



National Guidelines for Trauma-Aware Education in Australia

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The *National Guidelines for Trauma-Aware Education* in Australia were developed in response to a rapidly growing interest in trauma-aware education across the country and to address the lack of site- and system-level guidance for application of trauma-aware practices in schools and early childhood services. Although research into trauma-aware education was increasing and resources and training and support programs were being developed across Australia, there were no nationally agreed upon guidelines providing consistency to thinking, policy, and practice. Drawing from public health and health promotion models for establishing guidelines for trauma-aware policy and practice, the *Guidelines* were developed through a thorough process of incorporating research evidence and expert and end-user input. The *Guidelines* were developed across 2017–2019 and were finalized in 2021 and provide an important first step in a national response to trauma-aware education in Australia. This article will describe the “story” behind the development of the *Guidelines*. It is hoped that this “story” will help others considering development of systemic resources to inform the establishment and enhancement of trauma-aware policy and practice in schools and early childhood education services.

Keywords: complex trauma, trauma-aware education, *National Guidelines for Trauma-Aware Education*, education sites, education systems

INTRODUCTION

Australia is a large, geographically and culturally diverse country with a population of over 26 million people. First Nations Australians include two distinct cultural groups, Aboriginal peoples and Torres Strait Islander peoples and within these groups there is great diversity with over 250 different language groups, each with their own culture, customs, laws, and language (Australian Institute of Aboriginal and Torres Strait Islander Studies, 2020). The location of schools and early childhood services across Australia vary from those that are in intensely populated metropolitan regions, to those within provincial or regional cities and towns, to those established in rural areas and very remote communities on the mainland or on islands. At the time of writing, 4,030,717 students are enrolled in 9,581 schools across Australia (Australian Bureau of Statistics, 2021). First Nations students accounted for 6.2% of all students and 326 schools were classified as “very remote” (Department of Education Skills and Employment Australian Government, 2021). Due to the tyranny of distance, very remote schools and early childhood services can lack access to professional services to support children and families and therefore support can be dependent on the capacities of the school and the community.

As happens in any area, some Australian children have been identified as victims of complex trauma through child protection services and interventions and others are yet to be identified.

During 2019–2020, one in every 32 children aged from birth to 17 years received child protection services due to reported or substantiated reports of child maltreatment. Disproportionate numbers were First Nations children and/or live in geographically remote areas and/or live in poverty (Australian Institute of Health and Welfare [AIHW], 2021). These same unfortunate trends are evident in young people under 18 years who are in youth justice supervision due to involvement with crime. Also, more than half of Australian young people in youth justice supervision also have been involved with the child protection system due to reports of maltreatment (Australian Institute of Health and Welfare [AIHW], 2020). Not all young learners who have experienced child maltreatment are identified through child protection processes so the known statistics can be considered an underestimate of the actual numbers of trauma-impacted learners in education settings across Australia. For these reasons, and because Australia ratified the United Nations Convention on the Rights of the Child in 1990 (United Nations International Children's Emergency Fund [UNICEF], 2017) which states that all organizations concerned with children should work toward what is best for each child (article 3) and includes the rights of all children to an education (article 28), a systemic approach to trauma-aware education is highly recommended to enhance the educational and life outcomes of this very vulnerable group of trauma-impacted learners.

Trauma-aware education draws from various bodies of research, including neuroscience describing and analyzing the impact of complex trauma on developing young bodies and brains, to inform a more effective means to educate and support young learners who have lived through complex trauma. Trauma-aware education is also informed by findings from studies examining the long-term health and mental health impacts of Adverse Childhood Experiences (Felitti et al., 1998; Hughes et al., 2017). It is now understood that addressing the potential impact of early adversity across the life course is critical if societies and systems are to address many of their health and welfare expenses and concerns.

A trauma-aware approach to education can address learner concerns associated with both simple and complex trauma. Simple trauma (also known as Type I or acute trauma) involves time-limited, sudden, and unexpected events that are perceived as traumatic by those who experienced them and can include trauma experienced as a result of a natural or other disaster (Amin et al., 2020). Although this type of trauma can impact the mental health and wellbeing of children and adolescents for a time, this is often shorter-term and there is lesser risk of victims developing posttraumatic stress symptoms or disorder (Astitene et al., 2020). Complex trauma (also known as Type II or betrayal trauma), is understood as the impact of repeated relational harm experienced by children at the hands of those who should be loving, nurturing, and protecting them (Choi and Kangas, 2020). This trauma can include physical, sexual, and emotional abuse, physical, and emotional neglect, and the experience of family or other relational violence. Neuroscience has explained clearly that this type of harm can have a detrimental impact on developing nervous systems that can lead to an array of relational, emotional, and behavioral symptoms which can impair education and life

outcomes for victims (Kimble et al., 2018). This trauma also involves a greater risk of victims developing posttraumatic stress symptoms or disorder (Astitene et al., 2020).

The worrying events associated with the global COVID-19 pandemic have led to a greater emphasis on trauma-aware education and the role of education sites in supporting learners who suffer the impacts of both simple and complex trauma (Minkos and Gelbar, 2021; Giboney Wall, 2022). Social restrictions, lockdowns, and school closures due to health directives associated with the COVID-19 pandemic have exposed and exacerbated inequalities in income, employment, resources, and supports available to families (Davidson et al., 2020) and have heightened the risk of adverse experiences and outcomes for children and young people living in unsafe home environments (Teo and Griffiths, 2020). The pandemic coincided with the onset or increase in frequency and severity of intimate partner and family violence (Boxall et al., 2020; Kofman and Garfin, 2020). Mechanisms put in place to prevent the virus from spreading left victims isolated with their abusers and separated from vital social services such as courts, therapy, and crisis aid. Economic challenges and alcohol usage increased in families and mental health concerns were exacerbated by the impacts of COVID-19 (Newby et al., 2020; Tran et al., 2020).

In addition to the pandemic, Australia also suffered devastating bushfires, chronic drought, and floods which led to grief, personal and economic loss, and family mental health and wellbeing concerns. Children and young people lost their homes, schools, and sometimes their whole communities in fires. Families in farming communities lost their livelihoods, had to slaughter starving livestock and watch crops wither or be destroyed, and some experienced increased mental illness and suicides (Office of the Advocate for Children and Young People, 2020). The pandemic exacerbated these concerns in many ways, including there being a devastating impact on the capacity for safe and effective parenting and caring of children and young people.

Therefore, it is argued that it may be too simplistic to classify the trauma associated with natural disasters and disease that has recently overwhelmed children and young people as simple trauma, with predictably shorter-term impacts. The lines between the trauma types have truly blurred, due to children and young people experiencing multiple traumatic events and circumstances, the length of time that trauma is experienced, and the harmful impact of traumatic experience on parenting and caring. Despite this blurring of lines, it is important that preventing and addressing complex childhood trauma is emphasized and that organizations (including education sites and systems) continue to address the concerns of the vulnerable and victimized group of children and young people who have experienced complex trauma. Trauma-aware education in Australia and the development of the *Guidelines* became even more imperative within this context.

This approach to education involves a shift away from more traditional means of managing learner behavior that draw from behaviorist (reward/consequence) methodologies that can lead to behavioral complexities that place learners at increased risk of disengagement from education (Bellis et al., 2018).

It is a shift toward processes informed by neuroscience that develop learner capacities for feeling safe in education settings, for building effective relationships whilst in these settings, and for engaging in emotional self-regulation; three areas that are negatively impacted by the experience of complex childhood trauma (Thompson et al., 2014; Arden, 2019). Trauma-aware education acknowledges that the impacts of child maltreatment can lead to the impairment of cognitive functioning, and thus, negatively impact academic achievement and life outcomes in young victims (Young-Southward et al., 2020; Letkiewicz et al., 2021). Trauma-aware education aims to help educators develop ways of understanding, believing, planning, and acting so that the harm that trauma exerts on the functioning of learners is minimized or alleviated. It aims to improve education and life outcomes not only for trauma-impacted learners, but also for their classmates. It also aims to enhance the personal and professional wellbeing of those adults working hard to deliver inclusive education programs (Christian-Brandt et al., 2020).

Trauma-aware education also acknowledges that the effects of unresolved complex trauma can extend into adulthood such that there can be an unfortunate impact on the capacity for safe and effective parenting, which can lead to the intergenerational transmission of this type of trauma (McDonnell and Valentino, 2016). This has important implications for First Nations learners, their families, and their communities throughout Australia, and indeed, throughout many countries of the world. Not only have these peoples experienced the impacts and associated grief from violent and socially disruptive invasion and colonization of their homelands and the forced removal of their children from families and communities, but also from compounding institutional and interpersonal discrimination, marginalization, racism, and oppression (Zubrick et al., 2005; Heart et al., 2011; Nicolai and Saus, 2013; Kirmayer et al., 2014). Milroy (2005) explains that trauma is transmitted across generations in First Nations communities due to the impact on attachment relationships and parenting and family functioning, the impact on parental physical and mental wellbeing, and the disconnection and alienation of individuals from extended family, culture, land, and society. These effects can be worsened by exposure to continuing high levels of stress including multiple bereavements and personal losses and the process of vicarious traumatization whereby children witness the on-going impacts of trauma that family members have experienced. Unresolved historical and intergenerational trauma continues to add complexity to the education and wellbeing of First Nations children and young people (Atkinson, 2013; Australian Human Rights Commission, 2020; Miller and Berger, 2020).

Addressing impacts on the personal and professional wellbeing of educators, is another important focus for trauma-aware education. The notion that “there is a cost to caring” (Figley, 2013, p. 1) underlies the phenomenon of vicarious trauma suffered by educators, also referred to as secondary traumatic stress or compassion fatigue. This impact can be understood as a negative transformation on the inner sense of professional identity, purpose, and efficacy of educators, that can result from repeatedly using controlled empathy when listening to, or seeing evidence of, the impact of trauma on

learners (Borntrager et al., 2012; Fleckman et al., 2022). This secondary trauma can have a worrying impact on the wellbeing and functioning of educators and may require psychological support. However, prevention is better than cure and providing trauma-aware training and support that includes techniques and activity to prevent and address vicarious trauma, can reduce staff wellbeing concerns in this area (Christian-Brandt et al., 2020).

ENTHUSIASM FOR TRAUMA-AWARE EDUCATION

As in many parts of the world, enthusiasm for trauma-aware practice within education sites is growing across Australia, suggesting increased acknowledgement of the important role they play in addressing the impacts of complex trauma (Chafouleas et al., 2016; Brunzell et al., 2018; Berger, 2019; Berger et al., 2020). It is increasingly acknowledged that schools and early childhood services are critically positioned to support the resolution of complex, psychological trauma suffered by learners through the relational and learning environments they can offer and the amount of time that young learners spend in these environments (Cole et al., 2013; Craig, 2017). Also, these education sites are staffed with professionals who are dedicated to improving education and life outcomes for learners and their work is increasingly informed by inclusive education policies and practices aimed to respond to the needs of learners with a broad array of backgrounds and life circumstances, including the experience and impact of complex trauma (Morgan et al., 2015).

Despite the growing enthusiasm and interest of Australian educators, the implementation of trauma-aware education in Australia can lack systemic governance and support, a trend seen across the globe (Maynard et al., 2019). Without the support and guidance of education systems, trauma-aware activity in education sites is at risk of becoming unsustainable in the longer-term. In response, the *Guidelines* include guidance statements for both education sites and education systems.

THE CONUNDRUM: IS TRAUMA-AWARE EDUCATION EVIDENCE-BASED?

Although there has been growth in uptake of trauma-aware education, systematic research reviews suggest that this approach to education may not yet have a solid enough evidence-base to justify broad implementation. These reviews investigate studies that evaluate trauma-aware education interventions. They suggest that there is evidence that interventions can reduce trauma symptoms for learners and/or enhance learnings of educators but that there is concern regarding the quality of the evidence, mainly due to a lack of rigor in research method and inconsistency in approach within studies. Common concerns regarding inconsistency include wide variation in the components and aims of interventions being evaluated and outcomes being measured and a lack of a consensus in terminology

used to describe aspects of interventions (Berger, 2019; Maynard et al., 2019; Fondren et al., 2020; Stratford et al., 2020).

In their systematic review, Maynard et al. (2019) concluded that to justify trauma-informed approaches in schools there is a significant need for more rigorous research using conventional methodologies. To be included in their review, studies needed to include a randomized controlled trial or a quasi-experimental design in which outcomes for learners accessing a trauma-aware intervention were compared with those on a wait-list, or those receiving no treatment, treatment-as-usual, or an alternative treatment. School interventions also needed to include two of three pre-defined aspects; “workforce development, trauma-focused services, and organizational environment and practices” (p. 1) and studies had to measure learner outcomes that considered trauma and/or mental health symptomology, academic performance, behavior, and social and/or emotional functioning. The research team found no studies that met their rigorous inclusion criteria. However, Maynard et al. (2019) state that while caution is warranted when moving forward, this “does not preclude schools from continuing to implement evidence-informed programs that target trauma symptoms in youth, or that they should wait for the research to provide unequivocal answers” (p. 3). They suggest that:

The adoption of a trauma-informed approach is relatively new and it is likely that there has not been sufficient time for the research to catch up to the enthusiasm for this approach in schools. Furthermore, conducting rigorous research on multi-component and multi-tiered approaches can be complex and expensive, often requiring large grants to help fund the research, which can also delay the conduct of rigorous research (Maynard et al., 2019, p. 12).

Adopting a more expansive search strategy, Stratford et al. (2020) reviewed 91 publications examining trauma-aware interventions in schools. They acknowledge that research is increasingly examining the effectiveness of trauma-aware education and schools are increasingly adopting trauma-aware education and that both should continue. However, they note a lack of evaluations of whole-school approaches and of interventions by non-clinical personnel. They suggest that it is challenging for schools to find and implement effective interventions and recommend that quality research is made more easily accessible to schools and policymakers to overcome this concern.

In their systematic review of multi-tiered, trauma-aware school interventions, Fondren et al. (2020) suggest there is “strong evidence for the feasibility” (p. 15) of whole-school interventions in which support increases across tiers depending on the needs of learners. A tiered approach to trauma-aware education includes proactive, whole-of-school trauma-awareness and trauma-aware practice (tier one), targeted trauma-aware interventions and practices for particular groups (tier two), and intensive interventions and support for individual learners whose education experience is significantly impaired as a result of their experience of trauma (tier three) (Rawson, 2020). However, in their examination of 62 peer reviewed studies,

Fondren et al. (2020) did not find clear evidence of rigorous evaluations of multi-tiered support systems, suggesting that interventions often focused on tier three. They also raise concerns regarding the design of studies that profess the success of school-based interventions, as they tend to have inadequate randomization of participants, a lack of blinding of participants and/or assessors, and a resulting risk of selection bias. In her systematic review of multi-tiered approaches to whole-school trauma-aware education, Berger (2019) also highlighted the need for improved consistency in research methods and interventions.

Despite these concerns expressed within systematic reviews, it may be important to question whether it is appropriate to restrict the design of studies evaluating implementation of trauma-aware education to only those considered as “gold standard” or those that use experimental or quasi-experimental research methodologies. There may be ethical implications when applying strict research requirements to studies, particularly when experimental designs allocate participants to control or treatment groups, leading to some trauma-impacted learners being denied access to interventions (Zakszeski et al., 2017; Chafouleas et al., 2019). There are concerns with using data from short-term studies, as it is known that recovery from the impacts of complex trauma can be a long journey for many young people. There are concerns when deciding what aspects to examine or track in studies; should this be learning outcomes, behavior outcomes, or the capacity for relatedness, empathy, or emotional regulation? There are certainly concerns with minimizing data collection to the more usual items of interest to schools, for example, academic outcomes, attendance, or the frequency of disciplinary responses such as suspension or detentions. There are concerns with waiting for findings from longitudinal studies when so many young learners are needing help now. Overall, it can be ethically challenging to wait for a substantial evidence-base that demonstrates the effectiveness of trauma-aware education interventions in remediating the impacts of trauma on learners.

It was this conundrum of needing a more robust evidence-base, but feeling it was not appropriate to wait for this evidence-base to emerge, that drove the development of the *Guidelines* in Australia. It was decided that the abundance of scientific research examining the neurobiological impacts of complex trauma on child and adolescent development and the steadily increasing qualitative evidence of the success of trauma-aware interventions in schools was enough to inform the initial development of the guidelines. Studies have clearly described the impacts of complex trauma and provide evidence that education settings can address these impacts by being inclusive and trauma-aware, by focusing on developing learners’ capacities for relationships and emotional regulation, and by schools and educators being perceived by learners as safe (Dorado et al., 2016; Stokes and Turnbull, 2016).

The *Guidelines* were developed despite, and also in response to, the lack of a robust evidence-base for trauma-aware interventions in education settings. It became clear that the concerning impact of trauma on young learners is an issue requiring a significant, national response and that this response should not be delayed. This was seen as an important initial step in a national response to enable all schools, early childhood

services, and education systems in Australia to trust, commence, consolidate, and expand effective trauma-aware practice.

DISCUSSION

Development of the Guidelines

The development of the *Guidelines* drew initially from research examining the need for a systemic, state-wide framework for trauma-aware schooling in the state of Queensland, Australia (Howard, 2019). This research identified key bodies of work and organization that would be recommended for a systemic approach to support all schools to deliver trauma-aware education across Queensland. It was identified that if system practice and policy continued to prioritize behaviorism-informed approaches to respond to the needs and concerns of trauma-impacted learners, they would not only inhibit implementation of trauma-aware practices but could actually reinforce or compound the trauma suffered by these learners. Findings were then further analyzed to develop a second set of recommendations for individual schools to implement trauma-aware frameworks and practices. These two lists of recommendations for Queensland education sites and systems informed the initial development of the *Guidelines*.

At the time of this initial research, a dual approach to trauma-aware education that addressed recommendations for education sites and systems, was both novel and needed in Australia (Howard, 2019). Too often were individual educators who had received training in trauma-aware education, stifled by a lack of trauma-awareness in their site leaders. Too often, was the work of trauma-aware site leaders stifled by a lack of trauma-awareness within their supervisory education systems. There was a growing international impetus to address the impact of complex trauma in both education sites and systems, but a systemic approach was lacking in Australia. The development of the *Guidelines* was in response to this concern.

As there were no established, rigorous protocols for developing guidelines specific to education sites and systems, it was decided that the *Guidelines* would draw initially from protocols used within the field of public health. The developers of the *Guidelines* were comfortable with using public health protocols due to trauma-aware practice being significantly informed by health and medical research, including (as examples) the Adverse Childhood Experiences study (Felitti et al., 1998) and the abundance of evidence from the fields of neuroscience (Bick and Nelson, 2017; Kimble et al., 2018) and epigenetics (Nugent et al., 2016). Public health guidelines are typically developed by translating a systematic synthesis of research evidence into a series of recommendation statements. These statements are externally reviewed and revised by experts in the field, followed by end-user engagement with draft guidelines through a consultation and review process (World Health Organization [WHO], 2012). In their review of research evidence uptake by schools, Clinton et al. (2018) encourages education contexts to adopt public health protocols for guideline development. They suggest that these protocols have been comprehensively evaluated and can lead to the development of guidelines that

are of good quality, are easy to implement, and that yield knowledge that is actionable. In alignment with these protocols, the steps for developing the *Guidelines* involved (1) exploring and then synthesizing evidence into recommendation statements, (2) review of recommendation statements with experts in the field, and (3) broad consultation with end-users.

Exploring and Synthesizing Evidence

The Queensland study (Howard, 2019) and the *Guidelines* (Queensland University of Technology and Australian Childhood Foundation, 2021) drew from a thorough review of research and other literature examining child and adolescent development, the prevalence and impact of adverse childhood experiences, the longer-term biomedical and intergenerational consequences of complex trauma, and developmental resilience (Felitti et al., 1998; Atkinson, 2013; Masten, 2016; Nugent et al., 2016). It was acknowledged that this rapidly growing body of knowledge had been revolutionizing practice in many areas, including health and mental health, social services, youth services, and youth justice, and was beginning to have a growing impact in education (Hanson and Lang, 2016; Cutuli et al., 2019).

The development of the *Guidelines* was also informed by a growing amount of research examining outcomes of trauma-aware education interventions, with a particular focus on qualitative studies drawing from the “voices” of end-users (Lewin and Glenton, 2018). An example that highlights the value of including qualitative data, is a study by Herman and Whitaker (2020) where they refer to “reconciling mixed messages from mixed methods” (p. 1). In a cluster randomized-control study examining outcomes from a training course in trauma-aware practice for preschool teachers, quantitative survey data suggested no impacts in the professional growth of participants. However, qualitative data from subsequent focus group interviews revealed meaningful, and at times, transformative change in the practice of teachers. Other examples of studies using this type of data include interviews with teachers regarding their trauma knowledge and response in schools (Berger et al., 2020), teacher perceptions of their work in trauma-impacted classrooms (Brunzell et al., 2016, 2018), case studies of school counseling models (Costa, 2017), inclusive education (Morgan et al., 2015), and recognizing trauma in the classroom (Bell et al., 2013). Lewin and Glenton (2018) encourage the use of qualitative data that draws from the “voices” of end-users to inform the development of guidelines due to the importance of representing the views and experiences of stakeholders that is not reduced to numbers and statistics. It is crucial for data collection to allow for adequate expression of views that are important to stakeholders working on behalf of vulnerable and marginalized groups.

Consulting With Experts in the Field and End-Users

The next step in the development of the *Guidelines* involved focused consultancy with key experts in the field of trauma-aware education in Australia. Key experts included three leaders of non-government organizations that delivered trauma-aware

education services in Australia. Key experts discussed *Guideline* development with the authors and then provided feedback on an initial draft of the *Guidelines* that informed an updated draft.

This step was followed by broad consultation with end-users ($n = 337$). This process was supported by a collaboration between the Queensland University of Technology (QUT) and the Australian Childhood Foundation (ACF), the latter being a large, national organization that focuses on addressing the impacts of complex childhood trauma. End-users included school and early childhood educators; education system leaders; child, adolescent, and family support specialists (sourced through the ACF mailing list); delegates from the 2019 national *Trauma-Aware Schooling Conference* in Australia; and post-graduate education students. End-users responded voluntarily and anonymously to an online questionnaire by identifying their professional role and then reviewing each of the proposed guidelines. They identified if they agreed with, disagreed with, or were unsure about each guideline and these responses provided quantitative evidence of overwhelming support for each guideline. End-users were also given the option of providing an open comment about each guideline and a general overall comment, allowing them to explain or extend their responses or express their opinions. This qualitative information illustrated that educators were keen to develop policy and practice to better support and educate trauma-impacted learners, as evidenced in the comments below.

Education is the key to supporting children who experience complex trauma. Schools are often the only 'safe' place for the child.

It is vital for school staff from the principal down to develop a culture that understands the impact of trauma on their students. By creating a safe and supportive environment for students suffering trauma will provide them with the stability and sense of safety they need to achieve positive academic outcomes. If a child is too busy surviving their ability to learn is severely impacted.

Professionals working in child and adolescent support organizations were keen for education sites and systems to understand the dynamics arising from complex trauma and for them to adopt trauma-aware practices to better support and educate their young clients. The following comment illustrates this view.

Most schools do not appear to have an understanding of the needs of traumatised children or how to provide a trauma aware program. Even when they have some awareness it appears to be superficial, and they do not seem to have the time/money/resources to properly implement trauma informed practices. It will require a major investment in training and staff time to change this. In my experience they mostly just react to behaviour and take a disciplinary approach.

Overall, respondents seemed very supportive of a systemic response to trauma-aware education as illustrated in the following comments.

This is an extremely important area of education that needs to be embedded into our training, procedures, policies and systems from the very top (Minister for Education) right down to the children we educate.

Training, and more training, both at university and in the workplace. Too many teachers and support staff have no knowledge on how to best support a student at risk.

Interestingly, the “voices” documented in the body of qualitative research synthesized to inform the *Guidelines* often echoed the sentiments expressed by the end-users consulted during the development of the *Guidelines*.

The *Guidelines* are available via the ACF and QUT websites and a number of government and non-government education websites throughout Australia. The *Guidelines* have also been distributed through education conferences and other events in Australia. The authors encourage readers to access the formal copy of the *Guidelines* (Queensland University of Technology and Australian Childhood Foundation, 2021) for further detail.¹ Further review of the *Guidelines* are future priorities for the authors as more research evidence emerges, and as end-user engagement with the *Guidelines* continues. For the purposes of this article and for the convenience of the reader, the following section will briefly explain the ten guidelines for education sites (schools and early childhood services) and the ten guidelines for education systems with the *Guidelines*.

Ten Guidelines for Education Sites

Guideline one suggests that training processes are needed to ensure leaders of education sites are trauma-aware, as those who are not are less likely to support trauma-aware education thinking and processes at their sites. Alternatively, leaders who are trauma-aware are far more likely to recognize the benefits of trauma-aware education and support educational reform (Stokes and Brunzell, 2020).

Guideline two recommends that schools and early childhood services engage in high quality whole-of-staff training in trauma-aware education. This guideline recognizes that the mode and intensity of training may differ according to site requirements and available training structures but that this should not limit or deny any site from access to training. It suggests that, where possible, education sectors (districts, regions, dioceses, etc.) should develop internal training structures (i.e., personnel dedicated to this work) to provide training to sites and that these should incorporate sustainability measures (such as ongoing resourcing and staff recruitment) to enable the consistent availability of quality training (McIntyre et al., 2019; Berger and Samuel, 2020; Espelage et al., 2020).

Guideline three recommends that education sites clearly identify learners living in out-of-home care and ensure that trauma-aware processes (such as case management, support planning, strategies to help with building relationships and managing emotional regulation) are available to support these learners. This guideline acknowledges that learners who have lived through complex trauma and who have been removed from the homes of biological carers, have additional needs that must be

¹National Guidelines for Trauma-Aware Education (Queensland University of Technology and Australian Childhood Foundation) https://eprints.qut.edu.au/207800/1/National_Trauma_Aware_Guidelines_web_version_2021.pdf.

identified and responded to by education sites in a trauma-aware manner (Bailey et al., 2019).

Guideline four suggests that trauma-aware education practice is appropriate for all learners as it is deemed an inclusive practice that can be supportive and beneficial for any learner. Inclusive education practice suggests that all learners, including those who are living with the outcomes of complex trauma, should be able to access and fully participate in learning alongside their similar-aged peers. Through trauma-aware education becoming a whole-of-site practice available to all learners, it is more likely that (identified and not-yet-identified) trauma-impacted learners will have access to appropriate and informed support (Berger, 2019).

Guideline five emphasizes that sites should develop constructive working relationships with parents and carers of learners who are living with the outcomes of complex trauma. Whilst it is acknowledged that this can be challenging at times, for a range of reasons, it is also acknowledged that respectful collaboration between homes and education sites can enhance the quality and consistency of trauma-aware practice (Langley et al., 2013). It is also recommended that schools and services should develop similar working relationships with organizations and people delivering foster care and residential care programs (Bailey et al., 2019).

Guideline six suggests that schools and early childhood programs develop constructive working relationships with support agencies and specialists who provide services to their learners. This guideline proposes that aligning education practice with the trauma-aware interventions delivered by these professionals will enhance outcomes for learners impacted by complex trauma. Case management collaborations between education sites and providers of health, mental health, child protection, and youth justice services (as examples) can be enhanced when educators understand the neurobiological impacts of complex trauma and trauma-aware means to address this harm (Krishnamoorthy and Ayre, 2021).

Guideline seven advocates for children and young people to be involved in the design and evaluation of trauma-aware supports that seek to meet their needs. This guideline acknowledges that the participation of young learners in feedback processes meets children's rights principles (United Nations Commission on Human Rights, 1989) and can have therapeutic benefit (Anderson, 2016). This provision of information and evaluative feedback could also include retrospective input from past learners who are now adults.

Guideline eight recommends the implementation of whole-of-school or whole-of-service frameworks. These frameworks should address the needs of learners living with the outcomes of complex trauma, be also appropriate for and supportive of all learners, be protective of the professional and personal wellbeing of educators, and build capacity in the resilience of educators. These frameworks should be inclusive of all adult staff members to ensure consistency of practice. A multi-tiered approach to whole-site practice is recommended where support increases

across tiers depending on the needs of learners (Berger, 2019; Fondren et al., 2020; Stratford et al., 2020).

Guideline nine asks schools and early childhood services to acknowledge the potential impact that supporting traumatized learners can have on educators and other site personnel and recommends measures to provide support, supervision, and reflective practice to prevent or address such impact. It is proposed that this can minimize educator attrition rates and address concerns with the impact that supporting trauma-impacted learners can have on the personal and professional wellbeing of educators. It is suggested that unless education sites maintain the wellbeing of educators, the wellbeing of trauma-impacted learners will suffer (Baweja et al., 2016; Luthar and Mendes, 2020).

Guideline ten proposes that policies developed by individual schools and early childhood services should be reviewed to identify and address elements that might enhance or hinder trauma-aware education. School policies (particularly those that focus on learner behavior) are very powerful documents and the structure of these documents and the wording within these documents can have significant impact on decisions made about individual learners. After personnel in a school or early childhood service are trained in trauma-aware education principles, it is helpful to form a committee of trauma-aware staff members to review policy and to present recommendations to school leadership. Policy review does not need to result in the exclusion of content that works well for most students. However, it might result in additional or modified content, so that policy is inclusive and supportive of trauma-impacted students (Bowen and Murshid, 2016).

Ten Guidelines for Education Systems

Similar to the guidelines for education sites, the first guideline emphasizes leadership. It recommends training processes are needed to ensure leaders of education systems are trauma-aware and acknowledges that effective trauma-aware education practice relies on informed and supportive system leadership to develop policy and funding frameworks to support and resource the embedding of trauma-aware practice in education systems (Biddle and Brown, 2020; Stokes and Brunzell, 2020).

Guideline two emphasizes that education system law and policy should be reviewed to identify and address elements that might enhance or hinder trauma-aware schooling. This guideline recognizes that education law and policy at all systemic levels should be scrutinized to ensure that they are not inhibiting a trauma-aware response and hopefully provide the scope to develop and enhance trauma-aware education across sites and systems (Bowen and Murshid, 2016).

Guideline three suggests that trauma-aware education at a system level should be supported by a long-term implementation strategy that is committed to by governing bodies and by governments. As the evidence from neuroscience explains that addressing the impact of complex trauma needs a long-term and consistent, trauma-aware approach, this guideline states that a long-term and committed response by governing bodies and governments is vital (Bowen and Murshid, 2016).

Guideline four identifies that a trauma-aware approach at a system level must take account of the cultural and geographic diversity of Australian states and territories, as well as the varying needs of sites and their communities. This guideline recommends systems consider the contextual circumstances of education sites servicing various places, communities, cultures, and learners (Miller and Berger, 2020; Frankland, 2021).

Guideline five states that a trauma-aware approach should be developed in consultation with First Nations peoples and leaders to ensure the cultural strength of the approach. There are important and powerful learnings regarding the impact of historical trauma on generations of Indigenous peoples throughout Australia and the world, that need to be considered in a trauma-aware education response (Zubrick et al., 2005; Heart et al., 2011; Nicolai and Saus, 2013; Kirmayer et al., 2014; Miller and Berger, 2020).

Guideline six proposes that specific consideration is needed for some education sites. These include (but are not limited to) those:

- (a) in remote locations that can often become the main source of support for the mental health and wellbeing needs of learners in isolated locations (Frankland, 2021).
- (b) that include boarding accommodations where staff need to understand the impact of trauma and to help learners with transition to boarding school, homesickness, racism, cultural needs, and the capacity to feel safe, to emotionally regulate, and to build relationships with others (Lloyd and Pwerl, 2020).
- (c) that offer alternative or specialist education programs supporting learners who are not attending mainstream schools due to disengagement or behavioral concerns and who require the support of trauma-aware education programs (Brend et al., 2020).
- (d) servicing learners from refugee backgrounds whose families may have fled their home country due to persecution and may have experienced concerns including violence, family separation, exploitation, military recruitment, and trafficking (Baak et al., 2020; Lamb, 2020).
- (e) servicing learners living in out-of-home care due to child safety concerns (Australian Institute of Health and Welfare [AIHW], 2021).
- (f) servicing learners with disabilities and/or mental health concerns as it is becoming increasingly clear that learners with developmental disabilities are prone to the experience of complex trauma (for many reasons) and the experience of complex trauma can lead to worrying mental health concerns (Kliethermes et al., 2014; Fogler and Phelps, 2018).

Guideline seven recommends that cross-agency (government and non-government) funding and staffing of training and support programs be investigated as a cost-effective strategy for enhancing outcomes for learners accessing a number of services. This collaborative approach could draw from the knowledge, experience, and talents of people working in a

range of organizations to deliver support services that are more informed, holistic, and effective. This approach could also lead to shared resource development and provision that could allow for the sharing of costs and inputs of personnel, that could enhance outcomes for trauma-impacted learners (Barton et al., 2012).

Guideline eight suggests that collaborations between education systems and universities and other tertiary training programs could help with training provision, resource development, program evaluation, and further research (Brown et al., 2020). Importantly, providing pre-service and post-graduate education options for educators on trauma-aware education is a key strategy for generating knowledge, expertise, and leadership in this area.

Guideline nine builds on the previous guideline by suggesting that the education system ensure trauma-aware principles and implementation strategies be incorporated into pre-service training and ongoing professional development for both school educators and any support practitioners in education settings. This holistic approach to training would help to ensure consistency of approach throughout education sites (McIntyre et al., 2019; Berger and Samuel, 2020; Espelage et al., 2020).

Guideline ten states that education reform in trauma-aware education should be quarantined from political and leadership change. This guideline suggests that a systemic approach should not cease or be impacted by changes in political, organizational, or site leadership and processes should be established to prevent this. Achieving this aspirational guideline would no doubt require further advocacy, discussion and then decision-making within education systems (Greig et al., 2021).

CONCLUSION

The *National Guidelines for Trauma-Aware Education* were released in January 2021 as an informed support for education sites and systems in Australia to enhance education and life outcomes for trauma-impacted learners. The *Guidelines* include recommendation statements that are informed by a synthesis of research and expert and end-user consultation. The *Guidelines* are not fixed, but rather have the capacity for modification and enhancement according to ongoing findings from research and the future “voices” of practitioners, policy makers, and important stakeholders for whom a trauma-aware response truly matters. For example, future consultation should involve more inclusive and representative data from the voices of a broader group of important stakeholder groups. These groups could include (as examples) First Nations community leaders and members, families of children and youth, and children and young people in education settings.

As no social or cultural group is immune from the impact of complex trauma and the prevalence of this trauma is significant and of growing concern, it is timely for all Australian education sites and systems to establish trauma-aware education policies and processes, so that all educators can contribute to minimizing the serious and longer-term impacts of complex trauma for young Australians. The *National Guidelines for Trauma-Aware Education* provide an important initial step for a

systemic approach to education policy and practice development across Australia.

AUTHOR'S NOTE

Throughout this article:

- the term “trauma-aware” can be considered as synonymous with similar terms such as “trauma-informed,” “trauma-sensitive,” “trauma-healing,” or “trauma-reducing.” The authors acknowledge that the terms used by authors and researchers can vary for important reasons, but the term “trauma-aware” will be used in this instance to align with other work led by the authors, including the National Guidelines that are discussed in this article.
- the term “learners” can be considered as inclusive of children from birth to approximately 18 years who are attending early childhood services and schools.
- “Education sites” refers to places where education occurs during early childhood and schooling years and “education

systems” refers to organizations that govern the delivery of education in education sites.

- the “*National Guidelines for Trauma-Aware Education*” may be referred to in full or alternatively as the “*Guidelines*.”

ETHICS STATEMENT

Ethical review and approval was not required for the current study in accordance with the local legislation and institutional requirements. Written informed consent for participation was not required for this study in accordance with the national legislation and the institutional requirements.

AUTHOR CONTRIBUTIONS

All authors listed have made a substantial, direct, and intellectual contribution to the work, and approved it for publication.

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Conflict of Interest: The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

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