NOSHSA

Trauma Informed Practice

in Outside School Hours Care

EDUCATOR WORKBOOK

The National Outside School Hours Services Alliance (NOSHSA) acknowledges the Traditional Owners of Country throughout Australia and recognise their continuing connection to culture, land, waterways and communities. We pay our respects to Elders past, present and emerging.

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Why Are We Considering Trauma?

This age of information and technology means that we are often bombarded with graphic information about a range of unpleasant topics; war and civic unrest, human rights violations including the abuse of children, natural disasters and the implications of climate change to name a few. The news cycle never ends and whilst it would be very easy to perceive trauma as something that happens outside our own communities, this is simply not the case. 'Trauma is not just "out there". It is in our midst' (Kezelman & Stavropoulos, 2017:6).

International research suggests that between half and two-thirds of young people will have been exposed to at least one traumatic event before the age of sixteen, although experiences are much higher for some young people (Bendall, et al, 2018). People at higher risk of victimisation and trauma include:

- Aboriginal and Torres Strait Islander peoples
- children in protective care
- those from refugee backgrounds
- culturally and linguistically diverse minorities
- people with a disability
- people who are lesbian, gay, bisexual, transgender, queer and intersex (LGBTQI) (Mental Health Coordinating Council, 2013).

'In Australia, millions of people of all ages are affected by trauma, including our First Peoples, whose traumas often span generations. A creditable estimate is that 1 in 4 Australian adults are living with the impacts of childhood trauma alone (Kezelman & Stavropoulos, 2017:5).

People with a disability are two times more likely to experience violence than people who do not have a disability. Women with disability are two times more likely to experience sexual violence. Children with an intellectual disability or who have barriers to communicating are also more likely to experience trauma and 'whilst many people experience trauma at home, many people with a disability experience abuse and neglect in services and where they get support' (Kezelman & Dombrowski, 2021:5).

Take a moment to think about the role trauma might play in some of the behaviours you have witnessed in OSHC.

When you witness an escalated or challenging behaviour, do you always have the full picture of what is going on?

Can you tell who has experienced trauma, just by looking at them?

We need to consider the importance of working in trauma-informed ways, not just to support the children in our care that have been impacted by trauma but also in relation to our other diverse stakeholders, who have potentially also been affected by trauma at some point in their lives.

Recovery from trauma requires a range of therapeutic services delivered by professionals with specialised training, qualifications and experience. This is not the role of OSHC. We are not therapists or counsellors equipped to facilitate the complex healing of traumatised individuals, but our everyday work of caring for and educating school age care children should not leave vulnerable stakeholders, worse off or re-traumatised. By embracing trauma-informed values and core principles our OSHC environments can be healing places where everyone feels physically and emotionally safe; where everyone belongs.

Trauma-informed practices emphasise this principle of 'do-no-harm', prioritising the values of safety, trustworthiness, choice, collaboration, empowerment and respect for diversity, across the entire organisation. Throughout this workbook you'll be encouraged to think about how working in trauma-informed ways can reduce the likelihood of stressful situations in the provision of our education and care services and how we as educators can be mindful of not feeding into other people's stress.

What is Trauma?

The Blue Knot Foundation describe trauma as:

> the experiences and effects of overwhelming stress. Trauma overwhelms a person's ability to cope when faced with threat, or when they believe there is a serious threat confronting them. (Kezelman & Stavropoulos, 2017:7).

SAMSHA (2014), gives the following simple definition of Trauma

An Event, Series of Events or Set of Circumstances

Experienced as:

- Physically
- Emotionally
- Harmful or Life Threatening

Has lasting adverse effects on:

- Functioning
- Mental, physical, social, emotional or spiritual wellbeing

My Time, Our Place V2.0 identifies four different types of trauma. This includes:

- Single incident trauma
- Complex trauma
- Historical trauma
- Intergenerational trauma

(Australian Government Department of Education, 2022)

There are many different types of potentially traumatic events. These include:

- Physical, sexual, psychological Abuse
- Witnessing domestic violence
- Experiencing natural disasters
- Sudden loss of a loved one
- Medical injury or illness
- Experiencing chronic homelessness
- Parental injury
- Parental Deployment
- Community trauma through experiences of:
  - Oppression
  - Racial discrimination
  - Pervasive poverty
  - Neighborhood violence

(SAMHSA, 2022)

Case Study: I started working in an OSHC service 2 years after the 2011 floods impacted Brisbane and other areas of southeast Queensland. The hall where we operated out of had a sign on the outside indicating where the waters rose to during this time. Many families in the community were impacted and lost their homes and all their belongings.

When starting at the OSHC service, I noticed that there were several children who became incredibly escalated during wet weather events (rain, storms) and would anxiously ask if it was going to storm when they spotted dark clouds in the sky. While it's expected that some children are frightened of storms, these reactions and the "hypervigilance" I witnessed during these events, far exceeded the fear I had seen in other children.

It is astounding to me that I took so long to make this connection. In learning about the impact of trauma it is clear to me that these children went into their " fight, flight or freeze" response and perceived all weather events to be a potential threat. While I offered comfort prior to coming to this understanding, having this knowledge changed the way I supported children in the lead up to and during these moments. This was an important reminder to always be curious about the behaviour that you're seeing.

Childhood Trauma

Individuals, children included experience and perceive events differently. Certain groups of children receive a disproportionate amount of adversity, due to belonging to a group that has been historically disadvantaged. Research has outlined how enduring adversity over long periods of time can impact the developing brains of children (Harris, 2020). This results in physical and mental health concerns.

Adverse Childhood Experiences (ACEs) are traumatic events that occur before a child reaches the age of 18. A study on ACEs identified a strong correlation between certain adverse experiences in childhood and poor physical and mental health outcomes. ACEs include:

- Physical, sexual and emotional abuse
- Physical neglect and emotional neglect
- Exposure to family violence
- Parental substance abuse
- Parental mental illness
- Parental separation or divorce; and
- Parental incarceration.

Research shows that ACEs increase the likelihood of individuals experiencing chronic health conditions (Harris, 2020). The ACE questionnaire included experiences such as abuse, peer victimization, serious physical illness in the household, domestic violence, incarceration and more. No survey can cover the full scope of adverse experiences, as the variables are endless and not every child sees or responds to experiences as an adverse one.

Other adversity that children can face that may lead to trauma includes:

- bullying
- community violence
- natural disasters
- refugee or wartime experiences
- witnessing or experiencing acts of terrorism

ACE's and COVID: Consider the potential impact COVID-19 had (is having) on children's exposure to ACE's. Several statistics are included below to guide your reflection.

Within the first weeks of the pandemic, internet searches related to family and domestic violence increased by 75% (Doran, 2020). However, women's domestic and family violence services initially reported a decrease in women seeking help.

Calls to Lifeline and Kids Helpline jumped in the first weeks of COVID-19 (Medhora, 2020; SBS, 2020).

Anecdotally, the consumption of alcohol has increased in the community, as some may look to cope with the stress, loneliness and financial worries of isolation. There was a 30% increase in online alcohol sales in Australia. A longitudinal study found Australians reported drinking more during the pandemic than two-three years previously (Clun & McCauley, 2020).

More than 2 million households in Australia have run out of food in the last year due to limited finances, sometimes skipping meals or going whole days without eating (Foodbank, 2022).

Cost of living and housing stress is impacting Australians. The average number of people accessing homelessness services because of their inability to pay rent, rose by 27% over the last four years. (Pawson, 2021).

Childhood Trauma Glossary

Single Incident (Acute) Trauma: A single traumatic event (burglary, natural disaster). (Australian Childhood Foundation, 2019).

Complex Trauma: Trauma involving interpersonal threat, violence or violation. Multiple incidents and longer in duration. (Australian Childhood Foundation, 2019).

Developmental Trauma: Multiple and/or varied traumas that occur during childhood and involves primary care givers (sexual abuse, neglect) (Australian Childhood Foundation, 2019).

Chronic Trauma: Traumatic experiences that are repeated and prolonged such as ongoing exposure to family or community violence, chronic bullying, a long-term medical issue. (Australian Childhood Foundation, 2019).

Intergenerational Trauma: Trauma that gets passed down from those who directly experienced an incident to subsequent generations. "When unresolved complex trauma impacts on the next generation's capacity to parent. When exposed to traumatic events at a young age, children may not have developed or will have lost their sense of safety, trust and belonging."

(Trauma Informed Oregon, 2022) (Australian Government Department of Education, 2022:69)

Historical Trauma: Trauma which "refers to multigenerational trauma experienced by a specific cultural group (e.g. the intergenerational impacts of the European colonisation and forced removal of children from families and communities on Aboriginal and Torres Strait Islander communities)."

(Australian Government Department of Education, 2022:69)

Trauma and Development

Gabor Mate, in the renown documentary *The Wisdom of Trauma*, proposes:

> Trauma is not what happens to you. Trauma is what happens inside you, as a result of what happens to you.

The Australian Childhood Foundation explain trauma as:

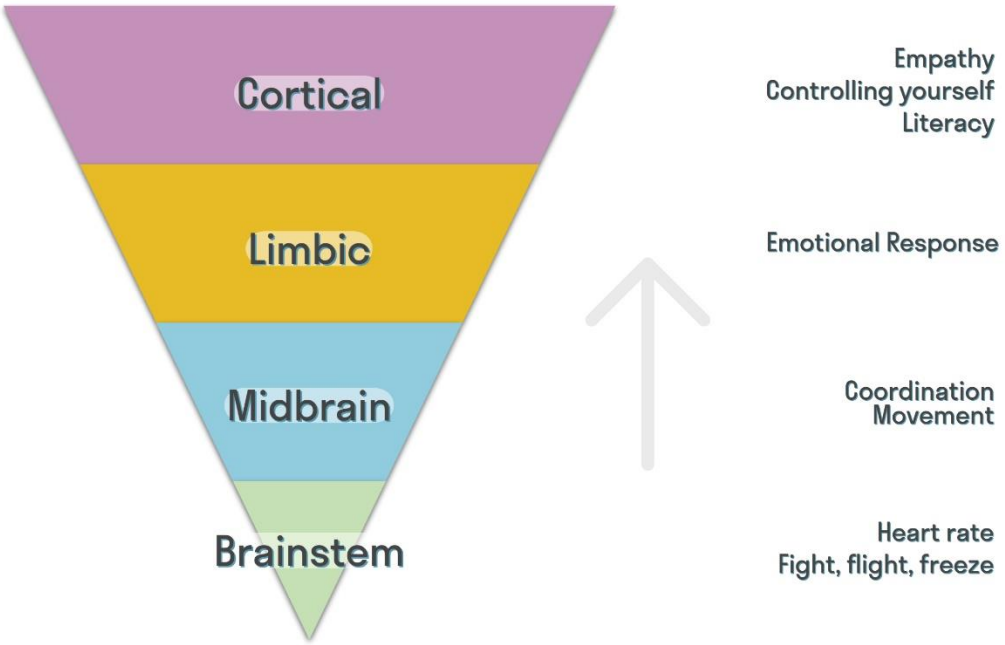
> the emotional, psychological and physiological residue left over from heightened stress that accompanies experiences of danger, violence, significant loss and life threatening events. (Australian Childhood Foundation, 2013)

Let's consider how this residue impacts our various systems and their integration.

- Trauma and the Brain
- Trauma and the Body
- Trauma and Emotions
- Trauma and Behaviour
- Trauma and Relationships
- Trauma and Disability
- Trauma and Loss

Trauma and the Brain

Children are particularly susceptible to the effects of trauma, as abuse and neglect can interrupt brain development and alter various brain structures (Australian Childhood Foundation, 2018). When parents or guardians create safe and nurturing environments for children, their developing brains are able to spend more time learning and building connections. If children feel unsafe or threatened, their brain shifts into survival mode, making learning particularly difficult. See Perry's Neurosequential Model below:



(Perry, 2020)

Threat Detection System

For children who have experienced trauma, the "survival area" (the brainstem) of the brain is often overactive. Their brain and body become stuck in a highly vigilant state, constantly searching for a threat. They can become easily stressed by even small changes in their environment (Beacon House, 2020a). This overactive threat detection mechanism is likened to installing a security system on your house, which goes off every time a bird lands on the fence.

Additional Video Provocation:

Watch the following video on Trauma and the Nervous System – A Polyvagal Perspective

https://www.youtube.com/watch?v=ZdIQRxwT1I0

At a moment's notice children may perceive an everyday experience as threatening and become overwhelmed by their stress response. During these instances of extreme stress, children's "survival brain" tries to take over. Typically, the "thinking" (cortical region) and emotional processing (limbic) parts of the brain process the information to determine if the danger is real. If the danger isn't immediate, those regions help children decide what to do. If the danger is imminent, the stress response and survival brain takes over. In these moments the ability to problem solve, rationalise and process emotions is impaired. These stress responses typically fit into the category of fight, flight or freeze, all of which are designed to help human survive in the event of a real life or death situation (Blueknot Foundation, n.d.).

Fight – Flight – Freeze and Flop or Fawn

Fight: Ready to confront the threat	**Flight:** Putting distance between themselves and the threat	**Freeze:** Shutting down
Yelling or swearing	Anxious or scared	Overwhelmed
Physically acting out	Attempting to run away	Unresponsive
Attempting to demand or control	Pre-occupied or fidgeting	Numb or apathetic
Blaming or defensive	Difficulty paying attention	Attempting to isolate or hide
Using objects as weapons	Avoiding certain situations	Difficulty completing tasks

(Australian Childhood Foundation, 2022)

Flop or Fawn: In recent literature, several additional stress responses have been identified. These are labelled as "flop" and "fawn" (The Cotswold Centre for Trauma Healing, 2022).

In OSHC, these stress responses may present as children "overreacting" to events and appearing to have limited coping strategies. There are often triggers in the present that remind children, consciously or unconsciously, of past feelings of fear and insecurity. Sometimes children will respond in situations with big reactions and have little understanding of why that is.

While this “survival mode” is very helpful when experiencing traumatic situations, helping children survive in unsafe environments, it can impact functioning in the long term (McCory, 2020). When experiencing stress or threat (perceived or real), a really powerful hormone is released. Again, while protective in true life or death situations, in situations of chronic stress where this hormone is released, it has a damaging impact, particularly in a developing brain (Harris, 2020).

The system in the brain that puts the “brakes” on strong emotions and helps children to calm has been found to be underactive in children who have experienced trauma. This means there may be differences in emotional regulation, with children taking longer to calm down after experiencing strong emotions (Brainline, 2017).

Complete the Trauma Expression and Connection Assessment (TECA) provided for a child at your service with a history of trauma.

The TECA is an assessment process which shapes the understanding of trauma expressions which a child or young person may be displaying. It helps to make sense of how their trauma history is impacting them in their behavioral and relational presentations (Australian Childhood Foundation).

Memory

With a lot of the brain’s resources directed towards survival, children can find learning challenging. They have less resources to dedicate to concentration and processing. This has flow on effects to school-readiness, academic achievement, problem solving and language development. For a child who is already grappling with their self-worth, this can have implications on their self-esteem.

One change in particular relates to children’s memory system. This system allows us to learn new things and draw upon information about our past to inform our actions in the future. Experiences of neglect and physical abuse can overwhelm a child with negative memories and influence how they create new memories (Australian Childhood Foundation, 2020).

Reward System

Research has found that children who have experienced abuse or neglect have reduced sensitivity in the reward region of the brain. This changes the way children process reward cues, possibly an adaptation to a world where reward is infrequent or unpredictable. One interpretation is that such an adaptation might manage the likelihood of constant disappointment (McCory, 2020). Consider what this means in terms of behaviour management systems that use rewards to motivate children’s behaviour. Scientists have suggested that these changes may lead to an increased risk of depression and the reduced ability to experience pleasure.

Thinking and Learning

All of these changes in the brain have significant implications for children’s participation in OSHC. The capacity of traumatised young people to learn is compromised. Their emotional state may feel out of control, they may be perceiving change as dangerous and their memory is under pressure (Australian Childhood Foundation, 2020). They may not have stable relationships and those they do have may be strained due to instances of behaviour (which is really the fight, flight or freeze response ruling them).

Think about what this means for children's ability to learn and develop new strategies:

- Are we becoming frustrated as educators because we're having the same conversations and revisiting the same strategies?
- Does this make sense when you consider trauma and the brain?

Example: Charlotte is playing a tag game around the playground. One of the educators jumps out from behind a piece of equipment to tag Charlotte. Charlotte begins to hit and kick the educator, even when the educator tries to remove themselves from the situation, she continues to engage physically.

Charlotte has experienced physical abuse and her overactive survival system perceived that educator as threatening. The survival region of the brain took over and sent Charlotte into fight mode.

Stress Trigger: In the above scenario when the educator jumps out at Charlotte, her brain detects a threat. Based on her past experience of physical abuse, an adult jumping out at her with their hand outreached is perceived to be threatening.

Stress Response: In this situation Charlotte's brain has engaged the "fight" response. This is out of Charlotte's voluntary control but might have been the response that worked for her previously during instances of abuse. Fight mode involves engaging physically to confront the threat.

Trauma Adaptation: Charlotte is communicating her response to the trauma she has experienced in the past. Her brain has adapted to ensure her survival. This means that she is likely to react to events that remind her, even unconsciously, of her past experiences.

When this happens, Charlotte's reaction is geared towards ensuring her survival and out of her conscious control. Her responses will appear "out of the blue" or like going " 0-100" to others, but in a true life or death situation, there is no time for hesitation. Educators will need to wait for Charlotte's stress response to have calmed and her "thinking brain" to come back online before debriefing about the event.

Trauma and the Body

When children are in this constant state of "survival", they are considered to be experiencing chronic physiological and emotional stress. The toxic nature of such stress can interfere with healthy body development. This can lead to impaired sleeping patterns, nausea, headaches, muscle tension, eating disorders and poor immune functioning (Harris, 2020; Australian Childhood Foundation 2020).

Example: Whenever Percy is at OSHC he just wants to sleep. He is often complaining of a headache and asking to go into "sick bay". When in there he demands to know where the key for the window is. When reassured that the window will open, he will spend most of his afternoon sleeping.

Percy has lived through a natural disaster and is worried to sleep at night. The constant state of stress is making it hard for him to function at school and he is arriving at after school care tired and unwell.

Stress Trigger: In the above scenario Percy is under immense stress. The unpredictability of the weather causes him to constantly worry about the potential for a bush fire to happen again. While the weather causes him stress all the time, this tends to escalate during summer or when he drives past a sign that says “high fire danger”.

Stress Response: Percy is attempting to regulate his “flight” response. His body is constantly on edge, ready to run as soon as a threat is detected. In fact, he has done just that when the school has practiced a fire drill. While Percy is trying to regulate this response, when particular events trigger a reminder of the fire, his need to run is out of his voluntary control. This is the response that worked for him previously when his family needed to escape a natural disaster. Being in bed at home reminds Percy of the lead up to the natural disaster and this is why he finds it difficult to sleep at night. It is also why he needs reassurance that the window will open, so he has an escape route should the need arise. Flight mode involves putting distance between yourself and the threat.

Trauma Adaptation: Percy is communicating his response to the trauma he has experienced in the past. His brain has adapted to ensure his survival, this means that he is likely to react to events that remind him, even unconsciously, of his past experiences. He is constantly planning for worst case scenarios, and this makes it difficult for him to participate in activities geared towards play or learning. When events remind him of a fire, Percy’s reaction is geared towards ensuring his survival and out of his conscious control. Adults label him as “over-reacting” but this reaction is what kept him safe in a true life or death situation. Educators will need to invest time in reassuring Percy he is safe in order to engage him in other activities.

Trauma and Emotions

Children grow to develop emotional literacy as their feelings are acknowledged, verbalised and validated. This supports them to label their feelings, express themselves and develop strategies to manage strong emotions. Exposure to trauma can impact children’s ability to organise and express their emotions (Australian Childhood Foundation, 2020). For children who have experienced neglect or family violence, adults’ responses to their emotions in the past, may have been unpredictable or dangerous. Sometimes adults may have responded safely and supportively to emotions, then without warning, have reacted aggressively. You can imagine this would leave children confused and fearful. Emotions may become unsafe to experience and express. As a result, children may become disconnected from their feelings as they have not had adults help them identify and trust what they are experiencing (Australian Childhood Foundation, 2020).

In their constant state of stress (survival), children find it challenging to feel calm, safe and in control. To date, children may not have had the resources or support to develop appropriate coping strategies. You might notice some children who react without awareness and experience feelings as big and overwhelming.

Anger, due to its intensity, can often mask children’s feelings of anxiety, uneasiness, shame or confusion. It may be the only way children know how to express sadness or distress. Educators need to seek to understand children’s experiences and think critically about what children’s intense emotional expression might be masquerading (Australian Childhood Foundation, 2020).

Example: One of the educators is attempting to engage in conflict resolution with Lainey. The educator keeps asking Lainey "what were you feeling when they said that to you? What could your friend have been feeling when you broke his toy?" Lainey keeps responding with "I don't know". The educator believes Lainey is being defiant and choosing not to participate in the process. The reality is, Lainey has never learnt to verbalise her feelings and has not had them acknowledged in the past. She really doesn't know what she was experiencing in that moment.

Stress Trigger: In the above scenario Lainey is trying to organise her feelings. She did not have an adult that consistently met her needs as a child. Sometimes when she cried, she'd be comforted, other times ignored and at times her parents would respond physically. When she encounters difficulty or setbacks, she is unsure about how the adults around her will respond and does not know how to ask for help.

Stress Response: Lainey has entered "freeze" mode, where she is overwhelmed by the situation and her emotions. She is unsure about how the educator talking to her is going to respond or how she should be responding to ensure her safety. It appears as if Lainey is disconnected and disinterested but she is numb to the situation around her. With the freeze stress response taking over, Lainey is unable to problem solve or rationalise. Freeze mode involves shutting down in the face of a threat.

Trauma Adaptation: Lainey is communicating her response to the trauma she has experienced in the past. Her brain has adapted to ensure her survival, this means that she is likely to react to events that remind her, even unconsciously, of her past experiences. She did not get her needs met as a child and never learnt how to understand or respond to emotions. She's learnt not to trust adults to help her and to become reliant on herself. While adults label Lainey as defiant and disengaged, Lainey has disconnected from her emotions. Educators will need to invest time in developing a positive relationship with Lainey and consistently responding to her needs calmly.

Example: Owen is constantly labelled as an "angry child". He appears to have a short fuse and regularly communicates aggressively with others. Owen has had a number of foster carers and is facing the uncertainty of where he will be living next year. He is likely feeling anxious and distressed but is masking this with anger. He may not have the tools or the words to express how he is feeling.

Stress Trigger: In the above scenario Owen is under immense stress across all environments. He is feeling insecure and out of control, facing the uncertainty of his living situation. For Owen, much of his life has felt out of control and he has not developed the language to explain his emotions nor has he had adults meet his needs for safety and security across his life. Everyday situations at OSHC could be enough to trigger Owen's fight response, particularly when he is under constant stress.

Stress Response: Owen is in "fight" mode, challenging anything that he perceives to be threatening. He is attempting to gain control over situations using challenging and confrontational communication. This is the only way he knows how to stay in control and manage situations. Owen has not had the opportunity to understand his emotions and learn from adults around him. He is expressing his fear and anxiety through his aggressive response. Fight mode involves engaging physically to confront the threat. For Owen, the threat of losing control is constant.

Trauma Adaptation: Owen is communicating his response to the trauma he has experienced in the past. His brain has adapted to ensure his survival, this means that he is likely to react to events by becoming confrontational or physically escalated. He did not get his needs met as a child, so demonstrating big, loud behaviour is his only strategy to get noticed and express himself. He has seen adults in his life use these strategies before. Owen never learnt how to understand or respond to emotions. While adults label Owen as aggressive or rude, he is simply expressing himself in the only way he knows how. The anger is masking the anxiety and distress that he feels about his world being so out of control.

Trauma and Behaviour

Behaviour related to trauma is often mislabelled and can be a source of challenge and confusion to educators. Often outbursts can appear "out of the blue", or children may be labelled as "defiant" or "unresponsive". As outlined above, trauma-based behaviour stems from children's survival adaptations to the situations they've been exposed to. Children, or others involved in their life, may not make the connection between their past experiences and their current behaviour. This means that children do not always get the support and understanding they need to navigate and understand their behaviour.

Many of these trauma behaviours are related to the child's stress response – fight flight, freeze or fawn. The type of behaviour demonstrated by the child will be dependent on what has worked for them in the past and the type of situations they have been exposed to. It might still be serving that same purpose in the child's current context. Behaviour is most likely to stop when its function is no longer needed. Particular sensory experiences (sight, smell, sound) can trigger this survival mode and subsequent behaviour. The detection of a perceived threat generates the same response as a real one. The fight, flight, freeze and fawn responses were examined earlier in the workbook.

The key to supporting children with trauma linked behaviour is to understand it and respond to the need rather than how it is expressed.

Consider why traditional behaviour management techniques may be ineffective for a child who has experienced trauma:

- an adult raising their voice
- being ignored when they're experiencing big emotions
- being made to feel vulnerable and shamed in front of their peers

Remember, as the brain can adapt to early adverse experiences, so to can it adapt in response to positive relationships and safe environments. This reminds us of the big responsibility we have in our role as educators and in the types of relationships we cultivate with children and young people.

The Australian Childhood Foundation states that:

> *"Strategies for addressing trauma-based behaviour will be most successful when they are applied purposefully across multiple settings in which children and young people live, play and learn"(*Australian Childhood Foundation, 2020).

Additional Provocation: Children exposed to family violence show the same pattern of activity in their brains as soldiers exposed to combat. Source: https://www.sciencedaily.com/releases/2011/12/111205140406.htm

- Do we understand when soldiers come back from combat there may be changes to their behaviour or personality?
- How would we treat a soldier who was experiencing PTSD?
- Do we afford this same understanding to children?

Example: Emma reacts to the educators raised voice during a game of dodgeball. The educator raises his voice to get everyone's attention and announces the start of a new game. Emma hears yelling and starts to disconnect from the environment around her, she appears visibly frightened. The educator calls out to get Emma's attention, this is enough for her to run and hide behind a stack of chairs. Emma has experienced domestic violence in her household, raised male voices in particular, trigger her flight response.

Stress Trigger: In the above scenario hearing the educators raised voice in a busy environment triggered Emma's survival brain to take over. Her brain recognised similarities between this experience and the past instances of domestic violence she's witnessed.

Stress Response: In this situation Emma's behaviour suggests she's in the "flight" stress response. She attempts to put distance between her and the threat by hiding behind a stack of chairs. This may be the strategy that Emma used to remain safe when the fighting at home commenced. This may have been reinforced by her parents who would yell at her to go to her room during these instances.

Trauma Adaptation: Emma is communicating her response to the trauma she has experienced in the past. Her brain has adapted to ensure her survival, this means that she is likely to react to events that remind her, even unconsciously, of her past experiences. When this happens, Emma's reaction is geared towards ensuring her survival and out of her conscious control. Emma views adults as unsafe and unpredictable, based on her early experiences at home. In order to stay safe, Emma needed to hide from the threat. While educators may be confused by Emma's "over reaction" or label her as a "sore loser", the reality is, Emma is just doing her best to survive in a situation that reminds her of her past. Educators will need to wait for Emma's stress response to have calmed and her "thinking brain" to come back online before debriefing about the event.

Example: Bently has fallen off the playground and hurt himself. The educator suggests that he goes to the first aid room for some ice and a bandage. The educator calls Bently's dad and on the phone suggests that he might need to see a doctor to make sure everything is ok. Bently overhears this and snatches the phone out of the educator's hand. He throws it and yells at the educator that he is not going to the doctor. Bently's mother has recently passed away from cancer. He has learned to associate health professionals with death and the comment about visiting the doctor has triggered his fight response.

Stress Trigger: In the above scenario Bently is reminded of his previous trauma when the educator mentions going to the doctor. He associates these health professionals with the death of his mother, who also went in for a routine appointment. This has caused Bently to form the unconscious belief that medical appointments result in tragedy.

Stress Response: Bently is in "fight mode", where he is ready to confront the threat. This resulted in him throwing the phone and yelling at the educator. This may be the first time that his dad or the educators have seen this behaviour and they may not make the connection between the two events. Due to Bently's age he may have formed the mistaken belief that if he had defended his mother or stopped her from going to the appointment, she would have been ok. His brain has adapted in response to implement "fight" behaviours in future instances.

Trauma Adaptation: Bently is communicating his response to the trauma he has experienced in the past. His brain has adapted to ensure his survival. When events remind him of his mother's time in hospital, Bently's reaction is geared towards ensuring his survival and is out of his conscious control. He is worried about injuring himself or developing an illness and in the long term, this may impact the types of play opportunities he is willing to experience. Adults may label him as "over-sensitive" or a "hypochondriac" but his survival brain believes this reaction is what will keep him safe and could have kept his mother safe.

Identify the stress trigger, stress response and trauma adaptation for the case study below:

Case Study: A mother arrives at after school care, irate that a picture of her child has been included in the OSHC newsletter. The educators explained that she ticked permission on the enrolment form and apologised for the confusion. She continues to escalate, swearing at the educators and threatening to report them to the department. She collects her child and leaves. The morning after she calls to apologise and explains that there is a domestic violence order out against her ex-partner, who doesn't know what school the child attends. She is worried that he will eventually be able to track them down.

Trauma and Relationships

The ability to develop healthy supportive relationships depends on children's early experiences developing those kinds of relationships with their families. It is in these relationships that children learn to trust others, regulate their emotions and understand their identity and value. These early relationships and experiences can help paint the world as safe or unsafe. When children's early relationships are unstable, unpredictable or involve abuse, children learn that they are unable to rely on others to help them (Australian Childhood Foundation, 2020).

Social Thinning

Children who have experienced abuse or neglect can have difficulty developing healthy relationships, are more vulnerable to stress and may react inappropriately to situations. As referenced above, children develop behavioural coping mechanisms, yet these behaviours can present challenges in relationship building (McCory, 2020). They often evoke frustrated reactions from educators, who respond in a way that strengthens the child's expectations of confrontation and danger from adults. While some children find building any relationship difficult, there are other children who seek relationships out with inappropriate people as they have had little guidance on healthy boundaries previously.

Due to the brain changes following abuse and neglect, everyday relationships can be impacted. In particular focussing on threat cues can mean missing out on more positive social cues from peers. This threat detection system can increase the likelihood of conflict occurring and children who have experienced trauma are less able to draw on past experience to solve problems (McCory, 2020).

All of these changes can lead to "social thinning" – a gradual reduction in the quantity and quality of relationships (McCory, 2020). These brain adaptations and their subsequent impact on relationships may lead to being excluded from a friendship group or a breakdown in a foster placement. This reduction in positive support can increase the risk of mental health issues in the future. Importantly, the outcome of any social interaction also depends on educators' ability to respond appropriately.

Example: Janey was playing in the pool with her friends. One of her friends splashed her and gave her a nudge. Janey misread this social cue and pushed her friend underwater. Janey's friends swiftly swam away from her and refused to let her join in.

Trauma Impact on Relationship: Janey has misinterpreted the social cue of a friendly nudge. While her friend was using this as an invitation to start a game, her overactive threat detection system perceived this as threatening and has created a situation of conflict. Due to issues like this occurring frequently, there has been a gradual reduction in Janey's friendships. This social thinning places Janey at further risk of later mental health concerns as her social support continues to reduce.

Trauma and Loss

Loss of Safety

Due to their early adverse experiences, children's basic world view changes. They lose a sense of safety in their relationships and environments. They can feel alone and isolated with no one to rely on. This loss of safety has a significant impact on their behaviour and can compound the effects of trauma for them.

Loss of Control

As a result of trauma, many children's lives become unpredictable and out of control. Many children have to move, often multiple times. They lose their home, friends and community. This makes settling into a new place challenging, knowing that if you become too attached it is likely to be taken away. This lack of predictability and control can add to feelings of loss of safety and contribute to trauma-related behaviour.

Loss of Culture

Children who have experienced abuse or neglect are often separated from their families. This has the subsequent impact of alienating them from their culture, language and beliefs. With a loss of culture comes a loss of identity. Possessing a strong cultural identity has been shown to protect against mental health symptoms, so the consequence of loss of culture can add to the already pervasive impacts of trauma. (SAMSHA, 2014)

For First Nation families, colonisation meant a loss of land, language and culture. Subsequent policies forcing the removal of Aboriginal children also involved a loss of identity, family and community. This continues today within our child protection and corrective services systems. Intergenerational trauma speaks to the way trauma continues to be passed from generation to generation with devastating effects.

Trauma-Informed Care

Given the high prevalence of childhood trauma, it is important that OSHC's have systems in place to work with children and families in sensitive and effective ways. Remember, it is not our role to implement trauma specific interventions; those are left to trained health care professionals. However, trauma informed care is an organisational approach to becoming trauma-sensitive and aware in working with children and other stakeholders.

When children come from unstable home environments or backgrounds, school and OSHC may be the most stable and consistent place in their lives. Educators can work to provide a sense of safety and belonging for children. Educators can also support children by modelling appropriate relationships and treating them with respect and kindness. Becoming trauma informed requires both a cultural and philosophical shift across every aspect of the service.

According to SAMHSA (2014) the trauma informed approach is guided by four (4) assumptions, known as the "Four R's", outlined below:

- Realise
- Recognise
- Respond
- Resist Re-Traumitisation

Realise

In a trauma informed approach, educators realise the high prevalence of trauma and how it impacts individuals, groups and communities. They realise trauma can occur from a variety of experiences and that it is likely we will encounter children and families who have experienced trauma in our work. The statistics included at the start of this workbook should support your realisation of the prevalence of trauma in Australian children and families.

Recognise

In realising the prevalence of trauma, educators are able to recognise the signs of trauma. Educators use a "trauma lens" to understand that behaviour may be occurring as a result of prior traumatic experiences. They take care to recognise behaviour as an adaptation of prior trauma.

Respond

Having a system in place to respond to trauma using trauma informed principles. The program has dedicated practices, policies and language to take into consideration the experiences of trauma among children, family and staff.

- Consider the labels that adults have traditionally used to describe children's behaviour: manipulative, lazy, attention seeking, defiant, disrespectful, clingy, unresponsive, sore loser
- What's likely to happen if we use these labels to describe children's behaviour?
- Use your understanding of trauma to consider what else could be going on to explain this behaviour?
- How could you respond to meet the need of each of these behaviours?

Adapted from National Center on Safe Supportive Learning Environments (n.d.). Trauma Sensitive Schools Training Package Understanding Trauma and It's Impact Activity Packet. Available at https://safesupportivelearning.ed.gov/sites/default/files/Trauma_101_Activity_Packet.pdf

Resisting Re-Traumatisation

A trauma informed approach seeks to create safe and supportive environments. If programs inadvertently create stressful environments, it can interfere with the participation and wellbeing of children, families and staff. Educators should reflect on how practices may trigger trauma responses and inadvertently re-traumatise stakeholders with trauma histories.

Consider traditional behaviour management strategies and their links to re-traumatisation.

- Situations where isolation is used
- Physical restraints
- Discussions where children are made to feel like they aren't believed
- Triggering interactions – yelling, threatening, shaming, gas lighting
- Inconsistently enforcing rules and allowing chaos in the OSHC environment
- Allowing other children to continue to physically or verbally act out
- Applying rigid policies or rules without considering the impact on children
- Discrediting or minimizing children's responses "quit crying, you're fine/OK"
- Labelling intense emotions or feelings in a way that makes children feel like there's something wrong with them

(Gaffney, 2019)

Consider the above behaviour management strategies list.

How could these inappropriate practices, trigger re-traumatisation of children with trauma histories?

Six Principles of Trauma Informed Care

A trauma informed approach includes six key principles that can be translated into practice in our OSHC settings.

Trauma informed principles include:

- Safety
- Trustworthiness
- Choice
- Collaboration
- Empowerment
- Respect for Diversity

(Blueknot Foundation, n.d.)

Together these key principles create an OSHC environment that respects children's experiences and implements practices that support healing. Each principle is unpacked in further detail below.

Safety

Being and feeling safe is a basic need, as seen through Maslow's Hierarchy of Needs (Maslow, 1943). Children who have experienced previous trauma can often have difficulty feeling safe as a result of their past experiences (Beacon House, 2020). For some, their current situation may still be unsafe (remember your obligations as mandatory reporters). Across the organisation, educators, children, families and community members need to feel physically and psychologically safe. Supporting a child's sense of safety requires an understanding of their perception of safe and unsafe situations. This is informed by being sensitive to their trauma history and its ongoing impacts.

Often when we think of safety, the idea of physical safety is dominant. This makes sense when we think of safety checklists and risk assessments. However, educators should consider all the different contexts of safety – personal safety, interpersonal safety (safety between people), environmental safety, and cultural safety (Department of Education, 2020; Australian Childhood Foundation, 2018).

Establishing Safety

Personal Safety: Children feeling safe in their bodies (thoughts & emotions).

Strategies:

- Respond to distress or behaviour with empathy and calm.
- Support children to understand and express their feelings. Validate all emotions – pleasant and unpleasant.
- Support children to understand when they feel safe and unsafe. Help them identify how to get back to feeling safe.
- Be attuned to children's non-verbal cues, recognise when they are experiencing distress.

Environmental Safety: Children feeling safe in their surroundings.

Strategies:

- Create consistent and predictable OSHC environments.
- Understand what environments allow the child to feel safe.
- Allow children to make changes to the environment.
- Support children to understand and communicate if there's anything in the environment that concerns them.

Interpersonal Safety: Feeling safe within relationships with other people.

Children who have experienced trauma have often been hurt by adults that were supposed to care and protect them. Trauma can make it difficult to manage relationships.

Strategies:

- Manage your own responses – be calm and predictable.
- Establish healthy boundaries and reliable predictable relationships.
- Check children understand what you're saying.
- Show the child that you want to understand what they need.
- Consider your non-verbals.
- Be present.
- Listen compassionately.

Cultural Safety: Children feel safe to express and identify with their culture.

A culturally safe environment ensures that children feel their culture and identity are respected.

Strategies:

- Intentionally structure the learning environment to incorporate elements of cultural significance for the stakeholders within your context. For example, Aboriginal and Torres Strait Islander flags, dolls with varying skin colours, books representing diverse peoples and perspectives.
- Develop an "anti-bias" policy to inform practice in this area.
- Support children to collaborate and share their culture and identity.
- Have an openness to learn from children.

A child's sense of safety can change easily, and educators should be attuned to children to notice when they might be feeling distressed or unsafe.

Provide an example of how you support children in OSHC to feel safe in the following areas:

- Personal Safety
- Environmental Safety
- Interpersonal Safety
- Cultural Safety

Consistent Expectations

By holding high and consistent (but fair and equitable) expectations for children, we clearly communicate a belief in their potential to succeed and help to create safe and predictable environments and relationships for children. This includes consistent expectations from each individual educator and also between educators – this can be difficult in a large team of casual educators.

For example, if one educator is relaxed about taking shoes off and another educator reprimands children who do not have shoes on, these shifting expectations can be destabilizing for children. Consistently responding gently and calmly to children is also important. Children may challenge boundaries, due to a need for control. If boundaries frequently change or are ignored, children and educators can become stuck in a power cycle. Alternatively, simply ignoring "behaviour" is not an effective way to support children's learning or to create safe environments.

- Are there any expectations that are not "consistent" in your service?
- Are these expectations essential?
- How do we communicate these to children?
- How do we become consistent?

Understanding Triggers

Understanding trauma and how thoughts, feelings and behaviour are connected allows educators to more effectively respond to children's behaviour and create a sense of safety and predictability. A child's behaviour can often be misinterpreted when adults don't understand the nature of trauma or don't make the connection between previous trauma and the child's current behaviour.

Triggers are things that lead to distressing reminders of the traumatic event. Triggers will be varied and may relate to certain sights, sounds or smells, environments, certain times of day or a situation, that reminds them of their prior trauma. Beacon House (2020) likens this to being a "wormhole" through time back to the traumatic event. To make things complicated, children may not actively recall the event, but their body remembers and reacts accordingly to those triggers.

While triggers are different for everybody, examples have been included below:

- Exposure to violence, even indirectly (e.g. exposure to events in movies or news reports)
- A particular emotion
- Natural disasters including extreme weather events/climate change
- A building or place
- Healthcare professionals, such as first responders

- Rejection (e.g. Rejection Sensitive Dysphoria is common in the ADHD community)
- Exposure to an environment or situation where physical danger seems to be present
- Having an encounter with someone who is perceived as a threat
- Situations that involve complex power dynamics
- Good relationships that end in tragedy (e.g., death)

(Wright, 2021)

What triggers might exist in your OSHC environment for children who have experienced trauma?

Trustworthiness

At times, trauma can be accompanied by feelings of betrayal. Children who have experienced trauma may not trust adults easily. Educators need to be patient and persistent with children when building trust. At times, you might feel frustrated, discouraged or rejected, but remember, creating positive connections is essential to support children's growth. This means we need to be reliable, consistent and predictable. Educators should be attuned to the needs of the children. Trust can be easily broken through ineffective or inappropriate behaviour management techniques.

Trustworthiness can be fostered by applying the other trauma-informed principles of safety, choice, collaboration, empowerment & valuing diversity.

Consider the relationships that you have with others. What do those people do to establish trust?

Establishing Trust

- Take a gentle approach and find opportunities to engage positively with the child – talking about their interests, engaging in play, noticing their strengths.
- Listen without interrupting (this is important even if we've witnessed something with our own eyes – children need to have a voice)
- Accept all feelings and encourage healthy expression.
- Tune into the child's level of comfort – pay attention to verbal and non-verbal communication.
- Respond consistently and calmly.
- Separate the child from the behaviour (Unconditional Positive Regard). Create environments that the child feels valued and accepted in regardless of their behaviours. This does not mean having no boundaries but involves maintaining a sense of care and empathy independent of what they might do or say. (Berry Street, 2018) (Blueknot, n.d.)

- What strategies do you use to build trust and foster healthy, supportive relationships with children?
- Do you ever have difficulty maintaining unconditional positive regard and separating the child from the behaviour?

Choice

Trauma removes a person's ability to exercise choice. What opportunities do you have to provide your children and families with choice in your program? How do we take an individualised approach?

By actively involving children, educators can minimise passivity or deferral to authority, both of which can be a self-preservation strategy as a result of trauma (Macnamara, 2022). Sometimes providing choices requires us to think outside the box. For example, we might need to have a conversation with a child about a conflict that occurred, "Would you like to have a chat outside or upstairs?" Maybe having afternoon tea is difficult for them, "Would you like to sit at the table or take a plate outside to watch the game on the oval?" These are simple examples but require flexibility in educator thinking and expectations. Remember, having arbitrary expectations and routines for the sake of it, doesn't provide new opportunities for participation and learning for children. We also need to consider the way we provide choices, without overwhelming children.

- What ways do you empower children with choice and control in your day-to-day work?
- Would all children feel like they were given choice and autonomy?

Empowerment

Some childhood trauma occurs and is enabled through power imbalances in relationships. Trauma can make children feel like they have no power over their life, damaging their self-esteem and confidence.

> Blue knot describes the idea of empowerment as "doing with" children as opposed to "doing to". (Kezelman & Stavropoulos, 2017)

This is consistent with the National Quality Framework (NQF) and My Time, Our Place (MTOP). Supporting children to build self-determination and providing opportunities to learn and develop skills and strategies can enable participation. One way of doing this is through building children's self-advocacy skills. Self-advocacy includes recognising strengths and weakness, understanding support needs, having a voice in decision making and requesting assistance when needed.

You can support children to develop self-advocacy skills by:

- **Identifying strengths and needs:** Have conversations about the things children succeed at and areas where they may need more support. Educators can model this in relation to their own life too. This can involve conversations about what sort of support would be helpful for the child or themselves.
- **Involve children in decisions and listen to what they have to say:** This also aligns with the trauma informed principle of collaboration. Children should feel empowered to speak up for themselves in different situations. This may involve addressing the power dynamics between adults and children in the organisation. Provide children with specific information on how they can get involved in decision making. Consider Lundy's Model of Participation (2014).
- **Give children language to use:** Children may not know how to ask for what they need. Providing children with phrases to use and giving them opportunities to practice this will be an important part of developing self-advocacy confidence. This may include role-playing difficult encounters, modelling for children or providing resources (books, posters) that outline this process.

- **Provide children with ownership of problems and feelings (with educator support):** Educators who micromanage or take over all of children's challenges, do not provide children with opportunities to develop advocacy skills through recognising and understanding their emotions and support needs. Educators can support children during these moments by allowing them to define their feelings and letting them know they are heard. "It sounds to me like you are feeling really worried. Does that sound right?"

(Clark, n.d.)

Empowerment may also involve educators thinking critically about what barriers to participation exist in their environment and removing these.

Collaboration

There is a natural power imbalance that occurs between adults and children. Educators need to work to be child-centred – recognizing the child as competent and capable of participating in decision making. This aligns with Article 12 of the UN Convention on the Rights of the Child. The child must play a key role in making decisions about what support they need (Australian Childhood Foundation, 2018). Collaboration also means working with the child's support network, with the knowledge that care and support are more helpful when coordinated.

Developing a sense of community within the OSHC program helps connect children, families and educators. Through understanding that healing happens in relationships, educators should seek to share power and decision-making (Blueknot Foundation, n.d. b).

When have you collaborated to support children?

Who is helpful to collaborate with?

Are any stakeholders more difficult to collaborate with than others?

Diversity

Programs need to incorporate processes that are sensitive to children's and other stakeholders' culture, and personal and social identities. This is particularly important given that identity is one of the five learning outcomes from MTOP.

Honouring diversity in culture is vital. As well as the earlier considerations of cultural safety in this Educator Workbook, cultural responsiveness is a practice focus of MTOP. OSHC service's need to understand the intergenerational transmission of trauma, (also referenced earlier) due to the colonisation of this country and the discrimination that it continues to perpetuate against First Nations peoples. OSHC programs need to offer responsive services and understand the healing value of traditional cultural connections. This comes as part of a broader understanding of historical and complex trauma which should be reflected in policies that recognise the diverse cultural, gender and sexuality, ability and communication needs of all children and families and other OSHC stakeholders (Blueknot foundation, n.d. b).

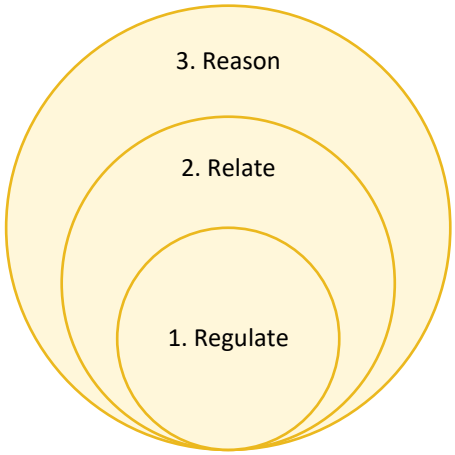
Why is cultural safety particularly important in trauma informed care for First Australians?

How might gender diversity, neurodiversity and cultural diversity influence your engagement with children and families?

Respond to Behaviours and Distress using Trauma Informed Care

Children with complex needs require multiple levels of support and interventions. Many of these may need to be developed and/or enacted by trauma professionals (Stokes & Brunzell, 2020).

Dr Bruce Perry, a neuroscientist in the field of trauma, has shown that to help vulnerable children learn, think & reflect, educators need to intervene in a simple sequence. These strategies are based on the understanding that when children (or adults) become stressed their ability to access the "thinking" part of their brain reduces. Remember earlier, we discussed, that children who have experienced trauma spend much of their time in this stressed state, often in their survival brain. This means they consistently have less resources to dedicate to accessing their "thinking brain". Dr Perry, has shown that heading straight to the "reasoning" part of the brain in times of crisis, is not the best approach in these moments. If a child is dysregulated or disconnected, educators will need to intervene in a simple sequence (Perry, 2021).



Regulate

Step 1: Calming children's physiological stress response

- Limited, but soothing language
- Safe spaces
- Intentional regulation of non-verbals
- Quiet tones
- Allow extra time for processing
- Ensuring safety

Relate

Step 2: Connect with the child through an attuned and sensitive relationship

- Acknowledge children's feelings
- Share your experiences of that emotion
- Calm, sensitive dialogue
- Find truth in what they're saying

Reason

Step 3: Support the child to reflect, learn, remember, articulate and become self-assured.

- Discuss and practice regulation techniques
- Remind children of safe spaces and people
- Teach children the language of emotions
- Connect feelings with decision making
- Develop individualised strategies

When children display behaviour that appears on the surface to be defiant or angry, educators sometimes respond as if the children were intentionally making a choice to be challenging. By focusing on children's unmet needs educators can address behaviour without needing to target the specific behaviour through punitive methods. When these unmet needs are addressed, children can be supported to participate in our programs. This happens when we give children the very best chance of succeeding by creating environments and situations that support their growth and participation. Educators are pre-emptive when they are attuned to children and detect signs of escalation, dysregulation or distress (Department of Child Protection, 2020).

Supporting Regulation

Self-Regulation

It may not be developmentally appropriate to expect all children to be able to regulate their physiological (stress response) and emotional states independently. When children feel safe and have access to their thinking brain, we can teach them about the fight-flight-freeze response and help them identify signs of stress in themselves and others. This is frequently referred to as social and emotional learning. Educators can equip children with tools for understanding escalation and emotions and support the development of strategies for returning to a calm state (remember, calm looks different for everybody). These strategies need to be taught when children feel safe, meaning they have access to their thinking brain. In moments of escalation and challenge, it is our role to support children to regulate.

For children who have experienced trauma they are regularly in survival mode, primed to fight, flight or freeze. Research suggests that many children do not have strategies for regulating their emotions or levels of stress (Australian Childhood Foundation, 2018). Regulation approaches benefit the whole OSHC community as stress is a universal experience. All children have moments of dysregulation and situations that make them feel overwhelmed.

Bottom-Up Regulation

Bottom-up regulation means we start at the "bottom" of the brain. Bottom-up approaches to regulation address the fight-flight-freeze response and help regulate the body's arousal systems (Ogden, Minton & Pain, 2006). One of the best ways to help move children from high anxiety states to their calmer "thinking brain" is through repetitive, rhythmic activities. Beacon House refers to these as " brain stem calmers". These brain stem calming activities need to be:

- **Relational:** offered by a safe and trusted adult
- **Relevant:** developmentally appropriate and meaningful
- **Repetitive:** patterned
- **Rewarding:** pleasurable
- **Rhythmic:** the brain has powerful associations with rhythm (feelings of safety associated with maternal heartbeat)
- **Respectful:** of the child, family and culture

(Beacon House, n.d.)

To rewire their brains, children need repeated experiences where they feel a sense of calm and safety. Providing soothing and regulating experiences help reset their bodies (Child Family Australia, 2020).

Revisit the Trauma Expression and Connection Assessment you completed earlier. At the end of this document there are bottom-up regulation strategies to support regulation for "fight, flight or freeze".

Access Brainstem Calmer Activities from:

https://beaconhouse.org.uk/wp-content/uploads/2019/09/Brainstem-Calmer-Activities.pdf

Which strategies from these documents could you trial in your service?

Top-Down Regulation

Targeting the "top" part of the brain, the "thinking brain" is about supporting children to make informed decisions. Making safe choices is an example of a top-down approach. These sorts of conversations build children's insight into what is going on and empowers them with healthy strategies for meeting their own needs. These conversations may involve:

- helping children to problem solve or brainstorm as a way forward
- supporting the understanding and labelling of emotions
- learning about what their body is communicating
- identifying a strength that can help them respond effectively to challenging situations

(Child Family Australia, 2020).

These sorts of strategies can only be taught and discussed when children have access to their "thinking brain". If children are escalated, we Regulate (bottom-up approach), Relate and then Reason (top-down approach).

Example: Jonah has had an altercation with another child on the oval and is clearly very escalated. His fight stress response is active.

Bottom-Up Approach: The educator accompanies Jonah on a walk around the oval. Initially there is silence as the educator sets a fast pace of walking. Walking side by side is a bottom-up regulation approach, the rhythmic walking, deep breathing and sensory experience helps to deescalate the physiological arousal, the fast pace gradually slowing to a more relaxed pace.

Top-Down Approach: When the educator senses the child's arousal level dropping they can begin to support top-down regulation approaches like talking about what happened. They can label emotions, physical sensations and discuss behaviour. They can implement conflict resolution processes and problem solving.

After bottom-up regulation the child can access their thinking braining and is more receptive to discussing the events.

Create Calming Environments

The environment can have an escalating or deescalating effect on behaviour, depending on the way it is set up. Creating physical spaces that promote a sense of calm will be integral in both preventing escalation and supporting de-escalation in moments of crisis. In creating these calming spaces, consideration should be given to each of the senses, with a focus on removing excessive stimulation and adding calming stimuli. For example:

- Calming colours with minimal wall displays
- Reduced noise
- Comfortable furniture with flexible seating options
- Sensory toys – stress balls, bubble timers, fabric with different textures
- Space to move and "crash" – some children like the deep pressure of "crashing" onto a soft chair, or swinging/bouncing on a yoga ball

There are many options when creating a sensory room and involving children in its development will be essential. One difficulty that may arise is that each person has individual sensory preferences about how they like their environment. This is covered more fully in the Neurodiversity Affirming Practice Educator Workbook.

Educator Regulation

Co-regulation

Co-regulation is when educators share some of their own calm with children. Educators use this regularly, when they help a distressed child by crouching next to them, speaking softly and remaining calm. When educators remain calm, children receive verbal and nonverbal cutes to help soothe their stress system.

Consider:

- Positioning
- Tone
- Non-verbals
- Deep breathing

There are times when supporting children can be stressful. It is important to maintain our capacity to self-regulate during interactions with children. Know your early warning signs or stresses and have prepared steps that work for de-escalating yourself. Identify when you may be feeling overwhelmed and ask for help if you need it.

CAPPD

CAPPD is an acronym developed by the Multiplying Connections Initiative (2018) that outlines core competencies for building relationships and working with children who have been impacted by trauma. The letters in CAPPD call for us to be calm, attuned, present, predictable — and don't let the child's emotions escalate our own. Let's think about how this applies to the OSHC environment.

Calm: Have strategies to regulate your emotions and return to a calm state after being alarmed, shocked or escalated. This may occur due to an instance of escalated behaviour from a child, repeating yourself multiple times, feeling ignored or external factors that are impacting your own wellbeing. Remember, demonstrating these strategies is a great tool for teaching children about social and emotional learning.

Consider the *Permission to Feel* Mood Meter.

https://www.marcbrackett.com/wp-content/uploads/2021/06/Mood_Meter_Marc_Brackett_Permission-to-Feel.pdf

What Zone do you usually sit in when you're at work?

What healthy approaches do you use to regulate your emotions?

Are there any instances in working with children where you had to call for support, so you had time to regulate?

Attuned: Be attuned to children's body language and nonverbal behaviors. These nonverbal indicators can help you determine how a child may be feeling or how they may be affected by the current activities or overall environment. This is another reason why active supervision is so important, we can anticipate and respond proactively to meet children's needs.

What signals or observations alert you that a child is anxious, escalated or uncomfortable in an environment/situation?

What non-verbal behaviours to you see when children are comfortable and engaged?

Are there any children, where you find it challenging to pick up on these indicators?

Present: Focus your attention on the children and the present moment. Showing children that you are engaged and present in the environment can be comforting and helpful in forming relationships. Standing back with your arms crossed while supervising, may not be the best way to demonstrate that you're present and approachable.

Predictable: Balance child-directed activities with predictable routines and transitions so children can feel a sense of safety and stability. Respond predictably to children and create a sense of consistency in your interactions. When children feel safe, they can focus on thinking and learning.

What makes you feel like someone is listening to you and is present with you?

Think about some of the routines you have in your service. How do these provide stability to the children you work with? Remember – routines need to be predictable AND inclusive.

Don't let children's emotions escalate your own emotions: When children become emotionally escalated, be aware of how you are experiencing the situation and if your reaction is calming or further escalating. Have insight into the types of situations that are likely to trigger you. Remember, trust can be easily broken in relationships by responding inappropriately to children's behaviour.

Think about the last time that you felt frustrated when working with a child. What was it that triggered this reaction?

How can you practice remaining calm and deescalating an emotional situation?

Reference List

Australian Childhood Foundation (2013) *Safe & Secure – A trauma informed practice guide for understanding and responding to children and young people affected by family violence* [Guide] Retrieve 11/11/21 from https://professionals.childhood.org.au/prosody/2014/11/safe-and-secure/

Australian Childhood Foundation (2015) *9 Plain English Principles of Trauma Informed Care*. Retrieved 21/11/21 from https://professionals.childhood.org.au/prosody/2015/04/trauma-informed-care/

Australian Childhood Foundation (2018). *Making Space for Learning – Trauma Informed Practice in Schools.* Retrieved 21/12/22 from https://australianchildhoodfoundation.crackerhq.com/pvl/9b20e31a6fa3c43f414af2fcb00f1a52/pdf/68027be0-b83e-497e-b1a9-1a91ce27ad22

Australian Childhood Foundation (2019). *What is trauma?* Retrieved from https://professionals.childhood.org.au/prosody/2019/03/what-is-trauma/#:~:text=Complex%20trauma%20involves%20interpersonal%20threat,shame%20experienced%20by%20its%20victims.

Australian Childhood Foundation (2022). *Trauma Expression & Connection Assessment.* Retrieved from https://professionals.childhood.org.au/app/uploads/2022/03/Aus-Childhood-Foundation_TECA_Trauma_Expression_and_Connection_Assessment_V4.1.pdf

Australian Government Department of Education (2022). *My Time Our Place: Framework for School Age Care in Australia (V2.0*). Australian Government Department of Education for the Ministerial Council. https://www.acecqa.gov.au/sites/default/files/2023-01/MTOP-V2.0.pdf

Beacon House (2019). *Bottom Up Brain Development. https://beaconhouse.org.uk/wp-content/uploads/2019/09/3-stages-of-brain-development-2.jpg*

Beacon House (2020). *A Wormhole Back in Time.* https://beaconhouse.org.uk/wp-content/uploads/2020/12/A-Wormhold-Back-In-Time.pdf

Beacon House (2020a). *Developmental Trauma: Close Up.* Retrieved 07/01/23 from, https://beaconhouse.org.uk/wp-content/uploads/2020/02/Developmental-Trauma-Close-Up-Revised-Jan-2020.pdf

Beacon House (date unknown). Brainstem Calmer Activities. Retrieved 07/12/22 from https://beaconhouse.org.uk/wp-content/uploads/2019/09/Brainstem-Calmer-Activities.pdf

Berry Street Education (2018). Linking Unconditional Positive Regard and Teacher Wellbeing. Retrieved from https://www.berrystreet.org.au/news/linking-unconditional-positive-regard-and-teacher-wellbeing

Blueknot Foundation (date unknown). *How we react to trauma and stress.* Retrieved 07/01/23 https://blueknot.org.au/wp-content/uploads/2021/08/3875-H-Understanding-stress-and-trauma-responses-ER-FA_accessible.pdf

Blueknot Foundation (date unknown a). *What are trauma-informed services?* Retrieved 07/01/23, https://professionals.blueknot.org.au/resources/trauma-informed-services/

Blueknot Foundation (date unknown b). *Applying Trauma Informed Principles.* Retrieved 07/01/23, https://blueknot.org.au/wp-content/uploads/2021/08/3875-A-Applying-trauma-informed-principles-ER-FA_accessible.pdf

Brainline (2017). *How PTSD Affects the Brain.* Retrieved from https://www.brainline.org/article/how-ptsd-affects-brain

Child Family Australia (2020). Calming the body before calming the mind: sensory strategies for children affected by trauma. Retrieved from, Calming the body before calming the mind: Sensory strategies for children affected by trauma | Australian Institute of Family Studies (aifs.gov.au)

Clark, A. (date unknown). How to build the foundation for self-advocacy in young children. Retrieved from https://www.understood.org/en/articles/how-to-build-the-foundation-for-self-advocacy-in-young-children

Clun, R., & McCauley, D. (2020). *Women in child-caring roles reported drinking more during Covid-19 pandemic.* Sydney Morning Herald. Retrieved 23.12.22 from Coronavirus Australia: Alcohol intake higher in women with child-caring roles during COVID-19 pandemic (smh.com.au)

Department of Education (2020). *Trauma Informed Practice in Schools: An explainer.* NSW Government. https://education.nsw.gov.au/about-us/educational-data/cese/publications/research-reports/trauma-informed-practice-in-schools

Department for Child Protection (2020). *Practice Approach: Trauma lens for children and young people Iceberg Model.* Government of South Australia. Retrieved from, https://www.childprotection.sa.gov.au/__data/assets/pdf_file/0019/222652/Iceberg-Model.pdf

Education and Care Services National Law Act 2011 (Cth)(Austl)

Education and Care Services National Regulations 2011 (Cth)(Austl)

Foodbank (2022). Foodbank Hunger Report. Retrieved from, https://www.foodbank.org.au/foodbank-hunger-report-2022-statistics/?state=qld

Gaffney, C. (2019). *When Schools Cause Trauma.* Learning for Justice, 62. Retrieved from https://www.learningforjustice.org/magazine/summer-2019/when-schools-cause-trauma

Harris, B.N. (2020) *Toxic childhood stress: The legacy of early trauma and how to heal*. London: Bluebird Books for Life.

Kezelman, C & Dombrowski, J (2021) *Disability Guide in Plain English: Supporting people with disability who have experienced complex trauma*: Blue Knot Foundation. Retrieved 03.11.21 from https://blueknot.org.au/product/plain-english-guide-supporting-people-with-disability-who-have-experienced-complex-trauma-digital-download/

Kezelman, C & Stavropoulos, P (2017) *Talking about Trauma: Guide to Everyday Conversations for the General Public*: Blue Knot Foundation. Retrieved 03.11.21 from https://blueknot.org.au/wp-content/uploads/2020/02/Talking-About-Trauma-general-public.pdf

Lundy, L. (2014). *Involving Children in Decision -Making: the Lundy Model.* [PowerPoint slides]. Centre for Children's Rights. https://ceforum.org/uploads/event/event_documents/594/LUNDYMODELCEX.pdf

Macnamara, N. (2022). Fight, flight, freeze and fibbing: Lying as a trauma-based behaviour. Retrieved 15/12/2022, https://cetc.org.au/lying-as-a-trauma-based-behaviour/

Maslow, A.H. (1943). "A Theory of Human Motivation". In Psychological Review, 50 (4), 430-437.

McCory, E. (2020). The Guidebook to Childhood Trauma & The Brain. *UK Trauma Council.* Retrieved 10/12/22 from https://uktraumacouncil.link/documents/CHILDHOOD-TRAUMA-AND-THE-BRAIN-SinglePages.pdf

Medhora S. (2020). *Calls to Lifeline jump 20 per cent as coronavirus crisis takes hold. Australian Broadcasting Corporation*. https://www.abc.net.au/triplej/programs/hack/calls-to-lifeline-go-up-due-to-coronavirus-covid-19/12096922

Mental Health Coordinating Council (2013) *Trauma-Informed Care and Practice: Towards a cultural shift in policy reform across mental health and human services in Australia, A National Strategic Direction,* Position Paper and Recommendations of the National Trauma-Informed Care and Practice Advisory Working Group, Authors: Bateman, J & Henderson, C (MHCC) Kezelman, C (Adults Surviving Child Abuse, ASCA)

Multiplying Connections (2018). Techniques for CAAPD. https://www.multiplyingconnections.org/become-trauma-informed/techniques-cappd

Ogden, P., Minton, K., & Pain, C. (2006). *Trauma and the body: A sensorimotor approach to psychotherapy.* W.W.Norton & Company.

Perry, B. D. (2020). The Neurosequential Model: A developmentally-sensitive, neuroscience-informed approach to clinical problem solving. In J. Mitchell, J. Tucci, & E. Tronick (Eds.), *The handbook of therapeutic child care: evidence-informed Approaches to working with traumatized children in foster, relative and adoptive care* (pp. 137–158). Jessica Kingsley Publishers.

Perry, B.D. & Winfrey, O. (2021) What Happened to You? Conversations on Trauma, Resilience and Healing. Boxtree.

Stokes, H. & Brunzell, T. (2020). Leading Trauma Informed Practice in Schools. *Leading and Managing, 26*(1), pp 70-77.

Substance Abuse and Mental Health Services Administration (2014) *SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach*. Retrieved 21/11/22 from https://store.samhsa.gov/product/SAMHSA-s-Concept-of-Trauma-and-Guidance-for-a-Trauma-Informed-Approach/SMA14-4884

Substance Abuse and Mental Health Services Administration (2022). *Understanding Child Trauma*. Retrieved 21/11/22 from https://www.samhsa.gov/child-trauma/understanding-child-trauma

The Cotswold Centre For Trauma Healing (2022.) *Natural Responses To Overwhelming OR Terrifying Events* [Website] Retrieved 21/11/21 from https://cotswoldcentrefortraumahealing.co.uk/how-ptsd-occurs/

Trauma Informed Oregon (2022). *Trauma Informed Care Glossary.* Retrieved 15/12/22 from https://traumainformedoregon.org/resources/new-to-trauma-informed-care/glossary/

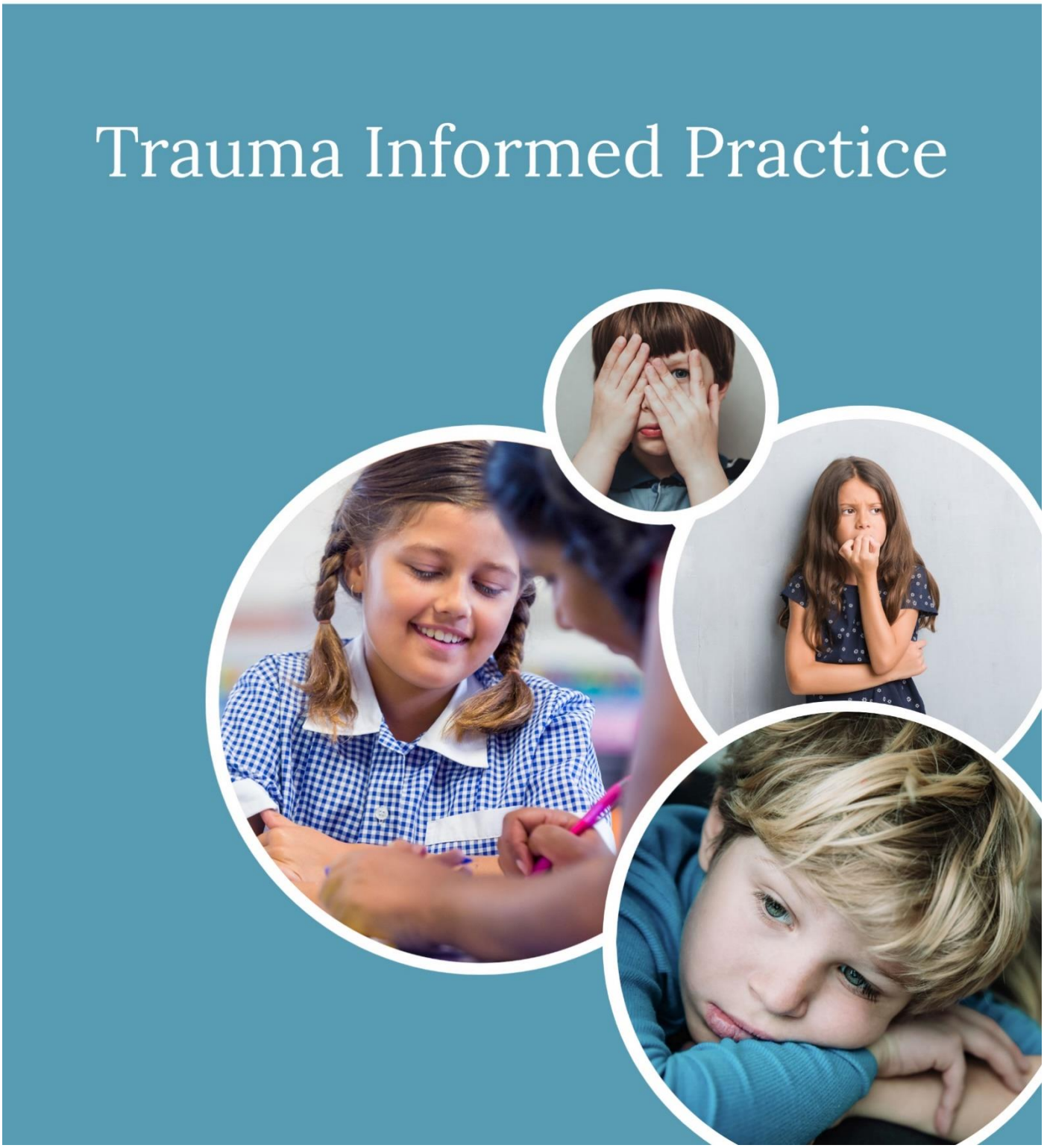
United Nations Convention on the Rights of the Child, November 20, 1989, https://www.ohchr.org/en

Zahra, G. (2022). Berry Street Education: Promoting Self-Regulation in the Classroom. Retrieved from https://www.berrystreet.org.au/news/promoting-self-regulation-in-the-classroom-supporting-the-sensory-needs-of-all-students

Wright, S. (2021). *How to Idenitfy and Overcome Trauma Triggers.* Retrieved 15/12/22 from https://psychcentral.com/health/trauma-triggers

Notes

KNOWLEDGE CHECK



Trauma Informed Care Principles

Read the case studies below and identify which trauma informed care principle is missing from the educator's approach to supporting children. Choose from Safety, Choice, Trustworthiness, Empowerment, Diversity, and Collaboration.

Outline how the educator could have responded to apply the missing principle.

Scenario	Missing TIC Principle	How to apply these principles
Hannah is supporting a child whose birth mother has recently come back into their life. Hannah has developed a visual schedule collaboratively with the child, create predictability about routines and transitions. This has been working very effectively. The teacher wants to call a meeting to identify what's working well to support this child as they are experiencing a lot of behaviour at school , but Hannah feels that's the schools' problem not hers.		
Josh experienced physical abuse when he was younger and has strong reactions in environments with loud raised voices. Josh is visibly feeling unsafe in the environment but the educator continues to raise their voice to get his attention, becoming frustrated that he isn't listening.		
Marissa is autistic and has experienced trauma associated with formal schooling. The educator group are aware of this. When Marissa is beginning to escalate one of the educator's says to her "I only help people who sit on the chair and look at me when they ask for help".		

When asking Benji what strategies will be helpful to support him OSHC, Benji suggests a 15-minute break on his iPad during times of transitions. The educator says “Don’t be cheeky, you just want the iPad. What would be far better for you is if you used a colouring book instead.”		
Ronan says that he’d like to try and start walking himself to school. Previously, an educator walked with Ronan as he was likely to encounter triggers on the way to class. Ronan expressed that he’d like to develop this skill. One of the educators says she doesn’t feel comfortable letting him do that or teaching him to do that as he needs adults to make the decisions for him.		
One of the educators, Kye, is going through a stressful time and is having difficulty regulating themselves in OSHC. One of the children, Greta has experienced trauma and relies on educators to help her regulate. Greta used to go to Kye regularly for support. Sometimes Kye supports calmly and other times he raises his voice and tells her to “stop being silly” and “ it’s not a big deal”.		

Case Studies

Read the case studies below and identify the stress trigger, stress response and show your understanding of the trauma adaption. Reference the examples in the Educator Workbook for additional guidance.

Case Study: One of the educators has got a new job and will be leaving the OSHC. They've developed a really positive and respectful relationship with Yousif. Yousif experienced neglect from a young age and became used to not having his needs met. When he arrived at OSHC he found it difficult to develop relationships with adults, as he had not had the opportunity to do so in the past.

Yousif has had several different foster carers over the past 6 months and struggles with feelings of abandonment and insecurity. His feelings seem to overwhelm him and in these moments, he appears disconnected from everything around him.

During his favourite educators last shift he becomes distraught. He sits on the ground and is unresponsive. No attempt to engage him in conversation is successful.

Stress Trigger:

Stress Response:

Trauma Adaptation:

Case Study: Aria is 6 years old and has recently started in the program. Her family have recently moved from overseas. During Vacation Care the army reserves come to visit and run some activities with the children. Aria sees the men in uniform arrive and runs upstairs to hide under a couch. When Aria's parents were informed, they let the OSHC staff know that in the country they were from, there was civil unrest and the presence of the army meant great danger for the community.

Stress Trigger:

Stress Response:

Trauma Adaptation:

Helpful Observation of Needs

Consider the traditional labelling of behaviour below. Using a " trauma lens" consider alternate explanations for this behaviour e.g. maybe this child isn't defiant, instead they might be feeling out of control.

Once you've identified the alternate explanation, consider how to meet that need.

Traditional Labelling of Behaviour	Alternate Explanation	How to meet the need
Manipulative		
Lazy		
Attention - Seeking		
Defiant		

Disrespectful		
Unmotivated		
Sore Loser		
Clingy		
Unresponsive		