THE WINSTON CHURCHILL MEMORIAL TRUST OF AUSTRALIA

Report by Stephen Bentley, 2014 Churchill Fellow

The Gallaugher Bequest Churchill Fellowship to investigate effective models of re-engaging traumatised children with education - USA, UK

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Dated 10/05/2015
Introduction.

At the very beginning of this report, I would like to express my gratitude to the foundation, and in particular to the Gallaugher family, for the opportunity to travel and observe such a diverse range of organisations all focused on providing opportunities for children who have suffered trauma to mend, grow and to take their place in society with some chance of fulfilling their potential in life.

I take this opportunity to thank all the individuals and organisations I met across the globe and I publicly acknowledge the outstanding research they have done and are doing and the exciting ways they are providing support for vulnerable young people. I would also like to extend my thanks to the Tasmanian Education Department for allowing me the time to travel and learn.

I would particularly like to thank Andy Harrison from Groundwork, Harvey Zendt from Urban Promise and David Ziegler from Jasper Mountain. These people provided such valuable insight into their organisations but also worked particularly hard to ensure I was able to maximise my time within their programs.

By trauma I am referring to the following, “a psychologically distressing event that is outside the range of usual human experience, often involving a sense of fear, terror and helplessness” (Perry. B., (2006)

I have worked within the Education Department of Tasmania for the past few years developing and implementing programs to assist young people to remain engaged or to reengage in education. It became clear that the major issue for these children was the trauma background the majority shared and the way that trauma had shaped their developing brains.

Our Tasmanian Education Department shares with all other education systems the goal of providing quality education to all students. My experience in the Department and through this fellowship has affirmed that the Education Department has a great deal right. The review process that exists in the Department and within individual schools demonstrates dedication to providing a comprehensive, well planned and regularly reviewed curriculum as well as a supportive learning environment for students.

Every organisation is capable of improvement. The observations and suggestions raised in this report are intended as positive steps towards deepening our understanding of what trauma looks like, how it affects our children, and how we can better support these children and the staff who work with them, as well as how our schools can achieve better results for those many children who have suffered trauma.

Observations made here are not intended as criticisms but as opportunities to continue to develop effective delivery models for traumatised children in our care and to share our insights with the many agencies that work with these same children.
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Executive summary

The prevention of trauma should be foremost in our minds. Much of what we do in schools aiming to support, intervene and help repair focuses on damage already inflicted. Ninety percent of brain growth has occurred by age three, as compared to eighteen percent of body growth. There is a window of opportunity that exists between birth and five. We can take advantage of this window to provide young parents who may have lacked the experience of being positively parented with support and guidance for their own parenting.

During early years, we can help vulnerable children and parents to understand the importance of brain development. It is here we can positively change the intergenerational cycles of poverty, neglect and abuse that lead to maladapted brain function and associated learning difficulties, social and emotional problems and arrested development.

Without exception, every program or model I observed or participated in that was successfully assisting traumatised children to recover had the following features in common.

- All decision making was trauma informed. Every staff member in contact with the child had been trained in understanding trauma, what it does to the developing brain and what that means for the child’s learning.
- All staff had a clear understanding of collectively agreed goals for the child and they had planned responses for helping the child achieve success.
- Uniformly, the teams had a child centred approach to setting goals and ensuring success. They understood the level of support needed and were intent upon maintaining at least a 1 to 4 ratio of informed adults to children.
- Co-location of services increases the likelihood of success markedly. Schools on their own are limited to some extent in what they can provide for the child. Having Psychiatry, Psychology, Social Work, Speech Therapists and other associated medical and allied health professionals working together or in close proximity increase the team’s understanding in relation to the specific requirements of the child.

The significant number of children suffering from the effects of trauma in our schools requires us to ensure our teaching staff are well trained in identifying trauma symptoms and are able to assist. Some responsibility for this training lies with the Department, which has already begun to address this issue through ‘Transforming Trauma’ training for staff.

Although universities have full and well-planned teacher training programs already running, it may well be worth relevant faculties looking at how they could better prepare their graduates in terms of understanding trauma and designing effective interventions.

In my experience most children who have disengaged from school or who are at risk of disengaging have a trauma background. Because of the impact trauma has had on their developing brains they find school difficult. It increases their already elevated anxiety and many of the expectations that school imposes simply do not make sense to them. Much of the behaviour witnessed is evidence of the children’s attempt to cope. A lack of understanding about trauma on the part of teachers can, at best, fail to assist these children in the recovery process, and at worst, add to their trauma.
## Program Summary

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Groundwork U.K
I began this fellowship meeting with Andrew Harrison and Graham Duxbury from the head office of Groundwork U.K in Birmingham.
In preparing for this fellowship, Groundwork featured prominently in my searches and seemed to have a diverse range of programs.

I discovered that while Groundwork had a history of environmental activism, the organisation had morphed within communities in order to best meet the needs of that community. As a result, Groundwork provided a raft of individually tailored programs across the U.K. It had decreased in size from 52 projects to 19 as a result of a shift in government funding policy.

Most funding is provided from local government and as a result Groundwork must bid each year for a share of funding. This has two obvious drawbacks. Firstly, their ability to plan into the future is compromised because of uncertainty surrounding funding and secondly, local government will have strict guidelines about how the money is spent, where it is spent and what has to be achieved in order for the funds to be delivered. These restrictions limit who can benefit from programs, where they can be run and how they will be implemented.

For example, in one community one of the restrictions states that for payment to be made, each individual in the program must demonstrate a stated level of literacy and numeracy. There may then be young people who desperately need the assistance of Groundwork and who could benefit greatly from the program they are running, but a deficit in the area of literacy and numeracy means it is pointless for Groundwork to take them on as they will never meet the minimal requirements set down by local authorities and so Groundwork will receive no funding for them.

To their great credit, Groundwork continue to take on children in these circumstance knowing they can help but also knowing they will receive nothing for their efforts. This challenge is not limited to Groundwork, but in my short experience in the U.K, most non-government organisations working with young people face similar challenges. This can often result in those who most need assistance missing out.
In Stoke-On-Trent, Groundwork had set up an independent school. They currently have 9 students attending but have the capacity to support up to 18. Julie Read works in the school with 7 other staff. This high ratio of adults to students was common through every effective program I observed in both the U.K and the U.S. Where trauma informed practice was evident, staffing ratios were seldom below 1 to 4.

(http://www.education.gov.uk/edubase/establishment/summary.xhtml?urn=137510)

As it was explained to me, in the U.K a student cannot be excluded from school for more than four 20-day periods. If a student is excluded from school in the Stoke-On-Trent area for more than 5 days, they are required to attend a time out centre for up to 2.5 hours a day where they receive assistance in the area of social and emotional development as well as work on moral and cultural understanding. This is designed to provide the child with additional skills increasing the likelihood of transitioning successfully back into their main high school.

I was not in a position to gauge the effectiveness of this intervention. One would have to assume that as long as the focus of any support offered to the child was on the child’s assessed needs rather than focusing on the errant behaviour, their support programs at least had the chance of a success. (More successful than simply suspending students and having them stay at home). This was a good example of natural consequences being used instead of punishment.
Inside the Groundwork School they had set up a room with small partitions where students could be introduced to some of the basic skills involved in the renovation and construction industries. Here each student had a chance in their own spot, to try brick laying, plastering, basic carpentry and painting and decorating.

The school also had a small mechanical workshop where a local business provided motorbikes that needed repair and restoration then bought those bikes back when the students were done.
This model raises questions for our Department of Education. The initial stages of suspension are similar. Up to a 5-day suspension, the school is setting work and doing what it can to minimise disruption to the educational program. For more serious cases, the U.K system has the power to exclude, even permanently but there remain alternatives for the child like the Groundwork school.

Here in Tasmania, our system has the capacity to expel or even to prohibit students from attending but there is not the range of NGOs offering educational alternatives for these students. There limited resources available for suspended or expelled students.

Given that the children who are falling into the exclusion group have often suffered trauma, often have maladapted brain function and find attending school difficult, once they are lost to the system we have little chance of recovering them.

We know that their home environment can be chaotic and unpredictable and yet we suspend them from educational programs that have the potential to help them, and send them home to a chaotic environment. Perhaps we should be looking at more involvement in educational programs rather than less. If something is difficult for young people perhaps they need more practice doing it rather than less.

In order to offer more support, programs need to be available. With limited budgets schools are already hard pressed to provide the standard curriculum. There is no doubt that providing additional support to trauma-affected children is an expensive undertaking and it highlights once again the potential we have to reduce the need for intervention programs at school by shifting our focus to the 0 to 5 year olds.

However frustrating and difficult it is to develop effective ways to provide for all students within our schools it is important to remember that whatever we do within our schools and what ever programs we choose to run, we are reacting to the symptoms we see. These symptoms result from deeper problems that have occurred during the early stages of development.

One of the key findings of this fellowship follows. We know 90% of brain development occurs in the first 3 years of life. We know that during that time if the child is experiencing high levels of stress, neglect, abuse or other forms of trauma their brain development will reflect that trauma. However if we look at spending in the 0 to 5 age group, where we have the greatest chance for lasting change and the perfect opportunity to effectively address intergenerational trauma we spend very little.

We spend money on programs designed to mend, mitigate and heal damage already done.
What is evident from this graph is that increased spending on effective programs designed to support venerable parents and children could result in less need for additional programs during primary school, high school, colleges and trade training centres.

Turning the focus from schools to behaviour outside schools, in Kettering and Corby, I visited a Groundwork trust that had focused on supporting vulnerable children in the community. The towns and surrounding areas had once been a centre for industry but as the industry moved out poverty, unemployment and associated social problems began to rise.

Here the Groundwork team and the police worked closely with young people from the different sections of town. Groundwork employs some young people from the different communities who are based both in the community, where they are known, and in the Groundwork office where they receive training and support. These youth workers can refer young people to the Jam in the Hood project where they get to work closely with the police over a number of weeks doing a modified version of some basic police training.

This training helps break down barriers between police and young people who may not have a positive attitude towards police. The program has been very successful with more applicants than places and several of the young people involved deciding they might like to go on and train with the police in a more formal way.
Important, the youth workers are the first to be called by police if a public nuisance complaint is made. They are not sent to any possible criminal incidents but are used as a diversionary tactic by police helping young people find a better place to meet or to play sport and avoiding the potential for conflict between police and young people.

The youth workers work 7 nights a week and wear a purple hoody to identify them within the community. The three young people I met who were working with young people in their community were Claudia, Stuart and Taylor. These young people were highly motivated and were inspirational. They describe themselves as Talent Match Champions and worked closely with a set of clients who needed additional support and mentoring.
Visiting these people demonstrated to me how the simple idea of having youth workers from a particular community working with people they know well helped the community to be a safer place, broke down barriers existing between police and young people and created a set of very positive young people who felt a real connection with their community.

It is important for us to remember that combining our skills and insights, police, education, social work, youth justice, mental health and child protection may allow us to provide simple, effective intervention programs for communities here in Tasmania. It may also help us incorporate and use effectively existing programs.

In Hertfordshire, Groundwork have maintained their initial focus on the environment and on developing awareness and providing young people who have dropped out of training and education with 12 week concentrated work skills programs. These programs have an environmental focus, they provide some skills but most importantly they provide support for the young people to get an understanding about what working is really like. So issues like getting up in the morning, getting to the job, having the right equipment, following instructions and completing tasks are all taught, demonstrated and encouraged.

Groundwork employs some of their graduates in contract work. They have secured grants for projects like maintaining gardens in public and private spaces and maintaining sports fields. The employees are protected and supported to varying degrees. For example, someone who does not turn up to work for no apparent reason will be counselled and helped to understand the importance of being at work consistently rather than just being sacked as may happen in other businesses. Groundwork understand that many of the young people they work with will find work difficult because it has not been a regular part of their lives in any sense.

*Groundwork training team’s second day on site developing an environmental education venue for a school in a forest.*
In London, I visited a Groundwork organisation that was working with two different sets of clients. One team worked with those not in education employment or training (NEAT). The other branch of the organisation worked within schools providing individual coaching for students identified as ‘in need’.

Both groups did excellent work and were very dedicated to what they did. The second team’s existence did beg one question: why would the education department pay for a NGO to come in to schools and work with students rather than use the money to provide support themselves?

There seemed to be no easy answer to this question. The Groundwork team stated that some schools saw them as an integral part of student support, while they had been unable to even get through the gates of other schools. Their access to a school depended entirely on the principal’s discretion.

The second issue was one of ongoing funding. This was an issue I saw repeated through many organisations in the U.K. Local government provide funding for these projects and predictably demand results for their funding. To achieve these results organisations will not take on students who have no chance of achieving the benchmarks. As previously mentioned, this can result in children who most need help missing out.

Social Workers are rare in London schools and it seems that often youth workers are employed instead. They are not always trained and may also be employed instead of social workers because they are less expensive. In some cases I met youth workers who were dealing with children who were showing signs of having suffered trauma (such as disassociation), yet the workers had no formal training at all. I never met a person who did not care or was not willing to try but I did meet people who were perhaps not qualified to be dealing with the children they were in contact with. I could not help but think that additional damage was a possibility in these circumstances.

**Great Ormond Street Trauma Team**

To gauge the prevalence of trauma, the different ways society was attempting to deal with trauma, and how to help traumatised children re-enter or remain in contact with education, I visited the Trauma assessment team at the Great Ormond Street Paediatric Hospital. The team was a multidisciplinary team headed up by Dr Betsy De Thierry. I observed the team triaging the most recent referrals and discussing the best way to assess the child’s level of trauma and the best form of intervention and treatment for each child.

The cases of abuse and neglect the team dealt with was extreme and in most cases the children involved were either in state care or foster accommodation. While hearing about these cases was confronting and disturbing, it was clear that treatment patterns were similar for all children who had suffered trauma regardless of the severity of that trauma. It was interesting to see the way the team categorised trauma responses. The team identified trauma responses such as post-traumatic stress disorder (PTSD), Disassociation, ADHD and other behavioural problems.
The team agreed that finding useful and accurate assessment tools is universally difficult. Many of the tools currently used to assess trauma produce too many false positives and as a result are somewhat flawed.

The team take referrals from a variety of sources including but not limited to G.Ps, paediatricians, and Social Workers. They are an extremely professional and well-regarded group operating from the Child Health and Mental Health sector.

The team saw their position as one of assessment, referral and treatment of severe trauma. Their contact with schools varied, but they were involved with schools for some cases. They identified the importance of providing support for teachers and others dealing with the children to ensure those people did not re-traumatise the child but worked to heal.

Betsy De Thierry, (2015) in her book ‘Teaching The Child On The Trauma Continuum’, identifies type 1, 2 and 3 trauma. Where Type 1 would be a single incident trauma, Type 2 would be multiple traumas and Type 3 would be “Multiple pervasive traumas from early age that continue over length of time” The trauma assessment team deal predominantly with this third category.

My experience with very serious trauma is less extensive, but on several occasions in Tasmania I have seen the effective development of a team including Paediatricians, school principals, classroom teachers, social workers and home care nurses who have gathered together to assist a child who is dealing with significant trauma.
This multidisciplinary gathering is extremely effective and allows for clear instructions and advice to be shared among the important professionals dealing with the child. These teams are something that in the future we should think about formalising. This way we could ensure that traumatised children had the best chance of beginning to recover.

**Trauma Recovery Centre – Bath**

The Trauma Recovery Centre in Bath have managed to acquire enough funding from private sources that they no longer rely on local government for any funding. This frees them from the sometimes difficult to understand and variable criteria attached to much government funding.

A common theme in the UK, as I have already mentioned, is that sometimes the criteria for receiving funding simply does not meet the needs of the individuals requiring support. As a result you have the following problem:

This had been a problem for the Bath Trauma Recovery Centre but as they now have total independence from local government funding they able to provide services for any of the children referred to them, not those that meet ‘funding criteria’.

When a child is identified by the centre as requiring intervention, 4 levels of intake are available. Blue involves a one on one program for about 10 weeks. Green is also one on one but will be longer, up to 20 weeks in total. Orange is longer still and the
child may be involved with the centre for up to a year. Red is the most serious intake level and here the child requires ongoing support from the centre and can be engaged with the centre for up to 5 years. Children who have suffered extreme trauma and as a result are not able to operate effectively in mainstream schools can go to school at the centre.

There are 4 aspects to the centre. Therapy is provided through their carefully constructed program which is underpinned by the skills of excellent trauma informed staff. A training centre for professionals who are likely to be working with traumatised children, offering officially recognised training is an important arm of the centre. The Tree House Project is a program that works specifically with people who have been the victims of human trafficking. Finally, the centre provides the Oakside Creative Education Centre

“Oakside Creative Education Centre provides a part time educational programme in a therapeutic environment for children who are not engaging with mainstream education or who are experiencing significant and consistent difficulties in mainstream school.”
(http://www.trc-uk.org/oakside-creative-education-centre/)

What was so impressive about this centre was the way it centralised services for those in need and had the capacity to provide support at so many levels. Their staff were well trained in working with those who had suffered trauma and it was obvious how well the centre worked to give children appropriate and timely support allowing them the chance to recover and begin to take the steps back towards healthy thinking, regular schooling and finding ways to deal effectively with the trauma they have suffered.

In Tasmania we have some excellent places providing support services, such as Clare House Child and Adolescent Mental Health Service for those suffering from identified mental illness. The Education Department have several excellent programs including Launching into Learning, and Transforming Trauma training. We have some access to interstate programs such as the programs of the Berry Street Centre (in Melbourne), which provides excellent support and education programs to a range of professionals working in the area of dealing with Trauma. Unfortunately here in Tasmania I have seen nothing that provides the comprehensive and effective service the Trauma recovery Centre provides. If there were a wish list, having a centre like this in Tasmania would be very high on it.

I was fortunate enough to also be involved in a professional development day focusing on trauma and disassociation. To see first hand how the training centre operated was indeed a privilege.
One of the therapeutic playrooms at the Trauma Recovery Centre

Youth Justice - London

In London I visited Youth Justice exploring the links I had seen here in Tasmania between children suffering Trauma and offending behaviour. They pointed out that changes in sentencing procedures had resulted in the number of children in youth detention falling just below 1000 for the first time in many years. In 2008 they had 2014 children in detention, in 2014 that number was 998.

One difficulty I have witnessed here in Tasmania is the inability of Youth Justice workers to engage with a child until that child has been convicted of an offence. In the U.K Youth Justice have the ability to work with children from the time that they are charged. The Youth Justice worker can, if they feel there is a chance of success, bring the matter to a community conference. If that conference is successful, the matter can be resolved without ever entering the court.

They have developed teams that work with young offenders assisting in the Family Support Program. They were confident that this intervention had potential but were a little concerned about the lack of training.

The restorative justice model being implemented at the moment is based on the New Zealand model. The feeling amongst the Youth Justice workers was that the program had the support of the community and they felt that the cost involved in funding
diversionary activities was less than having the offenders locked up. They could not provide any specific figures.

The courts have identified a link between literacy and language problems and offending. They have also seen the link between school attendance and offending. The idea that the poor school attendance and offending could both be linked to trauma was not commented on.

The current Labor party are considering a proposal to extend youth justice to 21 years. It will be interesting to see the reaction of both the public and the court system. In terms of brain development, this makes sense. It does pose some interesting questions for sentencing.

Our own Youth Justice system, perhaps predictably, has far more in common with the English system than the American system.

We both focus on rehabilitation, diversion and providing intervention where we can. The people I spoke with who were involved with the American system were frustrated by the move to punitive measures. At the moment in the U.S there are a number of new jails being built specifically for children.

Despite what we know about brain development and how traumatised children may not have full access to the prefrontal cortex which governs planning, empathy, reasoning and judgement, this fact is not used as a mitigating factor when sentencing. In some states of the US, children as young as 14 can be sentenced to life in prison without parole. Sentences of 20 plus years are not uncommon.

The authorities seem quite open about their justice system being about punishment rather than rehabilitation. I spoke with one young man who had just been released after serving a 3-month sentence for setting off a fire alarm. It seems that anti terror law has made setting of an alarm when there is no fire a felony. The child walked into a school cafeteria and witnessed a fight between children and security guards. He set the alarm off because he thought it would stop the fight and was sentenced to 3 months in jail.

The experience had severely shaken him and he was on medication for anxiety and depression. He had dropped out of school and was being supported by the organisation Urban Promise.

My impression of the American system was one of confusion and frustration at the need for change and the factors working against change. The social problems witnessed in the U.S were similar to those you find in most countries. They were complicated in some areas by racism then further complicated by the prevalence of guns.

Violence involving weapons was evident in every conversation I had with children from poorer areas, workers focused on supporting underprivileged children victims of crime and those convicted of crime.
Harlem Children’s Zone, Harlem New York

The Harlem Children’s zone has developed into a very large organisation because of the success they have enjoyed as a result of direct and effective targeting of specific social problems and inequities. They have correctly identified the early years of life as a critical period in brain development and have developed targeted programs that work.

I focused on their early childhood program which existed of three programs designed to support children and (importantly) their parents. The two are inseparable and I am convinced that any successful program must target the children and their families. Without that focus there is little hope for change.

To successfully break intergenerational cycles of abuse and neglect caused by lack of knowledge, no personal experience of any alternative and poor modelling, the vulnerable parents need to be supported and shown the alternative and the benefits those alternatives may have for them and their children.

Baby College focuses specifically on the area of brain development and provides parents with specific skills they may otherwise have missed. Harlem Children’s Zone also offers 4-month courses like The Three-Year-Old Journey. This program builds on the child development knowledge delivered in the Baby College and also feeds into the full day pre kinder programs.
Harlem Children’s Zone has to constantly raise funds in order to continue offering services.

**Mt Sinai adolescent Health Centre -New York**

The Centre has been operating for nearly 50 years and is accessed by a remarkable number of young people each year. One of the remarkable things about the Adolescent Health Centre, for those that understand the American health system, is that it is free to all clients. By constant fund raising, they are able to offer what few other health providers in New York can.

The second impressive feature of this centre is the colocation of services. They can provide an excellent service to young people because they have so many experts in one place. Their core services include Primary Medical care, Health Education, Sexual and Reproductive health, Dental care, Optical care, and mental health care. Their specialized services include HIV/AIDS prevention and care, Teen parenting, Nutrition and wellness, Substance abuse Services, Violence prevention and Treatment, Services for CST Victims (commercial sex trafficking), LGBT Services, Legal Services and Refugee and Asylum Seeker Services.

This model provides an excellent base for the comprehensive support of young people. They have worked hard to develop a very dynamic multidisciplinary team.

The centre sees an average of 12000 young people every year. They estimate that 98% of those young people are from poor socioeconomic backgrounds and the up to 70% of those they see have a trauma background. Most of the young people first appear in the centre because of a medical problem. Not being able to afford treatment or diagnoses through other means the young people are drawn to the centre because it is free.

Once they are there, it becomes easier to refer them to other specialists who are in the building and can usually see them quickly. The centre has the right to treat all young people who arrive. They assured me that parent consent was not necessary.

All workers in the centre, regardless of their profession, are trained in identifying trauma symptoms. I was informed of a recent case when a 13-year-old girl presented at the centre with headaches. The doctor who saw her was able to ascertain that because of abuse in the home, the girl was currently homeless and felt she could not return. They were able to refer her to a Social Worker, get her obvious dental problems sorted, complete a psychological assessment and provide her with support for anxiety and depression. They also managed to help her back into school.
This co-location of services, when seen in action, makes so much sense. Teams of people with different areas of expertise working together for the benefit of young people are very effective. I am aware that we have these approaches in some sections of our hospitals and other areas of health but the comprehensive way the Adolescent Centre was able to help young people was impressive.

Interestingly, in response to a question about attachment, the staff stated that often young people developed a close bond with the centre and would come back after years away to let the centre know when they had found a job or finished school. Those I spoke to stated that this attachment may be with one significant member of their team but that it was also common for children to form an attachment with the team rather than individuals.

The U.S has a health system based on the principle of user pays. This obviously places children from poorer socioeconomic backgrounds at a disadvantage. These children are already overrepresented in cases of trauma and mental illness. To have an organisation providing the services so needed by these children for free provides a beacon of hope in what could be justifiably claimed as an unfair system for those without means.

It may prove to be a little easier to form multidisciplinary teams to deal with children who have suffered trauma here in Tasmania than in other states. While the individual services exist in all states, the smaller population here results in a greater connectedness between professionals. I remain convinced that a multidisciplinary service, or co-located professionals, could provide an effective service for children who have suffered trauma on a level we have not yet seen.
Our Reach

Mount Sinai Adolescent Health Center
Urban Promise- Wilmington

Urban Promise exists in a poor community in Wilmington. All of their children come from the local area and many of them conveyed stories of hardship, ongoing violence and death in their community. Last year at least one of their own students was a casualty to the continuing problem of gun violence in their community.

There is no doubt that the majority of their children are drawn from trauma backgrounds.

The school is a private school in that it raises most of its own funding. It is not grouped with the charter schools (which is a different semi-governmental system and quite difficult to understand as an outsider).

Charter schools seem to spring up in communities where the state schools are struggling, yet they draw their funding from the government. I wondered why the government did not put that money into their state schools thus negating the necessity for a new school.

Harvey Zendt, retired Principal and consultant to Urban Promise, my guide, host and all-round nice man.

The school could only run because the wages paid to the staff were low. Many teachers and youth workers at Urban Promise had been drawn to the school from around the US and overseas. They were prepared to give their time and expertise at minimal cost because of their beliefs and principles. It was obvious that these people
were prepared to back their beliefs with action. Despite the faith base of many of the staff there was no identified Christian church associated with the school.

One of the most impressive aspects of the school was their street leaders program. The school employed local teens who worked with the children in school but who were also available on the street after school hours. These young people were from the local community and knew the area and the children well. They provided another avenue of assistance to and connectedness for the child.

During the Fellowship, I saw several of these programs and on each occasion I was impressed by how simple the concept was, how effective it was for both the children and for the employee, and what a significant positive change the program brought about.

The street leaders are aged between 14 and 18. Urban Promise also has Interns working and living at the school. The interns are youth workers or trainee teachers. This provides another source of assistance at minimal cost.

The school was achieving impressive results with the young people in their care. They were able to achieve these outcomes by keeping numbers manageable and having high adult to student ratios. Understanding trauma and ways of assisting children who have suffered trauma was not at the forefront of their thinking but many of their practices were very sound and were obviously working.

**Wilmington University and Teach For America**

Wilmington University has developed an impressive reputation over the past 10 years in the area of teacher training. The university offers similar paths to teaching as the universities here in Australia. It was impressive to see a degree offered at the 0-3 year old level.

I have mentioned that because of rapid brain development occurring in the first years of life, it seems an obvious place to set up effective interventions. Wilmington University has recognised this, and while preventing intergenerational trauma cycles was not their motivation for setting up the degree, the fact that it exists is impressive.

At the moment in Australia there is a difference in the amount and level of training required for those caring for children in the first five years of life (Child care workers) and for those looking after children from the ages of five to eighteen (teachers). The younger the child the less training is required to work with them. In saying this I am in no way suggesting that Child care courses are not well designed and implemented, but workers in Tasmania do not need a university degree to work with pre school aged children. Yet it is in these early years that we have the greatest potential to change outcomes for children who may experience trauma.

Another difference in the Wilmington approach to teacher training was the amount of time the students spent in the classrooms of schools working face to face with children. The University had a significantly greater emphasis on exposure to real teaching practice for their undergrads and their masters students.
Teach for America teachers found themselves in front of a class as a way of training. In fact, it was by employing Teach For America teachers that some of the schools observed like Urban Promise and some of the new Charter schools were able to afford to run. The wage of a Teach For America teacher is very low and they are doing their training on the job. They obviously get good first hand experience but there seems to be a ‘throwing them in at the deep end’ approach.

I was concerned to hear that many of the Teach For America teachers are teaching in very demanding schools that have high numbers of traumatised children. My experience to date is that without teachers who are well trained in dealing with traumatised children and who are making trauma informed decisions, at best little impact is made in helping these children. At worst they are retraumatised.

For anyone who wishes to know more about Teach For America, there exists a Teach For Australia program that is operating on a similar model. The strength of this program is the time spent in schools, with children. The participants must learn very quickly, if teaching is the right option for them.

I believe we are struggling to provide our undergraduate and qualifying Masters teachers with the information and skills they require to effectively deal with trauma in the classroom. The inexperience of these new teachers has the potential for negative impact on already vulnerable children.

**Providence, Trauma Informed Care**

This fascinating private organisation operates as a business working specifically with children who have suffered trauma and who are not coping in the mainstream school they are enrolled at. They have responded to a perceived need from both community and educators.

In most state schools in Australia, The United Kingdom and the United States, suspension of students because of poor behaviour is an issue. For some of these children suspension is the result of poor choices or poor decision-making. It can be a one off or rare event. But each state school I have visited has a number of students who are often suspended. They have a core group of children who are constantly being disciplined, dealt with or suspended.

These children nearly always have something in their background that makes attending school, following instructions, understanding the system or just physically arriving at school difficult. They nearly all show signs of having suffered trauma.

What is interesting is that in the state of Delaware, the government schools have acknowledged this. They have also acknowledged that they have neither the training nor the resources to deal with the issue and so they are prepared to pay another organisation to help.

Providence has several aspects to what they do and several different products they sell. The common factor amongst their staff is that they are all trauma trained and all their decision-making is specifically designed to support traumatised children.
They have a head office they use for coordination and training. Then they have many programs that operate within the schools they provide services to. They also have specific buildings where they set up their academy. I visited one such academy that had been set up in an old school. The school had ceased to operate several years ago and Providence had taken over the building. The environment looked tired and in places was desperate for a serious renovation but what happened in the building was impressive.

I was keen to see how this institution would differ from a normal school. All the students who attended had been referred to the service by their home schools that had been unable to cope with them and decided that they needed support. The students were enrolled in the Academy for a specified time. Some children attended for 3 months, some for longer, but rarely more that 3 terms.

These children were high needs and this was evident as soon as one entered the building. One of the employees was a full time experienced and armed police officer. There were also quite a few security officers who also doubled as mentors and assistants. Predictably, class sizes were small and the adult to student ratio was high.

There were many excellent programs running within the academy and those children were actively engaged. On the single occasion I witnessed a child agitated and out of a room, the support he received was immediate. All adults remained calm, reassuring and positive.
Providence follows the National Council for Community Behavioural Healthcare’s seven domains for being a trauma informed organisation.

7 domains for being a trauma informed organisation.

Early screening and comprehensive Assessment of Trauma
Consumer driven care services
Trauma informed, educated and responsive workforce
Provision of Trauma-informed, evidence based and emerging best practice
Create a safe and secure environment
Engage in community outreach and partnership
Ongoing performance improvements and evaluation

Supplied by Cheryl Sharp, MSW, ALWF, and Special Advisor for Trauma-informed Services.

The results this organisation has achieved demonstrate that an approach based on an being serious about trauma, understanding trauma, responding to trauma in an informed way and regularly reviewing practice works.

Traumatised young people who have been struggling at school can develop their self-esteem and confidence. They can learn better emotional and social skills and they can improve their literacy and numeracy skills. These children who were failing in a school system they did not function well in, can be taught skills to help them cope and to better understand relationships and learn to hope. They can be given a future that is very different from the one they had before effective intervention.

Observing this organisation demonstrated to me the opportunities we have yet to take full advantage of. Tasmanian Education can build on the Transforming Trauma training program and is in a prime position to continue the good work by developing programs within schools and supporting schools that cater effectively for students who have suffered trauma.

**Urban Promise Miami**

Having seen Urban Promise operating in Wilmington, I took advantage of the contacts to see another of their organisations operating in Miami. This program had grown from a need to help children after school. In an area that was particularly dangerous with many shootings and fatal stabbings, there was a problem with many migrant children not being supervised after school. This was usually not because of a lack of parental care but because many of the parents were illegal immigrants working on very small wages, and for long hours. These parents were often treated badly and had no alternatives. They could not complain without risking deportation due to their illegal status.
While the parents were at work the children finished school and were unsupervised. They collected in the local parks where they had no protection from people selling drugs and often became involved in illegal activities.

Urban Promise was able to secure a grant enabling them to set up an after school and holiday program providing these students with a safe and supported place to be while their parents are working.
Again, Urban Promise uses untrained yet highly motivated young people who are prepared to work for low wages. The work they do and the role they play within their community is very positive. They feel they are making a difference and when you speak with the children, they definitely feel supported and appreciate the opportunity they are being given.

Urban Promise Miami provide a practical and proactive way of helping vulnerable young people feel safe.

**Children’s Mental Health Centre Florida.**

In a very short time I was introduced to a predictably large and complex network of people and places working with children in the area of mental health in Florida.

Trauma treatment and assessment was a part of the complex set of programs but by no means the main focus. The team I met worked with children, and parents of children who needed support in the area of mental health. Aspects of their work included advising judges in youth justice courts and providing feedback for authorities on the mental health status of the children they were working with.

I conducted several interviews with children who had been in jail or knew children in jail, which were interesting discussions. It seemed that in some cases mental health could be used as a mitigating factor when determining appropriate reactions to youth offending.

This acceptance of mitigation for mental illness but not for age seems strange in light of what we know about the developing brain. Our prefrontal cortex that is used for tasks like empathy, planning, reasoning and judgement, can be adversely affected by trauma. We know that the prefrontal cortex is not fully developed until our mid twenties. We also know that children who have suffered serious trauma may not have much access to this area of the brain. Yet information about developmental trauma and brain maturation is not seen as mitigation for young people who offend.

I spoke with a 17-Year-Old girl whose brother had been jailed for 35 years for murder. He had shot another boy in an argument over $50. He was 14 at the time but tried in an adult court and convicted and sentenced. The fact that he probably had limited insight into his actions, poor emotional regulation, little empathy and impaired judgement was not taken into consideration.

Poor mental health, it appears, can be taken into consideration in some cases (but it was not clear if this was still the case with serious offences such as murder).

The team were clear in their message about the importance of early intervention and appropriate assessment. They stated that the organisation was child centred and culturally sensitive. They stressed the importance of community-based services for families and children.
They said that more than half of all mental illness was evident by the age of 14. This has significant implications for early diagnoses and intervention.

They placed great value on their school based assessment and counselling services. These services were available to children in school time but the children were also able to access home-based support and respite care if it is necessary.

The staff at the meeting recommended several books they stated would be beneficial for those studying trauma and the effects trauma had on children.


- Don't Hit My Mommy
  Nov 30, 2004
  by Alicia Lieberman and Patricia Van Horn

- Ghosts from the Nursery: Tracing the Roots of Violence by Robin Karr-Morse, Meredith S. Wiley, Dr. T. Berry Brazelton and Dr. Vincent Felitti (Jan 7, 2014)

**Childhood Trauma Academy- Bruce Perry**

Although I have read so much of what the foundation have published and seen Dr Perry speak on several occasions I was not able to secure a visit before I left on my Fellowship. However, I included a visit to Houston and the Trauma Centre and continued to write to them throughout my journey sadly to no avail. As a result I found myself making what equated to a pilgrimage to the doors of the centre, but sadly I was unable to enter and my efforts were in vain. However, the writings and presentations are essential for anyone interested in the area of trauma and brain development. Dr Perry has many books available and often does speaking tours.
Jasper Mountain -David Ziegler

Unlike the Trauma Academy, Dave Ziegler and his team at Jasper Mountain in Oregon were open and operating. I was extremely fortunate to be met at the airport by David who had recognised that 3 days would not be enough for me to ask all the questions I had and so decided to pick me up himself in order to start immediately.

I had heard David speak at a conference in Hobart and knew he had done some work with the Berry Street Organisation in Melbourne. I wanted to see Jasper Mountain and understand how they achieved positive outcomes for the children in their care and the children who attended their schools.

Jasper Mountain has been running for about 30 years. From the very beginning they had the goal of “maximising the learning possibilities for….. children who had little or no previous success in school” (Jasper Mountain School)

Making the clear connection between trauma and poor performance in school, they set out to help children enter the classroom ready to learn and enjoy the experience. To do this they had to find a way of helping the child recover from the negative results of traumatic experiences.

The outcomes of trauma include disruptive behaviours, dissociation, hyper-vigilance, inability to self regulate, difficulty contextualizing ideas, inability to trust others, social difficulties, anxiety and a belief in inevitable failure.

This is the task that faces all who hope to make a difference to these children. Jasper Mountain does this successfully and as a result they have an enviable model that has been successful for decades.

As they pointed out in our meetings, their task is complex and must be underpinned by solid theory and practice. It must be a united effort by staff who are all trained in the area of trauma and brain development.

“The castle”- children’s accommodation when they are living at Jasper.
Jasper has 3 main goals.

“They strive to educate traumatized children in the academic skills they will need for personal success in learning” (David Ziegler)

Together with their focus on Reading, Writing and Maths come skills like listening, trusting others, cooperating, accepting direction and other skills designed to develop emotional and social skills. They stress here that there is no general approach that works. All programs are tailored for the individual.

They have set up a system that looks like the diagram below.

The integration of the educational program with mental health treatment turns personal growth into academic success.

For this to work, Jasper has recognised that the Mental Health professionals need to be housed on campus. They have a purpose built ‘train station’ that houses all the specialists: Psychiatrists, Social Workers, Counsellors and others. This building is between the school and the children’s residence.
Jasper Mountain Depot, houses all the Mental Health workers and their offices.

Their strategies for integrating education and treatment look like this.

**Treatment goals in the classroom**

- Education goals linked to mental health treatment goals
- Integrate mental health staff into the classroom

**Maximise each child’s experience of success and achievement.**
- Improve self confidence
- Build on success
- Individualised learning
- Reduce anxiety
- Help the child set achievable goals
- Ensure a positive encouraging environment

**Provide safety through structure while maximising each child's freedom of expression within the structure.**
- Consistency in expectations, treatment and academic rules
- Help children transition from one activity to another
- Provide sensory experiences
- Enhance expression of all types
Japer Mountain programs aim to instil an attitude of enjoyment and life long learning. As David pointed out, learning to read is important but a love of reading will have an impact on learning over a lifetime. At Jasper Mountain they try to instil an excitement about learning in children and adults.

**Adults create a dynamic setting by utilizing multiple active and enjoyable learning methods**
- Use experiential hands on learning approaches
- Encourage innovative projects
- Build success
- Value mistakes as learning opportunities
- Use positive reinforcement and incentives

**Children are active participants in creating the learning environment.**
- Foster self directed learning
- Children help in the development of their own learning plans.
- Children are encouraged to develop ownership of their schooling

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*Jasper Mountain School*

Jasper Mountain was a fabulous example of a fully integrated strategy designed to maximise positive outcomes for their children. They consistently take on very difficult and damaged children from around the country and they achieve success with those children.
They are often dealing with kids who have failed multiple placements in out of home care and who have suffered unimaginable privations and they have never removed a child in 30 years of operation. The success they enjoy is evident when you speak with and observe the children who live there.

About 25 children actually call Jasper Mountain home. Many of them have been in multiple out of home placements and Jasper becomes their residence for up to 3 or 4 years. There is a 1-4 or better staff student ratio at most times.

These children begin their day with physical exercise, and in keeping with best practice when providing for trauma affected children, the day is meticulously planned from activities to the routines around meal times, bed times and activities. There are no surprises and there is a high ratio of adults to children.

All adults are trained in trauma recovery and they have excellent hand over times. The responses of the children (positive or not), are recorded and as much information on each child is collected as possible to inform decision-making.

Jasper Mountain provided an insight into what can be done for children who have suffered trauma. The holistic and professional approach is expensive, time consuming and without breaks but it works and that is what these children require in order to have a hope of regaining their lives.

*Students on their early morning run.*
Conclusion

This Fellowship has provided me with some powerful examples of what can work with traumatised children. I witnessed the hopelessness and frustration of individuals and communities unable to find ways of breaking the intergenerational cycles of poverty, abuse and neglect but I also witnessed those wonderful organisations and individuals who are making a difference.

Noting the similarities between successful organisations was the key to developing a more comprehensive insight into what actually works. Every success I saw was underpinned by excellent planning, well trained staff, well-structured programs, achievable goal setting and co-location of services.

Education alone cannot provide these children what they need, but nor can any other individual profession. We need the skills of many to mend the minds of damaged children.

Many of the people I spoke to agreed that the number of traumatised children in our education systems is much higher than we, as departments and organisations believe. It is important for us to develop a clearer picture of the scope of the problem facing us. If we do not have a clear picture relating to the extent of the problem, we are not in a position to begin developing effective interventions and supports.

There is no doubt the key window of opportunity remains the 0 to 5 age group and their parents. If we are to make a difference for future generations, this is where our best opportunities lie. Focusing attention and money in this area is going to bring rewards. We must ensure that the people we employ in this area are well trained in the area of brain development and trauma. They will be in a perfect place to offer an alternative to parents who have inherited few parenting skills from their own parents.

The Tasmanian Education Department’s Launching in to Learning program is a wonderful example of how a focus on this area can make a difference. We need to grow this area.

In schools, although we are reacting to damage that has already been done, react we must. We have been provided with excellent recent information into how the brain develops, what trauma does to the developing brain, what traumatised children can do and what they find difficulty, what we can do to help them and what a safe learning environment looks like for these children.

We need to continue to move theory into practice. The Tasmanian Education Department’s Transforming Trauma program is an excellent start. Moving forward, it would be wonderful if we could develop a delivery model that was repeated in every school. It would be a great step forward if in Tasmania we could establish our own Trauma Recovery Centre.

The information we need is out there. There are excellent examples of successful programs. What we lack at present in our state, and we are by no means on our own,
is a critical mass of trained staff able to put into practice successful programs to help traumatised children. We need programs to provide that training to professionals.

Much of what I observed whilst traveling affirmed the steps we have already taken. We have some solid foundations on which to build. The challenge is in front of us. How we use what we already know and the programs we develop will one day make a difference to many of our most affected children.

The chance to help children begin to mend and reprogram their brain is one we must investigate fully. The chance to intervene early and prevent trauma is more important still. I look forward to the challenges ahead and to encouraging those who work with children who suffer trauma to develop their skills and knowledge and to the important work we now know makes such a difference.

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