



Be You In Focus Webinar Transcript

Trauma informed practise in your learning community

Presented by Sally Gissing (of Beyond Blue) and Nicola Palfrey and Margaret Nixon (of Emerging Minds)

Sally Gissing: Good afternoon, everyone and welcome to our In Focus webinar for today 'Trauma informed practice in your learning community'. My name is Sally Gissing, I'm an implementation manager in the Be You team at Beyond Blue and a little bit about me before we get started. I've been in the education sector for over 10 years now as a primary and secondary teacher and also managing School based education and wellbeing initiatives.

I'm really excited to have so many of you joining us from around Australia today. It's great having you all here. Given that we have a large number of attendees we've placed you into listen-only mode. So this just means that you're not able to use your mic or your webcam, but you're certainly able to use your questions box, which is in the bottom right hand corner of your screen if you're on a desktop, and we really encourage you to send through any comments questions that you have throughout the session. We'd love to hear from you.

If you're new to Be You and you're wondering what it's all about Be You is a national online initiative, it's free and it's funded by the Commonwealth government and led by Beyond Blue working closely with our delivery partners, Early Childhood Australia and **headspace**.

It's really all about empowering you as educators along with your early learning services and schools to support the mental health of children and young people in your care by building mentally healthy learning communities.

We're really keen to work with you to build and grow a mentally healthy generation where it's normal to actively look after your mental health and seek help if needed because like we all know there's no health without mental health.

I'm coming to you from Melbourne today and our co-presenters from Emerging Minds Nicola and Margaret are dialling in from Adelaide but I'd like to take this opportunity to acknowledge the traditional custodians on the land of which I stand today which are the Wurundjeri peoples of the Kulin Nations and pay my respect to Elder's past, present and emerging. Also considering that we're dialling in from all across Australia I would like to extend my respects to Elders and Aboriginal and Torres Strait Islander people from across Australia and really encourage you to think about the land that you're joining us from today and what that connection means to you. We certainly recognize the importance of continued connection to culture, country and community to the health and social and emotional well-being of Aboriginal and Torres Strait Islander children and young people and their families.

Without further ado, I'd like to introduce you to our subject matter experts today from Emerging Minds and the Australian Child and Adolescent Trauma, Loss and Grief Network, Margaret Nixon and Nicola Palfrey. Welcome ladies.

With delivery partners



Nicola is a clinical psychologist and researcher and has an extensive experience working with children adolescents and adults who have experienced significant adversity and trauma and she's the director of the Australian Child and Adolescent Trauma, Loss and Grief Network at ANU, so very warm welcome to Nicola.

Margaret is an educator with over 20 years' experience in education research teacher professional learning and project management in the field of children's mental health well-being and trauma. She's worked with the in various education settings both here in Australia and overseas. She's currently a senior trauma specialist at the ANU so a very warm welcome to you Margaret.

Before we get started it's really important to take a moment to remember that when we're talking about mental health in any context, including trauma, it can affect us in different ways. As Educators we all come with our own unique experiences and if there is anything that we covered today that raise any uncomfortable feelings for you do feel free to opt out of the session. It will be recorded so that you're able to watch it at a later stage.

We'd also like to recognize the importance of educator self-care and if you'd like to know more information about how to look after your own well-being there's lots of information on our Be You website including where to go if you'd like to chat with someone.

We also recognize that you, as educators, already come with a wealth of experience and knowledge and we're really keen for you to share this throughout the session today. And there's lots of ways that you can get involved.

You can answer the reflection questions that we posed throughout using the questions box as well as ask any questions that you have. You can also respond to some of our live poles, we would love to know what you think. If you having any technical difficulties, we've got Cassie who's on hand to lend you any technical assistance again using that questions box to reach out to her.

We will try and respond to as many questions as possible that you have today particularly in our Q&A session that we'll have a little bit later on during the webinar. If we don't get a chance to answer your specific question we will also be putting together some post-webinar material that will pop onto our Be You events page including places where you can find some further reading. And of course, you will also receive a certificate of participation for attending today. All of those things we will aim to get out to you in the next couple of weeks.

So, let's launch into our topic for today, which is trauma-informed practice in your learning community and like any good educator I love a good learning outcome and learning objectives. Here's what we intend for you to learn about during today's session which is divided into three sections. First off Nicola will provide a general overview of what is trauma, the prevalence of trauma and its impact of on children's learning in a learning community setting. Then Margaret is going to look at what does this look like in practice and what can trauma informed practice look like in your learning community? And we do really want today to be a practical session. We want you to have lots of tangible ideas about what you can take back to your learning communities and implement in your day-to-day practice, we'll also look at next steps, in terms of if you are after some additional support, where could you go to find that, as well as some resources for further reading.

During today's session I'd like you to keep in mind that what we're learning today about trauma informed practice can be beneficial to all children, including those who have experienced trauma, regardless of the source or the type. It'd also be great for you to take the opportunity to think about what you are already doing in your in your practice and you could be surprised, you might actually be doing quite a lot and remembering that it doesn't have to be large task.

It can actually be quite simple things that you do on a day-to-day basis such as greet children by name and trying to set up regular routines. All those small actions, particularly if you're doing it as a whole learning community, can make a big difference over time. So, keep that in mind as we go through today's session. So, let's kick off with our first section today, which is understanding trauma. And I'll hand you over to Nicola.

Nicola Palfrey: Thanks Sally and welcome to everyone who joins us this afternoon. As Sally mentioned, I'm going to take through the first section today where we look at some of the definitions of trauma and prevalence. I'm not going to spend too long on this, I'm sure a lot of you are very familiar with the terminology and fully aware of just how prevalent trauma is, but it's helpful to set the context.

We are keen to get your feedback and for you to think about the children and young people that you're interacting with in your learning communities as we go along, so please contribute with the polls and the questions box and so forth so we can make it as practical as possible. Let's go into what do we mean by trauma and when we talk about children have experienced trauma and adversity there's a lot of language that gets used around types of trauma.

You can see on the screen there type 1 versus type 2, relational, interpersonal, intergenerational, community and the first point I want to make is that the strategies and the practices that we're talking about today are useful for all children, as Sally mentioned, regardless of the type of adversity or trauma that they've experienced. These practices are about children's belonging and engagement and capacity to learn and have positive relationships and reach their potential but some of the quick differences, we do know that certain types of trauma do have much more profound impacts.

If it's relational and if it exists in relationships rather than being a kind of impersonal event like a car accident or being struck by lightning, if you're hurt in a relationship, we know that that really does have much more pervasive impacts for children. Intergenerational trauma, where trauma can be passed down by generations because of ongoing impacts of displacement or the sorts of things we've seen with the Aboriginal and Torres Strait Islander Community where you've had intergenerational trauma of disposition and ongoing discrimination, can have profound effects for whole communities.

Community trauma can capture that but also can capture events that affect everybody within a community, large or small, they can be either natural disasters, bush fire or flood, but also they can be traumatic events such as car accidents in a small community or the death of a loved one.

There's a lot of language around trauma, but rather than being caught up on that we really want to focus on what you can do to support children regardless of what they've been through. If we have a think about what we mean by trauma informed practice, when I think about trauma informed practice whether or not it's in an educational setting or a health setting, it really is a combination of knowledge and perspective.

We sometimes think about the trauma lens and what I mean by that is the knowledge of how prevalent trauma is. It's not a small problem and we'll talk a bit more about the numbers as we go along but it's unfortunately more prevalent than we would like. It has pervasive impacts on children's development, their relationships and their behaviour at times as well.

Having a trauma lens is understanding the fundamentals of trauma and its impacts, but also a perspective and a stance of curiosity and wonder about what might be going on for a child when they are unable to contain their distress or calm down in a way that you would expect them to.

The trauma sensitive perspective is a place of curiosity not to know what is going on for that child or what has happened to them in the past, I'm not digging for details but am curious about what it is they really struggling with at the moment and what can I do to help them? That's my overview of what trauma informed practice is.

We are launching into the poll that we have up here, which we would love you to participate in, which asks you to what extent you think you're learning community is aware of trauma informed practice. I know there's a lot of talk about it in the community and a lot of fantastic work is exploding across the country over the last 10 years. I'd be fascinated to see exactly from our audience how aware they think their communities are. Because I think there's a lot of talk about it. I think there's a lot of disparate work being done in this place. I think one of the challenges that we see is in implementing it and sustaining its implementation.

The pole is coming along and I think we've got a real mix here. We have 15% of you stating that there's very limited awareness, the majority having some awareness, and very aware but not in practice is 20%. And nine percent embedded in practice and that is that's fantastic. That's probably what I would have predicted. I mean, I think we've run trauma-sensitive practice in schools in the OSI team. We've probably managed to embed it in ten percent of the schools there and that reflects what we've got here. So that will just give all of us a bit of an indication around the level of awareness. We've got the majority having some more limited awareness. Hopefully after today they'll have more awareness and we can have some structured ideas for you to get this stuff implemented. Thanks for your feedback.

On to the next stage where we think about why would we use trauma informed practice? Well, as I mentioned the prevalence is more than we would like it to be and according to Australian data we know that two out of three children in Australia under the age of 16 will have experienced at least one adversity or traumatic event in their life, and that can have an impact on their learning and engagement, and 20% of

children, one in five, in your educational learning settings have experienced multiple adverse experiences that's three or more in their short lives and that's quite important because we know at that level it really does increase the chances of children having difficulties engaging in school and learning to the best of their capacity. It seems to be a bit of a tipping point and unfortunately for Aboriginal and Torres Strait Islander children, we know that their exposure to adversity is much higher, as we discussed before. So why trauma informed practice, because 20% of the kids in your classrooms at least will have experienced levels of adversity that could be really impacting them. We know trauma informed practise helps.

If we move on from the prevalence and start to look at the case studies that were sent to you earlier we've got two young people for you to think about. First off James, a three-and-a-half-year-old, if you haven't read through it yet I encourage you to now. James' mum is in hospital and there has been changes in his caregivers. James' childcare reports that he often seems very upset by the smallest things and asks to be carried around.

The next case study for those of you that are working in a school setting is more relevant. Vicky who is 12 years' old and has experienced a natural disaster. She is prone to checking and re-checking things at home and she often complains of stomach aches to try and avoid going to school. Her teachers are struggling to get her to complete work in school. She has been involved in several aggressive incidents at school and has left the school grounds without permission during lunch time several times this term. Her parents are quite concerned about her wellbeing.

I encourage you to review those cases if you haven't already and we would love to hear any reflections that you have on how you might support these children. You can comment on either the case studies and let us know what you think about what your environment would do in these situations.

How would you manage some of the behaviours that you're seeing? There's a lot of additional distress in the first case study and with Vicky you have some behaviours that are quite tricky to manage in terms of disengaging but also aggression in the school place and leaving without permission, which is obviously a very difficult thing for schools to manage now. As we go along today, we'll come back to review these cases and look at them again with a trauma lens once Margaret has taken us through the BRACE model. If you have any reflections on those would love to hear them.

We are having some ideas coming through the question box now about how we might want to work with Vicky or the other cases to support them in their in their learning environments. We can see that there's some notions around diagnosis for Vicky for example, is that helpful? In terms of practical strategies, we're hearing that her teachers in the school or the executive in school could help her to feel safe and connected. As we go along we welcome feedback and any of your reflections that you've had. So, we might feed that through as we get any other Reflections, but we'll move on and have a look a little bit more of a deep look into trauma sensitive practice.

The impacts of exposure to traumatic events really are pervasive across mental health, physical health, behaviour and learning and that is because of the vulnerability of young people to exposure to adverse experiences as you all very well aware from the training you've had in development and the developmental stages. There's a massive amount of growth and development going on in the early years of life. And what we now know is contrary to prior belief.

Our opinion was that if kids were too little they weren't impacted by frightening events or they were exposed to family violence they can't remember it because they were a baby. Unfortunately, what we know now to be true as the younger a child is when exposed to adversity whether it be interpersonal violence or neglect or abuse or even living in really chaotic environment. The younger the child is the more pervasive the impact can be and that's because of the just the sheer level of development that's going on in the child at that time.

The other thing that we know is what we see is not everything. So we use the iceberg analogy, I'm sure again this is something that is very familiar to educators, where we see the behaviour, but that is just the tip of the iceberg and in terms of what's behind that behaviour, the needs that the behaviour is trying to express is really a bit harder to see in the first instance. The trauma centre approach asks us to look behind and question what's going on for this child, what might have set them off, have they been through something or is there something going on that's making them feel really unsafe in this environment and therefore reacting the way they are.

If we have a look at some of these in a bit more detail in terms of the impacts of trauma on the brain, again educators will be familiar with brain development. This is an adaptation of a model of brain development. On the left-hand side is the typical development and shows a kind of representation of how the brain is built over time. The brain is built in all of us sequentially over time when we are born. We are born with the kind of framework of our brain the brain stem in place, but it's really just built for survival. We have the capacity to regulate temperature and hunger and shiver those sorts of things that keep us alive, but we're absolutely dependent on adults in their lives to keep us alive through the early years and through teenage years and into adulthood. We now know the brain develops up through the more sophisticated and complex tasks up to cognition in the prefrontal cortex, the top part of the brain, where thinking, planning, problem solving, risk management and the part of the brain that we really need to engage to learn.

In typical development, as you can see in the triangle, over time we're ruling from the top part of our brain and really only a small amount from the base part of our brain but on the right hand side, you can see developmental trauma, which is another jargon word, which is what we use to refer to children who have been exposed to ongoing interpersonal trauma, people who are living in houses where they're exposed to chaos, exposed to violence, exposed to abuse or neglect in an ongoing and sustained way, it really reshapes how their brain develops because they're focused on survival. They don't have the luxury of feeling safe and secure and therefore are unable to operate from the higher parts of their brain. Their brain, in the use-it-or-lose-it capacity that we have, is focused on keeping them safe and so is ruled by the survival part of the brain, the amygdala to the alert system.

A lot of people have heard a fight, flight or freeze and we can see some of those behaviours in the case study, particularly with Vicky when she's running off from school. So, they're running because they're feeling unsafe, they haven't necessarily made a choice but they are they are fleeing a situation because that's what their brain is telling them as a safest thing to do in that circumstance.

When children have been exposed in an ongoing way to trauma and unsafe situations, the areas of the brain that are used the most are the amygdala and the alert system. We know that they're actually bigger in kids have experienced trauma or adversity and what that means is their amygdala and their alert system goes off more easily and when they have a trigger it stays on for longer and it's really hard for them to come down again.

That has really significant impacts in learning environments because you have two kids sitting next to each other and they are responding to a situation say a raised voice or a bang. It could be anything could be a smell, it could be a sound and one child has a very moderate response and the other child seems to have an extreme response.

I think it's a good thing to remember that if you see a response behaviour that you think is completely out at a kind of sync with what it should be, it's a 10 out of 10 reaction for a 3 out of 10 situation, I would invite you at that time to park your response and be curious. Something has gone on to make that a ten out of ten response for the child, you don't necessarily need to know exactly what that was, but stepping back and thinking that seems to be more going on behind the behaviour than what's happening in this classroom, what we would call a trigger, to evoke that response in that child.

That's a couple of minutes on brain development. There's a lot of resources out there that we could go into a lot more detail, but we just want to introduce these notions to you today. The yin to the yang of brain development is attachment and what we mean by attachment is the relationship between a child and their primary caregiver. It's mum, the grandmother, the father, the foster parent or whoever is primarily responsible for bringing up and raising a child is their primary attachment figure and they really do a lot more than just feed and keep a child warm.

The way a parent meets or does not meet consistently the needs of a child, whether it to be fed, to be soothed, to be comforted, to be enjoyed, shapes the child's brain. So, it's not just the exposure to frightening events. It's how your caregiver relates to you. It shapes your brain in terms of its responses that we've talked about but also your view of yourself and your view of the world. You can only develop a view of yourself whether you're a good kid, a likable kid, a friendly kid, a successful kid in relation to others.

We all know children that come into our lives that kind of bounced into an early childhood setting for example, and their expectation is if they've had good enough pairing in a safe and secure relationship that you as adults are taking care of them and they are going to be safe, the adults are going to be interested in them, are going to feed them and they're going to look after them. However, if another child comes in whose experiences with adults is that they're unpredictable, that they are mean, that they hurt or that they

are really just not that interested in you, and if you express emotions or you show interest then that child who has experienced pain, they're not going to trust you. They're not going to engage; they're going to be wary of you because that's protective.

Children bring their attachment relationships, their view of the world of adults and their place in it into our educational settings and learning settings and an array of different attachment styles. Kids that are very aloof, seem to really want to disengage and can sometimes be controlling and those sorts of patterns are a result of early experiences. Kids that are excessively at times clingy and needy and anxious that can be a result of their early attachment experiences as well. So having an understanding of those attachment relationships can be really helpful in having effective strategies to help those kids thrive and feel safe in schools and services.

Related to attachment as I mentioned is the child's view of themselves. So not only their view of adults and how they can be seen but very much am I okay? You can only have a view of yourself as a likeable child, a lovable child, a child that can succeed if the adults around you have given you those messages and have met your needs not a hundred percent of the time I think the data is around 30% the time, so those of us who are parents can relax if you can't meet your children's needs all the time. But a view of yourself as capable and lovable is essential for relationships and also for being able to engage in learning and play.

We've all had experiences of offering praise to a child that is thrown back in our face. We sometimes can find it really hurtful and it's hard to understand, again understanding or curiosity or just a stopping and thinking how can this child not receive a compliment? What is it about the compliment that is too much for them? Or just stopping and rather than seeing it as a personal rejection see it as this child can't cope with it this at this time in the same way that some children can't cope at really complex maths at this stage. The child doesn't need less compliments, they actually need more because we need to repair that sense of self through relationships, but they need it in really small doses.

So again, it's a pause and thinking about how you're interacting and what might be getting in the way of this child being able to receive the comfort they need or the attention they need and how can I help them to receive in a way that is tolerable for them and they will get there, but it's going to take a bit of time and support.

So moving through now, we will have a look at some of the behaviours and we've purposely put this last because it's again something that you guys are all very familiar with but I think some of the concepts are worth pointing out. Behaviours in the jargon of psychology and other allied health are often referred to as internalizing and externalizing, all we mean by that is some kids act out and they're easy to spot, some kids go quiet.

The kids that flip their lid or aggressively trash the classroom or be aggressive towards other children, we refer to them as externalizing behaviours, they're obvious signs of distress and anger, which is often a mask. Acceptable or not it is only way they know to express sadness, despair, embarrassment, confusion, all of those sorts of things that are happening inside the child.

So, there's externalizing behaviours and the harder to spot and harder to support sometimes are kids who are internalizing issues and they're more withdrawn, anxious or sometimes very compliant kids that are super good all the time. It's important to know that both of those things can exist in the same child. We all have as kind of template of what we're more likely to do, either more acting out or more withdrawing and a real challenge for educators and all learning settings is you probably have a couple of each in your classroom. The internalizing behaviours are harder to spot because a child that is kind of spaced out in their own world or worried is harder to pick up and support particularly if you've got a couple of kids picking up chairs and throwing them across the room or acting in much more physically unsafe way.

However, this might be worth keeping in mind; a member running a session with some early childhood educators a few years ago and she spoke about a situation not unlike our case study. Actually, they were four-year-old twins, the mom had gone into hospital and had been there for a long time and they didn't really know what was going on. The educator said to me, one of the twins is doing really well and doesn't seem to be affected and the other one is kind of off the Richter scale, you know, fighting, throwing things, really distressed, crying and yelling all the time and so what can I do for that twin? We just stopped and had a conversation around what made her so sure that that first child was not upset. When she stopped and reflected and engaged with that family over time, of course both children were equally confused and upset. They didn't know where their mum was because no one talked to them about it. It's important to remember that we can't necessarily tell exactly what's going on for a child just by looking at their behaviour.

This last concept here is developmental versus chronological age, which is a really helpful concept of holding mind. I find it really helpful working with families. Educators are really good at kind of talking about how the child is acting a certain age. Say you're working with a ten-year-old class but somebody in that class is acting in a way there's much younger. The 10 year old is acting like a five-year-old or some of the kids in the class are behaving like preschoolers or behaving like toddlers. That's what I think about developmental versus chronological age, particularly kids who've experienced trauma and adversity when they are stressed or when they are pressured will regress in their behaviours.

Again, thinking about the first case study, we've got a classic example of that return to increased clinginess and need for security. Developmentally he has gone back a little bit not necessarily forever but in the immediate moment and so it's really helpful to think about if a child is not acting their age, what age are they acting and how can we scaffold them at that developmental level? Not talking to them in a baby voice but in terms of what would you do if you had a child that age, a two-year-old a toddler or a five-year-old, to get the ten-year-old through their day and get them kind of connected and grounded and back on task.

The other way we can also have some the precociousness that can come after exposure to trauma and adversity is children acting older than their age. Somebody has asked about this, but it doesn't necessarily indicate trauma. It might indicate responsibility, roles within the family. It can indicate sibling order as we would all know some older children in families tend to have responsibilities for caring for young ones, or some children are young carers themselves or living with parents with a mental illness or chronic physical illness often have additional responsibility and burden in their home lives and that might not be problematic at all, acting older. It can be problematic as well, of course particularly if they're acting in really risky ways. If you're really concerned about a child acting much older than their age in a precocious way perhaps around drugs or sexual activity and so forth, then you'd want to check in with them around their safety and what was going on.

There's not necessarily one definitive thing that indicates trauma and the important thing is you don't need to know for certain. Of course if their safety is at risk you want to check that out but these responses and interactions Margaret is going to take you through shortly are great for all kids. Looking at how we can connect with children, build relationships, help them feel safe and secure in their learning environments are beneficial for all kids regardless of their level of exposure to trauma and adversity, we all have adversity so you can't get through life without it.

It's time for another poll and we've talked a little bit about the sorts of behaviours that all of you will be exposed to every day in your learning environments, it would be really helpful for us and interesting to understand what sorts of behaviours that you find most challenging to make manage in your setting.

I've worked a lot in the past with children and young boys in particular who have experienced trauma and express a lot of anger and aggression. I actually really like working with those young boys. I call them my "sad boys" because when we work together over time when I ask them what they feeling just before they got really angry the answer was inevitably sad and so working with them around emotional expression and finding other ways to express that I found really helpful. Whereas other people I find are much more talented at working with those withdrawn children that are very anxious and so forth. Let's have a look at the poll results.

Okay, so pretty clear defying behaviour and anger or aggression coming through very strongly as something that can be challenging to manage. So the regression and clingy behaviours you guys seem to be more comfortable with. If you are finding that challenging, I think that's probably pretty consistent with what we've seen when we go in and work with schools. One of the biggest issues that people have is how do we manage behaviour? And how do you work in a trauma sensitive way that isn't letting kids off the hook so we can come back to that.

I think the one thing I'll say before I hand over because I'm out of time is that thinking about anger and aggression or defiance as being emotions that kids are often told are acceptable or are the only ones that they have witnessed as being acceptable and more vulnerable feelings of sadness, hurt, loneliness are not accepted and they have never seen them demonstrated. And so, when we teach kids how to get in touch with those feelings and it's okay to show them in our environment you can often have real reductions in that anger aggression. I'll leave you with that thought and I'm now I'm handing over to Margaret who is going to take you through this in practice. Thank you and I'll join you again a bit later on in the session.

Margaret Nixon: Thanks a lot, Nicola and lovely to be able to join with you this afternoon. And so this next section I suppose we're still wanting to hold in mind those case studies that we were given and also that first poll we did around what your current understanding is and just looking at trauma sensitive practices that in schools and services and how we can look at not adding on even more work, but actually hopefully this afternoon identifying things that you're already doing that can be part of a trauma sensitive framework for you to work in within your school. I'd like you to keep that in mind and also I noticed that there were a number of you who said that yes, you have some awareness and there is some embedding in your schools and it would be great now for you to actually start sharing ideas as we're talking. As teachers we often learn the best when we hear what other people are doing, so I'd really encourage you to be responding and share ideas as I'm going through.

I'm going to present today this BRACE framework, which is a trauma sensitive school framework and this really operationalizes all those areas that Nicola has been looking at and saying, okay, what do they look like within our learning environments.

BRACE looks at belonging, routine, attachment, capacity and emotions and this framework was developed at the ANU as part of the Trust Program, which is around trauma sensitive schooling. As we go through I'm going to look at what each of the elements of BRACE are as well as looking at what do they look like in the classroom, what do they look like in policy and if it gets you to start thinking about things and you go "oh, yeah. I already do that" or "yes our school already does that", that's what we're wanting. We're not wanting you to leave today and say "not more things I have to do totally differently". Hopefully, this will be a time when you can go "yeah, I've learned about that" or "I used to do that and it's kind of dropped off my radar" and then today will be a chance for you to think about those things so that you can bring them into your learning community.

Let's just start off looking at the notion of belonging as part of a sensitive school strategy. The 'B' for BRACE is obviously belonging and that's around connectedness to staff and peers, where your learning community provides a safe and secure environment physically and emotionally. Now, it's important in this to recognize that as all children are different, as we are all different, our understanding of what a safe and secure environment can be different for each of us. And so when we say to school, "oh, yes, we've got a safe and secure environment" we need to be starting to check in and go "are we and are the kids actually feeling safe and supported and how do we know that? What measures are we thinking about that?" and say "yes, they are they're sharing with each other. It's a gentle environment".

That's one of the things to keep in mind and the other thing is the engagement around children and their families. That's part of that belonging. What does it look like as a daily thing? It can mean things like meeting and greeting your kids by name when they come in and when they go out, it's about knowing what's going on for those kids whether it's just like a quick chat about "how is your football team going" or "I understand you had a ballet concert" or "you were going to do such and such how did that go", showing the kids that you recognize that they have a life outside of the school day, but that belongs here within our school environment and we can talk about it.

We want people we want the kids to feel like they belong so things like circle time are really important ways where we check in with kids at the beginning of the day or the end of the day and that's another way of being able to really help kids feel like they belong as far as policies and procedures and programs at schools. Social emotional well-being programs that again highlight to the kids that everybody belongs, everybody has a place, everybody is validated. How do we get on? What does that look like within our school? Looking also at bullying programs is another way that we can look at making sure that kids are not excluded within schools. So that kind of gives you a bit of an idea and already I'm sure you're thinking "oh, yeah, we have that in our school".

The next element of BRACE is around routine, routines across your learning community and making sure that they're predictable, and also an approach to learning and behaviour across a learning community now is very important as this notion of predictability for children, whether they experienced trauma or whether they're going through a tough time, generally all kids like to know what's going to be happening next. Having routines in our timetables, having visual cues put up for younger students in early learning environments, so children know what's going to be happening today. If there's a break because you've got school photos or you've got to practice for a particular performance, making sure that you step children through knowing what that will look like. What time are we going to be packing up? What's going to happen? Who's going to take us?

They may have done it before but for some children this can be a real sense of anxiety for them. And that's where we can see withdrawal, or we can see acting out because they're not quite sure what to do with being so uncertain. As Nicola was saying before, they either drive that internally or they share it with it externally by "carrying on" and you can't have the, act out whenever we have to go out or line up again, it could be by sitting or working alongside them to say "hey, listen, you know, we've got practice for the school production that's going to look like this and I'm going to be there or whoever is going to be there". That's a great way of just checking in and stepping through and scaffolding those children who need a little bit more scaffolding.

Keeping in mind, as Nicola said, we might be saying "these kids are in grade 5 they should know how to do this", however, their chronological age, because of the experiences they've had because of what they might be dealing with at home, might not allow them to act their age and they might need that extra scaffolding to help with the notion of routine. The other thing is bringing in rituals and kids love this in schools where they know for example that Friday afternoon is finishing off and fun time. And again, I've no doubt you're going, 'oh yeah, we already do that'. I'm not trying to say this is rocket science, it's just looking at what you're already doing and congratulating your school or service on what you're already doing and let's look at how you can promote more of those.

The third element for the BRACE is looking at attachment and this is around looking at developing a relationship with the children and with families. This is around making sure that the child has a place to belong and a staff member that they feel that they are comfortable with and looking at what you build up within one year and as a child their moves onto the next the person, you will still be there and still consistent even if the child moves on to another class. The other thing to look at is whether as staff we look at the interactions with children that we find it easier to attach with and get on with and the interactions with the children that we try really hard with but we really struggle and being aware of that, being self-reflective.

The next element of BRACE is looking at capacity. And this is around promoting the strength of children, looking at what can kids do and where they are at. Where are they on individual learning plans? Are we really working from an area of strength? Are we scaffolding? Are we standing beside kids like Vicky in our case study and going "hey, she's not completing the homework, what does she need from us?" and working alongside her, being with her, breaking things up, chunking things so that it's achievable. So success is given and so there's a sense that she can do it and that you're with her and supporting her.

Then finally if we look at emotions and emotional regulation looking at how we can recognize, and this goes for both staff and for children and for our leadership, emotions within our learning settings, looking at our own emotions being self-reflective. How do we regulate those emotions? How do we express them in schools? What are we doing as far as what are the ways that we are modelling within our learning environment and what are we doing to be able to assist the students in our care to be able to recognise and express and model their own emotional regularity. This can come through social and emotional wellbeing programs and there are a lot of them out there that are excellent that really can assess kids. It can be all the cues you put up in your In your classroom that help kids work out where they are like an emotional thermometer or it might be building a little breakout area where children can just go and take themselves away to be able to self-regulate and to be able to bring themselves down.

That's really looking at that BRACE model. If we want to now go back to those case studies that we started with and just to be able to go back through those now looking at them through the lens of what Nicola was speaking about and then also looking at that BRACE model.

When we look at a child like James and we start to think about him, we've got some attachment issues because mum has gone away and we have somebody new coming into his life, what can we do at his learning environment? Again, that might be around making that connection with James, making the connection with the family, making sure that we've got some common language and a common approach with James, with the grandmother, with the family around what's happening. It might be working with James about developing a little visual calendar or a diary about when he is going to visit mum or maybe it's something that he can take from preschool to take into his mum. All these little things we can work with James around being able to recognise what's going on for him.

The issues with wetting himself and the clinginess, we need to be able to look at this with another lens and saying what is it that James needs from us, looking at that BRACE model and going through those various steps and saying what elements from this might be able to assist James with these issues. What would be a good reflection for you to think about now is if you can take what we've done, think about what you're

doing and what is your learning community already doing to support James and Vicky and think “we've gone some the way”.

I've touched on the fact that breaking down the way that we might be expecting Vicky to respond to various learning activities is beneficial so that we can make sure that Vicky is experiencing success at school. We still have expectations about routines and expectations about ways of her to be completing tasks, but saying how can we do this so that it is manageable and successful and that she can continue with her learning and feel like she has a place within that school. Being aware that the stomach aches and like behaviours may need to be looked at through with a different lens, rather than the lens of “she's just trying to get out of it school” and trying to really work alongside her so she feels like the school and her teachers are holding her in mind and they're aware of what's going on. They're supportive, they still have strong expectations, they still have boundaries, still have routines, but they are holding her in mind and are able to renegotiate things.

We are now moving onto the question and answer time where we have a bit of time to be able to look at your questions, I invite you to send in yours. I think we have some that have already been sent in so I'll hand over to Sally and Nicola to start looking at these.

Sally Gissing: I know there's been a flurry of questions and thank you for sending those in folks and please continue to do so, just remembering that those questions that are unanswered today will be answered in our post webinar material that will be available on our Be You events page in the next couple of weeks. There are some really great ideas coming through, we might take some key themes of that so that we can share our expertise with one another. I think that's a really great opportunity to be able to draw on the expertise with the brains trust that we have today so Nicola, I know a few questions have been flicked through to you. Did you want to get started?

Nicola Palfrey: Yeah, sure, thank you. There are a couple of questions that have come through about how can you tell so how can you tell the difference between a child who has experienced trauma or has a learning difficulty or does the child who's expressing “extreme” behaviour always have had trauma in their past.

So, the questioning around knowing I'm grouping together because I want to make two quick points. There's a lot of questions around knowing, but as I said before nothing is definite sign a child has experienced trauma. There are certainly really strong indications. We'll take the example of a child expressing ongoing and extreme anger and aggression, have they experienced trauma if that child is experiencing ongoing and extreme anger? They're experiencing ongoing and extreme distress is how I would phrase it, so trauma-sensitive practices are exactly what that child needs to help them develop the skills to express their distress, which is what anger and aggression is, in a way that is more constructive.

The second question is around can you tell the difference between trauma and learning difficulty and it can be really difficult. Again, the strategies that Margaret was taking you through around belonging and scaffolding and routine are beneficial for children that have experienced trauma and who have significant learning difficulties. There's also a question about autism, I'm going to try and wrap these up together because the trauma sensitive strategies work really well for kids that have got diagnosis such as autism or other learning difficulties. We've implemented our trauma sensitive school program into schools that work and provide support for kids who have very significant autism, learning difficulties and so forth and the strategies there have been the trauma sensitive strategies. The strategies have been phenomenal because of the structure, the routine, the predictability and the explicitness. I think that's one of the things these schools have taught us, they hadn't necessarily explicitly taught some of the things that they needed for those children, like how to name feelings or what behaviour is or isn't acceptable, and I think if we can step back from trying to know what a child has being through which is less important than thinking these strategies are helpful for all kids.

Margaret I might throw to you again, there's a couple of questions around attachment. We've had two separate questions on each side. So how do you create belonging in the kids who are clingy and how do you include kids that have excluded themselves due to their negative behaviour? So Margaret if you have any comments on belonging for kids that are particularly clingy, to help them feel seen and supported, and

kids that have maybe have had a rupture in the relationship with their peers and their classmates how we can bring them back in?

Margaret Nixon: What I'd like to preface it with is that it is important that this is seen as ongoing work, it's not a one-off. It's not "I just need to do one thing and then this will be cured or communication will change what's happening with the child". So for me, it's always around relationships and it is first of all establishing that relationship with the child whether they are withdrawing or whether the child is acting out. Once you start to establish that relationship you can have the conversations with the children around what they're thinking, what they need, and that is for both of the extremes.

The child that withdraws and is keeping to themselves, honour that by approaching them quietly to gently let them know that you're there, that you are working to get to know them and then over time being able to talk to them and encourage them with ways that they might want to become more engaged with in the class and with their peers. Show them what that might look like for them and give them some agency around that how that might happen. For the child that's acting out and that has that rupture it can be around working with the whole class as well as working with that child, and helping them to understand the impact of what might be happening for them and the impact that their behaviour might be having on others.

But again, it's all within the context of a relationship and being able to be with that child and assuring them that you're there, that you're listening to them and that you're wanting to make contact and for them to be heard, what it is that they're wanting to have happen. Most children want to be part of their peer group and these ruptures might be because they're not quite sure how to do that. There might be another frustration. There might be other things going on and so being able to really work through a relationship where you are listening to the child and are supporting them step-by-step, building the skills, listening to them, would be the way that I would be approaching that issue. It can take time, it's not one conversation.

Sally Gissing: Thank you, Margaret, for that comprehensive answer and mindful of time, I think we will wrap up question time. Thank you so much everyone for sending through those questions we will definitely include them in the post webinar material and I'm also thinking just in terms of next steps, we might actually list those next steps in that post webinar materials, as that's something that you can read a little bit later but we've got some ideas about internal and external sources of additional support as well as further reading. I encourage you to go to the Be You website to learn a little bit more and also register as an individual educator and as a whole Learning Community if you haven't already done so.

I just want to quickly take this opportunity to thank you all for joining us today. The hour sure goes quickly doesn't it? It's such a fantastic topic that we could talk for hours on end. It's been so great hearing your comments and your questions come through, we very much value them.

I just want to take this opportunity to thank our subject experts today, Nicola and Margaret for your wealth of information, and sharing so many insights in your expertise today. It's been invaluable and I think I talked on behalf of all the participants with the comments that we've been getting through, we've really appreciated it so very much. Thank you to you, and thank you to all of the participants who are listening in, we're going to wrap up now.

When we finish the webinar you'll be prompted to fill out a survey, which is really important just to learn about what we can improve on, what you like, but particularly what topics you're interested in learning about more about. That might be more to do with how we can put trauma informed practice into practice. Please let us know on that post webinar survey.

So that's it from us, thank you so much for your time today. We look forward to seeing you next time and to continue working together to grow a mentally healthy generation, bye for now.

End.