THE EDUCATION STATE
A response to the Schools Consultation Paper from Berry Street
‘Transforming educational outcomes for vulnerable children and young people in Victorian Schools’
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CONTENTS
1. Introduction ........................................................................................................................................... 1
2. Responding to the impact of trauma on the education of children ......................................................... 1
   2.1 Definition of Trauma .............................................................................................................................. 1
   2.2 Incidence of Trauma ............................................................................................................................. 2
   2.3 Impact of Trauma .................................................................................................................................. 2
3. Berry Street’s experience of education: direct provision, knowledge building & knowledge sharing ........................................................................................................................................... 4
   3.1 The Berry Street School .......................................................................................................................... 4
   3.2 Berry Street Childhood Institute ........................................................................................................... 5
4. Berry Street Education Model .................................................................................................................... 6
   4.1 Our Model ............................................................................................................................................... 6
   4.2 Our proposal ......................................................................................................................................... 7
5. General Recommendations ........................................................................................................................ 8
   5.1 Preservice education .............................................................................................................................. 8
   5.2 Leadership Development ....................................................................................................................... 8
   5.3 Whole school training ............................................................................................................................ 8
   5.4 Funding Specialist education settings ................................................................................................... 9
1. **Introduction**

Berry Street is pleased to be offered the opportunity to contribute to helping shape Victoria as the Education State. We strongly endorse the Victorian Government’s positioning of education as a fundamental right for all Victorian children and young people, and are encouraged by the Government’s guarantee of educational excellence and opportunity in every community.

However our experience and knowledge tells us too many children and young people are not realising their educational potential in Victoria. Many schools struggle to engage students who are trauma-affected and/or experience the effects of chronic stress.

In response to the extremely poor educational outcomes for young people living in out of home care, Berry Street established a registered school in 2003. We have subsequently developed and applied at our three school campuses the Berry Street Model of Education which combines Berry Street’s approaches to welfare, wellbeing and academic learning. The model has made possible significant academic growth in some of Victoria’s most vulnerable students.

The Berry Street Childhood Institute is now sharing our Berry Street Education Model with mainstream and specialist schools. The model provides evidence based training and professional development to improve teacher quality. As well as structured professional development, we offer the consultation, coaching and mentoring programs that school leaders and teachers need to increase schools’ capacity to provide significant outcomes for Victoria’s most vulnerable students.

In this submission we outline our understanding of the impact of trauma on children’s education and present a specific proposal which we are confident can transform outcomes for those children and young people who are at risk of becoming or are already disengaged from education in Victoria. We would be pleased to discuss our proposal and general recommendations in more detail.

2. **Responding to the impact of trauma on the education of children**

Trauma, often the outcome of child abuse, neglect and violence, affects children’s development and ability to successfully navigate and succeed in the education system. One of the potential impacts of trauma is disengagement from school so Berry Street believes it is vital for an inclusive education system to be trauma informed.

2.1 **Definition of Trauma**

Trauma is an overwhelming experience that can undermine the individual’s belief that the world is good and safe. Neurodevelopmentally, trauma is not the event—it is the individuals response to the event and continuing effects on stress-related physiological systems. (Perry, B.D. 2009, Examining Child Maltreatment through a Neurodevelopmental Lens, Journal of Loss and Trauma, 14, 240-255)

Infants, children and adults will adapt to frightening and overwhelming circumstances by the body’s survival response, where the autonomic nervous system will become activated and switch on to the freeze/fight/flight response. Immediately the body is flooded with a biochemical response which includes adrenalin and cortisol, and the child feels agitated and hypervigilant. Infants may show a ‘frozen watchfulness’ and children and young people can dissociate and appear to be ‘zoned out’.

Prolonged exposure to these circumstances can lead to ‘toxic stress’ for a child which changes the child’s brain development, sensitises the child to further stress, leads to heightened activity levels and affects future learning and concentration. Most importantly, it impairs the child’s ability to trust and relate to others. When children are traumatised, they find it very hard to

2.2 Incidence of Trauma

All schools within Victoria will contain a number of students who have experienced trauma. The high levels of the incidence of trauma in school age children requires a response in mainstream classroom programming and also the provision of specialist alternative settings to effectively cater for students affected by trauma who do not flourish in mainstream education.

Adverse childhood experiences (ACEs) have detrimental impacts on life outcomes. Studies in the USA report that children who have experienced ACEs are 2 ½ times more likely to fail a grade and have lower achievement assessments; are at significant risk of language delays and difficulties; are suspended and expelled more often; and are designated to special education more frequently. The impact of ACEs has clear and damaging effects on education attainment and school completion.

Some data that describes the enormity of the cohort of children who could be determined to have experienced adverse childhood experiences and so are potentially impacted by trauma include:

- In 2013-14, 137,585 cases (involving 99,210 children) of child abuse were investigated across Australia with 11,952 substantiated cases in Victoria (AIHW, 2015).
- 1 in 3 women and 1 in 6 men will be sexually abused before the age of 16 (Fergusson & Mullen, 1999 - Centre Against Sexual Assault figures).
- Mental disorders are widespread for children. Mental illness in the Australian context affects just over a quarter (26%) of people aged 16 - 24 (Australian Bureau of Statistics, 2008; Department of Health and Ageing, 2010).
- A total of 11,876 primary and secondary students were suspended and 150 expelled in Victoria during 2012. (Herald Sun, June 8, 2014).
- The apparent retention rate of children progressing from year 7 through to year 12 was 79.9%) i.e. 20.1% of students entering school did not complete to year 12. (ACARA National Report on schooling in Australia, 2012)

2.3 Impact of Trauma

The Victorian Department of Human Services describes some of the potential impacts of trauma on 9-12 year old children as:

- behavioural changes
- hyperarousal, hypervigilance, hyperactivity
- regression in recently acquired developmental gains
- loss of concentration and memory
- trauma driven, acting out risk taking behaviour
- flight into driven activity or retreat from others to manage inner turmoil
- loss of interest in previously pleasurable activities
- mood or personality changes
- loss of, or reduced capacity to manage emotional states or self soothe
- increased self-focusing and withdrawal
- may experience acute distress encountering any reminder of trauma
- lowered self-esteem
- increased anxiety or depression
- speech and cognitive delays


Some commonly manifested impacts in school classrooms are:
- Inability to remain focused for any length of time - disrupting others’ learning.
- Difficulty engaging and maintaining normal social relationships - altercations with other students.
- Extremely low levels of self-esteem - poor participation rates in activities.
- Hyper vigilance and high levels of anxiety - angry and at times violent outbursts.
- Disrupted education history - large gaps in developmental learning.

The impact of trauma and the stress response can quickly cause students to become highly dysregulated in classroom environments. A neuro sequential perspective offers a helpful lens to understand and prepare for the learning needs of children with developmental delays resulting from trauma, abuse or neglect. Sequential neurodevelopment implies a brain has evolved in a hierarchical way. Specific destruction and maladaptive development of lower parts of the brain dramatically affect the regulatory capacities of higher regions employed for integrating and memorising cognitive content. Trauma can lead to consequences such as reduced cognitive capacity difficulties with memory and concentration and language delays. Impacted social functions include attachment difficulties and poor relationships with peers.

Many of the children represented by these statistics will have been impacted by trauma. It is commonly accepted that trauma occurs as result of physical, emotional or sexual abuse, neglect, or as a result of witnessing abuse for example within the context of family violence.

The impact of trauma in the developing brains of children with the resultant emotional, cognitive and psychological dysfunctions that occur at different levels for different children, requires skilled support to assist those effected children to regulate their responses in day to day activities. The skills of a trained professional teacher dealing with a child for six hours a day at school can determine whether the child continues in the education system and flourishes or becomes one of the statistics of the children who are suspended from schooling or who are not able to complete their education to year 12.
3. **Berry Street's experience of education: direct provision, knowledge building & knowledge sharing**

Since 1877 Berry Street has been providing services to Victoria's vulnerable children and young people and families. Berry Street is the largest independent child and family welfare organisation in Victoria providing an extensive range of services across metropolitan, regional and rural Victoria to over 24,000 people in 2014. Services and supports provided include all those that one associates with a public health model of child protection. Services, care and support provided include community development and raising public awareness, early intervention, family violence crisis support and assistance, parenting and family support, financial counselling, youth services, clinical therapeutic care, case management and client support, residential care, home-based care, research, policy and advocacy.

One of the services that Berry Street has developed in response to the perceived need for education for a range of disadvantaged students is the Berry Street School (BSS).

### 3.1 The Berry Street School

The Berry Street School comprises three campuses located in Shepparton, Morwell and Noble Park. There are approximately 130 students enrolled across the three campuses. Enrolled students are of secondary age between 12 to 18 years old. The School began on the Noble Park Campus in 2003 and has steadily grown over the years and is currently undergoing planning for developing a fourth campus in regional Victoria. The school program for senior students is centred on the Victorian Certificate of Applied Learning (VCAL). Students’ success is measured in part on their academic growth. On average, students at the Berry Street School achieve 1.8 years of learning in just one year.

Students who are enrolled in the school must meet the following selection criteria:

- Be of secondary school age.
- Have a history of disrupted learning, sustained school absence due to school refusal, suspensions and expulsions.
- Have a history of poor behaviour and social difficulties within the school or community.
- Have a history of personal difficulties from their experiences of trauma neglect or health issues.
- Have a home environment that is unable to support the continuing education of the young person.
- Show evidence that mainstream education is not appropriate at this time.

All of the Berry Street School students have had difficulties maintaining enrolment in mainstream schooling and have some history of trauma where the impact of the trauma has led to major disruption to their education process. Prior to enrolment at Berry Street, many of the students have not been attending schooling for varying periods of time. Referrals for enrolment at the school are made by parents, carers, other schools, the DHHS, case managers and other service providers who are involved in the child’s welfare. Many of the Berry Street School students have had involvement with Child Protection or are under the care of DHHS living in RESI care units.

The background histories of many of the Berry Street students are varied but in general include one or more of the following issues:

- Family violence
- Family breakdown
- Foetal alcohol syndrome
- Drug and alcohol or other substance abuse
- Self-harm
- Anger management issues
- Violence against others
- Various levels of physical, emotional and sexual abuse.

Many of the students are living in out-of-home care arrangements. This includes residential care, foster care and kinship care placements. Many of the students have lived in a variety of care placements and have not developed long-term attachments to a single carer. The school has a large enrolment of indigenous students.

The Berry Street Education Model has been designed for the Berry Street School and has made possible significant academic growth in Victoria’s most vulnerable students. The success of our model is measured by Berry Street School students consistently averaging 1.8 years learning in one academic year.

3.2 Berry Street Childhood Institute

The Berry Street Childhood Institute (BSCI) was formed in 2012 with the purpose of strategically promoting a good childhood for all children. The BSCI seeks to contribute to:

- Increased understanding and awareness of what sustains a good childhood; and
- More effective action directed at the amelioration of adverse childhood experiences.

BSCI believes strongly that access to an excellent education is a vital component of a good childhood and we have committed significant resources to finding a solution to educational disadvantage. Based on our direct experience at the Berry Street School and extensive review of the international literature, we have built considerable knowledge of effective strategies for educational engagement.

The Berry Street Education Model has proven to be very effective in our school context so in 2014, with funding from the Colonial Foundation, BSCI contracted Grant Thornton Australia to develop a business case for our model. They undertook a market analysis and found there is a gap in Victoria for student engagement programs for challenging students. They also concluded the Berry Street Education Model is unique in its approach and outcomes with struggling students.

In 2015, we have begun sharing the model in Victorian schools. Our expert educators, led by Tom Brunzell, are working throughout the year with leaders and teachers in two schools, providing a mix of classroom and whole school strategies. An evaluation is being conducted by the University of Melbourne Graduate School of Education and feedback to date is extremely promising. We are already receiving numerous requests from school leaders who want to learn more about BSEM or are seeking to implement the model in their schools. Some schools are signaling they have the capacity to pay for the introduction of BSEM. However we are concerned that schools which have the greatest need may not be in a position to contract us to provide BSEM or may not prioritise this important school capacity building approach.
4. **Berry Street Education Model**

4.1 **Our Model**

The Berry Street Education Model has been designed to provide schools with the training, curriculum and strategies to engage the most challenging students. It is unique because it equips schools to promote cognitive and behavioral change, thereby engaging the young people in learning and progressing their academic achievement. The Model has been developed with the following principles and values in mind:

- **Strong relationships matter** - every student must feel they have an advocate in their school. Struggling students learn best from teachers they love and respect.
- **Teachers can make a difference** - teachers must be supported to love what they do.
- **Every lesson should teach academic content and psycho education.**
- **Students who have the most challenging and complex needs require predictable structures of safety and support.**
- **Psycho education is self-education** - all students must have the opportunity to understand themselves and how they learn. Struggling students learn best once they learn about themselves.

The Berry Street Education Model comprises five domains:

- **Body**: building body regulation through physical and emotional regulation of the stress response.
- **Stamina**: creating independence for tasks via resilience, emotional intelligence and a growth mindset.
- **Engagement**: employing strategies that build willingness in struggling students.
- **Character**: values and character strengths approach to build students’ self-knowledge.
- **Relationships**: increasing relational capacities in staff and students through attachment and attunement principles.

These five domains are pedagogical lenses. The model supports teachers to continually return to the principle of engaging with students in a manner that is developmentally informed and age respectful. This principle emphasises the importance of matching age-appropriate engagement to relevant developmental competency.

The model advocates the need to stay in the present time and to address present concerns but also to be mindful of the unmet needs that are driving the unconscious intentions, motivations and internal states of the students.

The BSEM curriculum is designed to support the sequential development of students’ physical, psychological, social and emotional capacities and has been developed around these core principles:

- It is a process the builds students’ capacities over time
- Students progress through the learning journey and become better able to regulate their physical well-being, identify and manage their emotions, cultivate resilience and identify and use character strengths.
Activities are designed to help students to regulate their state in the present moment. This involves practising mindfulness, using patterned and rhythmic somatosensory activities and cultivating positive emotional states.

The BSEM curriculum is organised in such a way that it is flexible and teachers can adapt it to meet the specific needs of their classroom.

Lessons have been designed using a format that is defined and specific incorporating strategies, brain breaks and lesson plans:

**Strategies**
- Teacher centred approaches to strengthen students' self-regulation relationships
- Teacher behaviours which are integrated with pedagogical approaches

**Brainbreaks**
- Student centred regulatory activities to ready the brain for learning
- Short burst activities for the start of lessons or transition times

**Lesson Plans**
- Fully detailed lesson plan sequences to teach specific skills
- Can be broken down into parts
- Can be integrated as brain breaks or classroom meeting times

**4.2 Our proposal**

We are confident all schools can benefit from the introduction of the Berry Street Education Model (BSEM). However our priority is for BSEM to be implemented in schools with the greatest need. These include:

- Schools with high numbers of disadvantaged and/or disengaged students e.g. students who are connected with the child protection system; and
- Schools in areas of low SES or high SFO communities where minimal parental financial contributions and a range of other high level needs imply that discretionary school funds may not be available.

The full implementation of BSEM across a school year costs $15,000 per school. This includes the BSEM suite of structured professional development, consultation, coaching and mentoring for school leaders and teachers, provided by two BSCI expert educators. We are proposing the Government provides 10 of the neediest Victorian schools with funds to implement BSEM, a total budget allocation of $150,000 per annum. We would be pleased to discuss this proposal further, including the possibility of extending our scope over time.

We believe our proposal offers the Government the opportunity to improve the capacity of targeted schools to engage disadvantaged children and young people so they can achieve their potential through educational achievement.
5. **General Recommendations**

The education system in Victoria must be strengthened to adequately support the education for all students including those who have experienced trauma. The strengthening of the system involves a number of key areas that must be addressed:

5.1 **Preservice education**

The quality of the teacher training that is provided to undergraduates determines the quality of the teachers that enter the teaching profession. The capacity of teachers to provide quality education and so to better ensure quality outcomes for students who have experienced trauma is dependent on teachers having a sound knowledge of trauma, its impacts on children and how best to support students who have experienced trauma. Berry Street is in the early stages of discussions with Universities about the incorporation of BSEM into their pre-service and Masters level teacher training.

**Recommendations**

1. That teacher training courses include a trauma informed model of education that ensures all teachers develop proficiency that enables them to effectively engage students who have experienced any form of trauma.
2. That the trauma informed model presented to preservice teachers be soundly based in research and include practical methods for teachers to effectively support students to self-regulate and to deal with their response to trauma so that it does not negatively impact on their learning.
3. That preservice education focus on educational theory and practice that will support students who have experienced trauma to remain in mainstream education wherever possible.

5.2 **Leadership Development**

School leaders are responsible to set the guidelines for school programming and to embed a culture of supporting good practice and achieving positive outcomes for all, including students who have experienced trauma.

**Recommendations**

4. That trauma informed education be included in leadership development programs for all school leaders.
5. That leaders be made aware of the significance and range of the various impacts of trauma in the lives of effected students.
6. That school leaders be responsible to ensure that practices within the school are focused on delivering quality outcomes for students affected by past trauma and to embed processes that respond appropriately to alleviate the impact of trauma on the education process for these students.

5.3 **Whole school training**

Schools as educational systems require support to embed practices that will sustain a supportive environment for students who have experienced trauma. If preservice education and the
education of school leaders have a positive impact on the school system, schools will potentially contain a workforce that is skilled in responding to the needs of students with trauma history. Until the time that all teachers and leaders are skilled in the area of trauma informed education, there is a need to support the practice of current teachers who have not engaged in adequate training in this area.

Recommendations

7. That a trauma informed model of education - validated by research, with proven results, and containing specific implementation strategies - be implemented in all schools.

8. That the trauma informed model of education is introduced to all schools via a face to face, interactive series of professional learning modules.

9. That the trauma informed model of education be supported in an ongoing way with skilled and experienced professional practitioners advising and supporting schools to continually improve practice in this area.

10. That the model of education be reviewed and assessed with ongoing reflective practice and system wide outcomes based evaluation.

11. That a comprehensive model of funding be developed that provides the resources for schools to participate in the training and support phases of a program that will enable schools to fully implement the trauma informed model of education.

The Berry Street Education Model is a model that meets all of these criteria and could be implemented system wide.

5.4 Funding Specialist education settings

There is currently a significant need for Specialist settings to cater for students who do not manage within the mainstream education system. If positive, proactive and trauma informed practices are embedded in the Education State of Victoria the hope is that the number of students who will require support in specialist settings will be reduced. There will though always be a need for specialist settings for a number of students even when the mainstream education system is fully trauma informed. High need students with ongoing issues will still require a more intimate setting with strong relationships and staff with high level skills with a capacity to cater for the more complex needs and to respond appropriately to the challenging behaviours of these students.

The higher level of needs of students who must attend specialist settings demand that higher levels of funding are allocated to adequately provide for the education needs of these highly vulnerable and at risk students. When compared to mainstream education, higher levels of cost are associated with the need for higher levels of staff to student ratios, provision of a wide range of support services, higher levels of contact with a wide range of carers and providers including Department of Health and Human Services, local government agencies, other health and welfare providers, specialist education support services and pathway providers.

There currently exists the anomaly where independent, not for profit, non-fee charging specialist schools such as the Berry Street School are funded in line with all fee charging or high income independent schools. The implication for these specialist schools is that for programs such as the Program for Students with Disabilities, and VET programs, funding levels are at approximately 25% of funding for students in mainstream settings. This is inequitable and denies the most vulnerable students access to the resources that they deserve had they remained in mainstream. Where the placement of a student in a not for profit, independent school is the
best or only avenue for these disadvantaged students impacted by trauma, equitable funding must follow them.

**Recommendation**

12. That a revised model of funding be developed that provides adequate resources for specialist alternative schools to fully implement the trauma informed model of education. When compared to mainstream funding, this model must provide for the provision of higher levels of staff-student ratios.

13. That a revised model of funding provide for the associated costs of higher levels of regular and ongoing specialized professional development needed by all staff in specialist schools to support the implementation of a trauma informed model of education.

14. That a revised model of funding take account of the potential lack of income in not for profit providers that are catering successfully for students who have exited mainstream education. Funding for Independent Schools should include a formula for equity that provides adequate and equitable funding for students living in out of home care arrangements including residential care, and students from low income families who are attending a specialist school due to lack of adequate provision in mainstream.