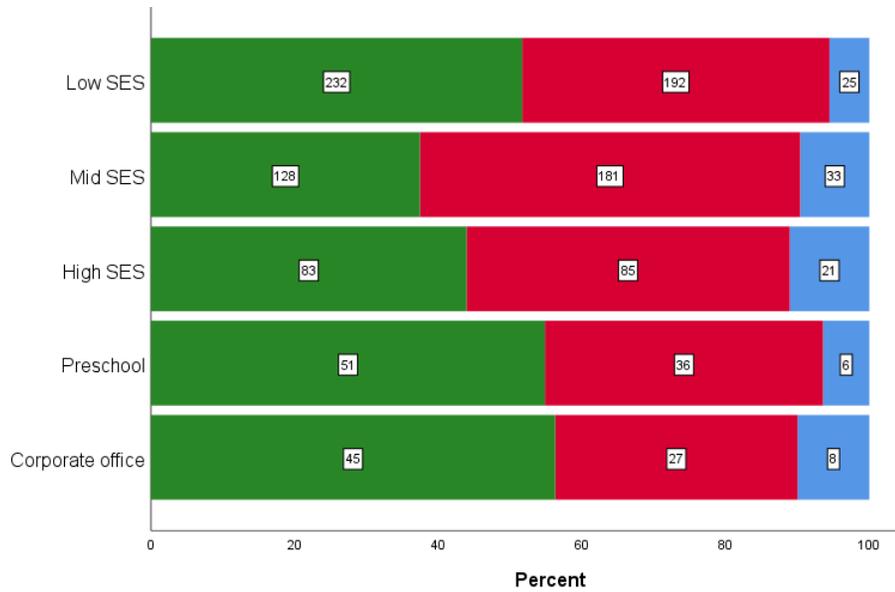
Feelings about working with students who had experienced trauma

Respondents were asked to rate how they felt about working with students who had experienced trauma and exhibited challenging behaviour. Participants responded to a number of statements that measured their occupational wellbeing and emotional wellbeing using a 3-point scale with response options of not at all true, sometimes true, and mostly true. Statements that measured respondents' occupational wellbeing included: I look forward to the challenge of working with trauma-impacted students; I am able to develop productive relationships with trauma-impacted students; I am able to help trauma-impacted students with their behaviour and learning; and I can make a difference for trauma-impacted students. Statements that measured emotional wellbeing were added to the survey at a later time-point and thus had smaller numbers of responses. These statements included: I am emotionally okay most of the time; I am able to switch off from thinking about trauma-impacted students after work; and I enjoy going to work despite the challenges of working with trauma-impacted students.

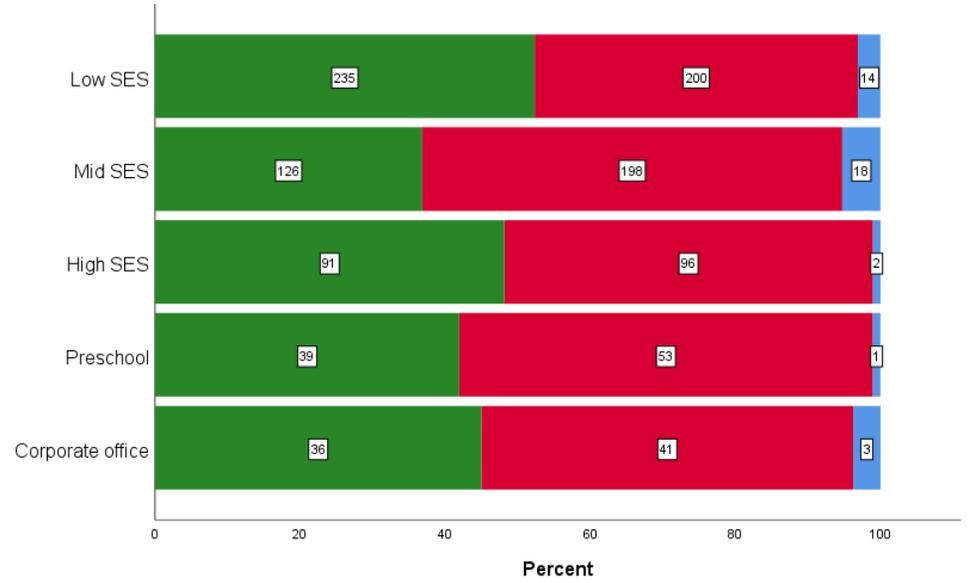
While over half of survey respondents reported they agreed that they coped most of the time across the areas measured, the remaining survey respondents reported they were only coping some or none of the time and the extent to which people reported occupational stress varied across the areas measured (see Figure 5). Challenges in managing their occupational wellbeing were highlighted by focus group and interview participants who spoke of the ongoing stress they experienced as a result of the demands of working with students who have experienced trauma.

The smaller number of responses for the emotional wellbeing items that were added at a later point during survey collection make comparisons between SES groupings for these statements less robust, particularly in the case of preschools and corporate office staff groups which had 20 or fewer respondents each.

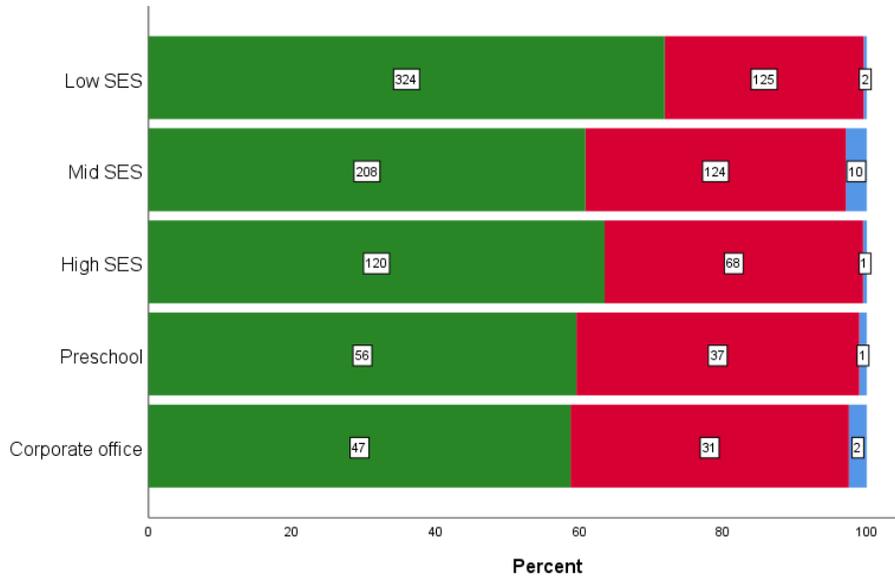
Look forward to challenge



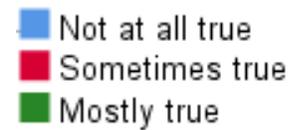
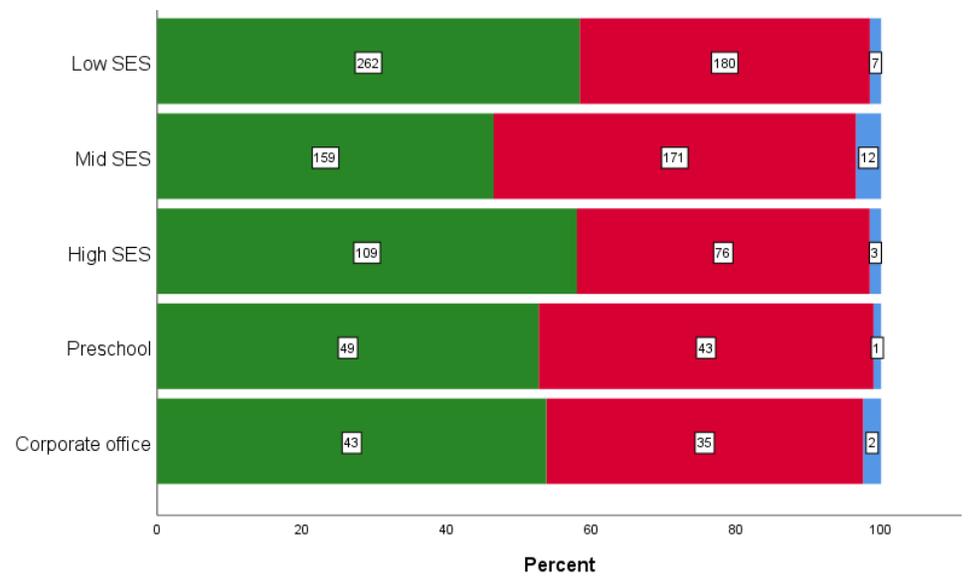
Able to help



Able to develop relationships



Can make a difference



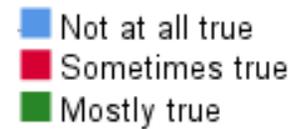
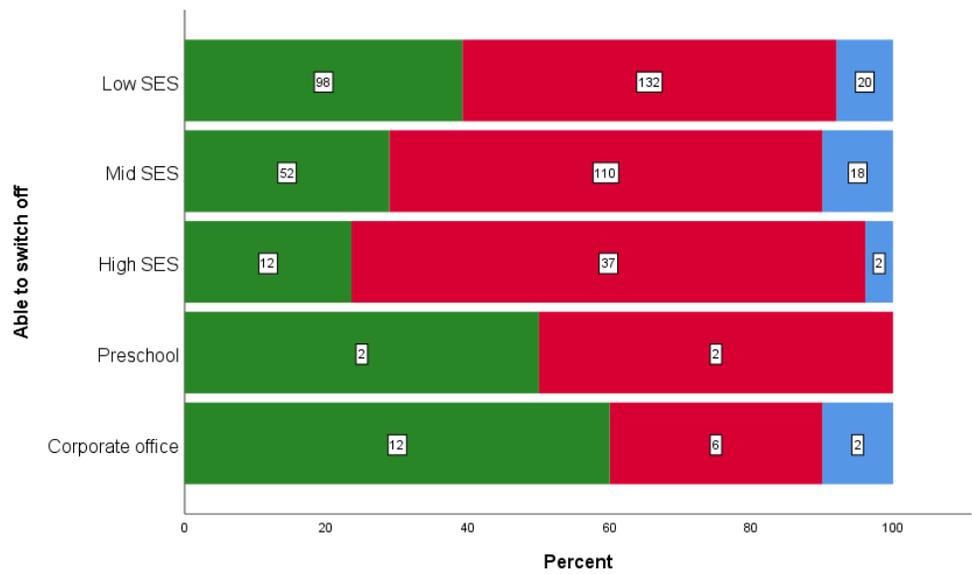
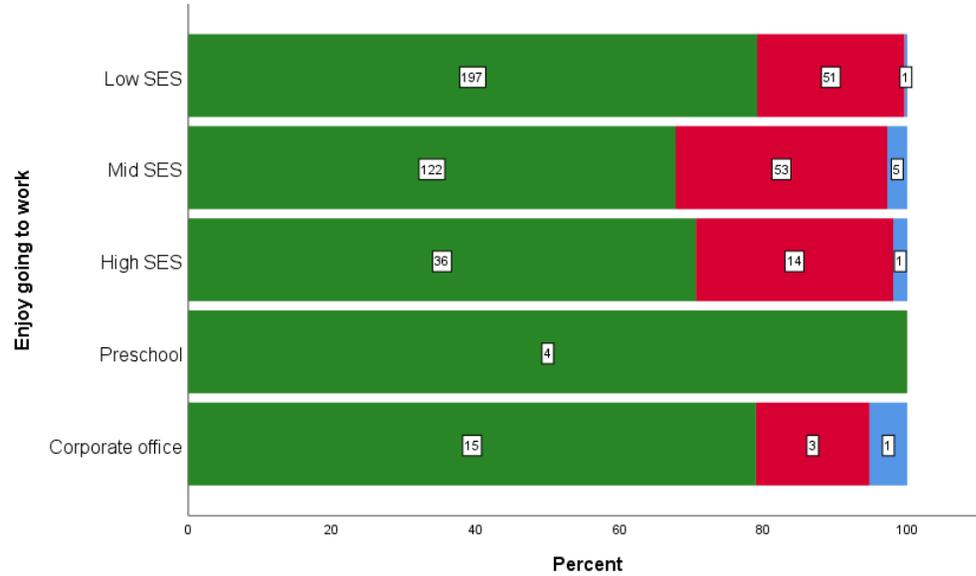
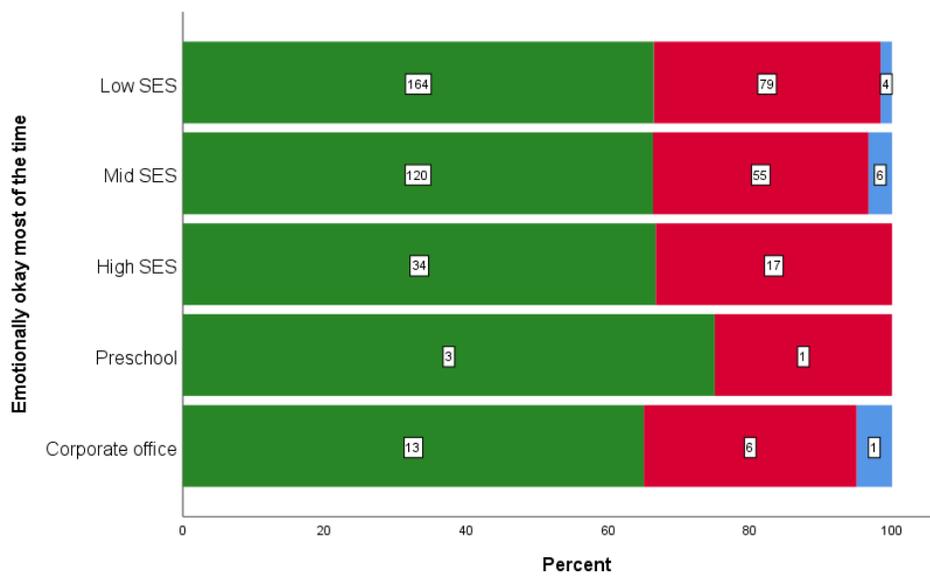


FIGURE 6 PARTICIPANT REPORTED WELLBEING WHEN WORKING WITH STUDENTS WHO HAVE EXPERIENCED TRAUMA

What is the value of TIPiE training?

Focus group and interview findings

When asked about the value of training, participants generally described three types of benefits. The first type were ways in which they had gained an improved understanding of trauma, children's behaviour, and their own reactions to this. The second type of benefits were about personal growth and reflection on their responses to emotionally challenging situations (both within and outside of schools). The third was an expansion of their toolkit of strategies for supporting students in the school environment and improving conditions for learning. Under each of these themes a number of key elements of knowledge and strategy were described.

Improved knowledge – understanding behaviour and effective practices

Three distinct areas of learning were consistently described by TASi participants: the importance of relationships, the link between wellbeing and learning and the neurobiological impact of trauma.

Importance of relationships

Participants valued the focus that training placed on relationships between students and staff and the importance of this as a focus in everyday practice. Relationships were described as being a prerequisite for learning and a foundational aspect of effective behaviour management strategies within schools. By focusing on relationships as part of a trauma-informed approach, participants felt not only would this result in making their job as an educator easier, but it would also have a positive impact for students who found the school environment and teacher-student dynamic challenging.

"I have always known that the teacher student relationship must be built to form trust and connection and this is something I always work hard on. This course has reminded me once again how important connection is."

"The fact that you're not going to get anywhere in a classroom if you do not take the time to get to know your students. It's very time consuming but if the respect in the relationship is not there, then you're just going to have that battle. And I see it every day in classrooms, where there's just no relationship. So the kids are like, "Well, I'm not doing anything you say." And then the teacher's battling and... So it's the relationship and being that positive role model for that student."

"I think as well, the biggest thing I think a lot of us teachers take from Berry Street is that you can actually, over time, feel the healing of that child or get the healing through the relationship. And I think all of us, as teachers, come into the profession wanting to help children. So, I think that's a huge thing to take away, that I take away, but I know we all do. That we can actually have a positive impact through relationships with them."

Relationship building was viewed as a crucial element of teaching that should underpin all practices and priorities rather than a disconnected activity to be performed distinctly in the name of wellbeing.

The link between wellbeing and learning

Participants appreciated that TASi training and a trauma-informed approach in general considered schools' core business of engaging children in learning and promoting academic achievement. They reported that training explored the links between strategies that support wellbeing and regulation, and students' learning outcomes.

“So a model like this encourages that by limiting the opportunities for disconnection during lesson, for kids missing out on valuable learning skills and on producing the right sorts of grades to get into the pathways they want to pursue.”

“I think that way of Berry Street as well. And the change that it brings on schools is that wellbeing and learning [are] always kind of very separate things whereas Berry Street brings them together. It's more we want to improve wellbeing for learning, so they can learn so that they're able to engage. That kind of changes the conversation a little bit around, the mindset of teachers.”

“So yeah, I think it's really easy to embed. I mean you use it in literacy. You use it in maths and it actually helps things, especially when you've got a kid upset in maths because they can't do something. Well okay, you have an option. You can actually go and take some time out to think about maybe do you need a different strategy, do you need some more help. It can be anything. We try and get them to use that so that they can learn, because otherwise they just shut down. They're just going to sit for the whole lesson doing nothing. So it's much more useful.”

Having an explicit understanding of the link between wellbeing and regulation strategies and children's ability to engage in learning and achieve learning goals was considered useful and enabled educators to more easily integrate trauma-informed approaches into their day-to-day practices.

Neurobiological impact

Participants reported that TIPIE training supported them to develop an understanding of how trauma can impact on the brain and links between brain processes, behaviour and regulation. For staff, understanding the neurobiological impact of trauma and how brain processes can impact behaviour shifted the way they viewed and understood their students' behaviour. This understanding prompted them to think more deeply and consider the students' experience and potential antecedents, triggers, and contextual factors that may have contributed to an incident.

“Yeah. I was just thinking about, from my perspective, when you're in a conversation with a student, when things have gone wrong, and the whole neuroscience element, where I can actually have those conversations using some of the Berry Street tools around what's happening to the brain, and the level of decision-making that's being made, and at what point. And the flipping the lid, and the de-escalation.”

In turn, some participants reported that understanding the link between trauma, neurological process and behaviour had allowed them to see behaviour incidents from the child's perspective, resulting in an increase in empathy and understanding.

“I think the theory behind it, understanding how the brain works and how trauma actually changes someone's brain, gives us a bit of an insight into...they're not just a bad child get rid of them, they actually cannot do these things and we actually have to build those pathways in their brain.”

Some sites reported that students had a good understanding of concepts around how the brain works, how areas of the brain impact behaviour and what can trigger behaviours to escalate. For these sites, these concepts and the language used to describe them proved particularly useful for having restorative conversations with students and for developing student-driven regulation and de-escalation strategies. Students were able to use language relating to neurobiological processes to understand and communicate their needs because this language created a common understanding between students and educators.

“And the kids have a pretty good understanding of that, too. Don't they? When you explain it to them, they're really good. I know the special class, they have an excellent understanding of that. Probably of all the kids in the school, you go into the special class and they can explain flipping the lid and using the hand model and the five-point scale. And it's very cool.”

“So all of that knowledge, when you share it with a student, they're very able to articulate where they're at on that escalation map. And the fact that you can actually attribute their poor behaviour choices to what's happening in their brain, rather than them perceiving themselves as a failure or a bad person. It's like, this is where you're at, you've lost control.”

Other sites reported that students had difficulty understanding these concepts. The sites who reported students struggled with these concepts tended to be primary schools referring to younger children.

“I think even in Junior Primary, I've found it difficult to explain to students about how their brain works, like in an easy to follow, easy to understand way.”

“There's a lot of explicit teaching that I think goes alongside of that but to talk about how the brain works in a kid friendly language, I don't feel like I'm quite there yet. I understand it on an adult level but...”

Self-reflection and socio-emotional growth

As part of the training process, participants reported that they were encouraged to use trauma-informed strategies on themselves. This appeared to extend beyond the training context as many reported support and encouragement from their site leadership for trauma-informed strategies to be implemented amongst staff. This led to a sense of safety and comfort in educators being able to reflect on their own personal capacity and seek support if needed.

“If we want to go use it for yourselves, there're no questions asked. It's a normalised process and I think that's encouraged people to actually reach out and use it when they need to, which they just sort of brought to us in a further support system of being able to keep going and apply to the strategies.”

By using strategies to support regulation on themselves, participants reported an increased understanding of their role as co-regulators and the experiences students might have using these strategies.

“we got Fitbits for all our students, for biofeedback to help them regulate themselves. So guess what? You can't co-regulate if you're not regulated. So we bought Fitbits for our teachers. “You are not regulated. You are not to work with that student. Let's do tag.”

In many sites, self-use of strategies was formally built into whole-of-school practices, such as team meetings. This was seen to increase buy-in from staff as well as provide an opportunity to share experiences and seek support.

“Yeah, and to encourage buy-in especially with the positive primer and that sort of thing, we've now got it in our staff meeting roster. So as well as chairperson minute taker, we've got positive primer. So it's your turn each week to start the staff meeting with a positive primer. So if they see oh actually, I'm laughing and it's Tuesday afternoon, but I'm still having fun, well maybe it is worth me doing it in my classroom as well and they get ideas and share ideas.”

While some participants reported that applying trauma-informed approaches to themselves had been beneficial in terms of understanding and processing their own complex backgrounds, others acknowledged that reflecting inwardly could be a vulnerable process that was challenging for some staff.

“Looking at it from another perspective as well, it actually helps our staff as well. Some of our staff do come in and can have quite complex backgrounds themselves, and so we’ve actually used it as a staff, to model what we can do, and when we’re feeling we’re needing that bit of a break, and to support each other as well, so from a staff wellbeing perspective as well, I think that also helps.”

“Yeah, it’s always a challenge when you have to get adults reflect on who they are as a person.”

“And how they’ve chosen to live their life. And so, their morals, all that sort of stuff. So, there’s been difficulties, but I think the more we engage our educators and the more offerings that we give them, the better it’s becoming.”

In addition, equality in expectations between staff and students was reported to improve student buy-in and supported the development of respectful relationships between students and staff.

“I think having a two-way street of it for the staff and student expectations for me I really like. It puts the onus to be self-aware as well and how our behaviour is impacting on them and what we’re doing to create those positive behaviours with our students not just saying this is what we expect of you regardless.”

Strategies

Universal approach

Participants reported that a universal approach that could be used effectively across the entire cohort was a distinct advantage of the trauma-informed practice approach taught during training. This approach was seen as something that could be integrated into school practices and become a part of day-to-day best practice teaching.

“I think that’s the other thing that I can see across the board that people are seeing the trauma-informed practices as just best practice, which is probably a bit of a shift. Because it was like, here’s a student with a disability, here’s a student that’s got trauma, here’s an Aboriginal student. Whereas now we’re like the trauma stuff works for all. “

Removing the need to differentiate this approach for different cohorts of students reduced stress and workload for teachers, allowing more time to focus on the curriculum.

“The bonus is that it is for everybody, you don’t have to differentiate doing a circle for the kids unless there are kids that don’t want to partake, so I guess in that way it’s more curriculum work.”

“A lot of the strategies actually go hand in hand, so what it’s actually doing, it’s not only assisting our students with trauma in our mainstreams, but also help kids with disabilities as well because the brain breaks and ready-to-learn plans and all that actually does reflect their needs.”

“And I think I find it a never-ending battle is that we’re always being told, a bit like what you were saying before, we need to do Indigenous kids this way, we need to do this for the Autistic child and this for the trauma child. And you sort of go, oh my gosh, how am I meant to do this as a teacher? I’ve got it... But I think nicely, like you were saying, the trauma information allows you to have a platform to sort of this works for all kids.”

Another benefit reported by participants was that a universally applied approach that supported all students to engage with education reduced some of the need for targeted approaches that singled out certain children as “naughty”.

“I just want to add that, probably, there's been a lot of movement and a lot of areas, and probably the most fundamental shift that I think has been the most powerful in all this, is this sense of... It's not about dealing with the naughty kids on a daily basis, it's about putting in a program which deals with all of the kids. So, it's about teaching to that 80, 90% of students who do the right thing, and you focus on those, and if you get that right and that works really well, yes, we've got the naughty ones, but we've got some of strategies we can use to deal with them, but we're working with all of the students, and then I think is huge shift in the approach to working with kids that just wasn't there before.”

Some participants found that strategies aimed at supporting trauma impacted children proved effective for the general school population.

“...by doing it you're helping everyone. You're helping all the students and the staff because you're helping with your behaviours everywhere. So it has to be seen as a whole school benefit, and it absolutely is.”

“And then the other thing I thought, I know this is a given, but I think it's worth mentioning too, is the fact that the [training] has been so brilliant, and the strategies are brilliant for all kids, not just those who have experienced trauma.”

While others noted that for specific populations, such as children diagnosed with Autism Spectrum Disorder or high achieving students, applying blanket trauma-informed approaches were not appropriate or effective and that educators needed to balance the application of approaches with their knowledge of what students needed.

“Some of my kids on the spectrum, they do not like morning meetings. They do not like the sharing, but that is fine... but obviously, as a teacher you know that and you adjust accordingly.”

“Well, I've also seen in spaces where brain breaks have really become embedded into every lesson. And that may not meet the needs of the higher performing students without that experience of trauma. So there is that really delicate balance that is very discretionary and reliant on discretionary decisions based in that classroom context.”

Practical strategies

Specific practical strategies that could be immediately and easily applied in the classroom were highlighted as a benefit of the training provided.

“For me it would be the practical things that it provided teachers with. So it gave us so many strategies that we could use from day dot. I could go in the next day to my classroom and implement all these different things.”

When asked about what aspects of the training people found valuable, many mentioned that they had found particular strategies such as brain breaks, morning circles, interoception, mindfulness and meditation, positive primers and ready to learn scales as particularly useful strategies that they were able to take back to their schools to implement in classrooms.

“And then, similarly, what do we expect everyone to do? Because from my point of view, one of the good things has been there's been some very clear things, like you will do Welcome Circles, Ready to Learn Scale, Ready to Learn Plans, Brain Breaks. These are the things that happen in every classroom.”

“I think what's working really well as well is the morning circles. Most teachers that I have seen have taken it on board and are running them in the classroom and it's resulted in a positive start to the day.”

“It just primes us really nicely for the day, something positive at the beginning because we're aware that some kids may not have been spoken to nicely before they came to school. So this way they're hearing their name in a positive way. They're getting to do something fun before the day starts.”

Participants reported that having the opportunity to practice strategies within training sessions provided them with the confidence to try these approaches back in the school environment. Having the physical resources available to apply these techniques was also considered to support their implementation.

“And the different sources, like the books that you provided with the training, and the practical nature of the training where you're actually up out of your seat, you doing so many activities, people, I think, get that sense of bravery where it's like, “Oh, I've done this and it wasn't too bad, so I'm going to go and try that with my kids too.”, and then you see them, and the BSEM books floating around as well, which is obviously a good thing.”

For most participants, the value in training was in having a flexibility in how it could be applied to their settings, a universal approach that they felt could benefit all students, as well as practical strategies that they felt could be readily implemented.

Time to reflect

Participants spoke about undertaking the training as a team giving them time and the opportunity to reflect together on their school practices and policies as conferring additional value, beyond the content provided during TIPIE training and the utility of the strategies they had learned.

“I think it gave us all permission to slow down and reflect as a team. Doing the training all together was a wonderful opportunity to connect, reflect, respect and care for each other.”

“it gave time to reflect on what we do and when we do it. Some of the things we take for granted e.g. ‘connect before correct’. These are second nature to us BUT little catch phrases like this gave us reminders of what we do and why we do it.”

“I think that training has enabled us to feel okay with it too though. Like what [my colleague] was just saying, it's almost enabled us through our learning of it to go, oh, it's okay for us to actually say if we need clarification of something or if we need someone to come in so we can work with one child, it's just enabled us to reflect on ourselves, as well as the students, which has been really, really great.”

Survey findings

The post-training survey asked people to rate the degree to which they felt TIPIE training added to their knowledge of: the impact of complex trauma on behaviour and relationships, the neurobiological impact of trauma, trauma-informed strategies in education, and trauma-informed practices that reflect a whole of school approach. Responses were made on a 4-point scale (see Figure 7 for scale descriptions). While the vast majority of participants reported the training added to their knowledge base, most felt they were not fully equipped with all the knowledge they needed.

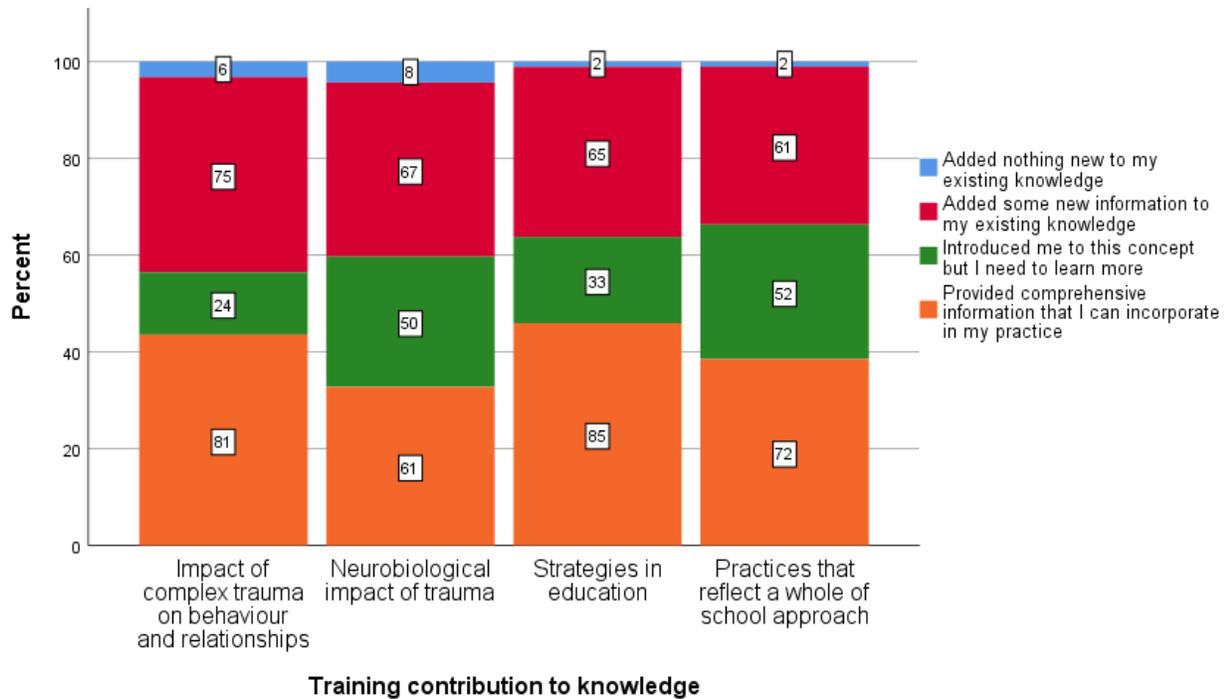


FIGURE 7 PARTICIPANT RATINGS OF PERCEIVED IMPACT OF TRAINING ON THEIR KNOWLEDGE (N=74)

Respondents were also asked to indicate the degree to which they felt TIPIE training improved their skill to support children and young people who had experienced trauma. Similarly to the previous question, responses were made on a 4-point scale (see Figure 8 for scale descriptions). Again, most felt their skills had been enhanced by the training, but few felt they were fully equipped with all they would need to support children who had experienced trauma. The need for more knowledge and greater skill development was reflected upon in focus groups and interviews where participants expressed the need for ongoing additional training and learning opportunities.

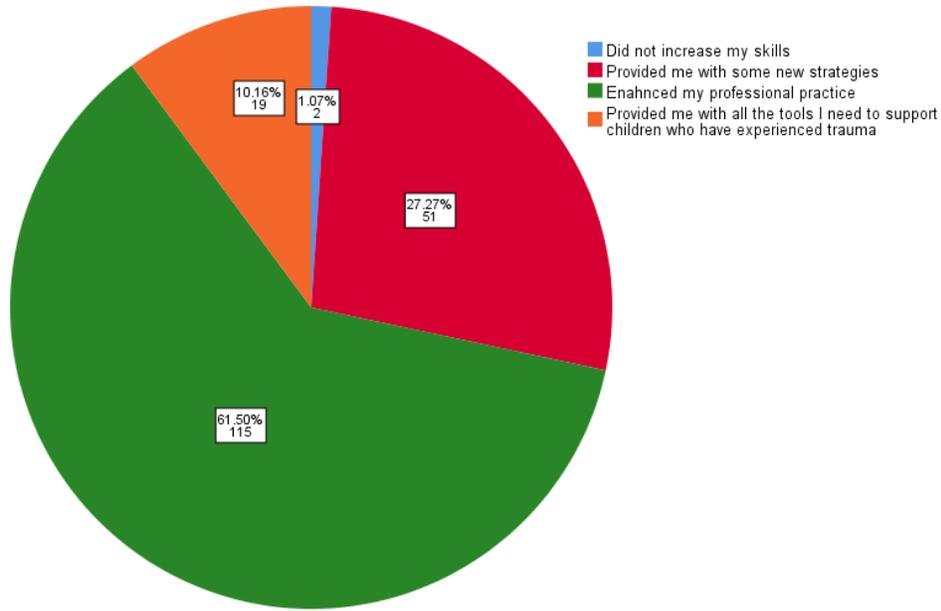


FIGURE 8 PARTICIPANT RATINGS OF PERCEIVED IMPACT OF TRAINING ON THEIR SKILLS

Respondents rated the degree to which they felt TIPIE training had improved their confidence to work with children and young people who have experienced trauma. Again, participants rated their response on a 3-point scale. On the whole, respondents felt more confident following training, with almost half feeling they had increased in confidence across their scope of practice. Focus group and interview respondents also spoke about their confidence increasing following training, particularly in terms of implementing specific trauma-informed practices they had learnt as well as developing a greater understanding of the rationale behind these practices and how this linked in with a trauma-informed approach.

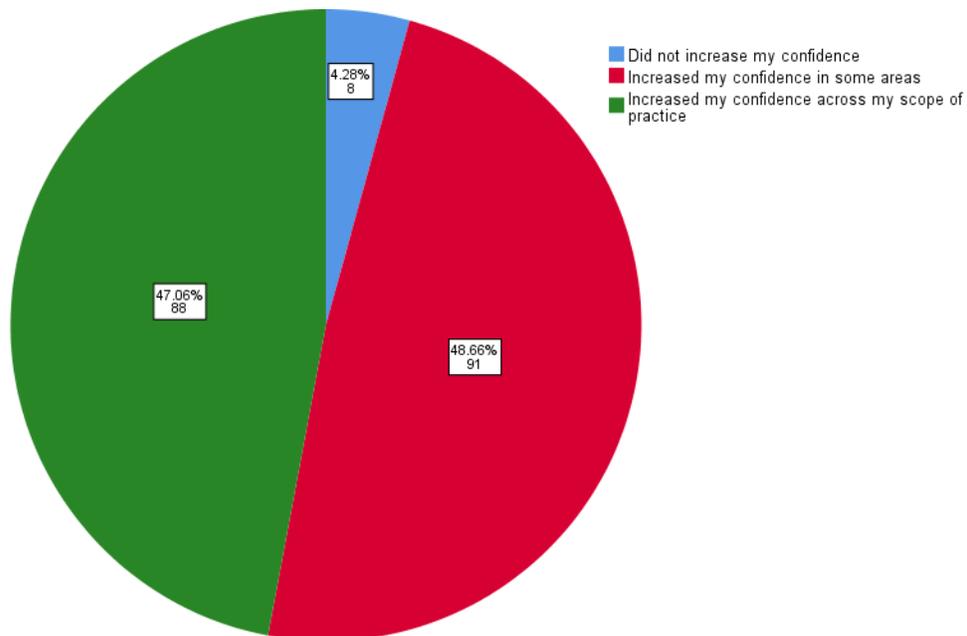


FIGURE 9 PARTICIPANT RATINGS OF PERCEIVED IMPACT OF TRAINING ON THEIR CONFIDENCE

What approaches to implementing trauma-informed practice are schools taking?

Focus group and interview findings

Focus groups and interviews conducted with schools and early education settings once they had spent some time implementing what they had learned in training, sought to understand how these lessons were being applied, what was working well and where people felt work still needed to be done. Participant experiences in implementing trauma-informed practices were generally described in a positive way. There were, however, stark differences in the way different sites tackled implementation. Key differences were related to:

- The way participants perceived trauma-informed practices in education. Some spoke about this as a shift in practices - something that fundamentally changed how they viewed the way they provided education. These schools took a very deep and considered approach to reflecting on what they do and how they ensure their school is accessible to children who have been impacted by trauma. Others spoke more about the ways in which they could take specific things they had learned in the training and weave it into or adapt their existing practices.
- The speed at which schools implemented changes across their sites - with many describing a gradual and staggered approach to rolling out changes.
- What schools considered to be a 'whole of school approach'. Achieving this was talked about as the goal of most schools.
- How schools were tracking the success of their implementation of trauma-informed practices.

Here we describe these ways in which implementation of trauma-informed practices were spoken about.

Shifting school culture and practice

Some, but not all, participants spoke of the importance of having an understanding that trauma-informed practice was an approach rather than a program. This was seen as a distinct advantage of trauma-informed practice: as an approach rather than a program, trauma-informed practice was seen as more likely to become ingrained in school practices and less likely to become a passing fad.

"... things we do need to think about going forward is that this is not a program. [Trauma-informed practices are] not a program that we're running in the school. We're actually working towards a shift in culture, and [trauma-informed practices] are one aspect of that change. And we're also drawing on a broad range of resources and expertise to support that."

"It's not a program. It's an approach, so it means we're all different in the way we teach ... I like that about the trauma training, that you understand it intrinsically yourself, and then you use your skills and the skills of your peers."

For focus group and interview participants this approach mindset struck a balance between prescribed practices or strategies and flexibility to apply these with educator discretion of when they were most appropriate to use. The approach mindset also did not see trauma-informed practice as an isolated approach but one that was supported by other practices and contributed alongside other strategies towards a shift in school culture.

"It's not you have to do this lesson. We haven't chosen to buy a social emotional learning program like Bounce Back! or anything like that because I think by not doing that, teachers can still individualise it with the beliefs of what we have as a core for us"

“And that's in the classroom as well, so I think through this Berry Street, all class teachers, all teachers, whether you're a class teacher or not, have got a bucket of strategies here and doing, whereas before it was this one, two, three step...kind of thing.”

For participants who spoke of the value of an approach over a programmatic response, they felt this approach supported them to think more deeply about the strategies, practices, and responses they were using and have a greater understanding of the child, the context and trauma.

“Children are more encompassing, because you can't just pick up a book and go, “Today's lesson one. Done.” It's like every day you're pulling something different out, depending on what your children have been through, how you're feeling, yourself...”

Participants working in roles supporting schools shared that they had seen some sites struggle with this mindset of approach over program.

“I think the reality from my point of view, as somebody who supports them, is how well they do the elements of it. I think lots of my teachers in my schools would say that they have done trauma and as soon as you do one training on it then becomes the guiding comment about, “Well, we know about that.” But what that actually looks like when they implement policy or when they develop policy or not so much policy but procedures in the school, or even when they make some decisions around what they do, it doesn't necessarily have a trauma lens.”

“And at the moment it's not formal. So it's done when we encourage it or when a site leader sees a need to do it. But given the hectic-ness of those sites, it slides off the radar and yet it's such core but implicit impact, I think. We don't explicitly describe it and then commit to what we're going to do. It's a bit ad hoc, which tends to be the case. Tabletop drumming seemed to take off for a little bit and then everything else slides off”

One focus group participant noted that leadership played a crucial role in promoting the approach mindset within a site which ultimately played a critical part in whether trauma-informed practice would be successful.

“I think it could easily disappear unless people queue into the approach-ness of it, the understanding and the values, and that's going to take leadership in schools and kindergartens and commitment to do that. So there's the challenge for the program because it could go the same way as many other programs, unless the right people persevere.”

Integrating trauma-informed practices into policy and models of practice

Some participants reported that their sites had begun taking steps towards integrating and embedding trauma-informed principles into models of practice and viewing policies through a trauma-informed lens. The approach taken and the degree to which this was done varied. For many of these sites creating higher level shifts in policy and practice was a process they had only recently commenced and they had little to report back in terms of outcomes at this stage.

“I guess my dream for the next step is I've designed a trauma-informed framework for the school. And so I'd love to see that rolled out. Leadership have looked at it, but it's just early days yet. So I would love to see that rolled out.”

“We undertook an audit looking at our current practice and areas for improvement. We need to continue to unpack this but it was a powerful start.”

“We need to develop a potential pedagogy, not the accidental pedagogies that everybody accumulates over time through a dozen or two dozen PDs, you're going a bit of this, bit of that. And then you cobble it intelligently together. But rather that whole school which still allows a lot of that flexibility in that framework, like a language, there are rules, we can all understand each other, but there's a lot of syntactic variation allowed, a lot of grammatical experimentation allowed, to still have that common understanding so that the rules are broad enough to have a common understanding while teachers can be versatile and be able to adapt their work in their classes.”

For most participants, changes made at their site to policy and practice frameworks were done specifically in the area of behaviour.

“They've changed some language in our behaviour policies, so that it [reflects a] trauma lens.”

“One of the big things we need, our behaviour management policy now needs rewriting completely. It's just, yeah, way out of whack. That's one of our bones that... One of mine for this year is to rewrite that so as to achieve our practice, really.”

“The first thing that I wanted to change, I felt needed changing, was the behaviour management policy. So we went from a punitive behaviour manage policy to a behaviour education policy.”

Some sites had taken collaborative approaches to redeveloping behaviour policy, engaging staff across the school and seeking input from corporate staff within the Department who were supporting the TIPIE program.

“And we've just started a process now, there's a survey out to staff, so we're redeveloping our behaviour support policy in the school and, step one is we have been trying to define what behaviours we expect of our students here at [our] school.”

“We have received requests from some schools to help them either review before they sort of make it to their existing behaviour policy, for instance. So they want to provide a trauma lens to their behaviour policy. Or we've been asked to review a policy that's been revised and give them feedback on, does it reflect trauma awareness or trauma informed thinking in responses to behaviour? So we have actually seen examples of schools revising their local policies with a new frame of thinking.”

Participants who were in roles supporting schools expressed the need to embed a trauma-informed approach universally into policy and practice frameworks at a Departmental level.

“Why isn't there in education, a model of practice that is all encompassing, that we can lean on, that connects all this trauma responsiveness or whatever you want to call it, to learning and making that intrinsic connection?...it's very separate. Wellbeing sits there and curriculums sits there”

Implementing strategies

In contrast to a shift in practice and policy, some sites spoke about the way in which they had selected and implemented specific strategies or learnings. These sites chose to focus on embedding a few trauma-informed strategies into the day-to-day practices of their sites at a time, so as not to overwhelm staff and thereby reduce buy in.

“So what we actually did was plan through what were the quick but big win items that could be very simply embedded. Not quickly, necessarily, but three non-negotiables that we would hope to embed across all sites. In the hope that once those things are in, particularly the Welcome Circle, the Ready To Learn Scales and the Brain Breaks were the three, actually. And we thought that if everyone can get those

embedded, and then students and staff alike just come to accept that as part of a daily routine and a culture, then we can start working on the other stuff."

"So rather than thinking of it like that, we thought, well let's just implement some strategies slowly, and then next year there will probably be more non-negotiables, and that curriculum will start to look more clear about how that's going to be delivered."

"I just think exactly what [my colleague] has said is right, that everybody who's in this group today is very passionate, clearly, about this topic, and is using it really well. But we do know already through conversations, that there are people who potentially, when [the principal] used the word mandated or non-negotiable, that people are like, "Oh really, was it?" And it's very important that we embed those very basic things across the school thoroughly, before we start adding layers. Because otherwise we're going to lose elements."

"I felt like once [my colleague] and I were onboard, I was so excited. I was so gung-ho and I was just hammering staff, and I went, hang on, I think I'm doing too much. So we've sort of slowed it down this year to embed the [training] stuff and to let teachers get to their pace a bit more."

Gradual implementation

Some sites described taking a cautious, staggered, or gradual approach to training and diffusion of information amongst staff. It was common to hear that sites began their TIPIE training process by first sending several committed individuals to centralised training, who would begin planning and implementing a trauma-informed approach, before eventually following with whole of school training.

"I think, and the way we've done it is we've sent off key people who have done the training and then the conversations have started back. And we've then shared in the next slotted group and the next slotted group."

"At some point, everybody needs to go off and do it. So you send off a core group... And so then, once you've got your core group who can then deal with what's happening in the school environment, then we can filter off other people to get that training as well. So then it works cohesively."

"I think that's a big part of our success, hasn't it? That the initial training was very... The people that were sent off were carefully chosen... The ones that we knew were going to take it up, that already had half the understanding, that were going to come back and be excited and champion it on to the next group."

"And I think as well, it helped that we kind of did it slowly... We did the training and used it right. It has to be done now. A couple of classes implemented it, and then that kind of spread that way."

As well as staggering the roll out of training, many participants described the way their sites had taken a gradual approach to implementation of specific trauma-informed strategies. Several larger schools had taken an action research approach to implementing trauma-informed practice whereby they planned to pilot the approach in a particular year level and evaluate its success before rolling it out across the whole of school.

"So it doesn't matter whether you're teaching English or maths or whatever, across that year level, that we're going to start and initiate as an initial pilot, everybody will be using a common lesson plan."

"So [those year level] leaders meet with myself and the wellbeing team and we discuss a range year level issues, but this will be a focal conversation now, it will be a permanent part of our agenda. So we'll come back talk. At the meantime, it's not just the year [level] we'll be doing this through that year level leader

meeting. The other year level leaders who were only dabbling a bit with this will start to pull away ideas and start to structurally implement them in their year levels.”

“So at the moment we're looking at how we're going to do this now across the [three year levels]. We're kind of keeping it in the middle school.”

Whole of school approach

Focus group and interview participants used consistent language in referring to ‘whole of school approaches’ when discussing how their site was implementing trauma-informed practice. These approaches were, however, not homogenous and varied from site to site.

“I sort of think you do need a whole school approach too. It doesn't work otherwise, if you haven't got that whole school approach.”

“This has been a whole school approach with all staff trying to be consistent and supporting each other. Everyone on site is involved in some way.”

In sites where trauma-informed practices had become a whole of school approach, people spoke about the cohesiveness of the staff team.

“I think everyone's okay for, like everyone really wants to improve. And everyone's very motivated with their teaching... A really good culture.”

“I think we're a sharing school, and we care about our kids.”

“Yeah, it's the most collaborative site that I've been to. Which is about sharing the load, isn't it? You know?”

“But I think this group has taken risks, lots of risks, in developing new policies and practices and initiatives, whereas if you didn't have that background and you didn't have this team, living and breathing, there'd be some staff that I don't think would've got to where they're now.”

“And I'll support that too, this is a really supportive staff. First year here I was going home, thinking wow, it's gold.”

Irrespective of the approach to implementation taken, schools tended to speak about similar challenges to embedding trauma-informed practices. Next, we present the facilitators and barriers related to implementing trauma-informed practices in education sites.

Implementation facilitators and barriers

Common language and understanding

Developing a shared understanding, a common language and a common approach to practice was a key focus for sites. Applying common language and practices across the school that were universally understood and implemented, also meant that students and teachers shared a common understanding of expectations. This was said to contribute to creating an environment of predictability and security and facilitated communication both between staff members and between staff and students.

“Yeah, it's kind of like, not something I thought would directly happen but has almost indirectly happened and I think almost as a site, it's kind of strengthened our culture as well because we are all on that same wavelength of, we can communicate these things and we've kind of all had that same training.”

“...certainly in the yard, everybody sort of supports children in the same kind of way with the same language and so I feel like that gives some sense of security for students as well. But to see that, well everyone's actually a safe person, I can vent or I can, you know, that everyone's using the same language and the same approach.”

“And I think that's actually really important, something we probably need to keep promoting too, because with more staff using the same language the kids then go, "I feel quite safe, it doesn't matter where I'm at, I'm going to have the same message." I have noticed more of it, I've certainly modelled that as consistently as I can”

One way in which this common language and understanding was built was through schoolwide sharing. This was described as being on a learning journey together. Participants spoke about the way their sites had developed a sharing culture and practice of learning from one another. Information and strategies were both shared formally and informally through a variety of channels such as regular staff meetings focused on wellbeing and trauma-informed practices, online resource folders and student plans, dissemination of information via leadership teams and informal conversations and classroom observations between staff members. Participants stated that this sharing and learning culture was not restricted to teaching staff and included staff across the site from a variety of positions (e.g., leadership, teaching, SSOs).

“So, this team meets recently on a regular basis, we try to meet every two weeks, and then we report back to a leadership group, so I take the outcomes of the meeting to the leadership group, and then from there, from the leaders and from the team here, it goes back down to the year levels, through learning areas and through year levels.”

“The leadership team utilises staff meetings and classroom observations as opportunities to remind staff of the learnings, ensuring trauma practices are in place.”

“Because it's not just been the trainings, it has been staff meetings, it's been emails, there's a whole folder on the [shared drive].”

“And, I think, because we have a 3:15 meeting, we often discuss behaviours of what's happened, so that we have a unified approach to how we're going to tackle different behaviours. And we discuss strategies, what's working and what's not working, what one teacher, or one class is trying with a particular student.”

“So each session we've been given opportunities to just take one thing from each session, go on trial in our classrooms and then feedback, a few weeks later. So everybody's had a chance to share what's working for them, what isn't working for them, which has been really, quite beneficial just to listen to other people and how they're putting the strategies into place in their classrooms.”

“So while the year tends to get better, and better, and better, everybody around them will also be picking up ideas. So at some point their confidence will be obvious. They'll be able to say, "Yeah, we could do all this now too." So right, you keep doing that.”

“through sharing, and just realising what a good idea it was. And then we'll say, oh, yes, I'll try that, as well.”

“As I said, I think seeing you guys do it in your classroom, it is like, "Oh, if you can do it, I can do it. It's not this far out thing." When you say that it is quite easy.”

"I think it's just sharing the positive stories too so when there's those meetings with students that are potentially difficult, being able to say this is really working in my class or because of this strategy there's this outcome. And I think there's enough positive stories about how our most challenging students are engaging in certain classes or with certain staff I think naturally you're going to go, "Well I think I'm going to try that too", because if there's a key issue and you're willing to bring it up then I think you'd be willing to try something that's working and that's what I try to do if I'm struggling."

As well as sharing strategies and practice information, participants spoke of the importance of sharing information for the benefit of individual children. Participants mused that sharing information about a child's contexts as well as plans in place for the child, helped all staff better understand behaviour and support consistent strategies across the school setting.

"That communication about all of the students is amazing. When we have SSO meetings, we now value that time to speak about children that all SSOs work with, and they'll give you strategies of how to approach that child, because the child is the core business. Some students might have two or three SSOs a week, so it's really important that we communicate what works for that child. Communication is key."

"And, logistically, through leadership, we document learning plans for students. Which is now accessible for all teachers. So even the non-instructional teachers can actually go onto the computer with this particular child that they've got in their classroom, for science or music, they can actually have a look at their learning plan, so the strategies that we're using in the class they can also implement. I suppose that contributes to their wellbeing across the school."

"And also having that culture that if you've got a child in your class that has gone through trauma it's not just only your child, it's actually the school, that child is part of the school community, and we've had, also, with the non-instructor teachers as well, that they need to know also the background of that child and strategy so that there's consistency and a sense of belonging across the whole site."

"And really finding out what their stories are. Which, I think, yes, these sorts of programs do let you have chance to go more in depth into what their backgrounds are, and chatting to other staff about what their experiences have been with those students over the years. And how that can inform the next teachers coming up, about what their past experiences are, or current experiences. And that certainly informs what we're doing."

"Via email. So, if I have a student that I know has had issues at home, or something, because I have a high number of SSO's, the easiest way for me is to send an email to everyone to say what's occurred for that student, how that's presenting in the classroom, if I have any expectation on them as far as how we can support that student or just refer it back to me, come see me, that sort of thing."

"We have those strategies in place to share that information. In our staff room, we have a time where we share information about children that are in trauma, within breaking confidences, but we share it with all staff so everybody's aware what this child is going through, what's happening, or if any child were at school with a background, we do share that. And the presumption that not one person is that person that looks after the child... You try and connect the best person for that child, or where that child will go, so we do that as much as we can."

"I think with the sharing, as well and with the training that we've done, it helps us to have a consistent approach towards each child. So, as a classroom teacher, if I know something particularly works for one

student, if they're going off to science, and they've had a bad day, I can let the science teacher know that, and the strategies that have been working in the classroom, so that it can become consistent across the school."

"I think one of the other positive things about our site and taking part in this is that we really have a strong belief that every child is everyone's business. ...all of our SSOs, all of our staff and our teachers are really aware that once a child is assigned to a class, it doesn't actually mean that they're that carer, that teacher's total business. We just have this shared approach to looking after our children and being aware of what's going on in their lives, and that we'll connect with children on many different levels in many different classes."

As a result of creating a culture that promoted the sharing of information and strategies, participants reported that they felt more comfortable asking other staff members for support, information and ideas. This was encouraged as a proactive and collaborative way of working rather than being seen as a weakness in their personal capacity. Participants spoke of a shared approach to supporting children that evolved within this sharing culture, where no child or young person is one person's responsibility and all staff members felt comfortable responding to and developing relationships with all children across their site.

"And I think staff are becoming more likely to reach out and take some support. Not all staff but there's definitely some staff."

"So I think that because, like there is not a single room I wouldn't feel comfortable going in and asking someone for help."

"And then, I've gone ..."How do you do this? How do you do that?" Because she's kind of gone through what works and what doesn't."

"And I think staff are becoming more likely to reach out and take some support. Not all staff but there's definitely some staff."

Leadership commitment and driving change

Focus group and interview participants described the level of commitment from leadership within their site as important for implementing trauma-informed practices. For most of these sites a whole of school trauma-informed approach was driven and championed by leadership who reinforced the implementation of trauma-informed practice amongst staff. In some instances, the initiative was spoken about as being driven by staff with passion and drive for working with children with complex needs.

"I think that is why we are doing so well. We've got [a leader] just championing the whole show and making sure that she puts in so much time and effort for our kids. So leading by example. It's really great. We're a good school. I think these kids are very lucky that all the staff here care as much as they do."

"Yeah. And I think leadership is a huge thing. I think if leadership have the buy-in and the belief, then it will be embedded in the school. But if you don't have leadership driving it, I know a lot of schools that... I worked with a lot of people obviously during my training, and if their leaders weren't on board, then you're just climbing up a hill."

"We've got some really terrific staff. I think [two of our teachers] would be a great example of that. But I think these two guys are especially very good at just coming alongside of the kids and not pushing

themselves on them... these guys have got a lot to teach all of us, which is... We've been lucky to have them, I think."

Some participants spoke about this drive from leadership in relation to the support that this provided to implement trauma-informed practices. That is, the leadership was said to have put in the work and taken time to model trauma-informed practices in their day-to-day interactions with staff and students.

"They're supporting in figuring out what's going on with the kids but also following the strategies in the language as well. They always come in and encourage us to think I wonder what's going on with these kids ... and ... I can see you're feeling like this."

"And us going "Oh my God, what is it that we have to do." And that we've had that support the whole way and we've all had the training and you guys meet regularly and show staff meetings and that sort of thing. So it feels like there has been a push for it. Sometimes there's push for things, and we feel like as teachers, "Oh my God, how do you expect me to do this? I have got no idea what I'm doing. I do not know how to do it." But I think because we're all doing it, and we've got support from leadership and other teachers and the [training providers] and that sort of thing... I think that's made it more doable as well instead of just going "You're going to do this." It's "You're going to do this, and this is how you're going to do it. And this is how we're going to help you." And that has been really, really good."

"Yeah. And I think that was good as well, was the support from leadership that they were saying, if we would walk into your room at a particular time, we need to see this."

"And I think it used to stop in the classroom as well, whereas now, it goes through to leadership. You guys did the restorative and you communicate with us, and what can we do to help that child instead of just suspending them."

Others spoke of leadership mandating specific strategies that were to be applied across the whole school as a way of ensuring a whole of school approach. In many cases these two different styles of leadership practices co-existed and were undertaken aside one another.

"We must provide staff with a checklist of what must be enforced in classrooms to properly cater for our students."

"And now it's like "Okay. Well, we've been doing it long enough now, and there's enough people doing it that it needs to be a non-negotiable.""

"And I think it was more non-negotiable than it has been in the past, which was good. You have to do this"

Training for all staff

Another element identified by participants as crucial for achieving a trauma-aware school was the importance of whole of school training. Whole of school training was considered necessary to ensure a consistent approach was implemented, to increase staff buy in and build a shared understanding of the importance of the work.

"Definitely. Everybody needs to have that training."

"In the past, it's been teaching staff and SSOs, so it's made the SSOs feel so much more valued when it's a whole staff training, so we're all getting the same message. To me, that means that leadership really respect Positive Ed program, because we're all involved. And just backing up what [my colleague] says,

is that it's understood amongst our staff that we all have different relationships with the child, and that child has every right to come to school and feel safe."

"...if we're going to stay consistent, we have to have everybody trained. We have to."

"Just the continued training and development. Different people coming in, like [my colleague] said, it's probably time to do some restorative justice again and having someone be able to come in and do whole... always whole school training. We always include all our SSOs, our admins, everyone comes to our trainings. Then if I run a training at the staff meeting, I'll run it for the SSOs as well, and we put all our resources up in a [shared] drive so that everyone can access them."

"And my thinking behind it was you can't expect teachers to go to Trauma Informed Practice and not give them access to quality training, that's not fair. So all the leaders were doing it, all our support services people were doing it, but none of the people were actually face to face with the kids we're getting offered. And that's where I put my foot down and said, if we're going to be involved this is where we need to be, and it needs to be for everybody. So it's really great that I was respected, and I think that's why this feedback is important, because it was a lot of money. But I think the best way to give people information is to give it to them face to face and not another here we go again, someone's come up with another hair brain idea that I've got to put into my classroom. You make your own decisions about what you pick up, and we did do some agreements, but I think we tried to do it as a team approach, not top down."

"You can't download in 10 minutes of staff meeting something that you learned in two days in a class, just top down, for me it does not work. It was interesting but you know. It's not an effective way of getting changes in a school."

Keeping the momentum

As well as initial whole of school training and development, participants highlighted the need to maintain momentum to ensure practices didn't slip over time. This was spoken about in three ways. The first was the need for leadership to keep trauma-informed practices on the agenda (e.g., discussed at meetings).

"As a leadership team we must ensure we continuously revisit the trauma informed practices."

"But you see, the training should never be finished. It should always be ongoing, there should be something happening every year."

"Sometimes I talk about stuff as well and you're like, "Oh, yeah, I was going to do that." But as you said, it was eight months ago. That eight months, I could have been doing that thing. Because you try to remember as much as you can from one training, but you never do. But then, I cannot really remember, there was something in particular she mentioned. I was like, "Oh, yeah. I was going to do that. I thought that was really good." But because we had so long in between it was like, damn, I could have been implementing that a lot longer."

The second was having access to continued support for implementation, which some sites had already scheduled.

"We are moving along the trauma informed practice pathway but still need support."

"One of the things from my point of view that I found was really good was, besides the training we've had a couple of mid-term linkups with [the trainers]. And I think that's one of the important things that

we need to factor in going forward, is how do we actually maintain the momentum, do some refreshers, and also upskill new people.”

“Even when we did the training, something would come up and I'd think oh gee, I'd forgotten about that. I need to use that if I'm talking to kids. So I think that refreshing was really important I guess, and you'll probably get there, but it's a what can you do to help keep it or sustain it, offering schools the opportunity to have, and not just the people in their school, but having trainers come back in because it's always different having someone else who's not us doing it just to really keep it alive.”

“But when you're asking about training, I would hope our site would continue to have refresher updates, like at least once or twice a year, because if leadership value it and you expect us to maintain it, we need to have refresher courses. I don't want it to disappear like I've seen other programs in the past, but that's up to leadership to make sure that they give us, the whole staff, the time to do that.”

“With new staff and continuing, like [colleague] said, continuing to go over it every year and make sure it doesn't get forgotten, I guess. Make sure it's always fresh in peoples' minds.”

For sites that spoke about having made steps towards seeking further training and additional development opportunities this was an extension of training provided by the same provider and was usually an implementation masterclass. These sites would have sought out the implementation masterclass as an additional activity on their own accord as this masterclass was not offered as part of TIPIE training.

“Yeah. Just in terms of how that came about. There were a few of us who, beyond the Berry Street original trainings, did a masterclass. And that was around implementation. So rather than obviously just learning the strategies and the science, it was more about how do you get the ball rolling in a given site, and get everyone on the same page.”

“Yeah. The whole staff did the initial training. And because the leadership team had done the training before the staff, we were then taking that next step into the masterclass training that focused on the implementation.”

“And I think the other thing that really, and I think we'd finished our four days, but then the trauma aware conference came up in Queensland. So I applied and [my colleague] and I were able to go to that. Again, it was just that next step and we were constantly, okay, what about this, what about this, how can we rebuild this? Then, not long after that, then the Department brought the opportunity for schools to apply for whole schools to be trained, and again, we were really fortunate to be able to take part in that.”

The third way participants felt it was important to keep the momentum going was to provide training or some form of induction to new staff or non-regular staff (such as relief teachers) to orient them to the site's trauma-informed approach and practices. Participants suggested this could either be achieved via formalised training for staff or by creating embedded practices and a welcoming and sharing staff culture that allowed new or non-regular staff to become familiar on the job. While training or upskilling these staff members was identified as important, it was also highlighted that doing so presented a challenge for sites.

“If new teachers came in, it would be very easy for it to break down, so I think it would have to be very clear that that same training, same language, same everything is brought up to speed because it would be very quickly, even if you had one or two new people come in and then the system starts to have gaps and they're not following through.”

“When we do get new staff, that we somehow help them to access the training. But I would also think it would be great if we could have our relievers even attend a day, because often it's when we have our relievers in that we see the behaviours change. It's unsettling for the children, and the approach of the reliever, they might be reactive rather than proactive. I think that there's room there for some training and development of people that want to work in our site to help you be successful working in the site and to help the children continue to be successful, these are the strategies that we use. I can see some T&D for people coming in who want to work with us.”

“Yeah, and I think what we need to think of in the future is, every year with staff changes, what can we do for those people coming in that haven't had it, so that they're still part of what's going on? Part of the induction for those new staff needs to be some sort of keeping them up to date, this is what's going on, this is the language we're using. Yeah. So they're also part of that feel and community.”

For many sites (especially larger sites) turnover of staff could be high, and the resources, time and funds needed to continuously train new staff or staff who spent a small or irregular amount of time on site were substantial.

“If you've got someone coming in for a term or even for a year, you really can't justify it and say, right, I'm going to send you off for four days of training. However, if there was a one-day quick catch up with the main points to get you started training, that would be fantastic. Then I think in a school like ours where it is, I'd say it's reasonably embedded, then if they just had that one day of all right, these are the really important things out of each of those four days of training, I think [my colleague] would very much be able to then build the rest of the culture in and get them up to scratch. But, you just can't justify four days of training for... and to take in four days of training in one year, the weight of that was huge.”

“I think that's an issue we're going to face as new staff come in. How do we train? There's a lot of training, and that's one of the issues that we're going to have. We don't have a lot of staff changeover, which is good and bad sometimes, but any new person that comes in here, how do we actually get them the training?”

Tracking implementation success

Assessing what was working or not working, was spoken about by some focus group participants. These participants wanted to measure the extent to which implementing shifts in practices made a difference for children and teachers in their sites. Here we present findings in relation to local monitoring of shifts in practice and impacts.

Using data

A small number of participants described the way their sites had used data as part of the process of implementing trauma-informed practice. The way in which data was used varied from site to site with some sites using data to inform their planning while others used data to measure impact of their shift in approach.

“Just in my Year Eight room before, [my colleague] and I saw all the kids coming in drenched, I would say to the kids, “Maybe just do a five minute meditation.”, at the start of your lesson. When I've practiced that in my classroom after doing the trauma-informed training, you do see more focus, the data can show the reduction in focus room referrals and things like that, so that's really positive.”

“But the data is also getting looked at by a behaviour team, by wellbeing, they would then target the high players like the kids that were constantly showing the same behaviours started getting looked at, and those kids were getting worked through to work out why and how, and they were getting the support

they needed from our wellbeing team, which then de-escalates that child. So the data was used by [the wellbeing team] and analysed weekly.”

Some schools used larger data sets of administrative data while others used internally gathered data such as focus room visits, or behaviour incidents. Of those schools that used larger administrative data sets, the wellbeing collection was most frequently referenced.

“And on that as well, working predominantly obviously with students, but working with staff and having a look at that focus room data, we've been able to see obviously students that are showing patterns of going in there more than what they should and then also potentially staff members who might be sending students there more frequently than not, and then obviously we can kind of identify that and work with those staff members as well on [trauma-informed] strategies that's been good.”

“Wellbeing data that we were looking at showed that our kids didn't feel a connection to the school. That was one of the big things that jumped out.”

“Well, probably the biggest one is the WEC data, their wellbeing engagement. So we actually began the year with that, reflecting on last year's and what that told us, so we spent a bit of time looking at that and really kind of focusing in on and then deciding on what really is going to be our focus. It was fairly clear that the lack of connection that our students had to the school, and that lack of connection actually went beyond the school, and then so we thought, “Okay, that's what we're going to focus on.” And that's driven a lot of some of these products and stuff we've been doing in the school.”

One school spoke of involving students in using data

“The students are also getting involved in data, so last week I took a group of SRC students to ...[a] student conference..., and last week we looked at our data from the wellbeing survey for last year, so then those SRC students are going to come back now and they're going to speak to the rest of the SRC and they're going to speak to the staff about their student interpretation on the wellbeing data and we are also going to take a survey to the SRC about how we're going with our positive behaviour framework that we're going to put together so they're involved. And on that excursion, the students were so engaged, they were so interested in the data and looking at what it said about, “Did the students feel welcome, did they feel connected?” And they did not stop talking and writing with their feedback all day, they actually feel really positive about coming back to school and sharing with the SRC and the staff, and they've got a strong voice.”

There was a lack of consistency in the way in which schools spoke about using data. Data use was mostly driven by the site as an initiative they had thought of rather than any kind of process that was promoted in the trauma-informed training they had attended.

Survey findings

In the implementation survey, respondents were asked a series of questions to understand more about the implementation approach their site had taken following TIPIE training. Three questions asked about the time commitment sites had made towards implementation, whether leadership had taken reflective and collaborative steps towards implementation, and the extent to which a shared vision of a trauma-informed approach had been developed at their site.

Respondents were asked to rate the time their site had spent on implementing trauma-informed practice on a 5-point scale with response options of: less than one hour per month, one hour per month, several hours over

a month, at least one hour per week, or several hours per week (Figure 10). Overall, responses were spread somewhat evenly across the five response options, indicating that the amount of time sites had spent on implementation varied to a reasonable degree. Over half of respondents indicated their site was spending one or more hours per week on implementation, demonstrating that sites are showing some commitment to work on implementing a trauma-informed practice approach following training. The variation in implementation time commitment seen in survey responses is in line with focus group and interview participants' varied reports of implementation approaches and the degree to which a whole-of-site strategy or approach had been rolled out.

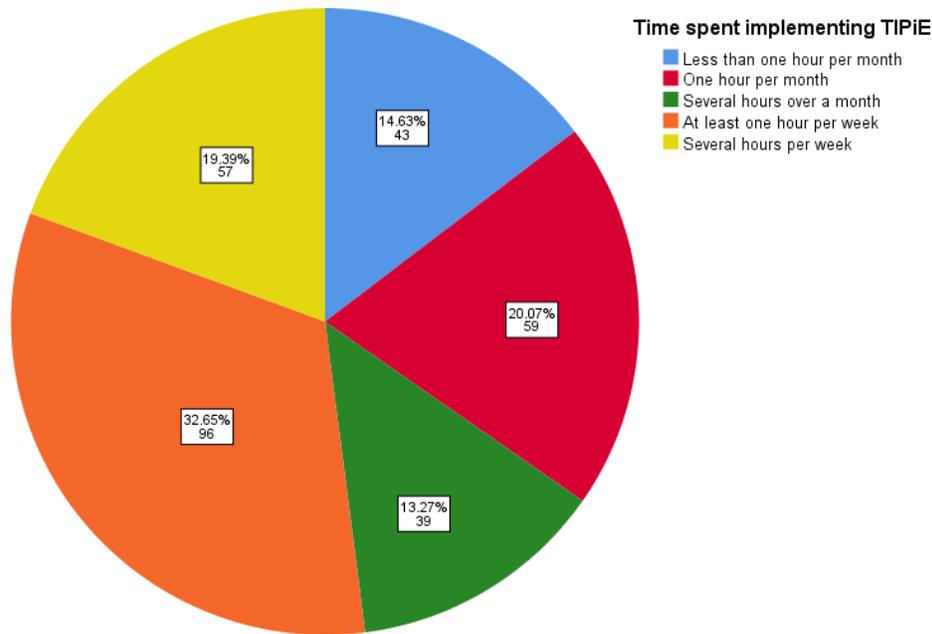


FIGURE 10 PARTICIPANT REPORTED TIME SCHOOL HAS SPENT IMPLEMENTING TRAUMA-INFORMED APPROACH

Respondents were asked to rate the degree to which they felt that leadership at their site had reflected on trauma-informed practice learnings and had discussed how these learnings could be implemented in current practices and policies. Agreement with this statement was rated on a 4-point scale. For this item the option of “not applicable” was also available. Responses to this question were strongly polarised, reflecting the disparity in approaches reported in focus groups.

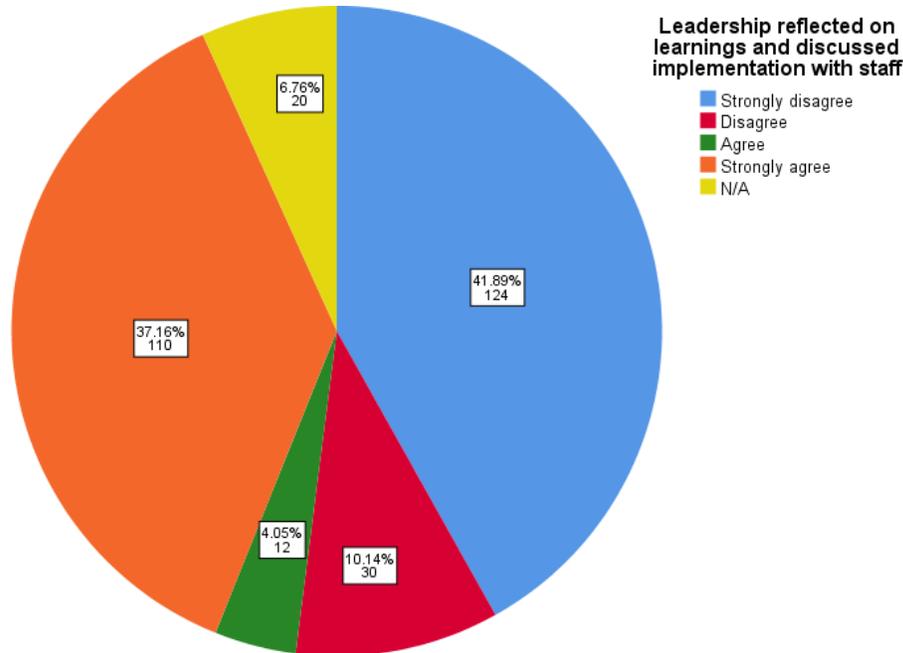


FIGURE 11 PARTICIPANT REPORTED LEADERSHIP OF TRAUMA-INFORMED PRACTICES

Respondents were asked to indicate the degree to which they felt their site had developed a shared vision around supporting children who had experienced trauma. This was measured on a 5-point scale (response options are listed in Figure 12 below). Responses again reflected focus group findings of differences in the degree to which trauma-informed practices are being taken back to schools and implemented in a whole of school approach. The division seen in the quantitative data in relation to leadership approach and the development of a shared vision provide support for two differing implementation approaches referred to in focus groups and interviews. While participants from some sites felt that leadership at their site had developed and implemented a shared vision and whole-of-practice approach, participants from other sites reported that leadership had taken a more cautious step-by-step approach and had focused instead on embedding a small number of key practices.

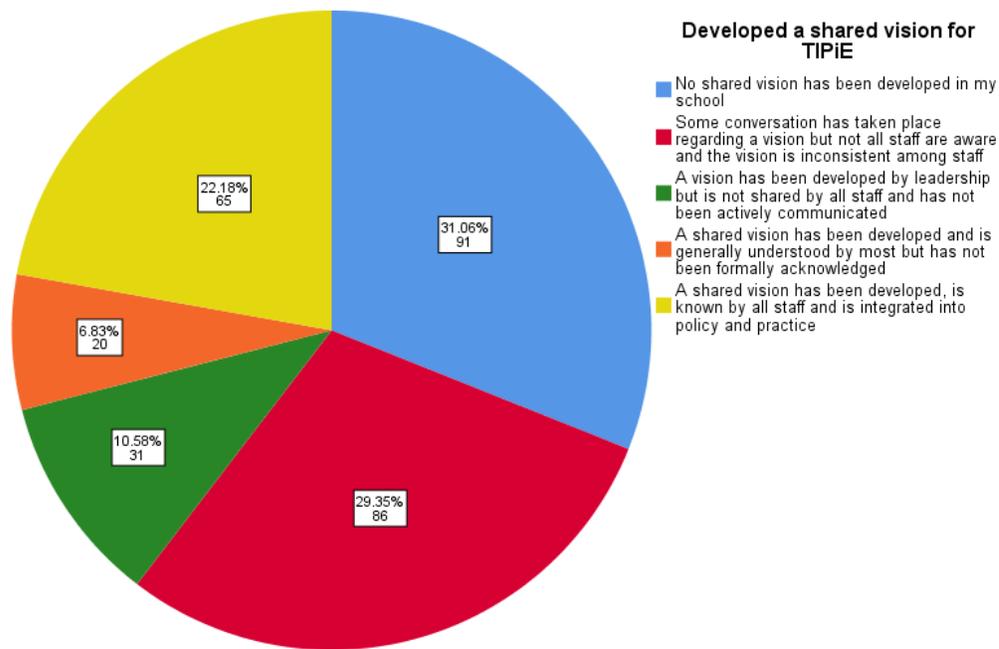


FIGURE 12 PARTICIPANT REPORTED KNOWLEDGE OF TRAUMA-INFORMED PRACTICES VISION FOR THEIR SITE

What shifts in practice are happening following TIPIE training?

Focus group and interview findings

When asked about what had changed in their schools and education settings since adopting trauma informed-practices, participants spoke about shifts in the way staff related to students who presented with challenging behaviours. Additionally, they spoke about specific changes to routines, environments and expectations of children that helped to reduce the stress children experience that can contribute to them becoming emotionally heightened and or ‘triggered’ in education settings. Together these types of changes were said to support children to have fewer meltdowns. Children being calmer was also said to improve their capacity to engage in learning. Reductions in the frequency of heightened situations was said to have been achieved through changes in the way staff responded to children’s behaviour. Changes in the way staff reacted to children’s behaviour was said to both reduce the incidence of escalations as well as create a more forgiving environment that children felt safe returning to after having a behavioural consequence (being sent home, being sent to the office, etc.); knowing they would be welcomed back and could try again. Staff spoke about these changes supporting children to learn that they were a valued member of the school and that the consequence was in relation to the behaviour and not about the child. These are described in seven distinct ways. Two reflected shifts in classroom practices and environments, two reflected shifts in the ways adults relate to children and three reflected shifts in expectations.

Shifts in classroom practices and environments

Two distinct changes to classroom practices and environments were described. The first was the way in which emotional regulation was viewed and its development supported and the second was how learning and assessment were modified.

Supporting emotional regulation

A key change to classroom practices was a shift in the way children's emotional regulation was viewed and supported by staff. Focus group participants identified they could contribute to children's development of emotional regulation. Participants reported having improved understanding about how they could support children's emotional regulation, and that this was a skill that needed to be taught. As a result, this was an area where staff at their sites had shifted practices, focusing on co-regulation and supporting students to develop the capacity to self-regulate.

"We're going to inquire into how well the very strict model assists us in an intentional teaching of self-regulation, because a lot of our kids don't have that capacity to self-regulate and there is a misunderstanding I think widely spread across education, not just Adelaide but a lot of places. that self-regulation is a virtue that develops on its own rather than something that kids need to learn. And many things until we stop and enquire, we realise that we've actually been taught certain things and that there are steps and things you can do to teach other people the same sorts of things like self-regulation."

Emotional regulation was supported through interactions with teachers as well as explicit strategies, environmental changes (e.g., brain breaks, mindfulness, calm corners) and resources (e.g., visual scales and fidget toys).

"And then the strategies that sit alongside it with a strong focus in those strategies around that co-regulation process and how even soft gazes in the student's direction, we're actually naming it, that micro really explicit intervention. Even though it doesn't seem like a strategy, it actually is. It's really important. So there are a number of things that we're doing now around the implementation, all of those strategies within our site, but also what we're advocating for in schools, particularly when they work with students who are coming through."

"So what I implemented in the class is the ready to learn five point scale, which they didn't have in Term one. But, I think the kids really like taking ownership of how they're feeling and having a visual rather than ... Like they obviously know ... Well, they don't actually know, sometimes, how they're actually feeling, or where they are, if they are ready to learn. But actually being able to see it and moving their name across. They all love doing it every morning. So I'll just put it up on the board. All right, everyone all go show me, are you ready to learn."

"Changing the physical environment to better support the student, e.g., quieter areas, less brightly lit areas, less stimulating areas, withdrawal areas (corners, tents, etc) attempting to meet different sensory needs."

Participants highlighted the importance of making time for emotional regulation and not trying to push through when students were clearly not regulated enough to engage in learning. Some participants noted that it could be challenging to prioritise regulation within classroom timeframes while also ensuring that students did not miss out on learning opportunities. This reflected an understanding of the concepts, but difficulties integrating them in a way that fit within classrooms.

"For me I think it's been really important to acknowledge that they're not ready to learn sometimes. Whether that be they've had a really busy morning, no breakfast, a late night. And instead of expecting them to be automatically ready to sit down and go, I think it's been important to say, well they're actually not ready to learn yet, so they need to have five minutes to calm down... and get focused again."

"I guess though, what [my colleague] was saying, it's hard if you're giving instructions at the start of a lesson, and you've got a kid that's having their five minutes now, they're going to come back in, and then you've got to re-give those instructions, and they've missed the first bit of the lesson. So that can be quite challenging. And particularly at the beginning of a lesson, then how do you go back to that one child and make them ... They're ready to learn, but they've kind of missed the moment. And then that's going to make them feel worse, because they don't know what's going on."

A few participants spoke about the long-term goals of using co-regulation strategies to support children to build capacity for self-regulation. This demonstrated a greater degree of integration of the concepts learned into practice with a longer-term view of the aim of implementing the intentional strategies, beyond achieving focus at the start of the day, to applying the strategies consistently with children so they learn to apply them on their own over time.

"I guess what we're trying to do with the Ready to Learn is to get the kids to be able to do that independently. So it's something that they can go, they do on their own, they don't need an adult there supporting them."

"So it's supporting them to be able to address that emotional regulation themselves."

Modifying learning and assessment processes

Some participants spoke of modifying learning and assessment processes to accommodate different styles of learning. By modifying these processes participants reported that students had greater autonomy in the learning process and were more likely to engage in learning.

"But I've got some year 10 science class and these kids don't want to do science next year. So I've really given them a bit of free reign. They have to come up with their own science project and do something. And to assess that, we're just having a conversation. What did you do? What tests did you have to do to try to work out the best design and could you have improved on it? That sort of thing. And just a really low key, casual conversation just between them and me, take a few photos as you go. What did you come up with?"

"And what I've been doing a lot lately now is I've been setting up the tasks, for example, I negotiate with the kids what they're doing on the... Say it's just a particular novel we've read. Then I'll tell the kids, well, what do you want to do? Can you negotiate with me and set up your own tasks and what you're going to do? And I know the good kids will always do really, really well with that. So it benefits everyone in the classroom. And I won't do that all the time, but the thing is it made me think about the way I practice in the classroom."

"I think probably expectations. We have always had high expectations, and we still do, but then differing those expectations for particular students. I'm just thinking of [student], in particular. So, we don't expect him to sit and do his work at a desk, because he is more comfortable on the floor, and he may have a toy, like a truck, or something, in his hand, or... Because trying to get him from say, the floor to the table, is traumatic enough, that by the time you even try, you've lost your moment. Whereas if you go to him on the floor, then that takes away all of that negativity, and he's able to focus more. And that's just one student, but we do that for a lot of kids."

Shifts in the way adults relate to children

Changes in the ways adults relate to children were spoken about in two ways. These reflected shifts in the ways adults supported peer relationships and the way they viewed and approached building their own relationships with children.

Fostering compassion, understanding and belonging

Many of the changes that were spoken about were rooted in viewing children's behaviours and underlying needs differently. Participants spoke not only of shifting their own perceptions, but working to help shift the understanding of other children in the school and fostering compassion and belonging.

"And I think in the past, when I first started in the industry, I think the kids felt like they were a bad person if they weren't coping, whereas, like [my colleague] said, we've giving these kids strategies, and not to assume that they can come to school with those strategies. I remember there was one picture of, "Don't tread on the child the minute they walk in the school yard."

"Yes. That acceptance side, probably, in this case we would say...It's that we accept where they're at, and it's not their fault where they're at."

"and yeah, just to see other pupil's behaviour in a more empathetic way, rather than reacting themselves to other student's behaviour as much."

"Even just little things. Like if I kid's crying out on the yard, even if they're on their walking from here they'll stop and ask the kid, "Hey, are you all right? Who's you're teacher?" And then they'll just knock on the teacher's door saying, did you know so and so's just out there? That can be really helpful."

"And also, the class understands. Everyone here, everyone has a trauma of some kind. Some are severe, and some are slight, but everyone comes to their place, together, not knowing what each person deals with at every moment. Some person could have been crying all night, or had some horrible thing, or just so worried and anxious about something, but then if you can understand that everyone, not just that person. Someone might have a tiny little trauma, but to them it's a big thing, because they're not used to terrible stuff."

Participants felt that staff were developing a deeper understanding of what was sitting behind behaviour and moving away from the idea of a child being "naughty" towards seeing behaviour as a form of communication or connection seeking. Additionally, it seemed that a greater understanding of trauma meant that staff were thinking about context of child – what they might be experiencing outside of the school environment - and how this could be contributing to their behaviour at school.

"Some of the behaviours that we see, before, yes, we just perhaps thought, oh, that's them being naughty. Where now, we look at their behaviours, and we're trying to work out why..."

"Whereas I think before, at times, teachers saw that kids were getting let off with certain behaviours. And we're certainly not excusing their behaviour, but there's become greater understanding. So I think the time to work through with teachers, and to get them to actually see that, often what they considered to be the first behaviour is actually not really the first behaviour, it's the secondary behaviour from something else that has happened."

"I think, actually thinking about that particular child, before necessarily reacting to one explosive moment, and considering, perhaps, why that behaviour has happened, before you jump on them. So,

you're just giving them a little bit more of compassion and kindness in your, not reaction, but you're dealing with that particular situation."

"The biggest misconception that I had, was I didn't realise that along with those negative behaviours for school, is that he felt a lot of shame for how he felt, and the shame spurred on those other feelings of, well, not knowing what to do with that energy that he had within him. I think that's probably the epicentre of all that negative behaviour."

A crucial step in building compassion across the school, was developing an understanding of equity versus equality across the student cohort. Participants identified a need to help students in their classrooms understand the need for differentiated practice to meet the needs of particular students. This concept was perceived to be challenging for many students, who often viewed differentiated practice, particularly in response to behaviour and need for emotional regulation, as unfair.

"But it's also... not only those students that have got trauma, but it's also skilling the rest of the class. I've got a student in my class that's been through quite an ordeal in terms of trauma, and his siblings in other classrooms. And for the students to understand, okay, this particular child needs these needs met. And talk about fairness, what's fair, what's not fair. And we've had lots and lots of lessons about, okay, well you might need something different to what that person needs. If everybody had the same, is that fair? So it's actually skilling the rest of the students. And then they too can be very supportive of those children and trauma. Because they do see it."

"There are some children that can spot if you've done something different with one child, they ... You know? Unless you skill them they'll say, "Well, how come so and so's allowed to go and sit out there when the rest of us aren't?"."

In some sites, participants reported that peer mentoring systems, where older students supported younger students and were involved in the dissemination of a trauma-informed practice approach, had either been implemented or were planned as a future implementation activity.

"And the play pods. We've got programs like big mate, little mate. Where we've got students matched up, with like I've got a year three child matched up with a year seven. She comes over once a week. So building up relationship with that big mate."

"And I guess on a more simple but complex level, I would love to see more of our seniors mentoring the younger ones. Not in a mentoring program or a leadership program, just doing what happens in the hub all the time. [My colleague] has created this culture to allow for that, but we have senior students talking to the younger ones about trauma regulation, restorative practice."

"We have a peer leader program that we trialled last year and that we're further developing this year and it's working really well, and we want to continue to develop that to really engage the Sevens and Eights and we want to see how far we can take that because that's been a really powerful thing for our kids. And the peer leaders have been instrumental in actually adopting a lot of BSEM strategies and going into the classrooms in the morning with the kids and they've been brilliant in being able to manage the morning circles and stuff like that for the kids."

Strengthening relationships

Participants identified the importance of relationships with students for creating the foundations for their inclusion in school. Relationships were spoken about in terms of building trust with students and helping them

to feel safe with adults in school. Participants felt that this meant relationships between staff and students were shifting away from an authoritarian model with a power imbalance, towards relationships characterised by mutual respect, understanding and positive regard.

“But to see there, to see more of that down the lower end of the school where there is that collaborative approach and mutual understanding of the purpose between teachers and students is really where we're trying to head with this.”

“Look, at the end of the day, no strategy is going to work unless you have those relational connections established. And that has been our priority and our focus from the start, but we weren't naming it as such. But through the training, we were actually able to name that relational safety as being the forefront of all our work with students. And so our focus around restorative practices, whether you called it restorative or repair work or whatever, has become a strong feature.”

“I think, as well, by building those relationships, you're setting up a safe place for them as well. They feel safe with you and the rest of the class and we talk about the expectations to keep everyone safe... I think that's a huge part of the relationships where they feel safe and welcomed.”

Several participants reported that their sites had introduced the practice of spending a few weeks of time at the beginning of the year to focus on building relationships within their classroom and collaboratively setting class expectations. Participants felt this process had played an important foundational role in enabling them to develop strong relationships with students throughout the year.

“Well we were given the first couple of weeks just to establish that relationship with our children. We were told forget about doing the curriculum, and for the first two weeks of this year, just develop this relationship, develop that groundwork that you want, so everything's positive in the classroom. So, we didn't feel that pressure to start working. Yes, so that was really good.”

“It all comes down to a student will not learn from someone they do not like. So, you do have to really try and win them around at the start of the year. And then that's where our start-up program comes into it as well, we do dedicate that three weeks at the beginning for those team building and 'get to know you' activities.”

Although time consuming and requiring effort, participants felt that time spent strengthening relationships with students paid off in the long run as it made teaching easier and when challenging behaviours did arise a strong relationship with the student meant the teacher was more likely to be able to work collaboratively with them towards a positive outcome.

“Connection before correction is also something I have as a constant focus. In my role having to deal with students individually it really important that I spend time on the connection to enable me to work with them successfully when there has been negative behaviour”

“I think the part of our kids, having the teachers understand, actually it's going to make your life easier, when you build these relationships with me using these strategies, your classroom will run so much more smoothly, and helping them see this is an integrated part of your practice, it shouldn't really be something separate, this is part of being a teacher.”

Participants stressed the importance of all staff members taking responsibility for strengthening relationships with students across the school. Fostering relationships with students and creating a sense of relational safety was seen as everybody's responsibility, not just the responsibility of an individual child's classroom teacher.

"I think some staff that were really good at managing some of these complex behaviours ended up being overworked in the sense of those students would connect with a certain amount of staff and that whole cohort would end up working with that small amount of staff compared to their general teachers adapting their practice. And we used to see really common trends, some students would never have a run in with certain teachers. And then we've seen lots of our students have run ins with the same teacher as well. So there's lots of data around that."

"I think with our new learning communities as well, the students and parents are well aware that there's now teams wrapped around their children here. So when they are calling or there's been an issue, they know that it's not just one person that they've got that relationship within the school. That it's a team approach and I've found that to be a lot easier working through some challenging situations knowing we got that team and parents seem to respond really well to that as well."

"Yeah, because there's the whole, "It takes a village," approach. We're like a village within a village. A microcosm of being able to... Everyone's got a different role to play. I've got a child who was in my class last year, and he's now in the upper primary class, but he will still come and check in with me every now and then because you've still got that connection and he knows that I will respond and give him advice or sympathy or whatever it is that he's looking for. I value that, even though he's not part of my class anymore."

Shifts in expectations

Shifts in expectations were described in three ways. The first was the way in which staff made sense of and responded to children's behaviour, the second was growth in staff's use of reflective practices, and the third was an increase in identifying and building on children's strengths to better manage their challenges. Together these were said to be shifting behaviour management practices away from reactive responses toward proactive strategies.

Understanding of behaviour and more effective staff responses

As a result of an increased understanding and compassion for children, participants spoke about a shift in their behaviour management approach, moving towards proactive strategies and away from reactive responses.

"I think the word proactive is probably the most relevant. Because I think in terms of the way conventional responses to behaviours are set up, they're very reactionary and punitive. And it doesn't work, students get into a cycle of suspensions and exclusions, and these are the kids that need the very, very opposite."

"It's more reactive rather than proactive, wasn't it? Before, the way we treated the behaviours"

The shared common language that staff and students had developed and a common understanding of neurobiological processes, emotional regulation, and readiness to learn were viewed as supporting behaviour management approaches. Participants reported that these aspects supported students to manage conflict and enabled more effective communication between staff and students around behaviour and conflict.

"Each and every one of them could articulate what it was that they did. They weren't upset about it. They went, "Yep, we did muck up." I said, "How do you think you can fix this for next time?" They all had a strategy."

“Whereas now I constantly and consistently find myself going, especially with one of my other year seven classes, going in there and I can identify straight away, before I even do a Ready To Learn Scale, I can see that a couple of them aren't ready to go. And I'm like, “Hey, how you feeling? What's going on?” And getting them to talk through their emotions, getting them to talk through their morning. And going, “I wouldn't be ready to learn either. What can I do to help you get yourself ready, get in your good state, and use the rest of this day?”.”

“And it's a very reasonable conversation to be having then, rather than one that is going to escalate the student, and end up in a place where the student does flip a lid, swears at a teacher. And it will inevitably end up in a suspension. It's not that we're then having to deal with those behaviours, it's about us having a conversation that is reasonable about where are you at, are you able to do this today?”

Several participants reported that leadership staff at their sites had made a shift in the way they viewed consequences. While participants expressed that there was still need for consequences for behaviour, these consequences were now thought of in terms of how a child could be supported or how an issue could be addressed rather than a reactive or punitive response. Often leadership and educators framed consequences in a way that demonstrated an understanding of emotional regulation for example, giving children time and space to regulate their emotions rather than sending them for a “time out”.

“We talked a lot about consequences and sometimes there does need to be consequences but what it looks like is different. We talked about the fact that we need to give children logical consequences, consequences that relate to the behaviour or the incident that has happened. That being really important so that the child is able to relate the consequence to the behaviour or to the action. So I think we've all done quite a bit of work on that, thinking about if an undesired behaviour or something that's happened, what is the consequence going to be if there needs to be one, what does it look like and how's it going to make sense for the child.”

“I think also when they flip their lid, it's been helpful for us to know they're not going to be able to explain why they are feeling and why they flipped their lid at that point and giving them the time they need and then revisiting it after, if they're regulated, if they are back in their body. And then they can do all of that”

“I think it's really good, the point they had, that your first thing is to get them back in their body and help them get back into their body and then you can begin to talk about what happened or how their body is feeling or repairing your relationships and that kind of stuff. So waiting until they're back in their body and then you can go and have all those restorative conversations.”

“And there is going to be a consequence, but that consequence is work through it with them.”

“It's not just straight to those punitive measures anymore, it's about identifying what's going wrong in that morning phase to get them ready for the rest of the day.”

“And I think it's more for us around when that conversation happens, in relation to the consequence, that has made a huge difference to how kids perceive the consequence, and take ownership over the behaviour.”

To support the building of more positive relationships with children who presented with challenging behaviours, participants spoke about using restorative justice and relationship repair approaches. Restorative justice and relationship repair was discussed across the behaviour management continuum – from conflict management

within class, to the way in which exclusionary discipline was used, to re-entry conversations when children returned to school from an exclusion period.

“And the process of repairing, as well being really important. We need to repair what's been done before we can move on. But that might take some time, we can't put a band-aid on things straight away.”

“Yeah, just that approach of stepping away from the punishment model to a restorative model.”

“And for those students, the conversations and the way that is all framed looks very different. So they're getting a very quick fresh start the next day, with a restorative conversation that is all geared around the trauma-informed practice, that allows them to recognise, “Yeah, that's what happened yesterday. That was wrong, this is where I was at, I'm going to have another go today.”

“The restorative conversations have been something that's been brought up in the time that I've been here, and I think we have to keep revisiting it in helping people to feel comfortable and confident about how to have to conversations with kids, because I think it is actually the key to forming those relationships that allows the repair to happen for them to then trust you for that extra layer of things moving forward in a positive direction.”

“Yeah. And even our re-entries are probably a bit more restorative, too, aren't they?”

Participants reported that staff were more willing to manage conflict and support students to remain in class. This was in contrast to previous approaches that saw staff referring students to leadership for behaviour management responses. It was noted that this shift was influenced by an increased focus on the importance of the relationships between staff and students and staff members' desire not to rupture relationships by referring students out of the classroom.

“I've also noticed this year, and I don't know if it's a conscious thought, or what's happened, but more push on relationships between the student and the teacher, for example. Because I've had a few times where a few of my kids have had tricky moments, and when I've called up for leadership for support they've actually just stayed in the room, done whatever I need them to do, and then I've actually gone out and worked with the child then. Which I found to be, of course sometimes they need to go with leadership, but sometimes it's been beneficial for me to just be able to just do a walk and talk, or sit down and talk with a kid.”

“I think teachers are really on board, and they're really working hard. Not that they did not work hard before. It is rather than what am I going to do to punish these students? It is like how can I help this student? Rather than, you need to get this kid away for me, it is more, what more can I do? What am I missing?”

“Teachers as well are managing the behaviours in the classrooms rather than writing. We do have a white slip that we write when we would like leadership intervention. But I think teachers are wanting to hold on to that rather than handing it over. They are wanting to work with the student. Sometimes, it does not always result in suspension or leadership intervention if the teacher wants to try to protect that relationship. I do find that, for small things in particular, if you write a behaviour slip, you are going to ruin that relationship to a certain extent.”

“It's so much better now. We try not to obviously send kids out of a classroom as much as possible, but sometimes it's more of a preventative thing now. So it's not you're in trouble; you need some chill time.”

Because it will only be five minutes then. It won't be two hours; it'll be five minutes out of the classroom chill time, back in ready to learn. That's what I found is the big difference because I don't want my kids out of my classroom. I want them in because it means I have to catch up later. They miss out on things. They feel isolated."

While most participants acknowledged that they still saw exclusionary discipline measures such as suspensions, exclusions and take homes to be a necessary aspect of their sites' behaviour approach, they felt that the way in which exclusionary discipline was being implemented had shifted to a more considered and justified process. Participants felt that these measures were used as one element in a broader behaviour approach. Through this, students were said to be better supported to re-engage in education and the school environment after returning from an exclusion instance. Staff spoke about having more conversations with students about the behaviour, and the consequence for this, once students were calm. At times these were described to students as being the best option for them that day because they were not feeling okay, or because they were not able to regulate due to what was going on for them that day.

"Let's work out how we fix this mess and move forward. So there is a repair. And sometimes that might be, well, regardless of where you were at when you told whoever to F off, that's a three-day suspension. But the point is that if there is a suspension there, the student is part of the discussion, is agreeing to the consequences of a fair and reasonable consequence to their actions. Rather than suspend first, chat later. Or, try and have that chat while that kid is still completely escalated and is in no state to actually have a reasonable conversation because they're still angry and heightened."

"And we still have, this term, we had a patch of about three weeks where we had a number of suspensions, probably more than I've done just about my whole time as principal but... and we're still not quite sure what happened. So it's not perfect, but you're dealing with kids and we're dealing with kids who are coming to school already in that fight or flight mode, and we know usually when we get to the bottom of something, it often turns out it's actually because something's happened before school."

"But the point of being able to pop that into this other big picture, so it's not just an isolated tool for when you see an opportunity, it's actually now a part of a bigger picture, makes it so much more meaningful. Because it's just the way we do things. We make mistakes, but we work towards putting them right. Rather than we make mistakes, and now we're going to punish you. And it doesn't matter whether you put it all right or not, because you're getting punished. And the difference is, then the student feels that they're having a choice and a say in the outcome."

"So if there is a take-home, it's a non-punitive take-home, it's actually a compassionate take-home. And that is a very different perspective for the student and for the staff member. Because it's like, "Well it's really our only option today." Rather than it ending up like that because something terrible happened."

Participants from some sites expressed that although their sites were working towards more trauma-informed approaches to behaviour management, resistance from some staff members still occurred.

"In certain classes you notice with a more authoritarian approach it tends to isolate the kids a little bit. You have to balance that sometimes the approach to what they need because they do need their structures and everything else. They need their boundaries. They need to know which way is up but sometimes you go oh I meant that a little bit as well and have a bit of give as well if you get my drift. But yeah you notice that in certain classes and there are ones where it doesn't happen at all."

“There's been a real shift between wellbeing and behaviour in terms of our focus, trying to distinguish the differences between the behaviour error and those wellbeing concerns, because sometimes they present quite similar in the classroom. Particularly, that trauma-informed lens isn't always sitting with all of our teachers, and that takes practice ... and training, and I guess when they don't have that, then it does present as those big blow-ups, the behaviour errors.”

Some participants recognised that relying on behaviour consequence strategies, exclusions were not likely to decrease unless there were reductions in children's behaviour episodes.

“Some of our staff are really stuck in wanting every kid to be suspended and that's part of our challenge is to make them understand that some of our kids suspension isn't going to change their behaviour. We need to look at what's going to change their behaviour.”

Reflective practices

Staff considered how their reflective practices had expanded through implementing their learnings. This included reflecting on the effectiveness of policies and practices as they set about implementing their learnings and adjusting these iteratively.

“Be flexible and open to change. I think you got to really look at yourselves from the third person and say, “What are we doing now and how is this going to best suit us?” I think that's what we did really well. We were prepared to pull everything back that we were doing and start fresh and I think with that approach you can really attack the needs of your school. We changed from a year level system to a house system in the space of a term and a half, two terms because we all bought in. We saw the value and we're now prepared to try it, do something different, get better results.”

“I think that's good evidence that what we're doing, we're reflecting on all the time. Not just going, “Okay, we have done them. All right, bye.” We are looking at how are these been used? How can we use it better?”

Reflection was also spoken about as staff recognising their own triggers, habits and how their background can influence the way in which they respond to students.

“Understanding yourself and going, okay, I do tend to take things a bit personally. I need to just learn not to be emotional in the way I respond and understanding yourself.”

Some participants reported that sites or leadership promoting the use of reflective practice had created a comfortable space where staff could admit when things weren't working or they needed help.

“if you're done with a child, or you're being triggered it's okay to go “can you take over because I'm out”. But also I think, realise that you can trigger children and we have to be the regulated adult. A dysregulated adult cannot regulate a dysregulated child, so just taking on that responsibility and professionalism and going you've got a role to play, but if you can't do it, if you're not in the head space, it is totally okay to ask for help from someone else, and we're quite comfortable to do that, and often you get a call, yeah, I'm done, I don't think I can have him back today. So you do that nurturing and you take that on for the teacher to support, because they're drained. Before the relationship is ruptured completely.”

“I think you've got to be prepared to move along yourself, and understand that there's areas in yourself that you have to look at and think about. We talk a lot about, don't we, the whole middleclass aspect of

it that we might struggle with. We don't come from a lot of these backgrounds. I do struggle to understand where some of these children do come from, because it's not my experience."

For others this was a more confronting experience.

"I think you've got to be vulnerable and be willing to accept that maybe some things you do maybe aren't what trauma-informed is and that's not on the teachers it's just the way that society has changed and we've got new research and new evidence that trying new things is scary and changing your practice. For some people that's 30, 40 years of practice is pretty scary."

"...the biggest part of that is reflecting on yourself and your own reactions. And that's really hard."

Participants felt that by exhibiting reflective practices in their classrooms in front of students, they were modelling the self-regulation and critical thinking skills that they were hoping to support students to develop.

"That was huge for me, because I came from a previous site and we didn't have that in place, and then coming in and having a moment where I did actually say I'm feeling this and I think for a while I thought it was wrong to say that, like I shouldn't say that in front of kids but them just being like, oh, feeling a bit overwhelmed so how can I get back into my body and it was kind of that co-regulation and going oh, it's okay and the kids saying like oh, it's okay to feel that as long as you have a strategy in place to support"

"we went into the classroom, and I said, oh, well, I just apologised to the kid, this kid, for what I said yesterday, in front of everyone, and he forgave me... so that was a big thing for both of us to do. So, that's showing them an example, and ever since then, it changed us a real lot, and he can make me as mad as he wants to, and I don't ever feel anywhere near that volcano lid again."

"and because of steps like that, that we might all take, it shows that we're human, as well, and then gives lessons for the kids, that you can say, yes, well, I was really wrong then, I shouldn't have said that, no way should I have said that."

Strengths-based approach

Participants reported that as part of their sites' trauma-informed practice approach, there had been a shift towards viewing children's strengths, positive attributes, and having a belief in their ability to experience growth in both their academic progress and behaviour.

"I really loved the part about character strengths. We have our triage conversations with our children, and I think that that's really helped me with those children that I work with who are in trauma. When they have their little meltdowns or things aren't going well, that the way we look at character strengths of the child and that you can acknowledge what they bring to the situation and bring that into the conversation, acknowledge who they are, what they bring, but then also having that boundary."

"We started this year with acknowledging our strengths, and now they're recognising the character strengths of the children in their class. They go, "You've got kindness," they'll say to one another. Or they'll go, "You've got honesty." It's great to see that young children can actually really pick up and build on their strengths and others."

"Yeah, and also you're teaching the student to remove themselves, in terms of their behaviours. So in the past maybe some of the educators would, okay, probably said, "You're a naughty student." Whereas now, this is what you are. You're a great kid, however, some of your behaviours are impacting on the

way people see you. Let's see if we can do something to improve that, and let's have a look at the positive things that you're able to do."

"Yes, they're not bad kids, or he's not bad, because of their behaviour, it's just that his behaviour's bad. So, helping him understand that, and say that, even if we do muck up, and we have all these inappropriate behaviours at school, tomorrow's always a new day, you can always apologise, it doesn't make you bad."

Educators spoke about adjusting their expectations of children's foundational skills. Shifting their expectations of the skills they expected children to demonstrate allowed them to focus on building capacity in these areas. Participants reported that through this work children were likely to develop more confidence and sense of self-worth which in turn led to greater engagement in education.

"Yeah. Well, all that comes through confidence being built by having the conversation, complete tasks with minimal supervision, understand instructions, but we've got to teach kids those things. We've got to build the capacity to understand complex instructions. Right from year seven up."

Participants from some sites spoke of adjustments that had been made to the school values and how this contributed to a strengths-based approach. By shifting to values that students could more easily identify with, participants reported that they became more meaningful to students and were able to be integrated into site practices and expectations.

"And we did change our values. We had a number of values...This year, after our last training, we have changed to, "Be kind, work hard," and the children are connecting more to that."

"And we had these school values that no one really knew, no one used. So in the behaviour education policy now, it's all built around our values. So when a child makes a choice, we say "What school value weren't you showing? So how can you show that school value now?" So in the consequence, which is the chart, we ask "Who do you think needs consequences and how could you show that value?" So a lot of the time it's, "I wasn't being respectful," so they give respect back to the school. So it's consequence for action. It's not just sit in a room and yeah. So the school values are really embedded in everything we do whether it be positive or reflecting."

Survey findings

Classroom practices

In both the pre-training and implementation surveys, respondents were asked to rate the extent to which they agreed that a range of trauma-informed classroom practices were happening in the classrooms at their site. These items were rated on a 4-point scale consisting of response options of strongly disagree, disagree, agree and strongly agree, with a higher number indicating greater agreement. For these items 'not applicable' was also available as an option. Classroom practices were clustered into four areas for analysis: classroom expectations and predictability, managing challenging behaviour, supporting emotional regulation, and supporting learning and academic achievement.

Four classroom practices were considered to represent classroom expectations and predictability. These were: communicating expectations clearly and concisely, communicating expectations positively, having classrooms that are attentive to transitions and sensory needs, and having classrooms that are clear and predictable.

Across all four practices, respondents' ratings for clarity and predictability increased between the pre-training survey and implementation survey. Shifts were most consistently evident in the top end of the scale, with fewer participants agreeing and more strongly agreeing after implementation than pre-training. In some areas, reductions in the per cent of respondents disagreeing were also evident. When focus group and interview participants spoke of the explicit strategies that were implemented in their classrooms, these were often seen as contributing to creating clear classroom expectations and routines that benefited most children.

TABLE 4 PARTICIPANT AGREEMENT WITH PRACTICES REPRESENTING CLASSROOM EXPECTATIONS AND PREDICTABILITY

	Strongly disagree		Disagree		Agree		Strongly agree		
	N	%	N	%	N	%	N	%	
Expectations are communicated clearly and concisely									
Pre-training	12	1.1	90	8.4	662	61.5	313	29.1	
Implementation	4	1.4	14	4.9	161	56.9	104	36.7	
Expectations are communicated positively									
Pre-training	7	0.7	85	8.0	677	63.3	300	28.1	
Implementation	1	0.4	19	6.7	161	56.5	104	36.5	
Classrooms are attentive to transitions and sensory needs									
Pre-training	14	1.3	245	23.0	611	57.3	196	18.4	
Implementation	5	1.8	48	17.1	160	56.9	68	24.2	
Classrooms are clear and predictable									
Pre-training	8	0.8	92	8.7	660	62.1	302	28.4	
Implementation	2	0.7	17	6.0	140	49.1	126	44.2	

Managing challenging behaviours was represented by three distinct classroom practices. These were: balancing discipline and accountability with an understanding of trauma, addressing challenging behaviour by building children's skills and capacities for positive engagement, and supporting students to develop emotional regulation. Ratings for these practices increased between the pre-training and implementation surveys, with the most notable improvement in supporting students to develop emotional regulation. The increase in trauma-informed behaviour management strategies is consistent with reports from focus groups and interviews where participants described a shift in the way they viewed behaviour and a focus on supporting emotional regulation as both a preventative strategy and a de-escalation strategy had enabled them to better manage behaviours in the classroom and school yard.

TABLE 5 PARTICIPANT AGREEMENT WITH PRACTICES AND POLICIES REPRESENTING APPROACH TO MANAGING CHALLENGING BEHAVIOURS

	Strongly disagree		Disagree		Agree		Strongly agree		
	N	%	N	%	N	%	N	%	
Discipline and accountability are balanced with an understanding of trauma									
Pre-training	25	2.4	238	22.8	627	60.1	154	14.8	
Implementation	8	2.8	38	13.4	160	56.3	78	27.5	
Challenging behaviour is addressed by building children's skills and capacities for positive engagement									
Pre-training	15	1.4	157	15.0	660	62.9	217	20.7	
Implementation	6	2.1	32	11.3	146	51.4	100	35.2	
Students are supported to develop emotional regulation									
Pre-training	8	0.8	122	11.5	649	61.4	278	26.3	
Implementation	1	0.4	27	9.5	124	43.7	132	46.5	

Three classroom practices represented supporting emotional regulation. These were: encouraging and emotionally supporting children to take on challenging activities, supporting children to develop planning and implementation skills, and supporting children to develop social skills and friendships. Similar to previous items, respondents' agreement that each of these practices were taking place in their classrooms improved between the pre-training and implementation surveys, which again reflected focus group and interview participants' focus on supporting emotional regulation to support engagement in learning and manage behaviour.

TABLE 6 PARTICIPANT AGREEMENT WITH PRACTICES AND POLICIES REPRESENTING SUPPORTING EMOTIONAL REGULATION

	Strongly disagree		Disagree		Agree		Strongly agree		
	N	%	N	%	N	%	N	%	
Children are encouraged and emotionally supported to take on challenging activities									
Pre-training	9	0.8	101	9.5	671	63.3	279	26.3	
Implementation	4	1.4	19	6.7	155	54.6	106	37.3	
Students are supported to develop planning and implementation skills									
Pre-training	8	0.8	205	19.8	655	63.3	167	16.1	
Implementation	6	2.1	39	13.8	168	59.4	70	24.7	
Students are supported to develop social skills/friendship									
Pre-training	12	1.1	94	8.9	664	62.5	292	27.5	
Implementation	4	1.4	22	7.8	135	47.7	122	43.1	

Supporting learning and academic achievement was represented by five classroom practices. These were: ensuring that achievement goals for students affected by trauma were consistent with the rest of the class, presenting information in multiple ways or modes, assessing learning using multiple modes, encouraging and incorporating students' strengths, and considering trauma when addressing learning difficulties. While agreement with all five practices increased in the time between the pre-training survey and implementation survey, the degree to which they increased varied somewhat between the individual practices (see Table 7). While focus group and interview participants highlighted the importance of a trauma-informed approach and focusing on readiness to learn in order to reach academic goals, few examples were given of explicit practices that promoted learning and academic achievement.

TABLE 7 PARTICIPANT AGREEMENT WITH PRACTICES AND POLICIES THAT REPRESENT SUPPORTING LEARNING AND ACADEMIC ACHIEVEMENT

	Strongly disagree		Disagree		Agree		Strongly agree		
	N	%	N	%	N	%	N	%	
Goals for achievement of students affected by trauma are consistent with the rest of the class									
Pre-training	20	2.0	254	24.9	633	62.1	113	11.1	
Implementation	9	3.2	54	19.4	152	54.5	64	22.9	
Information is presented in multiple ways/modes									
Pre-training	6	0.6	142	13.4	675	63.8	235	22.2	
Implementation	4	1.4	32	11.5	151	54.1	92	33.0	
Learning is assessed using multiple modes									
Pre-training	9	0.9	148	14.3	652	62.9	228	22.0	
Implementation	7	2.5	35	12.6	146	52.7	89	32.1	
Students' strengths and interests are encouraged and incorporated									
Pre-training	6	0.6	95	9.0	671	63.5	285	27.0	
Implementation	0	0.0	24	8.5	147	51.8	113	39.8	
Educators consider trauma when addressing learning difficulties									
Pre-training	17	1.6	196	18.7	609	58.1	227	21.6	
Implementation	4	1.4	35	12.2	138	48.3	109	38.1	

Trauma informed practices at site

Respondents were asked in both the pre-training and implementation surveys to rate their experience of policies and practices in their site. A series of practices were listed which staff rated their agreement with on a 4-point scale, with response options of strongly agree, agree, disagree, or strongly disagree. The option to select “not applicable” was also available. The site policies and practices listed were clustered into 5 different areas: support for staff, leadership, collaborations and linkages with mental health services, partnerships with families, and community linkages.

Support for staff

Six policies or practices represented support provided for staff at their site. They were: opportunities for confidential discussion, support based on needs assessment, professional development opportunities, regular supervision and/or consultation with a trauma expert, provisions for working together with others, and classroom observations and feedback. Respondents’ agreement with each of these six items increased between the pre-training survey and implementation survey indicating some improvement in the support their sites provided staff. The rate at which this increased varied slightly between items. While focus group and interview participants had mostly noted that their sites provided a supportive environment, these improvements contrast with concerns that participants raised regarding difficulty accessing professional development opportunities, or any form of additional support from an external service or support service within the Department.

TABLE 8 PARTICIPANT PERCEPTIONS OF SUPPORT FOR STAFF

	Strongly disagree		Disagree		Agree		Strongly agree	
	N	%	N	%	N	%	N	%
Opportunities for confidential discussion about students								
Pre training	16	1.5	108	9.8	629	57.2	347	31.5
Implementation	5	1.8	23	8.3	114	41.0	136	48.9
Based on needs assessments								
Pre training	22	2.1	274	26.3	642	61.7	102	9.8
Implementation	6	2.2	47	17.5	162	60.2	54	20.1
Professional development opportunities								
Pre training	14	1.3	137	12.5	712	65.1	230	21.0
Implementation	1	0.4	21	7.7	149	54.4	103	37.6
Regular supervision and/or consultation with a trauma expert								
Pre training	114	11.2	577	56.7	275	27.0	51	5.0
Implementation	38	14.5	115	43.9	82	31.3	27	10.3
Provisions for working together with others (team around the child)								
Pre training	25	2.3	209	19.4	663	61.7	178	16.6
Implementation	9	3.3	33	12.1	144	52.7	87	31.9
Classroom observations and feedback								
Pre training	39	3.7	316	30.1	584	55.6	111	10.6
Implementation	10	3.8	52	19.8	136	51.9	64	24.4

Leadership

Leadership policies and practices were made up of 3 items: articulating trauma-informed policies and practices, considering barriers to implementing trauma-informed practices, and evaluating the success of trauma informed initiatives. Respondents' agreement with each of these three items improved over time between the pre-training and implementation surveys (see Table 9). The level of agreement and the degree of improvement over time were both relatively consistent across items. The majority of focus group and interview participants also reported that through the process of implementing a trauma-informed practice approach leadership at their site had been involved and supportive. There was some variation in the degree to which participants considered the development of well-articulated policies and evaluation activities to be taking place at a leadership level.

TABLE 9 PARTICIPANT PERCEPTIONS OF LEADERSHIP POLICIES AND PRACTICES

	Strongly disagree		Disagree		Agree		Strongly agree		
	N	%	N	%	N	%	N	%	
Articulates trauma-informed policies and practices									
Pre training	24	2.4	264	26.1	594	58.6	131	12.9	
Implementation	7	2.6	34	12.7	151	56.3	76	28.4	
Considers barriers to implementing trauma-informed practices									
Pre training	24	2.4	224	22.8	615	62.5	121	12.3	
Implementation	9	3.4	28	10.7	148	56.5	77	29.4	
Evaluates success of trauma-informed initiatives									
Pre training	26	2.7%	276	29.0%	555	58.3%	95	10.0%	
Implementation	10	3.8%	32	12.3%	147	56.3%	72	27.6%	

Collaboration and linkages with mental health services

In both pre-training and implementation surveys, participants were asked to rate their agreement that four policies or practices indicative of collaborations and linkages with mental health services, were evident in the sites where they worked. These were: policies that describe how, when and where to refer families for mental health supports; staff actively facilitating families’ access to trauma-competent mental health services; protocols that help students transition back to school from other placements; and, regular opportunities for staff to seek assistance from mental health providers in responding appropriately and confidently to families. Respondents’ agreement that these were evident at their site are presented in Table 10. In around one third to half of sites, participants felt policies and practices related to accessing mental health services for students were not evident. Between 42-65% of respondents agreed their site had relevant policies and practices, with a further approximately 10% strongly agreeing. This again demonstrated variation in the degree to which educators in South Australia felt prepared to support children impacted by trauma. Ratings tended to show slight improvement over time. These findings are somewhat consistent with focus group and interview participant reporting that they experienced great difficulty accessing support from mental health services and building ongoing relationships.

TABLE 10 PARTICIPANT PERCEPTIONS OF COLLABORATION AND LINKAGES WITH MENTAL HEALTH SERVICES

	Strongly disagree		Disagree		Agree		Strongly agree	
	n	%	n	%	n	%	n	%
Policies describe how, when and where to refer families for mental health supports								
Pre training	31	3.2	287	29.8	558	57.9	87	9.0
Implementation	7	2.7	71	27.8	141	55.3	36	14.1
Staff actively facilitate families' access to trauma-competent mental health services								
Pre training	23	2.4	274	28.6	560	58.5	101	10.5
Implementation	9	3.5	46	18.1	144	56.7	55	21.7
Protocols exist for helping students transition back to school from other placements								
Pre training	26	2.9	171	18.9	593	65.5	116	12.8
Implementation	2	0.8	34	14.4	140	59.3	60	25.4
Staff has regular opportunities for assistance from mental health providers in responding appropriately and confidently to families								
Pre training	55	5.8	424	44.5	408	42.8	66	6.9
Implementation	20	7.8	80	31.1	116	45.1	41	16.0

Partnerships with families

The degree to which respondents felt that their sites formed effective partnerships with families was measured by two policies/practices: staff uses a repertoire of skills to actively engage and build positive relationships with families, and communication with families is flexible and responsive. The level of agreement for both of these items increased between pre-training and implementation, with flexible and responsive communication with families increasing at a greater rate. Table 11 demonstrates improvement in these ratings between pre-training to implementation surveys, with increases most evident in the proportion of staff strongly agreeing that these practices were occurring in their sites. The experiences of focus group and interview participants in engaging families varied. While all acknowledged the importance of engaging families, some reported this was an ongoing challenge while others reflected on successful initiatives their site had implemented.

TABLE 11 PARTICIPANT PERCEPTIONS OF PARTNERSHIPS WITH FAMILIES

	Strongly disagree		Disagree		Agree		Strongly agree	
	N	%	N	%	N	%	N	%
Staff uses a repertoire of skills to actively engage and build positive relationships with families								
Pre training	5	0.5	93	8.8	712	67.4	246	23.3
Implementation	3	1.1	15	5.6	143	53.2	108	40.1
Communication with families is flexible and responsive (times and places for meetings, availability of interpreters and translated materials)								
Pre training	9	0.9	90	8.5	695	66.0	259	24.6
Implementation	2	0.7	15	5.6	122	45.5	129	48.1

Community linkages

Three policies and practices represented participants' perceptions of how well their site had created linkages with their broader community. These items were: their school develops and maintains ongoing partnerships with community based-agencies to facilitate access to resources, the community has access to trauma-competent support services, and their school works with community agencies to increase the array of support available. Findings presented in Table 12 demonstrate that respondents' felt that their access to trauma-competent services in their community had improved over time. As the TIPIE training model was targeted towards supporting a trauma-informed approach within school sites it is unlikely that this would have had a direct impact on the availability of trauma-competent support services in the community. Instead, this may indicate respondents' increasing awareness of the services available and the community's need. Focus group and interview participants acknowledged that connecting with community organisations could benefit their students but noted the logistical barriers to forming such connections.

TABLE 12 PARTICIPANT PERCEPTIONS OF COMMUNITY LINKAGES

	Strongly disagree		Disagree		Agree		Strongly agree	
	N	%	N	%	N	%	N	%
School develops and maintains ongoing partnerships with community-based agencies to facilitate access to resources								
Pre training	8	0.8	138	13.8	691	69.2	161	16.1
Implementation	2	0.8	38	14.4	148	56.1	76	28.8
Community has access to trauma-competent support services								
Pre training	27	2.9	266	28.3	554	58.9	93	9.9
Implementation	12	4.6	67	25.9	135	52.1	45	17.4
School works with community agencies to increase the array of support available								
Pre training	9	0.9	165	16.9	665	68.2	136	13.9
Implementation	4	1.5	43	16.6	148	57.1	64	24.7

What are the outcomes that schools are seeing/experiencing?

Focus group and interview findings

Participants were asked about the outcomes experienced by schools after participating in trauma informed practice training. While some schools referred to data when discussing outcomes, many schools were not yet undertaking formal outcomes monitoring related to trauma informed practices. Participants discussed the challenges of meaningfully capturing cultural and environmental changes in existing data collections, and difficulty isolating the specific factors contributing to outcomes due to other school initiatives occurring at the same time. Anecdotally, however, participants reported improvements in behaviour and wellbeing outcomes for both staff and students, which were said to have flow on effects for education quality and engagement. For students, shifts were observed in behaviour management incidents, self-regulation, attendance, and academic achievement. These changes were attributed to both a change in teacher attitudes and approaches, as well as student receptiveness and responsiveness. Staff described the ways in which the training has led to improved student-teacher relationships and fostered greater collaboration and support among staff. As such, there were three overarching themes in relation to the outcomes being experienced by schools which are discussed here, namely: student outcomes, staff outcomes, and capturing trauma-informed outcomes in schools.

Student outcomes

Behaviour outcomes

The most frequently discussed student outcomes were in relation to behaviour. In general, participants described anecdotally a reduction in behaviour incidents, with one participant referencing keeping records to track reduction in behaviour incidents over time.

“I was doing interoception activities twice a day, and then I had a student teacher, and stopped for four weeks, and I noticed more behaviour issues when we had stopped doing it, as opposed to when we were doing it. So, we’ve started doing it again and those behaviour issues have started to go back down.”

“And on social education, we keep some quite detailed records of behaviour occurrences throughout a day for some of our young people so that you can actually look back at that over a six week, 12 week, year to see the decrease in the behaviours as well as the decrease in the need for wellbeing support calls, and it can go up and down but overall we do get the trend of a decrease, and a lot of that is because our teachers are now putting in the strategies that they're needing to in the class that when things start going a little bit bumpy, they're able to bring things back down.”

Participants also reported a reduction in suspensions and exclusions. Although some participants acknowledged that they weren't sure if it was a result in a reduction in the seriousness of behaviour incidents or a change in suspension/exclusion policy and behaviour management practices. Some sites reported that a reduction in exclusionary discipline was supported by data. However, some participants voiced concern that a decrease in suspension/exclusion rates could be reflective of an increase in informal take-homes.

“Yeah, there's definitely hard data to support that. I don't know off the top of my head but there's been a huge change there. And I don't know that there's been less suspensions or just a different way to handle it. And also repairing some of those relationships, whether it's between staff and student, student and student, before they escalate to those points.”

“Just in my Year 8 room before, [we] saw all the kids coming in drenched, I would say to the kids, “Maybe just do a five-minute meditation.”, at the start of your lesson. When I've practiced that in my classroom

after doing the trauma-informed training, you do see more focus, the data can show the reduction in focus room referrals and things like that, so that's really positive."

"Reported reduction of behavioural incidents, as well as behavioural incidents that led to suspension and certainly exclusion. Can't comment on take-homes though, I can't recall any comment where people have said take-homes have gone down."

"I've seen schools have a reduction in the use of suspension. Probably reverting though, to take homes, as opposed to suspension. And whether that's reflected in their data, I couldn't tell you because I don't have that administration type of intervention. So really it's based on just what I've seen in some sites."

As well as a reduction in behaviour outcomes, some participants reported that students' responses to behaviour management processes had improved, which had resulted in a less stressful and time-consuming process for both the student and teacher.

"It was a huge shift, and when I look at some of our six/seven's this year, the transition that they've had to come through, when they were in Junior Primary, and they were punished, a lot, and they were treated poorly, and now, they've got more of an understanding. You can actually have those discussions with them, and they're more open to it now, because of this transition over the last few years, where before, they would have been shut off from having those conversations with people. I think, yes, it's been a huge shift."

"Yeah, so we use that a lot. So we would just say "flipped your lid," and if he's gone like that, then we would just leave him and he learnt that we weren't going to pester him, push him until he was ready and noughts and crosses are awesome. So I would just grab the noughts and crosses, put it in my office, and when he was ready he would come in. Then it's progressed from not having to slam the door and swear to know he just needs to come up. He pops himself in the bean bag, and when he's ready he talks to us. That's huge. That's probably been three years in the progression, but that's amazing I think."

"Yeah. So it did, it made considerable change, and for me it felt quite empowering that we weren't bogged down in children's misbehaviour. So that was a big change for me."

Engagement, self-awareness and self-regulation

Some participants reported an improvement in engagement, self-awareness and self-regulation abilities of the students at their sites. Students showed a greater awareness of readiness to learn and demonstrated an ability to engage in regulation strategies.

"And I think the breathing. Within, I guess, my little home group that I have, I've got probably three or four with anger management issues. It's great to actually go... You can see that they're rising, rising up that scale, and then you'll say, "Look, is there something you can do?" A couple of them will say, "I'm doing my five finger breathing and I'm going to be okay." You go, "Fantastic." That self-regulation, rather than, "Let's burst and explode," they're picking when they're rising."

"And give reasons why, yeah. And those conversations, I had a conversation today with a student that was very much around, do you need this right now, and they were able to tell me what they need and they were able to tell me how they knew they were ready for learning. And they were actually successful when they said they were okay. So I think it's that knowledge they are now getting that's enabling them, to kind of now forget themselves as well a bit more. If that makes sense."

"...they're able to then take ownership over that and go, "Ah, so when you're offering me a take five," or these little micro-moments, and they hear the teachers using particular language, that they can then tap into that and go, "Ah, they're trying to help me prevent this kind of escalation." And they're really starting to understand that now"

Additionally, participants noted that students had developed better abilities to communicate and verbalise what they were feeling.

"There's been a lot more of them being able to communicate and vocalise how they're feeling"

"And the children are getting really good at articulating about the behaviour."

"and then acknowledging what they're feeling, as well. They're actually able to verbalise what they're feeling, even the little ones, they can tell you how they feel, so that's really good."

These improvements in understanding, strategies and communication had flow on effects to outcomes in other areas such as academic achievement and behaviour management.

"Each and everything one of them could articulate what it was that they did. They weren't upset about it. They went, "Yep, we did muck up." I said, "How do you think you can fix this for next time?" They all had a strategy. All at lunch time, they all wrote sorry letters. They wrote what their behaviour was and then they went and gave it back and apologised to the teacher, which was all... It really didn't need a lot of guidance because they were actually owning that it was a behaviour, not them. "Let's get the behaviour, get rid of it, let's fix it, and let's move on." It's all over and forgotten. We had a great day for the rest of the day."

Academic outcomes

A few participants mentioned academic outcomes, and each spoke about this in a slightly different way, but in each instance, it reflected improved engagement in learning or assessment that may be reflected in better learning outcomes. In one instance improved educational outcomes were described as an increase in children's ability to complete work once regulation strategies had been used. In another instance it was described as a potential future outcome for students over time. Others spoke of how students were better able to engage in testing due to reduced anxiety.

"With [student], we've put a schedule in, with his self-regulation breaks a part of it. That's been really helpful. He went from doing no work to doing about five pieces of work a day. So, we've put the strategies that everyone's been saying, so, having his own schedule, which a lot of kids here have their own schedule, as well as a class schedule, yes. And putting these breaks in within the schedule. So, it's like, oh, you've done this, so it's still, they're still learning, yes."

"Lifting achievement across the board I think. It's not just wellbeing, while we're getting those [wellbeing strategies] embedded really well, now how are we going to lift our kids achievement so over the course of their life they've got opportunities, we're not just making it better for today but what's going to happen for them in the future."

"Children that previously either had strategies to avoid testing, for instance, actually felt safer to engage in testing of their academic abilities. So there was that greater engagement in learning and that sense of whatever the result is, I actually feel okay to be tested on this."

Attendance

Similarly, a few participants spoke of improvement in attendance as a result of implementing a trauma-informed approach. Two participants reported an increase in attendance rates at their site, with one referencing that their site had seen improvement in their attendance data. The third participant described attendance outcomes for specific students with one example being they had been able to increase student attendance from part-time to full-time after transferring to their site from a site that was less trauma-informed.

"I guess what we've been told from some schools when we're having conversations with them about how things are going...is that overall, there is a calmer environment in the school, that from their monitoring of their local data, they've seen improved attendance."

"We've seen that increase in attendance from students that maybe don't have the, like there's quite a few students that if they come to school it's because they have gotten themselves to school. So seeing that in attendance, that they want to be here and I've been seeing students with cousins and stuff, they're like come with me, I'll walk to your house first. It is sweet, that they realise it's a safe environment and they're encouraging that."

"And she was doing part-time at [other site], and yet, she did full-time here from day one."

Staff outcomes

Improved relationships

Closely related to earlier findings presented in relation to the focus of schools on improving relationship with students in the school, participants described the outcomes of these focused efforts. This was described as an improvement in relationships between staff and students, with students feeling a sense of trust within their relationships with staff members.

"I think the students can depend on us more, because they know that we might be disappointed and angry about something they've done, but just take it back to zero, calm straight away, not zero, but back to happy times and that you really care about them. I'm sure it works."

"I personally feel that the children would have more trust in the adults around them. They can see that we're a lot more flexible and more accommodating to their needs."

One participant highlighted the importance of developing students' capacity to build relationships, rather than focusing solely on strengthening existing relationships within the school environment.

"Very positive, but at the same time you need to also build up, also, their confidence in building up relationship. So just in case you're not here that they've actually got maybe a network of people that they can actually go to as well."

A small number of participants mentioned that developing trusting relationships with students still presented a challenge at their site.

"Yeah. And there's a lack of trust around the adults, I think still."

Staff wellbeing

A flow on effect of having come together in education sites to build a shared understanding of children's behaviour and strategies to improve support for students, was that staff felt more able to discuss their challenges, felt supported in this challenging work, and felt safer to seek support. In this way, staff wellbeing

was said to have improved. This sense of increased support applied both to colleagues as well as leadership within sites.

"If the staff are tired or whatever, it's just as important to look after... Well, it's very important to look after ourselves first. The staff room, you can tell it's so different in the staff room because there's a lot more positive language and stuff, and they've just... You look out for your colleagues, you know? It's okay if you're having a bad day, or you're tired, or you're not here the next day. You don't ask questions. Maybe everybody just needed a bit of space, you know? So we are trying to look after each other's mental health."

"But also despite whether you've got a child with trauma in the class, I think this staff is very caring. So, people that know that they've got students that have trauma support each other. "How's your day going? How are things happening?"

"And that also adds to the wellbeing of the staff as well. You're don't feel like, "Oh my gosh, I've got this child... you're being supported by leadership and also by your peers and your colleagues. And that makes a huge difference."

"There are phone numbers and things, but nobody calls the phone numbers. But, yes, we support each other."

Staff described the way that a shift in how people thought about the antecedents and function of behaviour had improved the staff understanding that behaviour was not a direct attack towards a staff member or a reflection on that staff member. This was a key factor in how staff processed a behaviour incident.

"The consistency has just been great. Teachers are on board, leadership is on board, SSOs are on board. The conversations I have with leadership now is completely different than it used to be. It is like, "How can I help this kid? What strategies can I use?" Whereas, you just never used to have those conversations with leadership. I think every school should have it."

"I think it is good for teachers as well, for their own wellbeing. Just to know that this child is not attacking you and that it can get so much into your head about these kids. That is just so hard. Even to us, you have got the same child and you're like, "I just helped you yesterday!" But it is not about you, it is about what is going on for them. I think it is positive for the teachers wellbeing as well."

"When you go home, you feel like, well, at least I had someone to talk to, and now that we understand that it's the student who has a background that is affecting them, it's not me failing to teach, so that way, you know, we support each other that way."

While there were reports of improvements in staff wellbeing, some participants expressed that staff wellbeing continued to be an issue for them or for their site. These participants tended to be concerned that implementing a trauma-informed approach added stress for teachers and placed greater responsibility on them in terms of managing extreme behaviour in the classroom setting, creating a risk for ongoing wellbeing. For others, they seemed to view maintaining wellbeing as an unavoidable challenge resulting from their role that they had to manage.

"Classroom teachers are responsible for the welfare and the learning of the whole class. This cannot be done effectively when they are constantly undermined by one, two or sometimes more students with significant special needs that are displayed through loud, disruptive and often violent behaviour. These

students can be taken out of the classroom for a short period of time but they are back in the class very quickly because there is nowhere else for them to go and no spare staff to deal with them. And so the cycle repeats itself. In some classes, this happens four or five times a day – every day! From a purely economic point of view, this is so inefficient but more seriously, it is a breach in the workplace health and safety of affected employees.”

“I sometimes feel there is great stress added to me personally when I am repressing all my feelings to act continually in a calm way in the midst of chaos. Bigger, stronger, wiser puts my mental health at risk when behaviours erupt every day.”

But you still go home with a bruise, and the kids will ask, what happened, mum? You still sit down and tell your husband, a kid punched me. You can't just say, oh, it's work, so don't worry about it. But it still affects us, even when a parent yells at us, sometimes it affects us.”

“I've been here nearly 27 years, and some incidents just break my heart, and you go home and I'm just out cold for hours, because I just cry, and that's how I self-regulate myself. To get rid of the stress, tears just come, so much for the... No way in hell, that's it, I'm out. Because I'm a big soppery [unclear], but that's how I self-regulate.”

Assessing outcomes at a school level

Outcomes not always captured by data

It was acknowledged by some participants that measuring outcomes and understanding the impacts of trauma-informed practice in a way that was supported by data was often a difficult task. For many of these participants the meaningful changes they felt they were seeing in their sites, which included a calmer school environment, and improvements in responses from students and interactions with them, were not areas that were captured well by data. It was noted by one participant that although change in behaviour outcomes were not evident within the site's formally collected behaviour data, anecdotal improvements in behaviour incidents and an overall improvement in the school atmosphere, translated to meaningful change for staff and students. Others felt improvements were related to outcomes that are not at the centre of outcomes that mattered to the education system. For these staff, they felt that they were contributing to improved life outcomes for children that would not be reflected in the short term in improved academic outcomes.

“But you know it's working because the kids are responding, aren't they?”

“not everything is data driven. It's personal. We're dealing with people and their emotions and their lives. So it's not about getting the SACE credits and ticking off, saying we've got this many people through the system. Because when we do that, these are the people who miss out, because they're not the ones who really achieve SACE, but they achieve other life goals.”

“We're starting to see the results on the smaller level within our classroom with individual students and across the whole school, and the positive impacts it has. I know we're only really early on in the journey, but I certainly wouldn't want to be back where we were 10 years ago. I can't imagine being there now and the [me] that was there back then wouldn't have believed what we're doing right now, probably. But yeah, it's a journey, for sure.”

“I guess what we've been told from some schools when we're having conversations with them about how things are going... comments have been made that overall, there is a calmer environment in the school.”

“In honesty, if you looked at our data though, the data graphs, with our behaviour data don't show massive wow, it's still up there but we have changes in kids, and we know that the classrooms are calmer and the yards are calmer. Yeah, and like today, looking at our CCTV, I was just standing there for 15 minutes, and [I said to my colleague], are these cameras actually working? It was so boring, there's no kids running, it was like the cameras were still but all the kids are in class. There's no runners, it was really quite calm. So the complexity is still there, and we are not, not collecting data to make it look good on a graph, we're still collecting, I think it's consistent, so the growth is not as evident if you want to compare that, but I feel like there is definitely some steps we've made.”

Survey findings

To assess the extent to which education staff in South Australia experienced childhood-trauma related issues and how this changed with implementation of trauma-informed practices, participants were asked to rate the frequency with which they experienced children presenting with in six areas trauma related-challenges (acting out verbally and physically, learning difficulties, difficulty controlling emotions, chronic non-attendance, difficulty with relationships with peers, and difficulty with relationships with adults). Ratings were made on a five-point scale with 1 corresponding to 'never' up to 5 corresponding to 'very regularly'. Table 13 presents participant ratings over time. Changes were apparent, but these were not in the expected direction. Staff responding to the implementation survey more frequently reported experiencing these behaviours very regularly, with corresponding reductions in those reporting these either sometimes or often. These findings contrasted with the observations of focus groups and interview participants who generally reported reductions in challenges in the classroom and school yard after implementing a trauma-informed approach. It is possible that the survey findings reflect an increased awareness of the frequency at which these challenges were occurring as a result of undertaking TIPiE training and subsequent shifts in practice. Focus group and interview participants reported that following training and implementation, classroom teachers were more likely to address challenges within the classroom rather than referring students out of the classroom for discipline or support. This could have potentially impacted teachers' ratings of the frequency with which they experienced children presenting with trauma-related challenges.

TABLE 13 CHILDREN’S CHALLENGES AND SCHOOL ENGAGEMENT PRE-TRAINING AND IMPLEMENTATION SURVEY RESPONSE

	Never		Rarely		Sometimes		Often		Very regularly		
	N	%	N	%	N	%	N	%	N	%	
Experienced children acting out verbally and physically											
Pre training	4	0.4	67	5.9	367	32.3	366	32.2	331	29.2	
Implementation	1	0.3	9	3.1	71	24.1	88	29.8	126	42.7	
Experienced children with learning difficulties											
Pre training	0	0.0	6	0.5	149	13.2	467	41.3	508	45.0	
Implementation	0	0.0	1	0.3	27	9.2	88	29.9	178	60.5	
Experienced children with chronic non-attendance											
Pre training	19	1.7	88	7.8	370	32.9	352	31.3	297	26.4	
Implementation	1	0.3	26	8.9	75	25.6	76	25.9	115	39.2	
Experienced children with difficulty controlling emotions											
Pre training	1	0.1	22	1.9	266	23.5	411	36.2	434	38.3	
Implementation	0	0.0	7	2.4	43	14.6	94	32.0	150	51.0	
Experienced children with difficulty with relationships with adults in the school											
Pre training	6	0.5	126	11.1	479	42.2	331	29.2	192	16.9	
Implementation	1	0.3	32	10.9	106	36.1	80	27.2	75	25.5	
Experienced children with difficulty with relationships with peers at school											
Pre training	2	0.2	44	3.9	393	34.7	405	35.7	289	25.5	
Implementation	0	0.0	7	2.4	80	27.2	101	34.4	106	36.1	

Feelings about working with students who had experienced trauma

Occupational wellbeing was measured at three timepoints with seven questions on a 3-point scale (not at all true, sometimes true, and mostly true). Ratings pre, post-training and during implementation are presented in Table 14. There was an overall pattern evident of initial improvement between pre-training and post-training time points followed by a decline or levelling off between post-training and implementation. This suggests that while taking part in training appeared to improve people’s feelings toward their work in the short term, there is a need for additional or ongoing support through the implementation phase and beyond.

Two items did not follow this pattern. Respondents’ ratings for the item ‘can make a difference’ consistently increased over time, while ratings for ‘emotionally okay most of the time’ decreased across the three time points. This decline in ratings of emotional wellbeing is consistent with themes identified during focus groups and interviews that highlighted the challenge supporting students who have experienced trauma presents for staff in education settings.

TABLE 14 STAFF OCCUPATIONAL WELLBEING ACROSS SURVEY TIMEPOINTS

	Not at all true		Sometimes true		Mostly true	
	N	%	N	%	N	%
Look forward to challenge						
Pre-training	101	8.4	549	45.4	558	46.2
Post-training	7	3.6	39	20.2	138	71.5
Implementation	18	5.8	113	36.3	180	57.9
Able to develop relationships						
Pre-training	17	1.4	409	33.7	786	64.9
Post-training	1	0.5	39	20.2	153	79.3
Implementation	0	0.0	59	19.0	252	81.0
Able to help						
Pre-training	40	3.3	625	51.7	543	45.0
Post-training	1	0.5	54	28.0	138	71.5
Implementation	0	0.0	97	31.3	213	68.7
Can make a difference						
Pre-training	26	2.2	538	44.6	643	53.3
Post-training	1	0.5	43	22.3	149	77.2
Implementation	0	0.0	78	25.1	233	74.9
Emotionally okay most of the time						
Pre-training	12	2.3	162	31.3	344	66.4
Post-training	0	0.0	13	20.0	52	80.0
Implementation	5	1.6	77	24.9	227	73.5
Able to switch off						
Pre-training	43	8.3	296	56.8	182	34.9
Post-training	4	6.2	35	53.8	26	40.0
Implementation	18	5.8	149	47.9	144	46.3
Enjoy going to work						
Pre-training	9	1.7	127	24.5	383	73.8
Post-training	2	3.1	11	17.2	51	79.7
Implementation	4	1.3	58	18.6	250	80.1

Confidence, skill and knowledge in working with students who have experienced trauma

Three questions asked survey respondents to rate their confidence, skill and knowledge in the area of trauma-informed practice on a 5-point scale. Skill and confidence were each assessed with a single item, and knowledge was assessed with four items, spanning concepts and strategies. Participant ratings pre-training and during implementation are presented in Table 15. There was a consistent increase in the proportion of respondents who rated their skill level and knowledge more favourably during implementation than they did at pre-training. In contrast, the proportion of respondents who felt they had little confidence increased from pre-training to implementation, with an increase also in those who rated it as strong. These shifts in confidence suggest that

while some people felt better about their ability to support students, the training may have highlighted the depth of complexity in this work for many others.

TABLE 15 PARTICIPANTS' SELF-RATED CONFIDENCE, SKILL LEVEL AND KNOWLEDGE AT PRE-TRAINING AND IMPLEMENTATION

		Minimal or none		Little		Some but would like to increase		Reasonable		Strong	
		n	%	n	%	n	%	n	%	n	%
Confidence											
	Pre-training	48	4.0	141	11.7	605	50.0	341	28.2	75	6.2
	Implementation	9	2.9	157	50.5	84	27.0	1	0.3	60	19.3
Skill level											
	Pre-training	82	6.7	199	16.4	620	51.0	244	20.1	70	5.8
	Implementation	12	3.9	2	0.6	136	43.9	75	24.2	85	27.4
		Not familiar		Basic knowledge		Some but would like to learn more		Reasonable		Extensive	
		n	%	n	%	n	%	n	%	n	%
Knowledge of:											
Impact of complex trauma on behaviour and relationships	Pre-training	47	3.9	273	22.4	490	40.3	346	28.4	61	5.0
	Implementation	3	1.0	69	22.3	41	13.2	18	5.8	179	57.7
Neurobiological impact on brain development and learning	Pre-training	153	12.6	326	26.8	422	34.7	276	22.7	38	3.1
	Implementation	7	2.2	47	15.1	75	24.0	28	9.0	155	49.7
Trauma informed strategies in education	Pre-training	85	7.0	310	25.5	533	43.9	246	20.2	41	3.4
	Implementation	4	1.3	66	21.2	63	20.3	19	6.1	159	51.1
Practices that reflect a whole of school approach	Pre-training	187	15.4	374	30.8	464	38.3	165	13.6	23	1.9
	Implementation	4	1.3	66	21.2	60	19.2	31	9.9	151	48.4

What is needed to support implementation of trauma-informed practice in education?

Focus group and interview findings

Eight distinct themes emerged from focus groups and interviews in relation to how the South Australian education system could move toward a more trauma-informed approach to children in preschools and schools. Themes presented as barriers to achieving this goal as well as ways people identified that a vision of a more accessible education system for children impacted by trauma could be realised. Themes were access to funding and resources, competing priorities, beyond the school - connections to community, engagement with families, staff buy-in, top-down support and prioritisation, transition processes, and university education. Themes are described here in turn.

Access to funding and resources

Participants from many sites reflected on an inability to access funding and resources necessary to support students. The funding and resources referred to were generally individual funding applied for through Department for Education channels external to the TIPIE program and were not within the scope of the program to provide. Participants, however, felt that although funding and resource access was not directly related to their involvement in the TIPIE training program, these access issues did act as a barrier to implementing a successful whole-of-school trauma-informed approach.

“So it's shortages of staff. It's difficulty applying for funding. It's applying for funding and getting some, but it's like this much of what you actually need. I think part of that frustration is we don't apply for funding unless we know kids really need it. It's like we only do it because it's such a huge process, but also within the [REGIONAL AREA], and again I'm sure it's the same everywhere, the lack of external supporters or supports that you can connect people with or the amount of times with a lot of families that we make a connection with them with an agency and then if you try and make contact with the agency down the track and they say, "Oh no, the parent disengaged so we closed their case." Well that's all very well, but we can't close these families' cases.”

“All children deserve to be educated to the best of their ability and special needs must be taken into account. Trauma affected students have very real and serious needs that must be met, but not at the expense of the rest of the students around them. Every reasonable attempt to help these students in mainstream classrooms should be implemented and supported. But just as importantly, it must be recognised when this is not working and then specialist care is needed.”

“And the flip side is in [RURAL AREA], and I'm sure it's probably the same everywhere, but our support services are down, our psychologists are down, our speechie. So even if there is support there or if you can get them on the waiting list, you're actually waiting for a very long time. This particular child that [we are] talking about, he is so severely traumatised he was referred to CAMHS. The CAMHS, I think she's a psych-...Saw him twice and she now said she can't even see him because he's too far beyond her, and yet we're supposed to have him here back at school.”

Participants highlighted difficulties in application processes, frustration at clinical services either being understaffed or unavailable, increased access challenges for sites that were based in rural areas and inaccessibility of private providers as an alternative for families in need. Ultimately participants emphasised the need for acute, Tier 3, individualised supports to be available in situations where the challenges experienced by a particular student exceeded the capability of trauma-informed education staff on site and required specialised clinical support services. Concerns were raised that without access to such services within the education system, school staff would be expected to manage acute clinical situations for which they were not trained to do. Participants highlighted the distinct difference between a whole-of-school trauma-informed approach versus clinical support services and stressed the importance of both working alongside one another in order to develop an effective system response to support students who have experienced trauma.

Competing priorities

Participants spoke of the challenge of managing learning about and implementing a trauma-informed practice approach within existing expectations that sites already faced. This was mentioned particularly in relation to maths and literacy learning which was seen as heavily prioritised by the Department and was considered to be the core business of schools.

“And I think part of the challenge as well is that there's just so much. And I know challenges that we've found with buying PD's and that is we have to do a PD day with the primary schools and then we have to do a PD day on formative assessment. We have to do a PD on literacy. There's just so many competing school priorities and while I think wellbeing is getting better it's definitely never going to be at the priority list of something like literacy or numeracy is going to be. But we know we're not going to see kids' literacy rise if they're not in the classroom and they're not ready to learn. But that's a hard sale to get some to understand.”

“Balancing curriculum and providing the wellbeing side of things. So, finding enough time to build children up, but also meet our expected goals.”

“But again, it is that. You've got to get over that. Going here we go again, now I've got to redo this and I've got to rewrite that because that's now how... And it is full on. And, of course, there's no... You're not given any extra time to do that.”

“And that's something to acknowledge as well, is that teachers being asked to make these connections and relationships with people, but on the other side we have pressure in the sense of they need to be academically, they need to be getting these passing grades. We have our grade data we need to collect to show you that we're being successful and da da da da. And so that sort of pulls and shoves and teachers have to be able to go, okay, so for this moment, I don't need to worry about the curriculum. I can see that there's trauma, I need to make the connections and get the right... But it's that in the back of their head, they have also that challenge of I've got achieve this. And that's a balancing act, and I don't know how you teach that, being in the classroom for the teacher to do that.”

“No, and you still have the minutes. You have to teach so many minutes of English a week, so many minutes of math. I mean you almost have to ignore ... I mean show me one teacher that gets through the entire curriculum in a year. You're lucky to get through 80%. And then to fit in stuff like that, you're taking those chunks away.”

“Yeah, I couldn't agree more. And I think a lot of the time teachers are pressured around the sheer volume of content in the curriculum, and the perception that they're accountable for delivering all of it. But the fact is, if you're ploughing through content that isn't deeply learnt, it's still not learnt. So yeah, it's about teachers giving themselves permission to sometimes let go of some things, and prioritise, and use professional judgment. And that nobody's coming along and checking.”

Some participants acknowledged that they saw trauma-informed practice as a key aspect of a broader academic strategy rather than another approach to balance concurrently. These participants felt that a trauma-informed approach that was integrated into core practice made their role of focusing on academic priorities easier than implementing a separate program that focused solely on wellbeing.

“So rather than staff, we're going to get you off the job and you're going to do different things, we're saying, “No, we're trying to help you do better what you want to do, which is teaching English or teach maths or whatever it might be you teach.” Be able to do that more effectively by adapting your pedagogy a bit. So making it seem less an alien imposition on their work and something that's organically connected to their work. So the ‘sanctity of learning’ being that phrase that [training provider's] model uses, and not going down the road, there are some schools that have gone right down the road of the whole focus on just developmental stuff, disconnecting or rather deprioritising learning. Our role in this school as we see is to prioritise learning and find supports to make that happen because we've got a lot of students

walking out of here unlike when they finish year six or seven in primary, I walk out of here into employment. Whereas those primary kids walk into here, but we've got the destination for us needs to be further training, further educational work. We've got to get kids ready for those things and we need to increase their chances of being able to walk out into something productive.”

“...that's why we can't allow it to drift off into simply a social, emotional, developmental program. It's got to be using that social emotional development to support learning in real practically applicable skills and knowledge. So whether it be basic numeracy and literacy they need, whether it be more in depth, English, literature, or mathematics, because I want to go on to get a TR and go to university, whatever that might be.”

“Well they can't learn if they're not in the right spot from a wellbeing perspective. That impacts their learning, so, you've got to get that right before you can get the learning happening.”

“And then other people have different priorities. There are so many things on the agenda, that I think, depending on where you're placed in the school and what your passion is, everybody has a finite amount of energy to give. And I think sometimes, depending on your level of priority about certain things, you'll put more energy into this or that. And I think what we have to do is get across that sense that the two things, or three things, or five things, they work together to complement each other. And by having this as that foundation and the basis, whatever else you're trying to do will be ultimately easier, because you have kids who are ready to learn and are genuinely engaged in learning.”

“now we have a site improvement plan that is literacy and numeracy and that's very focused. However, we still very much keep that wellbeing as part of it because we think if you can't get that wellbeing right, you're not going to get the literacy and numeracy. But I think there's potential that if it's not that really targeted approach, it can be easy to wash away and other things coming into schools. Like schools are supposed to be a fixer of everything. So okay, well here's something else we can put back on schools. The latest thing is something about consent, and so that's come through.”

“Without the wellbeing, they're not going to get the data they want in the literacy and the numeracy.”

One participant expressed frustration at having to focus on academic goals for students who could potentially benefit from differentiated goals.

“Especially when you go, okay, so I'm a chemistry teacher, so I've got to have kids ready to do 11 and 12, stage one and stage two chemistry, yet they are in a class with kids with trauma, with Autism, and I've got to get them ready for that. But then these kids might never do that, so I also have to be able to jolly them along and give them something that's meaningful and engaging. It's really not very realistic, to be honest.”

As well as balancing trauma-informed practice and schools' academic focus, participants spoke about the challenge of balancing the rights of trauma-impacted students alongside the rights of other students within the classroom. Participants felt that other students in the classroom could be impacted by a strong focus on implementing trauma-informed strategies to benefit particular children. This reflected a conflict for staff, who understood the need for differentiated practices but found that in practice implementing these increased the time and attention they spent on a few students.

Participants referred to children within the classroom being impacted both in terms of their learning being interrupted

“For a long time I struggled with that part that they are sitting there for so long while our time is invested in something that is important, but trying to find that balance, where enough is enough. Where maybe that child does need to leave the classroom now, and we find another way, but you want them to still feel that they belong in your classroom. But at the same time you have to weigh up the kids who are sitting waiting, trying to learn.”

“I’ll give you an example, and I won’t mention any names, is that a particular student who we’ve got plans around plans around plans, didn’t go on the camp, the year eight camp at the beginning, all right? And that’s one of his main focuses now, because he didn’t go on the camp. And he went off one time for about an hour and a half about that very fact, about why do you blame me because I didn’t go on the camp, blah, blah, blah. Anyway, I can’t put up any pictures in the classroom of the camp for my other kids, and I sometimes think why can’t I put up photos of the good times we had in camp because of one student? But then I realise that the amount of support we’ve been giving that student, I can’t do that. So the other kids have to suffer because basically I can’t put up... There’s certain things I’ve got to be very aware of not to trigger him off, not to set those triggers off. So it makes it really, really difficult in a classroom situation. It’s all good on paper, but when it comes to the actual classroom situation, it’s very, very different.”

“Is one kid can spoil it for everybody else. It’s really hard. I sometimes feel that I have, I don’t know what you want to call them, kids that don’t have trauma? Or no, not even that, but our highflyers get completely forgotten because we are so exhausted and preoccupied with these kids with all these needs that the ones that don’t have those screaming, obvious concerns are the ones that... We’ve got some absolutely delightful kids and sometimes I just think, man, have I even spent two minutes with you for the whole semester? And it’s wrong. It really is wrong. It’s not fair. It’s their education just as much as it is those kids that are in your face. It’s tricky.”

“The amount of ‘staff hours’ given to a small minority of children in supporting this trauma informed practise is incredibly draining on the school’s resources. It is not equitable for the other students and it is not necessarily very productive.”

as well as their wellbeing and sense of safety being impacted.

“All students have a right to feel safe at school. This is at risk when there are students in the room who are loud, disruptive, intimidating and sometimes violent. This can be made worse when it is a constant threat, sometimes happening at regular intervals throughout the day and when they see that student come back into the room each time. They are actually at risk of trauma themselves in some cases.”

“All students have the right to the best education possible. This is at risk when the highly skilled, experienced and passionate teacher is unable to deliver their lessons effectively or efficiently. Time and again, amazing lessons with painstakingly prepared resources are derailed by the behaviour of just a few students. The rest of the class are not getting the education they deserve.”

“Other students in the class may question how unfair it is that some (the trauma affected students) are given so many special considerations. Why they get so many breaks from work, don’t have to complete the full task, get to leave the classroom, are given so many chances before a punishment, are congratulated for seemingly small achievements, etc. This may damage that student’s enjoyment of school and their understanding of how hard work and success are measured and valued. They may

question their own self-worth when they witness one or two others getting so much attention despite negative behaviours. Eventually they may try to imitate this negative behaviour for the same rewards.”

“Because, if they get upset in class, they traumatise other kids that haven’t had a trauma, beforehand.”

“...those children who are in the trauma, but when they are extremely damaged children they react very explosively and it is traumatic to those kids who aren't, so having more support for the kids to debrief and talk through things when they've seen an incident, and trying to get them to be safe and understand that everybody has bad days. But there is only so long that you can chop that one out before something really starts to go wrong in that other kid’s life. So I think there needs to be a second layer of support for the kids who have seen the trauma in the classroom.”

“They slip away in the end when the explosions come, and I'm the person that's sitting next to this kid and it's my job to sit there every day, and I'm meant to be doing my learning and I can't, because I'm waiting for the time bomb to go off. And I know it's going to go off because the word no is going to come out at some stage. Or whatever the trigger is, it is going to happen. So those kids who are... I've got a couple in my classroom who are really timid. And they walk on the glass, and they wait for it to shatter, and it's going to happen.”

Beyond the school - connection to community

The importance of what happens outside of school gates was spoken about in two ways; things impacting children and support for children.

Participants acknowledged that aspects of students’ lives outside of the school environment had an impact on what happened at school.

“So we've got these community things constantly coming in and there's that porousness that a school like this has, which is really difficult. Lots of community influence, lots of community strife following the kids into the school being played at the school at times. So I'd say school does a really good job of keeping that under control and keeping that manageable because even parents don't see what the issue is. Well, they're bothering my kid now on the weekends. Can you deal with that? No. No I can't. You've got to deal with it because we're a school. So a school-based issue is just playing out here. So real tangle of issues at times to work through. So our ultimate goal pedagogically says choose to manage your own learning at an optimal level.”

Participants from some sites shared strategies their sites had put in place to try and address some of these aspects of students’ lives. Others identified a need for supports in these areas but expressed a feeling of helplessness that they had no control over what was happening for students outside of the school environment or that it was outside the scope of the school’s practice.

“We’re also very proactive now. I think the breakfast program was such a great help...We know that some of our kids come to school hungry, and that makes them feisty and all, and then they’re very anxious, and then they don’t know when their next meal is coming. So, we’ve got the breakfast program. They come in, they know exactly where they’re going, they eat, and you know how the Maslow Hierarchy of Needs? If we don’t meet, if they’re hungry, we can’t teach them. So then, they know they’re full.”

“Which is one of the reasons that we do the food drop. There's a few families at home, that situation where teachers probably don't want to deal with it as much, and we are dropping of the food packs that

we do, we can make connections over, and have an avenue to chat with them if we need to. Because there are some parents that are a bit scary, sometimes. When you ring.”

“It can't change what's going on out of the school's control... It can't change what's going on in the home life of that child.”

“I think also it's like, you do the best you can to have these practices in place to help those students. But at the end of the day you can only do so much. You can't heal trauma. So, we do the best we can. But at the end of the day we can't solve all these kids problems.”

“So I think it's a matter of being conscious we're not the parents. We can do what we can do in this much time, but you can't just put everything on schools.”

“Their home environment. Sometimes, is beyond us, because we're only teachers, we're not professional counsellors, or anything.”

Connections to community services were said to aid schools to cater for the needs of children who have challenges accessing learning and social opportunities in education settings. When asked to reflect on the extent to which they had been able to build community connections, participants tended to report specific programs they had invited to come into the school or things they took children out to experience in the local area to support overall student wellbeing. There were no examples of building connections and referral pathways out of the school to specialist services to support children with more complex challenges.

“Yeah. And we've always got to get ways to value-add to what we're doing. I mean, we've got a person coming in doing yoga with our older kids at the minute, and we paid for that. Yeah, it's just a little thing twice a term that just adds another dimension to child wellbeing.”

“And groups like Lions, so you have them come in, right? We've got the wetlands up there that we can go and work in the wetlands. It's more connection for some of these kids to connect with them.”

“But we do get... We make sure we use the community, too, and COVID forced us to do that kind of thing. I mean, we use a little theatre... they've got the little train track that the retired men run. It's a way of being out in the community... We've got the local policeman whose children come here, so they know him.”

“Highly multicultural, and I've only just been writing a submission this morning for a bilingual playgroup for next year.”

“Ongoing, definitely ongoing communication. We get so many, there's always organisations out there that want to come and talk to kids, some charge \$3000, some are free, and the ones that are free are just as amazing. So, we're really, that there are those funded initiatives out there, and yeah, it is ongoing and I think we're in that stage now where we need to basically lockdown for future, so next year... so this year we've locked in, say, Headspace, but then we lock it in for next year, so rather than next year we're scrambling to fit it all in, if we forward plan.”

Some participants expressed a desire for their sites to connect with the broader community but noted logistical barriers they faced in doing so.

“The whole getting community groups, like what you have to go through to have volunteers and things, there's all of that.”

“Red tape that you've got to get through. Having, with the older kids, having male mentors for some of these kids would be ... Some kids that aren't really interested in their learning, but learning a skill, like someone with carpentry skills would be absolutely fantastic.”

“And get the kids really involved. But the process of being able to do that is just really, really complicated. Because you've got your OHS issues, you've got all of the voluntary issues. There's so many barriers in place to be able to achieve something. But sometimes you get a thing like, oh, it's just too hard trying to ...”

Some participants mentioned having connected with other schools in their communities to create partnerships in learning about trauma-informed practice.

“Yeah so when we did our training because we didn't do our whole school, we have a... partnership which is all [our region] schools and it's something like a wellbeing leader from each school will go and this is a focus for us and what other schools are doing and what people are trying and what's working and what's not. So we're really lucky to act as a partnership to be able to do that with some likeminded schools.”

“And we've been able to drip feed other sites to now where all the principles, wellbeing leaders, have done the staff training... and other schools have asked for the funding, and they've trained all their staff.”

Engagement with parents and families

Partnerships with families can support schools to provide for children's education in partnership and extend children's learning through parental engagement and participation in their child's learning. Most participants referred to engaging parents and families as a necessary part of a trauma-informed approach and a goal that sites were working towards and desired to achieve. However, it was acknowledged that engaging parents and families could be particularly challenging for sites. Participants expressed that often the parents they were most hoping to reach would be the least likely to respond to invitations or attempts at contact. Participants acknowledged that there were a range of potential barriers that could prevent parents and families from engaging with sites such as intergenerational negative experience with education, literacy levels, domestic violence, poverty, substance use and parents who had experienced trauma themselves or had a disability.

“The parents you'd most like to get in contact with sometimes are the hardest to get in contact with. But as much as we can we try to communicate with the parents.”

“There are a bunch of very hard families who have had little or no time for education themselves. Now that has been passed on to their children. So they themselves don't respect schooling very much. Trying to break that down and trying to engage the kids.”

“I would say with those families, depending on where the families are, substance abuse has got a big part to play... Depending on where the parent's at depends on how much they engage with us or how supportive they are.”

“And, I would say, yes, there's probably some domestic violence and stuff. So, the students have trauma, but then our parents have trauma, and even being a parent of a child with a disability, is traumatising, and it's a trauma, and so, yes, it's the whole concept of all of it rolled into one, yes. Some of them having disabilities themselves, being a single parent, not having support, just the whole... And then, they might get sick, or...”

"I guess too, also we are aware there's probably some barriers behind them not coming, like mental health, substance abuse, domestic violence, all those things. It's probably not because they don't want to, there are those barriers that were often not privy to."

"And the literacy ability of our parents... you're constantly having to think how you put that information out, how do you deliver it among the community. Our office is even saying send a text message but even then they're saying maybe a voice mail or something. So it's an issue."

Some participants described parents as somewhat avoidant of communication attempts from the school, making communication difficult.

"Communication is a huge challenge for us in general between language barriers and changing phone numbers. I think we worked out this year something like 30 percent of our phones and numbers we had for our kids weren't connected at the moment or jumping between houses, they were with mom, they're with dad, they're with mom, they're with dad."

"would ring home when I have got a student who's had a few bumps. And they're like, "Oh, no, no. They're fine. They're being fine at home." But then the kids are saying one thing... yes, the kids can exaggerate, but they are more likely to be honest with me because they have that relationship with me. Then, to the parents, we want to say we do not want to judge you. We just want to support and help you. So, I feel like there are a lot of barriers that way. A lot of the parents do not feel comfortable or are not telling what exactly is going on."

"And sometimes the parents, if you follow things up they would say, "Oh I didn't know that was on." Or you get the note but the kids say, "My mom said she was coming." Or, "Dad said he was coming." So, sometimes I think they were aware that it was happening but..."

Other participants spoke about the importance of changing the attitude or approach to interacting with parents. Participants felt it was important to make parents feel welcome in the school space, resist the stereotype of the teacher as the authoritarian and communicate to parents about positives not just negatives.

"We also have identified how important communication is with families. The importance of having 'shared language' and 'positive relationships' with families is pivotal to the students' success."

"I always make sure I greet them when I go past and talk about the weather or something so that we're not trying to push them out of the yard. This is a place ... that can be safe."

"Yeah, I think it's great to jump on the positives as well. Because it's a good feeling to touch base with a parent for a positive rather than the negative."

"It's hard work, it is super hard work. The time alone is just super hard work."

While some participants spoke about seeking to improve communication and relationships with families, others spoke about parent engagement as attendance at school events.

"We can get back into now inviting parents along and parents are also invited to come along and see these learning exhibitions that the students put on of their learning that they've done for the term."

"And assemblies. Parents were allowed to attend assemblies as well."

"I think they do. The problem we have is actually getting them in. So, in the past, tried to run workshops for parents around cyber-safety or something like that, and we end up with more teachers there than the parents. So it's really hard to get them in and there are some specific challenges to this region but we've got to get better at that."

"So there's a fine line. And then often the people who attend those workshops are not necessarily the groups that would maybe benefit the most from it, either, so there's that issue. How do you give parents the opportunity that the last thing they want to be doing is setting foot in a school outside school hours to attend a workshop."

"So tomorrow night we have a bullying seminar that's getting run by a professional. It's between us and the primary school and we've sent the information out multiple times in multiple forms to parents about how to deal with being safe online and online bullying which we have parents coming on the daily about and between us and the primary school we have 23 people registered. It's a hard one."

Participants from some sites gave examples of where they had shifted their approaches to connecting with families that had improved their relationships or better supported parents.

"We had quite a few academic nights, and it's hard to get, but we had a really successful thing this year where we had a meet the teacher...Threw the old free barbecue in and we got a great response. I think we made it a little bit more informal."

"Yeah. I think it's about that community link, that instead of the teacher talking at the parents, I think we've got to... Look, society has changed, whereas your police, your church, your doctors, your teachers automatically got respect, or they did the telling of what was happening. Society's done a really big flip, and that you have to gain respect. It's the way we interact. By having a barbecue, it put everyone on a level playing field. It's not, "Those teachers are the experts and they're going to talk to me about how I should be doing things with the children."

"I think [colleague's] been really proactive in we ring parents a lot now and we meet with them a lot and we build relationships with them and make sure we build positive relationships with them so then when we do need to bring them when something's happened, it's not that they only hear from us in negative situations. So we spend a lot of time talking and meeting with parents"

"We have a group of parents that meet regularly after school. They're a group of parents that they need to get out of the house, and they feel safe here talking after school. There used to be some negative connotations about that, but I actually believe that's a really good thing."

"Families wanted to know more and you kind of felt them go, "She's not going to tell me that my kid's dreadful." Or, "Obviously I'm not a bad parent." I felt it gave parents a spot to stand back themselves and look at behaviour without blame and guilt. And that to me is a really big one because many of the kids that we've looked at and continue to look at, these parents face so much criticism from society and agencies and doctor surgeries and nurses and all kinds of places, let alone in their extended family, if they have one that they become parents who drop the child at the gate and run, because they don't want to know."

"So parents were very appreciative and thrilled to bits when we'd have a conversation, something like, "We noticed that she's not happy to join the group times, what do you think?" Rather than just make it a closed statement. "She's not turning the group." And then, "Okay, we've noticed that she's not joining

the group and these are some things that we're talking about and we thought we'd try this next." Parents have been thrilled with that, that just means the world."

Provision of parenting programs was mentioned by participants as a particular way in which they hoped to be able increase support to families. Most participants who mentioned parenting support expressed a desire for their site to provide some form of parenting support but mused over how this could be done in a way that would be effective and likely to result in engagement from families.

"Yeah, because that's a big important part of... Because we're saying kids are coming to school on the Monday and for some of them, their weekend might have been completely chaotic and not consistent, and maybe it is that they're going to another parent. There's all sorts of issues that opens up. We want to be able to offer workshops that parents can attend and so that they can... Because parents are interested, especially if they're struggling. They want to know, "Well, my kid behaves really well at school for you, but they're a nightmare when they get home. What am I doing? What could I be doing?" But you don't want to be preachy and make them feel like what they're doing it not their job."

"... building those communities with our parents and links, and sense of belonging, and then comes the workshops, because parents are struggling with how to work with their children at home. It would be a great forum that they could sit down casually and have a staff member sit down with them, or we could get a speaker in, or something like that."

"I personally would like to provide the parents with some training with this, but I have that worry that no one would show up."

A few participants expressed a desire to educate parents and families about their sites' trauma-informed practice approach but were reluctant to mention the word 'trauma' due to fear of stigmatising families and risking a negative impact on engagement.

"I think we've been quite careful because [my colleague] showed the video that we produced, that was everybody's work, which the governing council loved, but we've got to be really careful what you publicise to parents. When probably 85% of the traumas come from the home environment, so we're trying to be proactive, but if you put too much of that in your newsletter and social media it's actually shaming people, so I just think it's something that we've worked on strategically and behind the scenes, and we celebrate strategies that we've put in place but haven't focused a lot on trauma and what it looks like with the parents, because a lot of it is a result of the home environment."

"But do we have to say trauma aware? Can we not say Berry Street Education Model? Or Berry Street."

Staff buy in

Participants from most sites spoke of having achieved buy in from the majority of staff. For most participants there were still some staff members at their site who were resistant to a trauma-informed approach although this was generally a small minority. Many participants spoke of the fact that a trauma-informed approach represented a significant change in mindset and was at odds with a traditionally taught approach in which the teacher was considered the authority figure responsible for managing the behaviour of students in their class. It was reported that this shift in mindset could be particularly difficult for more experienced teachers who had been in the profession for some time and had solidified their approach, particularly in relation to behaviour management.

"It's so powerful. I mean, I don't think all of our staff are quite there yet, but most of our staff are really on board."

"I think there's still that constant battle of trying to get the buy in from all of the staff. I think our core staff that know this really well and practice it do really well with it. But we do have a cohort that aren't necessarily buying into it."

"And we've had mixed results with it, and it's not perfect. But I think for the most part, people who do use the strategies do see the benefit. And there are still some that are slower... but that's true in everything you ever try and do in a school, I think."

"Challenges include getting all teachers on board with new strategies and thinking as some have many years of experience but are a little stuck in their own goat tracks."

"The challenges centre around teachers who have been at the school 30+ years and struggle with the adjustments of things like flexible seating, installing calm corners in the classroom and ensuring the environments are clutter free and not overly stimulating."

"I think a barrier is trying to change. It's quite a significant practice change. I think for some people, especially the relationship side of things, especially older teachers, who have that very strict teacher-student relationship. That works in some schools, but not so much in these types of context. So I think that's hard to break down those walls of professional. You have to balance between teacher but also wanting to have that nurturing side as well."

Teacher fatigue and program fatigue were also mentioned by participants as barriers to staff buy in. Participants described teacher workload and mental load as at times overwhelming stating that at times of stress or overload it was easy to inadvertently revert back to default approaches. Participants referenced the ongoing number of programs that teachers were expected to learn and implement alongside their core business, which had often involved investing significant time and mental energy only to see a program disappear not long after. There was a risk that trauma-informed practice would be perceived as just another short-lived program, and this would present a barrier to staff buy in.

"And teacher fatigue; there is such a demand on our teachers. We know that. And as soon as they're tired and overworked, it is going to go out the window, and we don't blame them for that. We have to try and manage that as a school, but that is a huge issue. The demands on our teachers is huge."

"The reality is that over time, people always return to their 'default'. The challenge moving forward is to ensure there is 'consistency' across the site and teachers are 'fully invested' in the trauma informed practices that they have learnt."

"I think at the start, teachers were a little bit worried that it was going to be an extra load to their work. And we're trying to say, "It's not extra work, but it will slot into your daily routine." And I think teachers, just from what I can see, can see that now and it's not extra work."

"Really trying to say that this is not another program that we're doing. But that is the perception of some teachers, that it's a program. I've been around for so many years, and it's another program. You teach very well, and this is what I do. And that willingness to change and get onboard with the next thing."

"Yeah. Someone mentioned before that 'flavour of the month.' That programs in education have a bit of a reputation for coming and going."

“For a long time. I've been in the system for 10 years and I can tell you how many times I've gone around with balloons tacked on me. Those types of things. But I think because we've made such big changes that people are less inclined to think it's a fad.”

Top-down support and prioritisation

Participants expressed frustration with administrative decisions made at a higher level that impacted the site's ability to support students.

“But it's even a bigger government issue. We've had a student, huge trauma background, very well supported here. Really making awesome progress. Family breakdown, as there is. Adverse child experience number seven million, and then they instead of paying for a taxi from [Town], they'll just move their school. So [Town] is 30 minutes away. Yes, that's a commute, but she's very able to do that daily. Yet people will be taxied from here into schools in Adelaide because of certain things like this. Just such a breakdown that the school can completely understand it, and then there's not that main connection that's remained and kept. So, it's weird”

Focus group and interview participants felt there was a need for Education Department wide buy in, with top-down support for and prioritisation of trauma-informed practice.

“...it needs to be really passed down because it's still not a focus. Yes, they are entertaining the idea and they are pumping money into it, but look at that in comparison to where the money is going in the rest of the Department and the rest of the sections.”

“So then you've got people like me that are getting support from the trauma informed, trauma aware schools initiative to do my course, but then that has to be supported back here. Which it is. I'm very lucky to do. And then so many hours of work to try and drive that. But still, it's not top-down. So they're trying to get us to do that, and there's lots of great people in that engagement directory, but it's still at the end of the day, it's not literacy and numeracy. So telling us there's not a place in the site improvement plan, what else it comes to do?”

“And advocating for changes too in relation to our own processes and procedures within our directorate, that's better in line and more responsive to students requiring that intensive support. Especially those with considerable and complex needs.”

“So actually prioritising this as an agenda is a big issue. And the thing is that I've spent... And in the course, it's I feel like it's really trauma in itself to fight against the status quo and actually advocate for this on your own. I was the only one in my directorate with [colleague] down south, who did this training. And we had to really explain a lot of the content for it to be sold in a way to my manager, for her to understand. And I'm really concerned about people leading directorates sites, all those, and they don't understand. They don't have access to that knowledge, they haven't had the training and therefore maybe don't see value in it. When you're on the ground working directly with the student, we have proven that these strategies actually work and are important because we're seeing the outcomes happen in our work with students.”

Others spoke about this in terms of the Department giving equal weighting to wellbeing alongside literacy and numeracy.

“And there needs to be more people up in Head Office with a better understanding of it, to try and have that top-down approach. Because although they say lead from the bottom and all that, there's only so

far that we can get. And schools are doing huge things in the filming. And I was talking about that the other day. That was hours of works, and it's awesome but we're doing it for the bigger picture. We need some people, like [Department staff member] visited here after the student death and whether he says it to every school, but noticed the culture. He noticed what was in place. And I'd just like to see if you could compare that to a school that wasn't on a trauma informed pathway, that surely he can see how important it is. But unfortunately we're not going to be up there. We're not up there with Eynesbury on the literacy-numeracy targets. So, it's a tricky one."

"I think often the Department can be quite top-down. In our site plan, obviously you're meant to have numeracy and literacy. Our site have made a very definite stand that actually we're having wellbeing, because we have to have the wellbeing before we get the numeracy and literacy. That's not what happens in a lot of schools, but [colleague] has been quite adamant and really argued the case for us that this is really important to us so it actually needs to be on our site."

"It's really hard to work against the status quo in your directorate to advocate for explicit training and to keep this on the agenda in our site's improvement plan and to even roll out the modules associated with the smart training packages and to have part of a pupil free day to have a topic, including the pupil free day when we're competing against implementing vocab and all those sorts of things."

A few participants spoke of positive experiences they had had in terms of the Department prioritising trauma-informed practice. One participant expressed their appreciation that they were beginning to see changes in recent Departmental policy that reflected trauma-informed language and concepts. Another participant spoke of their gratitude at having received funding for training opportunities through the TIPIE program.

"Yeah, just to build on that as well. What's really nice for me as a leader is to see that the Department are reframing policies to enable us to fully embed that as well. I feel like sometimes a lot of what you try and do in a school is then [inaudible] by a Department policy. So then it's like, "Oh, we want to do this, but we feel like we should do this, because that's what it says in the policy." They've actually just reframed the suspensions policy to change language in there. They've changed the process slightly so that we can actually feel like, when we're doing these things, we're not in breach of anything they've stipulated. So that's really powerful, I think."

"So that's been fantastic. I guess just keeping those opportunities coming and keep rewarding the people that are doing the work. We're putting the work in on the ground so it's good to get that."

Transition processes

Transitions into school and between schools are important for setting children up for success. For children with additional needs related to behaviour or learning, these are particularly important, because without good information sharing, supports do not follow students and they often have to fail in the new setting before support is put in place. Concerns were raised by participants regarding the transition processes for students who were transitioning both in and out of their sites. For many, this process was not a consistent or collaborative one, with a lack of clearly established information sharing processes.

"a student left here and actually went to a different school across the road. And we were doing great things with her and she was just... She's had a really tough life and anyway, there was no transfer of data. And I went over because my kids actually go to the other school. So I even said can we share with you. And it was just... I think there's a real breakdown in our system, is that transfer between schools, between private and public and public and private and public and public. And it would be awesome if the

wellbeing counsellor over there could have come and had a chat with [colleague] and just said, look, this is what we've found works. We were hoping she might go on and do this and this. Maybe you could consider doing that. And stupid, we're 100 metres, 300 metres from each other and it's not real fault of theirs or ours. It's just a breakdown in the system, I think. And that student still comes up to me and gives me a big hug and wants to know what's going on over here."

"Between Pre-school and School. I mean they get a folder with some stuff written down, but its not very personal, it's not... I don't think our teachers are given the opportunity to ask questions face-to-face and talk about some strategy."

"I'm not sure how much information the next school would receive for some of the students that are going through, I don't know if there is anyone that is formally responsible."

"I think that there should be more communication between the year seven teachers and the high school ones. Last year I went to [School], and we actually met with the necessary teachers there, which was really good. And I'd like to see more of that happening. So you could pass on those things that need to be ... Because doing it on forms and other stuff, it's just not the same."

"And even from school to school. Like we got a student a few weeks ago who just sort of arrived at our doorstep. We've taken him in and nobody knew when he first arrived the trauma that he had. And so it meant that there weren't these initial setups that could have been in place. So even from primary school to primary school. Like obviously I know the paperwork takes a while, but why that other school didn't send a quick email to say, "Hey, we just found out on Friday he's going to your school on Monday." I don't know what the situation was, but there was nothing."

In terms of transitioning out of sites, participants often expressed concern over what might happen for their students once they moved beyond the supportive trauma-informed environment the site had created.

"And also with that, I feel like, particularly in the year 7s but now the year 6s because of the change to high school is, I can see a level of apprehension and possibly fear that some of the senior students that have been in this very supportive environment with people that have known them, their journey, their home life, their challenges and they're now going to transition into this bigger, wider, scarier world and I wonder about how well they've been supported."

"And while they're here they have peers and teachers that they can disclose to or get advice from or get help process things and to be going to an environment where they're dealing with all of this and that. Yeah, I wonder about that. How they can support the students better in that big transition. On, using what we know."

"I think it is going to be a very big shock, because I feel like we saved them. We support them a lot more. When they go to High School, they're not going to get that support. They're going to have the relationships that they have here with us, with teachers. I do not remember ever really having a relationship with my high school teachers. So, that concerns me. And I am worried about all the work that we are doing here. And that they are going to follow a different pathway, possibly."

"Oh yes, and that's what we're about. We're not handing them on necessarily to another school. From here they'll go to a college or to TAFE for example. They're fairly rigid about people doing vocational education courses. You've got to be there, you got to be present, you got to be completing your assessment on every day's session, it's quite rigorous in that way. And then university is a bit more

relaxed, but there's still a workload and there's still a number of things. And you can't expect to take 5, 6, 7 years to do a three-year degree just because you can never do your assignments."

"Sometimes I do, at the moment I'm supporting a parent of twin boys who went to school over a year ago because she's just so beside herself, she doesn't quite know what to do, boys are not getting support. And so I hear sometimes from parents, I hear a little bit from schools, but often sadly only when things are really breaking down and there is suspension dramas, and I don't know how to improve that for schooling, I really don't know."

Some sites spoke of successful transitions where information was shared between sites and staff between sites had worked in a collaborative way. When this had happened, it was often due to the particular mix of staff involved and the effort they had put in to ensure the process ran as smoothly as possible.

"Our current middle school leader is fantastic. All year, she has been collecting data for next year for the double cohort. And I think that's tricky as well in itself, because you want to give these kids a fresh start and all of that sort of stuff, but they're coming over and in the past I guess we've just looked at amount of disabilities and that sort of stuff. Whereas now, one of the last things that came out was check out how much trauma is going on in this new cohort. But they're pretty good at getting information."

"We do lots of things together, and lots with the high school, and I think [colleague's] also been really proactive supporting the wellbeing team at the high school and really building those relationships. That's another focus area for us is supporting our kids when they go off to high school because we know that, again, some of those kids that have had it trickier, those transition points are really tough."

"Depends purely on, excuse me, the expertise and knowledge of the teachers. So teachers that are widely experienced and empathetic, great skill levels, we'll take out information and use it wisely, others won't."

"I have to give them credit though, they've organised to come and watch the upper primary teachers teach next term. So they can observe what it's like in our classrooms, so that's something, we've never had before."

"A student two years ago, he already exited a while ago and then the high school had to email and said can you ring the parent for us, so we work together. So I managed to organise the parent, and like this Wednesday they asked me to join their meeting as well, which is for a EOP student, they reach out and if you need help, it's like transition it's pretty good."

Some participants expressed hope that transition processes would run more smoothly once more schools were implementing a trauma-informed approach and such an approach became standard practice.

"I think it just goes to show, if all schools had that trauma training on their own, would that bridge some of those gaps."

"I just think this Berry Street thing should be something that is continued through more schools, especially in this area anyway. I think I would not like to hear that it has been taken away because I know before we found out this training was going to be offered I was actually looking into doing it myself. That is how much I wanted to do it. But I think it is fantastic and it should almost be rolled out in every school."

University education

New staff often came to preschools and schools straight out of university, with little understanding of how to support children who present with behaviour or learning challenges. Some participants reflected on the extent

to which their own recent university education did not prepare them to support students who had been impacted by trauma and they had to mostly learn this on the job. Other participants felt that the behaviour management strategies taught in university conflicted with a trauma-informed approach. Focus group and interview participants reflected on the great potential for improving educational practices over time by integrating this learning into higher education courses.

“And I think you go through university and you get told if you have an engaging enough lesson you won't need behaviour management and it's the biggest lie ever, because you can have the best lesson in the world and some of these kids just aren't ready to learn because their mind is everywhere else and I think this training really needs to start in the universities because we're teaching them the wrong way around. We're teaching them how to do lessons and teach before we're teaching them how to set up a lesson to teach and how to consider all your different elements in class. It's one thing to know that I have five EAOD students. It's another thing completely to know how to prepare for the trauma they have behind them so I think that's a massive part.”

“I think it's just the awareness that's the big thing. Something that I know going through university it wasn't really mentioned or considered and if you don't see it or know or are able to understand it without any support then it's something that you don't sort of consider until there's an opportunity. So that's sort of for me I sort of stepped into the role that I came to the school with. I didn't have an understanding until I started teaching in our learning support program. I had to learn it pretty quickly to ensure that I could be giving an environment that was safe for those students. I think that's been the big takeaway is having a large chunk of our staff together having to talk about it and how we can then implement it back in school. I think that was the biggest benefit.”

“I would love it to be in uni. I think it needs to be part of the uni practice, especially the neurology and all that sort of stuff. I think that would... and the key focus on relationships I think that would draw out those that aren't really supposed to be teachers if they don't believe in the relationship stuff.”

“but just my observation, being the newest member to the profession, is yes, you don't get anything at university.”

“I think from my perspective, maybe, the placements I did, and all the experience I had at uni, was being high school trained, that you had to be the person in power, and if you relinquish that power then you've almost lost. You've almost lost the battle and you'll lose the kids. And that's when in behaviour management, you're reacting, rather than acting. But I think, in terms of the Berry Street stuff that we've done, is that it's okay to have that conversation, and understanding that they're going to act out, and they're going to flip their lid, and do all that sort of stuff. But the things you put in place beforehand, and how you react to it, is as important as all the other millions of stuff, and all the other behaviour management that you do.”

Survey findings

To gain a greater understanding of the support needs of education staff in relation to working with student's impacted by trauma, survey respondents were asked to rate the level of support they felt they required at each survey timepoint. Level of support need was assessed using a 3-point scale with response options of: little to no support, occasional support to manage specific challenges, and regular or weekly support to manage challenges. Table 16 presents respondent ratings across the three timepoints. At each point in time, respondents expressed a preference for occasional and specific support. This is consistent with the support needs reported by focus

group and interview participants, who felt that occasional ongoing support was required to facilitate implementation and maintain momentum for a whole of school approach.

TABLE 16 PARTICIPANTS' PERCEPTIONS OF LEVEL OF SUPPORT NEED AT PRE-TRAINING, POST-TRAINING AND IMPLEMENTATION SURVEYS

	Little to no support		Occasional support to manage specific challenges		Regular/weekly support to manage challenges	
	N	%	N	%	N	%
Pre-training	32	2.7	973	80.8	199	16.5
Post-training	18	9.4	156	81.3	18	9.4
Implementation	25	8.0	252	81.0	34	10.9

Respondents were also asked in each survey to select from a list of support types, those they felt were needed to facilitate their work with children who had experienced trauma. Table 17 highlights that across all time points respondents indicated a need for a range of supports; again in line with qualitative data identifying a need for ongoing support and professional development to support a trauma-informed approach.

TABLE 17 TYPE OF SUPPORT REQUIRED AT PRE-TRAINING, POST-TRAINING AND IMPLEMENTATION SURVEYS

	Pre-training		Post-training		Implementation	
	n	%	n	%	n	%
Training/courses	1074	89.2	150	75.4	248	79.7
Information and resources	987	82.0	136	68.3	224	72.0
Coaching/mentoring	913	75.8	138	69.4	227	73.0
Access to point in time specialist support	779	64.7	133	66.8	205	65.9
Specialised staff within school	898	74.6	131	65.8	216	69.5
Total N at survey timepoint	1204		199		311	

Discussion

Trauma-informed practices in education aims to improve the capacity of the South Australian Education sector to support the engagement of children and young people impacted by trauma in preschools and schools. The need for the program was evident in the evaluation findings. Specifically, staff reported undertaking the program because they felt there was a gap in their professional practice and capacity to manage a range of student behaviours. The vast majority of staff surveyed, reported experiencing student behaviour and learning challenges, with many of these being frequent occurrences. In education surveys internationally, around 40 per cent of respondents report that children's behaviors interfere with their teaching or took up a large proportion of their time in school (Auditor General Western Australia, 2014; National Centre for Education Statistics, 2018; Shen et al., 2009). Focus group participants in the current evaluation similarly reflected on the impact children's challenging behaviour was having on educator ability to deliver learning programs and leadership's capacity to govern sites. Survey data, collected prior to taking part in training, demonstrated that most staff who took part in the training had previously accessed professional development in the area of trauma prior to engaging with this initiative. In the evaluation, we were only able to survey schools taking part in the training, thus it is not possible to generalise these findings to the broader South Australian education sector. It may be that the high rate of reported challenging behaviour found in the pre-training and implementation surveys reflected the self-selection of sites into the program to respond to their unique contexts.

Importantly, some of the behaviours children present with (e.g., melt downs, acting out physically and verbally) routinely result in consequences that impact their access to education. That is, the consequence for challenging behaviour is often a take-home or suspension. The Final Report on the Inquiry into Suspension, Exclusion and Expulsion Processes in South Australian Government Schools (Graham et al., 2020) clearly connected exclusionary practices to a lack of capacity within the education system to provide adequate support for the inclusion of children and young people who present with these challenges. In addition to the impact that exclusionary practices have on learning, these practices compound trauma for the child. Graham et al. (2020) identified implementation of trauma-informed practices in education as one way in which this practice could be minimised. While evaluation participants reported that taking part in trauma-informed practice training gave them tools to shift their educational practices, actual shifts in practice were not evident for all participants. Other studies have reported similar findings, with growth in knowledge not sufficient to shift practices. McIntyre, Baker & Overstreet (2019) for example, found that the extent to which knowledge was integrated in practice was impacted by broader system factors such as norms for managing behaviour. Indeed, in our evaluation, staff spoke about continuing to use exclusionary practices, although the way in which these were implemented was said to have changed. This highlights a need for higher level policy shifts about the use of exclusionary practices paired with support for the education sector to build capacity for alternative means of reducing the impacts of challenging behaviours on school functioning.

In addition to system factors that enable educators and leaders to implement trauma-informed practices, the literature has identified the importance of leadership in sites for creating shifts in site practices and policies to respond to challenging behaviour more effectively (Burge, Lawson, Johnston, & Flowerdew, 2005; Chilenski, Olson, Perkins, & Spoth, 2015; Farrelly, Stokes, & Forster, 2019; Howard, 2018a; Norrish & Rundall, 2001). Our findings similarly identified the importance of leadership for effective implementation of training learnings. Survey results demonstrated considerable variance in the extent to which sites implemented learnings. In focus groups and interviews, participants connected this variation in implementation, and the associated shifts in practice, to the vision leadership had for their site. The importance of school leadership for improving

educational practices is not unique to the trauma field and has been extensively researched and described in the broader education literature (Hattie, 2015; Powell et al., 2015; Proctor, Powell, & McMillen, 2013).

Beyond the initial reflection on learning and implementation of changes in practice, the literature highlights the importance of continued monitoring, reflection and refinement of practices to achieve optimal outcomes for children (Cook, Lyon, Locke, Waltz, & Powell, 2019; Powell et al., 2015). There is also currently a gap in knowledge about how best to achieve implementation of trauma-informed practices in schools (McIntyre, Baker, & Overstreet, 2019). As learnings are brought back to sites and implemented, real world challenges emerge. Effective implementation requires these be identified and mitigated. In our evaluation, participants identified that implementation is never finished and that it necessitates a cycle of reflection and ongoing quality improvement. Schools routinely engage in a cycle of continuous quality improvement. For trauma-informed practices and policies to be sustained in sites, routine quality improvement practices must be applied both universally (for all children's educational experience) and for cohorts experiencing additional challenges to educational engagement.

Our evaluation highlighted that support is needed beyond the training to carry learnings into sites in a way that is locally effective. Others have similarly reported that implementation has been most effective when supported at the local level (Artman-Meeker, Hemmeter, & Snyder, 2014; Avery et al., 2020; Day et al., 2015; Dorado et al., 2016; Gray, Contento, & Koch, 2015; Perry & Daniels, 2016). The literature has had a focus on coaching to provide this local implementation support. This was echoed in our evaluation findings, where participants also identified that mentoring provided them valuable support for interrogating current policies and practices in line with training learnings and for working through emerging implementation challenges. In addition to this local implementation support, participants reported that it was important for Departmental policies and processes to enable this work. Specifically, this was spoken about as top-down policies that align to the types of policy and practice changes that are required for schools to integrate trauma-informed learnings.

Maintaining improved practices presents challenges beyond the initial practice and policy shifts. Local staff turnover was the key challenge to maintaining trauma-informed practices across the whole site. This is because new staff who come to the site have often not had training in trauma-informed practices. Historical norms for behaviour management mean that many leaders and educators have established beliefs about what works to manage children's behaviour in classrooms and schools that conflict with trauma-informed practices. This places ongoing demands on preschools and schools to provide relevant training or trauma-informed practice inductions for new staff. Although the evaluation did not directly measure staff turnover, and this is an area that requires additional investigation, it is likely that turnover in some sites is exacerbated by the challenges the context presents that can impact on occupational wellbeing. The evaluation found that while a majority of staff reported coping most of the time, a substantial proportion were not coping emotionally with the demands and did not feel they could support children impacted by trauma. Training appeared to increase this wellbeing but the increase was not maintained during implementation. This is echoed in other research that has found emotional strain along with staff feelings of helplessness to support students impacted by trauma (Berger et al., 2020). In our evaluation, focus group and interview participants spoke about how their wellbeing had improved in sites where there was a great deal of support and camaraderie in relation to implementing learnings, and that this helped them to cope with the emotional challenges of the work.

Beyond implementation of trauma-informed practices, three key challenges remained for meeting the needs of children and young people impacted by trauma. The first was meeting the needs of children and young people with high support needs. Our findings and those reported in the literature highlight the difficulties that the education sector faces in accommodating children who present with highly challenging behaviours. Beyond

disrupting learning, some of these behaviours present risks of emotional and physical harm to staff and other children. While supporting children with low level behavioural challenges is within the scope of practice for educators, managing the extremes of challenging behaviour extends beyond the skill and training of most educators. It is essential that in addition to the provision of training, there are effective supports for children and young people who present with levels of challenges that exceed the capacity and professional scope of practice of educators. Children and young people experiencing these challenges require specialist allied health or mental health intervention. Schools need reliable referral pathways and priority access for children presenting with extensive challenges. Evaluation findings suggest that without this we will not see reductions in use of exclusionary discipline practices.

The second challenge to accommodating all children and young people was in relation to parent engagement. Participants acknowledged the importance of engaging with parents and families to support the trauma-informed approach they were taking in their site. Achieving genuine engagement with families was, however, described as challenging. There was at times a reluctance from educators to talk to families about the impact of trauma on children because it was considered too personal and potentially stigmatising. Although this was generally spoken about as a challenge, some sites had applied insights from their trauma-informed learnings to the way they approached parent engagement and this had supported them to build partnerships with families around children with complex behaviours.

The third challenge related to supporting children and young people impacted by trauma who changed schools. Staff spoke about the work they may have done to build support around a child, for the child to be moved and not supported in the next school and again experiencing failure. School changes were at times spoken about in relation to transience, but also in relation to transitions from junior to senior schooling. In regions where there is a high level of challenge or where there is a high level of transience, a unified and connected approach is required across the region to ensure that wherever children present, they are well supported from the outset and the disruption to their education is minimised.

A limitation of the evaluation was the lack of measurement of the experiences of sites not involved with the trauma-informed practice training as well as those who discontinued the work after taking part in the training. Although focus group and interview participants generally spoke positively about their intention to implement trauma-informed practices, we are aware that this was not universal with some schools discontinuing their work in this space and others having a less positive implementation experience. While we were not able to gather data about why these schools did not progress in their implementation, it may be that the program was not the right fit for their context or that they were not 'implementation ready' (Avery et al., 2020). That is, factors that facilitate implementation may have been missing, sites may not have been able to overcome challenges they faced when implementing learnings, or perhaps they felt the program was not fit for their contexts. More work needs to be done to understand why some schools discontinue this work in trauma-informed practice and the broader need for this support across the sector as a whole.

Evaluation findings highlight a need to track progress in areas that represent successful inclusion for children who have experienced trauma. The education system is a universal service that lays the foundation for children's later occupational opportunity. Equitable access remains an issue when the system is not well placed to include, engage, and achieve positive educational outcomes for children impacted by trauma. It is imperative that the system measures and tracks progress in these areas to ensure change is being made (Graham et al., 2020). These areas are not currently adequately measured to inform systemwide improvement. Measurement and access to data should be available at the system level but also at the local level. At the system level, routine collections and reporting of data related to staff retention and wellbeing, student wellbeing, student inclusion and

educational attainment can indicate where things are working well and where sites are not functioning well for all children and staff. Where high levels of exclusionary practices are identified at a local level, additional work must be done to investigate antecedents and apply targeted strategies relevant to these root causes to reduce these practices.

At the site level, data should be easily available to support local monitoring of progress and the impacts of sites' efforts on children and staff. Chafouleas et al., (2016) have highlighted that data-based decision making in schools relative to trauma-informed practice approaches necessitates technical support, structures and tools. In our evaluation this was evident in the way staff spoke about the challenges they faced in deciphering the impact of their work at the local level. Implementing trauma-informed practices requires continued effort and resource allocation. This may be challenging for some sites to maintain when the benefits of their efforts are not evident early. Focus group participants described tensions in expending effort to support children with complex behaviour with applying an equity lens to the distribution of their resources. Implementation of trauma-informed practices was said to cut into time and resources. The pay-off for this effort is a reduced need for other diversion of attention and resources for dealing with disruptive behaviour, but this can take time to become evident. Indeed, in studies of trauma-informed practice implementation, there have been early indications that improvements in children's behaviour becomes more evident as implementation length increases (Avery et al., 2020; Dorado et al., 2016; Parris et al., 2015). In our evaluation, this pay-off wasn't always described, but where it was discussed, staff noted the challenges of objectively demonstrating this benefit with data currently collected in schools.

To support sites to track their progress, measures must first be collected and reported that are sensitive to detect the type of changes expected when children with trauma are included, engaged, and supported (e.g., number and severity of behaviour incidences, staff occupational wellbeing, student learning effort, and student longer term educational attainment). Beyond this, sites need guidance on the rate of change, areas of change, and scale of change they can expect when implementation is successful. We found no studies to provide clear guidance on the rate of children's behaviour change and education outcomes. Further research is required, but it is likely that change will be evident at different rates and to different degrees across the range of outcomes of interest. For instance, behaviour severity or the frequency of escalations might be expected to reduce more quickly than you might expect to see improvements in educational achievement. Catch-up effort may need to be added on top of trauma-informed practices for students who have been on poorer academic trajectories.

Recommendations

The aims of this evaluation were to identify how schools implement learnings and how the Department can support sites to get the most out of the training provided. The evaluation was not designed to determine the impact of trauma-informed practices on children or education sites. As such, these recommendations have been informed by findings of what supports schools to implement these learnings and the barriers they face in doing so.

1. **Continue to provide training and development to sites on the basis of self-identified need.** The evaluation identified that sites who reported successful experiences implementing a trauma-informed approach had undertaken previous work and/or training in the area of trauma-informed practice and were on a 'learning journey'. These sites were self-motivated and had supportive leadership. The Department can use evaluation findings to help fine tune their assessment of implementation readiness prior to commencing training. The Department may consider additional supports to increase implementation readiness for schools who could benefit from a trauma-informed approach but who are not well prepared to implement training learnings. The provision of training and support to schools on the basis of Department identified need (e.g., based on the social or economic characteristics of the community) may not be as successful.
2. **Provide support for implementation in the form of coaching or mentoring.** This may be informal supports through peer networks or formalised support through line management or education support services.
3. **Provide access to ongoing professional development for leadership** to enable them to engage in continuous quality improvement relative to managing behavioral complexity.
4. **Provide access to training for individuals and explore partnerships with the university and TAFE sector** to include trauma-informed practice training for pre-service educators.
5. **Build pathways to high quality specialist and community services for children who require additional support.**
6. **Develop and maintain accountability for outcomes for children as part of implementing a trauma-informed approach.** Investigate the use of the school performance dashboard to support schools to monitor their progress, including investigating the addition of relevant indicators of schools managing behaviour and supporting student engagement and inclusion.

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