Berry Street Submission: Review to Inform a Better and Fairer Education System Consultation Paper

Introduction

Berry Street welcomes this opportunity to make a submission to the consultation process underpinning the *Review to Inform a Better and Fairer Education System* (the Review). Berry Street especially welcomes indications that the next National School Reform Agreement (NSRA) will seek to improve the capacity of schools to implement evidence-based interventions to support student mental health and wellbeing. This objective has been a key priority of Berry Street's for many years; it lies at the core of our implementation of the Berry Street Education Model (BSEM), a leading professional learning program used by hundreds of schools in Australia, and other evidence-informed approaches used within the Berry Street School. It also underpins the education-focused therapeutic work of our Victorian-wide trauma-specialist clinical program, Take Two.

Berry Street has supported children, young people and families for over 140 years to address the effects of violence, abuse and neglect. We are one of Victoria's largest providers of child and family services and our services intersect across education, family violence, and mental health. In 2022, we worked with over 33,700 families, children and young people, including over 1,100 through residential and foster care arrangements. Berry Street's significant portfolio of education services include the Berry Street School, BSEM, and education case management programs, all of which focus on helping some of Australia's most vulnerable and disadvantaged young people connect, engage and thrive at school. While BSEM was designed specifically for supporting students who experience trauma in their lives, the schools we work with have found our training and trauma-informed positive education strategies applicable to all contexts regardless of students' backgrounds.

Berry Street's range of services tackle different points on the continuum of care from early intervention and prevention to intensive, targeted and wrap-around support. In 2022 alone we:

- trained more than 10,200 Australian educators in BSEM - a set of strategies to increase engagement with students who struggle in the classroom and improve all students' self-regulation and academic achievement;
- worked with 233 Berry Street School students who attended our fee-free specialist secondary school - designed for young people affected by trauma whose needs are not met by the mainstream education system;
- worked with the mainstream and specialist school systems through our Take Two statewide specialist therapeutic program, to help teaching staff understand students' needs in the context of their trauma and attachment history;
- established a specialised multidisciplinary clinical team, as part of Take Two, to partner with the Berry Street School to provide assessment and intervention for students and engage with staff through secondary consultation and professional learning opportunities;

- supported over 300 young people to connect or re-establish their education and pathways through the (Victorian Government funded) Navigator program and the (Commonwealth Government supported) Educational Support for Children in Care (previously known as Children in Residential Care (CIRC)) program;
- worked with 9 Victorian government primary schools across three regions to provide intensive 12-month wraparound supports to children with poor attendance and low literacy levels, through our 5-year Side-by-Side program, delivered in partnership with the Victorian Aboriginal Child Care Agency (VACCA) and funded through a Social Impact Bond (this year the program is working with 80 children). Side by Side provided family case management to help address familial barriers to attendance, and delivered whole school culturally responsive trauma informed training to all school staff, with practical strategies to build attendance and engagement through a first nations cultural lens;
- delivered the Education First Youth Foyer program in Victoria's Goulburn region for 40 young people aged 16–24 years at risk of homelessness to overcome barriers to education and attainment by providing them with up to two years of safe, stable accommodation.

As this submission illustrates, the work being undertaken at the Berry Street School and within BSEM and our Take Two programs is particularly relevant to key issues raised in the Review Consultation Paper.

Berry Street School

The Berry Street School has four campuses across metropolitan and regional Victoria; it operates to educate children with a history of adverse childhood experiences who are at risk of disengaging from their education. The School occupies a unique pocket of the specialist schooling sector, supporting some of the most vulnerable young people in Victoria; its socio-economic profile is one of the most disadvantaged in Victoria (7th most disadvantaged secondary school in the state) and it accepts younger students than most specialist schools which primarily focus on years 11-12. In addition, students at the Berry Street School require extensive adjustments for their socio-emotional needs which is reflected in a high funding rate per student (as per the NCDD).

Most children enrolled at our School face multiple educational barriers related to their individual circumstances and background while a large number have also spent time in, or are currently in, out of home care (OoHC). Berry Street believes all children have the right to a high-quality education that prepares them to achieve their full potential and go into their future with confidence and hope. As such, we strongly support specific key recommendations in the Productivity Commission's *Review of the National School Reform Agreement: Study report (December 2022)* and captured in the Review Consultation Paper.

Berry Street Education Model (BSEM)

BSEM is informed by our on-the-ground experience working side by side with teachers, school leaders and education support staff towards building safer, calmer, trauma-informed school cultures. The model was created to bridge a clear knowledge gap regarding complex trauma and trauma-informed

care across all types of education settings. Since 2014, BSEM has worked with over 48,000 Australian educators and staff across more than 2,000 schools. We work with numerous pre-service teaching programs including Teach for Australia, various state governments and independent school systems. Implicit in the growth of BSEM's popularity among mainstream schools has been the recognition that:

- mainstream teaching approaches and pedagogies were failing to meet the needs of significant numbers of students;
- student populations were confronting diverse and complex challenges, and;
- teachers were facing significant professional and personal challenges in dealing with the diversity of student need.

Developed for teachers by teachers, the BSEM foundational course provides educators with a toolkit of 100+ practical strategies for immediate use in the classroom and across their school. The strategies are relevant for both mainstream and specialist schools and help increase the engagement of all students, including those with complex, unmet learning needs. BSEM shows educators how to help students meet their own learning needs by:

- understanding the benefits of trauma-informed teaching on child development and ability to learn;
- creating a supportive and trauma-informed positive education classroom;
- bolstering student-teacher relationships;
- applying positive relational classroom behaviour management strategies; and
- instilling strengths-based practices across the school.

BSEM's implementation strategies are multifaceted and not limited to the classroom. They are designed to support an educator's professional learning, provide explicit teaching to students, support a teacher's awareness of relational teaching strategies, and provide guidance and support to leaders in implementation support.

Berry Street endorses the Commission's call for the next NSRA to focus on the following objectives:

- reducing differences in outcomes across students;
- supporting student wellbeing;
- ensuring effective teaching and school leadership.

This submission identifies a series of priorities we see as critical to achieving these objectives. Key areas for attention include:

Extending priority equity cohort status to children and young people in Out of Home Care (OoHC)

Berry Street shares the view that as part of the next NSRA governments should augment supports to existing priority equity cohorts of students whilst expanding this cohort to include students in OoHC. We would welcome this development given the extensive evidence base demonstrating that children and young people in OoHC are substantially more likely to have experienced high rates of complex trauma than their peers and the manifestations of this trauma negatively impact education engagement and attainment. Further, Berry Street notes that in the Alice Springs (Mparntwe) Education Declaration – the Mparntwe Declaration – governments also explicitly recognise that

students in OoHC would benefit from targeted policy interventions. *Our response to Question 4 provides more detail.*

Considering the needs of children and young people who are on the edges of OoHC systems

Berry Street advocates for the next NSRA to consider additional provisions to attend to the educational needs of all children with child protection involvement, in light of the evidence linking associated childhood trauma with education impacts. The reform agreement should consider young people who are on the edges of OoHC systems, who may be moving in and out of care or may have been the subject of substantiated Child Protection reports of actual or risk of harm but not placed in care – often because they have one protective parent. *Our response to Question 4 provides more detail.*

Expanding culturally responsive models for Aboriginal and Torres Strait Islander students

Berry Street supports Aboriginal and Torres Strait Islander students across all of its education programs. Research and practice reflects the scale of the challenge governments face in working to create culturally inclusive learning environments to ensure Aboriginal students, as a priority equity cohort, can feel safe and supported to achieve their learning aspirations. Berry Street strongly endorses the goals outlined in the Mpartnwe Declaration that recognise the need for shared decision making and the engagement of Aboriginal and Torres Strait Islander learners, families and communities in all aspects of education if we are to create supportive learning environments that promote productive participation.[1]

Berry Street supports self-determination and acknowledges that Aboriginal and Torres Strait agencies are most equipped to have choice, control, authority and responsibility in determining best outcomes for Aboriginal and Torres Strait Islander peoples. In the spirit of self-determination, and as an ally to Aboriginal and Community Controlled Organisations (ACCOs), Berry Street strongly recommends that the next NSRA be informed by the voices of Aboriginal and Torres Islander people. We advocate for due consideration be given to the different perspectives of ACCOs about how to best meet the educational and learning needs of Aboriginal children and young people.

Promoting wellbeing through whole of school trauma-informed systems

Berry Street advocates for the upcoming NSRA to focus on the role of schools in improving student mental health and wellbeing, as outlined in the Review Consultation Paper. Specifically we endorse the Commission's statement that teachers need more support to help the many children and young people struggling with poor wellbeing because of experiences in and outside their schools. [2]

We welcome references in both the Commission's report and the Review's paper to the inextricable link between learning and wellbeing. Berry Street lends its unequivocal support to the call to act on the evidence base that shows students with good social and emotional wellbeing are more engaged

---

[1] Australian Government Department of Education, Skills and Employment 2022.
[2] Productivity Commission 2022.

with learning and have higher levels of academic achievement and attainment while poor wellbeing can negatively affect students' ability to learn, engage and socially interact at their school. Berry Street's own research and practice in this field aligns with the following findings referenced by the Commission:

- indicators of complex trauma in some students include disruptive, impulsive and anxious behaviours, and;
- poor wellbeing can be exacerbated when school leaders do not recognise these behaviours as indicators of trauma.[3]

We support the views of young people shared with the Commission, that when teachers are able to recognise these behaviours as a form of communication regarding poor wellbeing or distress and respond appropriately, this serves as a protective factor that helps them persist with schooling.[4] This knowledge lies at the core of the Berry Street Education Model (BSEM) and our School. We recommend incorporating provisions aimed at enhancing schools' capacity to implement relevant evidence-based interventions and we suggest using the established framework of BSEM as one successful model for accomplishing this goal. *See our response to Questions 8 & 12 for more detail.*

Continued support for the role of specialist schools

The Berry Street School supports some of the most vulnerable young people in Victoria. The children at our School have a history of adverse childhood experiences and are at risk of disengaging from their education. Many have experienced trauma associated with child abuse, neglect and family violence as well as intergenerational trauma, chaos, homelessness, poverty, substance use, mental health problems and disabilities. They are often involved in child protection, youth justice and out-of-home care systems.

While Berry Street supports inclusive and proactive measures for all priority student groups, including those in out-of-home care, within mainstream education settings, we also understand that a small yet significant group of highly disadvantaged children may not have their needs fully met in these settings. For such students, the options are either attending a specialist school like the Berry Street School or not attending school at all. While we aim to serve as a bridge to mainstream education for some students, we recognise there will always be a cohort requiring ongoing specialist settings due to the severe impacts of trauma, mental health issues, and neglect. *See our response to Question 8 for more detail.*

With our extensive expertise as a lead agency delivering wrap-around services encompassing education, family services, and therapeutic supports, Berry Street is well-positioned to support governments to advance reforms in the NSRA to promote wellbeing. In direct response to the Review's Consultation Paper, we have chosen to address the following questions, as proposed by the Review Panel:

---

[3] Centre for Education Statistics and Evaluation (CESE) 2020; Perfect et al. 2016.
[4] Productivity Commission 2022.

Question 2: What are the evidence-based practices that teachers, schools, systems and sectors can put in place to improve student outcomes, particularly for those most at risk of falling behind? Are different approaches required for different at-risk cohorts?

Children who have experienced complex trauma are at significantly increased risk of falling behind in their education – commonly, they are 'behind' from the moment they commence their schooling. For children in OoHC this risk is intensified by the inherently destabilising effects of removal from the family home, which for some occurs before they reach school-age. For this substantial cohort of students, evidence supports the need for practices focused on therapeutic and educational outcomes. To this end, Berry Street's BSEM and Take Two program interventions have a strong track record of meeting the needs of students most at risk of falling behind with their education.

Berry Street acknowledges the evidence base about interventions that strengthen educational and wellbeing outcomes for children and young people in OoHC is still growing[5] and we support the call for more research in this space. What we do know, however, is that successful educational responses recognise the need to respond to the impact of trauma in ways that help to repair its damage.[6] Our BSEM and Take Two programs are concrete examples of interventions underpinned by robust, relevant evidence which we continue to build. BSEM's trauma-informed positive education approach has been researched and evaluated since 2014 (when its theoretical model was first published within the international peer-reviewed literature). BSEM's evidence base relies on more than two decades of trauma-informed practices and positive education literature. It is further strengthened by our own original research, literature reviews, conceptual papers, and book chapters (see Attachment 1 for a bibliography of BSEM publications).

BSEM teams, along with the University of Melbourne Graduate School of Education, have published numerous peer-reviewed research articles in education and educational psychology. They employ various research methods, including systematic literature reviews, mixed-method research designs, and quantitative measures for student wellbeing and learning. Additionally, qualitative designs are used to capture the perspectives and experiences of students and teachers. An external evaluation of BSEM implementation in two pilot schools found positive impacts on students' literacy and numeracy attainment, significant decreases in suspension data, overall improvements to wellbeing data and positive impacts reported by staff.[7]

Take Two's early school-based intervention program, Trauma-informed CaRE (Communication and Regulating Emotions) is designed for vulnerable student cohorts with streams for students, families/carers and school staff and/or leadership to meet the developmental and psychosocial needs of students impacted by trauma. The program is informed by Take Two's expertise in developmental trauma and its knowledge of how trauma can disrupt student's development across all domains, including those pertinent to success in all educational environments. CaRE is informed by research indicating a child's current level of relational health is the strongest predictor of current wellbeing and functioning.[8] This informs the program's theory of change which proposed that interventions which

---

[5] Centre for Evidence and Implementation 2018.
[6] Goldfeld et al. 2018.
[7] Stokes, & Turnbull 2016.
[8] Ludy-Dobson & Perry, 2010.

are designed to increase relational health through early intervention can prevent and address the impacts of trauma and improve student outcomes

As with BSEM, Take Two monitors longitudinal outcomes for children receiving its services to inform future service delivery. Take Two uses clinical outcome measures and conducts its own targeted research underpinned by its contemporary knowledge of advances in the fields of developmental neurobiology and trauma. Take Two also has an extensive research publications record, see https://www.berrystreet.org.au/published-research-about-take-two

Berry Street believes any future reforms should consider the need for enhanced transparency about the strength of evidence underpinning the many intervention offerings now available to schools to support vulnerable cohorts.

Question 3: How can all students at risk of falling behind be identified early on to enable swift learning interventions?

A significant challenge for schools occurs when early intervention opportunities are missed before a student starts school. Vulnerable families may struggle to identify developmental delays or access support services, especially in rural and regional areas. There is a flawed assumption that schools can address these gaps. The reality is that many schools lack the resources required for effective intervention and there is limited capacity for specialist referrals. While having specialists such as occupational therapists, psychologists, speech pathologists, and other allied health professionals visit schools would be the most effective approach, severely limited resources in many areas force families to travel for such services.

Where early specialist assessments have been undertaken with children, schools must be able to access all relevant information if they are to implement effective supports. This includes information in specialist assessments undertaken through the NDIS Early Childhood Early Intervention (ECEI) to identify developmental delays, and paediatric and multi-disciplinary assessments for children in OoHC as part of the Victorian government-funded Pathways to Good Health (currently being piloted in three Victorian regions). It is critical that bodies such as NDIS and child protection share relevant information with education providers to enable the development of swift learning interventions to support students.

Question 4: Should the next NSRA add additional priority equity cohorts? For example, should it add children and young people living in out-of-home care and students who speak English as an additional language or dialect? What are the risks and benefits of identifying additional cohorts?

This submission emphasises Berry Street's firm belief that children and young people living in OoHC should be included as a priority equity cohort in the upcoming NSRA. It is well established that children within child welfare systems face significantly higher rates of developmental delay, with their emotional, cognitive, social, and physical development often disrupted and interfered with due to

traumatic experiences.[9] Almost half of all children in OoHC show problems in one or more developmental domains, with more issues emerging as children get older.[10] While trauma is not considered a disability, schools are confronted with the challenge of handling the manifestation of trauma on a child or young person's learning, development, and overall well-being.
Research indicates that students in all forms of OoHC have higher rates of school absenteeism compared to their peers and lower academic achievement and reduced Year 12 completion rates.[11] 2021 Expulsion Data for Victorian Government Schools shows students in OoHC, alongside other existing priority equity cohorts such as students with disabilities and Aboriginal and Torres Strait Islander students, are disproportionately represented in school exclusions through suspensions and expulsions[12].

Significant gaps in outcomes are evident between children in OoHC and the general population in national literacy and numeracy testing (NAPLAN) data, with 23 percent fewer children in OoHC meeting aggregate national minimum standards. This performance gap increases as children get older.[13] There is an even greater disparity in performance for children in residential care – the largest for the OoHC cohort – compared to children not living in OoHC.[14] An important caveat to note is that the NAPLAN data only counts children and young people who are attending school. In our experience, too many young people who have experienced the trauma of abuse and neglect, such as those in OoHC, are not attending school sufficiently to participate in the NAPLAN assessments.

Enhancing Initial Teacher Education (ITE)

The need to extend priority equity cohort status to these students appears straightforward when considering the weight of evidence - doing so has potential to yield numerous benefits. One example is the scope it would offer to enhance state-based targeted training in Initial Teacher Education (ITE), better equipping educators to recognise the distinctive educational challenges and socio-emotional needs of OoHC students. Features of the OoHC cohort that may impact their education include:

• an experience of trauma and neglect
• a transitory home environment
• the lack of an adult advocate.[15]

Educators with a deep understanding of these students' experiences – and their effects – will be in a stronger position to nurture a love of learning and facilitate the student's educational goals. It is imperative that systems are appropriately resourced to providing tailored, student-centred supports for children and young people in OoHC; systems must cultivate, rather than constrain, expectations and aspiration.

---

[9] Costello & Angold 2016; Laurens et al. 2020; Zimmer & Panko 2006; Moore et al 2017.
[10] Australian Institute of Family Studies 2015.
[11] Australian Institute of Health and Welfare 2015; Graham et al. 2020.
[12] Victorian Department of Education & Training 2021.
[13] AIHW 2015.
[14] AIHW 2015.
[15] Social Ventures Australia 2019.

Increased funding to bridge the gaps

Another clear advantage inherent in priority cohort status is the provision of higher funding to support efforts to bridge achievement gaps between children in OoHC and their peers, enhancing opportunities to access relevant, evidence-based interventions. Conversely, not affording these children and young people priority status means critical access to the targeted therapeutic and learning interventions they require to ensure they are not left behind, will remain limited. It is important to recognise the significance of these interventions in light of the displacement and instability young people experience in the OoHC system, such as having to move frequently between residential care homes or foster and kinship carers which often means also moving away from their schools and areas, causing lengthy delays in reenrolment and high levels of absenteeism.

Children and young people on the periphery of OoHC

Berry Street also advocates for the next NSRA to consider the needs of young people who are on the edges of OoHC systems, who may be moving in and out of care or may have been the subject of substantiated Child Protection reports of actual or risk of harm but not placed in care. This cohort of children and young people is likely to be significant given the rate of children who were the subject of Child Protection notifications nationally rose from 43 per 1,000 in 2016–17 to 52 per 1,000 in 2020–21.[16] It is crucial to recognise that not all of these children will be placed OoHC nevertheless they are very likely to have experienced trauma and the impact of this on their education must be understood and prioritised if governments are to meet their NRSA commitment to achieving equity in education, that is: 'to reduce or eliminate differences in outcomes across students with different backgrounds, experiences and needs.'[17]

The additional burden for a child placed in care is indisputable – by definition this means they have had an investigation substantiated for events which are traumatic and the evidence base regarding the impacts of this trauma on atypical neurological development - and the flow on effects to schooling – continues to build.[18] From the child's perspective, being placed in care also means significant disruption to their lives, disconnection from relationships, kin, social networks, neighbourhoods and schools. Berry Street is acutely cognisant of the needs of this cohort, but also wishes to bring to light the needs of children within child protection systems who are on the periphery of OoHC, whose families are also grappling with issues such as poverty, family violence, substance abuse, and poor adult mental health. Many of these children have experienced similar traumas and face comparable challenges in their learning and development as those who have been removed from their families. Regardless of their legal status, they are children whose primary focus remains survival. Additionally, it is important to recognise that OoHC is not a static structure; rather, it is a fluid and dynamic system through which children often move in and out.

---

[16] Australian Institute of Health and Welfare 2022.
[17] Productivity Commission 2022.
[18] Brunzell, Waters & Stokes 2015.

Traumatic experiences, such as abuse and neglect, can dramatically change the way children and young people learn and develop.[19] Berry Street draws the Review Panel's attention to a large body of research that shows exposure to complex trauma, irrespective of whether this results in a child being removed from the family home, is a crucial determining factor for developmental challenges. We argue that, in some cases, children living with families at-risk may have less access to supports than children in OoHC. For example, research undertaken by Berry Street and partners found that children in the child protection system who were living with their parents had similar levels of speech and language problems as children in OoHC and that these issues were not always recognised.[20]

A review conducted by Perfect and colleagues between 1990 and 2015 explored the impact of trauma on students' cognitive, academic, and behavioural outcomes.[21] The findings revealed that trauma-exposed students exhibited significantly lower IQ scores and memory capabilities and compromised attention compared to neural-typical peers. Academic achievement in subjects like English and Maths also suffered, as did social-emotional-behavioural functioning, with various internalised and externalised symptoms observed. It was also noted that students who have experienced trauma have poorer outcomes in relation to discipline, suspensions and repeating grade levels.

Childhood trauma is identified as a significant risk factor for early school leaving, with traumatised students being 2.5 times more likely to leave school prematurely.[22] Studies across Australian jurisdictions show that children with substantiated maltreatment and a history of child protection involvement have higher rates of unexplained school absences and lower reading scores.[23] Recent research in New South Wales further indicated that children reported to child protection services, regardless of whether the threshold for further investigation was met, were more likely to experience poor academic achievement and an increased risk of suspension from primary school.[24]

Findings from the Australian Maltreatment Study reflect the scale of this challenge.[25] The study, based on a population-based survey supported by the Commonwealth Government, suggests rates of child maltreatment are actually much higher than what is captured by child protection reporting data. This has inevitable repercussions for Australia's education systems.

Question 8: What does it look like when a school is supporting student mental health and wellbeing effectively? What is needed from schools, systems, government and the community to deliver this?

Berry Street supports the following key statements in the Productivity Commission's review of the NSRA:

- wellbeing improvements require a focus on school practices and leadership, not just one-off wellbeing programs;

---

[19] Downey 2012; Wolpow, et al. 2009; Van der Kolk 2005.
[20] Frederico et al. 2014.
[21] Perfect et al. 2016.
[22] Porche & Fortuna 2011.
[23] Armfield et al. 2020; Maclean et al. 2016.
[24] Laurens et al. 2020.
[25] Haslam et al. 2023.

- simply adding to the existing stock of wellbeing programs may fail to embed good practice into classrooms and schools on an ongoing basis. [26]

Berry Street endorses the need for a multi-tiered, whole-school approach to supporting student mental health and wellbeing in response to the pervasiveness of adverse childhood experiences (ACEs) and therefore the assumed prevalence of students impacted by trauma in all classrooms.[27] This exemplifies the whole site/school approach underpinning BSEM. We understand that trauma informed schools require total commitment at all levels and trauma-informed approaches should encompass an entire organisation rather than be applied to specific practices.[28] Trauma-informed schools should:

- have school wide understanding of safety and consistency
- promote positive interactions
- be culturally responsive
- provide peer and targeted supports.

This approach shifts from a focus on 'fixing' individuals to creating healthy systems. Multifaceted approaches are more effective in achieving health and educational outcomes than classroom-only or single intervention approaches.[29] In addition, social-emotional factors are pivotal to the way a trauma-informed school operates and how schools achieve their education and health goals.[30] A whole-school approach, where there is coherence between the school's policies and practices that promote social inclusion and commitment to education, facilitates improved learning outcomes, increases emotional wellbeing and reduces health risk behaviours.[31]

BSEM strategies for supporting mental health and wellbeing

As the introduction of this submission outlined, BSEM is informed by our on-the-ground experience working side by side with teachers, school leaders and education support staff in order to build safer and calmer trauma-informed school cultures. The model was created to bridge a clear knowledge gap regarding complex trauma and trauma-informed care across all types of education settings.

BSEM strategies are relevant for both mainstream and specialist schools, helping to increase the engagement of all students, including those with complex, unmet learning needs. BSEM supports school leaders to integrate trauma-informed strategies within:

(1) student wellbeing and student support services;
(2) whole-school approaches for school wide positive behaviour supports for learning;
(3) instructional academic content delivery and everyday-lesson planning; and
(4) connections to allied education services and community resources.

---

[26] Productivity Commission 2022.
[27] Plumb et al. 2016.
[28] Wiest-Stevenson & Lee, 2016.
[29] Whitman & Aldinger, 2009; Stewart-Brown 2006.
[30] Langford et al. 2014; Greenburg et al. 2003.
[31] Langford et al. 2014; Barry 2013.

As highlighted earlier in this submission, BSEM's implementation strategies are multifaceted and not limited to the classroom. Our aim is to ensure that school leadership teams feel empowered to embed the practice and values within their school's culture and climate and school leaders have the tools to ensure fidelity, accountability and forward goal setting based upon trauma-informed practices within their school's strategic and annual improvement plans and student outcomes.

Another overarching aim of our leadership approach is to bolster leaders to empower their own teachers and school-based staff to live and practice trauma-informed strategies and values for themselves. BSEM positions trauma-informed practice in schools as a pathway for personal and professional transformation for each staff member within the school community. Our social and emotional strategies use an evidence base in trauma-informed positive psychology to assist both teachers and students to achieve their learning goals. We implement strength-based practices to harness existing strengths and positive traits to improve teacher and student school connectedness, which then build an optimal teaching and learning environment.[32]

A range of evaluations point to the positive academic and wellbeing outcomes for schools implementing BSEM.[33] Evaluations confirm positive changes to attendance for student cohorts, improvement in reading and numeracy attainment and decreases in critical incidences reporting. Evaluations have found that BSEM training participants:

- highly regard and continue to use the knowledge, strategies, lessons and handouts attained during the professional learning series;
- have been able to influence and change practice in their school community;
- have been able to build the capacity of their peers and wider school community by sharing their knowledge, tools and resources.

Addressing adverse behaviour and disruption

Berry Street welcomes the Review Consultation Paper's focus on the learning environment, specifically its inclusion of research that demonstrates:

- the school and classroom learning environment can have a significant impact on education outcomes;
- safety (encompassing cultural, psychological and physical safety) and belonging are recognised factors that are critical to wellbeing, but are also prerequisites to learning;
- Students who do not engage with classroom learning or who are disruptive in class are more likely to perform poorly in reading and numeracy than their more productive peers (Section 2.4.6)

In a recent submission to the *Senate Inquiry into the issue of increasing disruption in Australian school classrooms,* conducted by the Senate Education and Employment References Committee, Berry Street advocated strongly on this issue, promoting the value of integrating trauma-informed principles into whole-school behaviour management approaches (see Attachment 2). Educators who participate in

---

[32] Cahill 2016
[33] Stokes & Turnbull 2016; Turnbull, 2018.

our BSEM training, report having previously faced significant professional and personal challenges in dealing with adverse behaviour and disruption.

While each school is unique in their motivation for whole-school implementation of BSEM, common characteristics of schools who seek to implement BSEM include:

- high levels of teacher absenteeism;
- high levels of teacher turnover;
- low staff morale and crisis-fatigued leadership;
- high incidence of student incidents;
- low student academic and wellbeing outcomes;
- chaotic and unpredictable learning environments; and
- many staff and students feeling unsafe.

BSEM supports positive change by increasing teachers' understanding of student behaviour, leaving them better equipped to handle the behaviour in a calm manner. Teachers have reported that staff appear less escalated in responding to students and more supportive of one another. A series of case studies in our Senate Inquiry response illustrate the importance of consistent whole-school systems and routines, and the positive impacts of implementing BSEM (Attachment 2).

The role of specialist schools – the Berry Street School

Berry Street notes the Commission's review of the NSRA highlights a body of evidence supporting the notion that concentrations of disadvantaged students in a school affects outcomes in these cohorts, partly owing to peer effects and part stemming from having less experienced teachers in these schools and greater challenges with classroom management and staff turnover.[34] We note there are gaps in this evidence given it draws on large population-level data sets to aggregate various groups of disadvantaged students who have different needs and would likely benefit from different interventions.

OECD data, for example, defines 'advantaged' and 'disadvantaged' schools as the top and bottom quarter of all schools in Australia participating in its Programme for International Assessment (PISA) on its own index of economic, social and cultural status (ESCS). This process places hundreds of schools and thousands of students in each of these categories. The challenge with examining disadvantaged students' performance on aggregate is that it does not account for different levels of disadvantage. One way this difference can be meaningfully understood is by considering the distinction between students who are:

- experiencing disadvantage while remaining engaged in their schooling; or
- disengaged from schooling altogether.

Students who are disengaged from school altogether are unlikely to be described by the OECD or NAPLAN data, as many would not have attended school when relevant assessments were administered.

---

[34] Productivity Commission 2022.

Specialist schools such as the Berry Street School, whose purpose is to engage students who have been, or are at high risk of, disengagement from school entirely can create environments and interventions which are more effective for these students. The Berry Street School has been refining its capability in this field for 20 years and can attest to the benefits of specialisation.

The School is characterised by:
- relationship-based practice grounded in unconditional positive regard for our students;
- implementation of BSEM, which underpins everything we do, providing a structured vision of wellbeing in the school community;
- a calm and caring environment with small class sizes and high staff-to-student ratio;
- a highly individualised learning experience with all students following their own Individual Education Plans, Focus Plans, and flexible timetabling where needed, as well as additional specialist supports such as access to therapeutic services, including Take Two;
- high expectations and a culture of support with an emphasis on applied learning and work preparedness;
- access to outreach and other strategies to engage students and families/carers
- the active use of student support group meetings.

Education case management

Additionally, case management for children experiencing vulnerability, including those living in OoHC, plays a crucial role in the education landscape. Berry Street has extensive experience providing targeted, personalised case management support through programs such as Educational Support for Children in Care, Navigator, and Side by Side. Allocating additional resources for case management would not only strengthen efforts to reintegrate disengaged students into education but also foster better collaboration between community support agencies and education systems in preparing schools to better accommodate these students. Implementing bridging supports of varying durations and intensities, based on assessments, remains an integral aspect of our approach, as we continuously assess and adapt our methods to strive for improved outcomes.

Supporting schools to respond to single event trauma

Berry Street's BSEM and Take Two programs wish to draw attention to the increased health and wellbeing impacts of natural disasters and other single event traumas they are observing on school communities, particularly in rural and regional areas. These events significantly disrupt classroom attendance for students whilst teachers in these settings, who are often experiencing their own chronic stress, find it challenging to adequately support students in catching up on missed education. The consequences of this are exacerbated for students who are already vulnerable, some of whom are currently recognised as a priority equity cohort and some who are not, such as children in OoHC.

In light of the rising prevalence of single event traumas of this nature on school communities, a comprehensive and sustained government policy focus on the social and emotional well-being of affected schools is critical. Berry Street advocates for an approach that accounts for the additional impacts of these events for children and young people who may already feel unsafe, displaced and disconnected as a consequence of prolonged exposure to complex trauma. Scaling up responses for children in these contexts is crucial to mitigating the risk of compounded mental health and

developmental effects and preventing them from falling further behind in their education. Nationally, some schools who implement BSEM have drawn on the model's trauma-informed strategies in response to natural disasters and other single event traumas. Feedback from these communities indicates this has been beneficial in implementing effective, supportive measures.

Culturally responsive and inclusive approaches

Berry Street believes that schools with a genuine commitment to effectively supporting student mental health and wellbeing must embed culturally responsive and inclusive approaches. More than 20 percent of Berry Street School students are Aboriginal and/or Torres Strait Islander. Our School has implemented its own Reconciliation Action Plan (RAP), which commits to respectfully embedding Aboriginal and Torres Strait Islander cultures within classrooms.

The Berry Street School works toward creating a reconciled learning environment while maintaining relationships with Aboriginal and Torres Strait Islander communities local to each of our four school campuses. We endorse this approach as a key enabler for creating a more positive and culturally inclusive environment for the learning and development of Aboriginal and/or Torres Strait Islander students, supporting a strong sense of identity. This approach also supports non-Aboriginal and/or Torres Strait Islander students to recognise and respect the distinctive aspects of Aboriginal and Torres Strait Islander cultures. Schools that incorporate Aboriginal and Torres Strait Islander history and cultures into their curriculum, while also seeking input from local communities and education workforces, can play a crucial role in promoting student mental health and wellbeing.

Question 9: What evidence-based wellbeing approaches currently being implemented by schools and communities should be considered as part of a national reform agenda?

As this submission has outlined, the Berry Street Education Model (BSEM) is currently being widely implemented in Australian education settings, working with tens of thousands of educators and staff across thousands of schools. We work with pre-service teaching programs including Teach for Australia, and with various state governments and independent school systems. Berry Street recommends that BSEM be considered as part of the next NSRA, and we particularly encourage adoption of BSEM in Australian schools and as part of Initial Teacher Education.
BSEM implementation already aligns with key research findings about effective school-based wellbeing presented in the Productivity Commission's review of the NSRA.[35] This research found:

- universal school-based interventions improve both social and emotional skills and school performance;[36]
- interventions that are relatively more effective at improving wellbeing and academic achievement in the Australian context:
  - are delivered by a school teacher with appropriate professional development and resources for students as opposed to external professionals;
  - focus on student belonging and engagement;

---

[35] Productivity Commission 2022
[36] Durlak et al. 2011.

o   teach social-emotional skills programs.[37]

The Commission's emphasis on school wellbeing strategies that equip teachers, through training and supports, to identify behaviours that communicate poor wellbeing and respond appropriately, is consistent with Berry Street's BSEM approach, as has been evidenced throughout this submission It is encouraging to see the Commission specifically identify research showing trauma-informed practice improves student academic achievement and behaviour and staff confidence.[38] Additionally, the Commission highlights that implementing trauma-informed practices in schools can prevent potentially punitive responses to unrecognised poor wellbeing. Berry Street has long supported the same principles.

Berry Street reiterates the importance of a rigorous assessment process for evaluating the evidence base of all wellbeing approaches considered in the next NSRA. A research-focused approach will ensure any approach endorsed on a national level meets clear standards for evidence and is supported by reliable publications. Access to high-quality, evidence-based resources for teaching social and emotional learning curriculum is critical. Berry Street is confident BSEM meets these standards.

Further, Berry Street supports Recommendation 6.2 in the Commission's review, that governments establish a single portal for teachers and school leaders to access evidence-based instructional material.[39] A streamlined approach would help to transform the current landscape, which the Berry Street School – along with other stakeholders - experiences as difficult to navigate, with limited guidance on how to access, implement and evaluate appropriate interventions.

Question 12: To what extent do school leaders and teachers have the skills and training to support students struggling with mental health?

Teachers play a vital in their students' lives. This can be especially significant for children in OoHC who often have many professionals and adults assuming different roles in their lives. The connection between a child/young person and their teacher is key to ensuring consistent school attendance and academic performance. While it is not a teachers' role to provide clinical treatment for students struggling with their mental health, they have an inherent obligation and opportunity to notice changes, assess risk and connect students to appropriate supports.

In their work, BSEM and Take Two professionals note that the lack of secondary and tertiary supports in education settings, particularly around mental health, is one of the biggest concerns flagged by teachers. Schools that are able to provide these supports are best placed to mitigate the impact of 'role creep' on teachers – when they are performing tasks outside of the agreed scope of their role. This is a known contributor to burnout and attrition.[40]

At the Berry Street School all campuses have a psychologist to support with assessments and provide reflective practice and psychoeducation for staff as well as a clinician who works therapeutically with

---

[37] Dix et al. 2020.
[38] Berger 2019; Productivity Commission 2022.
[39] Productivity Commission 2022.
[40] Carroll et al. 2022

students. Berry Street understands there are long wait lists and significant barriers to students accessing the external services they need and that having these supports integrated into the school community removes these barriers whilst also minimising risks associated with role creep.

Research undertaken by Social Ventures Australia (SVA) found education professionals often do not have the specialist skills required to deal with the complex needs of a child who may have experienced trauma as part of being placed in OoHC. Educators require skills to deal with both the interpersonal and cognitive impact of trauma, including specialist expertise to support any developmental problems and learning difficulties.[41] Teachers in mainstream and specialist settings increasingly confront challenges in educating students who present with a range of trauma symptoms and behaviours that include Attention Deficit Hyperactivity Disorder (ADHD), peer bullying, school refusal, conduct and oppositional defiance disorders, distracted or aggressive behaviour, limited attentional capacities, poor emotional regulation, attachment difficulties, poor relationships with peers, suicidal ideation and self-harming. As this submission has outlined, schools that undertake BSEM training and implement its strategies report improved capacity among staff to manage these issues.

Berry Street advocates for the new NSRA to account for additional resourcing to support trauma-informed responses to student dysregulation in funding models; this would include (but is not limited to):
- additional support roles in a classroom
- ongoing professional learning
- debrief and restorative work with students.

Mental Health First Aid

Berry Street draws attention to the need for Basic Mental Health First Aid (MHFA) training for all education staff, especially those working with vulnerable students. School staff have a unique opportunity to build positive relationships with students, making them likely recipients of disclosures regarding poor mental health, self-harm, suicidal thoughts, abuse and neglect. Staff express concern about their lack of confidence in responding to a young person in crisis. This is significant, given the way in which disclosures are handled is crucial in determining the subsequent help-seeking trajectory for a student. It is not always possible to involve other professionals in the moment, therefore training and clear organisational guidelines are essential. This ensures that education staff can handle such situations appropriately without blurring their roles as educators and can maintain the psychological safety of their students and themselves.

---

[41] Social Ventures Australia 2019.

Question 14: What can be done to ensure schools can easily refer students to services outside the school gate that they need to support their wellbeing? How can this be done without adding to teacher and leader workload?

Incorporating external support options for children with mental ill-health or complex needs is critical to any student wellbeing framework for schools. Berry Street supports statements from other stakeholders as part of the Productivity Commission review of the NSRA, including Orygen, that being able to refer to external specialist supports allows school leaders and teachers to focus their efforts on education, including the delivery of universal wellbeing programs, whilst alleviating them of the pressure to provide mental health supports outside the scope of their role.[42]

Berry Street highlights the existing constraints in this area, as schools are mostly unable to refer students to specialist mental health services. As part of the current Medicare system General Practitioners (GPs) act as gatekeepers for referrals to specialists unless families have the financial means to access private mental health services or they have access within the system to specific therapeutic services such as Berry Street's Take Two program.

All of this underscores the significance of schools being actively involved in care teams for students in OoHC in order to raise concerns, identify appropriate supports and determine suitable external referrals. A care team comprises child protection and/or community service organisation care managers and workers, caregivers and other significant adults in a child's life, who jointly look after a child's day-to-day care issues. Effective communication between schools and other members of the students' therapeutic web is crucial. The caregivers of young people in OoHC, or on the periphery of care, are often not confident of navigating complex systems on the young person's behalf.

Improved information sharing between mental health professionals and schools is critical to making well-informed decisions regarding external referrals. Strengthening awareness of child information sharing schemes across jurisdictions would support this process. Further, the practical aspects of information sharing can pose challenges for schools in supporting a young person's well-being. For instance, in Victoria, competing obligations in the Health Records Act and the Privacy Act can make it difficult for health professionals to determine what information can be shared with schools with regard to a young person's mental health.

It is essential to acknowledge that even when referrals are made, access to community-based services is limited, especially in rural and remote regions where long waitlists are commonplace. Despite the presence of a tiered mental health system, young people considered to be at risk but not 'risky enough' find it hard to access services within a reasonable timeframe. Addressing all of these challenges is imperative to enable schools to seamlessly refer students to services beyond the school gate. Additionally, it is important to recognise that while strengthening links and access to external services is critical, schools providing for a student cohort with higher level of mental health and wellbeing concerns, such as the Berry Street School, must retain their access to mental health services within the school setting.

---

[42] Productivity Commission 2022

Question 16: What change(s) would support teachers to remain in the profession?

Whole-school trauma-informed systems

Consistent with Berry Street's responses to previous questions, we emphasise the importance of implementing whole-school trauma-informed systems for behaviour support as a key means of improving the safety, wellbeing and retention of teachers. Our research and experience of working with schools show that principals, their leadership teams and teachers often feel crisis fatigued. School leadership teams are leading and caring for teachers who are adversely and continuously impacted by vicarious and secondary exposure to childhood trauma. In our experience, implementing whole-school trauma-informed systems for behaviour support can have a powerful flow-on effect to improving staff safety, wellbeing, and retention.

Through the delivery of BSEM training to hundreds of schools and thousands of educators we can confirm the powerful flow-on effect of implementing whole-school systems for staff who face significant professional and personal challenges in dealing with the diversity of student need, adverse behaviours and disruption. Teachers who choose to educate vulnerable and trauma-affected students often do so because positive social change gives their work meaning. However, when teachers struggle with effective strategies to manage disruptive and disengaged student behaviours, the challenges of working with trauma-affected students can lead to burnout and to exiting the profession.

BSEM's approach is designed to be 'dual-purpose', as in strategies that bolster student wellbeing must also bolster staff wellbeing. We are deliberate in our practice because we know that in time-poor professional learning schedules, schools do not commonly have enough time to focus on both student and staff wellbeing. BSEM strategies support staff to understand that when they deliberately teach a wellbeing strategy to students, they must also model and practice wellbeing strategies for themselves. We know that teachers who role-model well-being have enhanced opportunities to increase their personal wellbeing.[43] Our submission to the Senate Inquiry (Attachment 2) contains case studies attesting to the effectiveness of BSEM in these contexts.

Pre-service trauma-informed practice education

Berry Street advocates for the next NSRA to focus on trauma-informed practice education (including programs such as BSEM) as part of Initial Teacher Education (ITE) for all Australian schools. Berry Street's experience in schools, coupled with research in the field, suggests teachers' capacity to recognise and respond to the impacts of complex trauma experienced by their students is at least partly dependent on the preparation they receive as part of ITE programs.[44] The increased prevalence of students affected by trauma, coupled with the impact of challenging student behaviours on teachers' decisions to leave the profession, highlight the importance of a systemic response that includes mandatory trauma-informed teaching and learning within pre-service education.[45]

---

[43] Brunzell, et al. 2018.
[44] Rodger et al. 2020.
[45] Harris 2019; L'Estrange & Howard, 2022.

Question 26: What types of data are of most value to you and how accessible are these for you?

Enhanced visibility of priority equity cohorts spending

In order to support priority equity cohort students, schools should offer intervention programs within their settings, with sufficient funding and resources provided. Berry Street recognises a crucial information gap concerning funding transparency and accountability practices in schools when it comes to expenditure and investments for these student groups. We endorse the sentiment expressed in other submissions to the Commission's review of the NSRA, advocating for enhanced visibility around the distribution and allocation of these funds at a school level. We share the belief that particular emphasis should be placed on understanding how these funds are being used to support priority equity cohorts. As the Review Consultation Paper notes, greater transparency about how schools expend funding to support students can reassure the community that this funding is being used appropriately to help those it is intended for.[46]

'Missing' NAPLAN data

Berry Street welcomes recognition in the Review Consultation paper that lower than desired participation in NAPLAN can reduce the effectiveness of the NAPLAN as an accurate, reflective assessment of student performance in priority equity cohorts[47]. We advocate for a strengthened focus on the scale of missing data from national datasets (e.g., NAPLAN) for priority equity cohort students, inclusive of students living in OoHC and those involved in child protection systems and on the periphery of care. We also recommend the strengthening of data about children and young people who are not completing NAPLAN, including those not engaged in education or not completing NAPLAN for other reasons.

Berry Street notes that many specialist schools automatically apply for an exemption for all students, or have minimal students complete NAPLAN, for a diversity of reasons. This is evident when reviewing NAPLAN data provided on the ACARA's MySchool website for specialist schools, where their datasets are either not available, or not available for comparison, given the low or non-existent participation of students. The Berry Street School is implementing a school-wide strategy to promote and assist students to participate in NAPLAN on an opt-in basis, to ensure our students are provided with the same opportunities as their peers in mainstream settings. We are mindful of the need to support students who feel overwhelmed and anxious about test settings, while maintaining our commitment to ensuring we can accurately represent the current performance level of our student body.

Berry Street is concerned that vital data capturing performance and outcomes of students who are most at risk in our education systems is absent from the datasets examined in the Commission's review of the NSRA due to low NAPLAN participation rates. Given this situation, we suggest that an alternative method of assessment may be necessary for these students.

---

[46] Review to Inform a Better and Fairer Education System Consultation Paper 2023.
[47] Review to Inform a Better and Fairer Education System Consultation Paper 2023

Data from screening

Berry Street's Take Two team has developed screening measures for all new students during enrolment at the Berry Street School. These measures provide data on emotional health, trauma symptoms, and behavioural difficulties. They help identify students who may require further assessment or therapeutic support either within or outside the school. Standardised psychological assessment data is used to understand the strengths and challenges of the students, enabling the development of personalised educational and well-being supports.

Data collected by psychologists, occupational therapists and speech pathologists cover mental health, learning challenges, sensory, language, and social needs, all of which impact school engagement and well-being. Having a clinical team within the school facilitates appropriate translation and application of this specialised data, which is critical to understanding the complex needs of many young people. The screening is not diagnostic; however it highlights strengths and difficulties to be assessed more holistically, through a range of assessment tools and trained clinical judgement.

Attendance data – OoHC students

Berry Street is currently involved in an Australian Research Council-funded study, supported by the Commonwealth Government, which marks Australia's inaugural OoHC school attendance scan. This study, undertaken by researchers from four universities and nine partner organizations, will strengthen attention and prioritisation of the needs of children and young people in OoHC by producing critical knowledge about:

- the reasons students in care miss school, including the role of education and care policies and practices;
- what can be done to improve their attendance by schools, carers, education systems, and OOHC systems.

Findings will be generated through multiple methods, including: children's voices; detailed absence data; a policy audit; and case studies of promising practice. The project will create a practical, evidence-informed and child-centred toolkit for schools, education systems, and care providers to foster attendance for children in care. It will also contribute to government priorities for vulnerable students in the Mparntwe Declaration, OoHC Standards, National Framework for Protecting Australia's Children, and Closing the Gap Agreement.

Links to Berry Street education services and programs

Berry Street Education Model | Berry Street
Berry Street School | Berry Street
Education services | Berry Street
Therapeutic services for children, young people and… | Berry Street

References

Armfield, J., Gnanamanickam, E., Nguyen, H., Doidge, J., Brown, D., Preen, D. & Segal, L. (2020). School Absenteeism Associated With Child Protection System Involvement, Maltreatment Type, and Time in Out-of-Home Care. Child Maltreatment, 25(4), 433–445.

Australian Government Department of Education, Skills and Employment (2022). The Alice Springs (Mparntwe) Education Declaration. Retrieved from: https://www.education.gov.au/alice-springs-mparntwe-education-declaration/resources/alice-springs-mparntwe-education-declaration

Australian Institute of Family Studies, Chapin Hall Centre for Children University of Chicago, NSW Department of Family and Community Services. (2015). Wave 1 Baseline Statistical Report: Summary Pathways of Care Longitudinal Study: Outcomes of Children and Young People in Out-of-Home Care in NSW - Brief. Sydney: NSW Government.

Australian Institute of Health and Welfare. (2022). Child protection Australia 2020–21. Retrieved from https://www.aihw.gov.au/reports/child-protection/child-protection-australia-2020-21.

Australian Institute of Health and Welfare (2015). Educational outcomes for children in care: linking 2013 child protection and NAPLAN data. Cat. no. CWS 54. Canberra: AIHW.

Barry, M. M. (2013). Promoting positive mental health and well-being: Practice and policy. In *Mental Well-Being* (pp. 355-384). Springer, Dordrecht.

Berger, E. (2019). 'Multi-tiered approaches to trauma-informed care in schools: a systematic review', Springer-Verlag London Ltd., *School Mental Health*, vol. 11, no. 4, pp. 650–664.

Brunzell, T., Stokes, H., & Waters, L. (2018). Why do you work with struggling students? Teacher perceptions of meaningful work in trauma-impacted classrooms. *Australian Journal of Teacher Education, 43*(2), 116-142.

Brunzell, T., Waters, L., & Stokes, H. (2015). Teaching with strengths in trauma-affected students: A new approach to healing and growth in the classroom. American Journal of Orthopsychiatry, 85(1)

Carroll, A., Forrest, K., Sanders-O'Connor, E. *et al.* (2022) Teacher stress and burnout in Australia: examining the role of intrapersonal and environmental factors. *Soc Psychol Educ* 25, 441–469.

Centre for Education Statistics and Evaluation. (2020). What Works Best Tool Kit. Retrieved from https://education.nsw.gov.au/about-us/education-data-and-research/what-works-best

Centre for Evidence and Implementation. (2018). Evidence scan of educational interventions for children in OOHC. Melbourne: Social Ventures Australia.
Costello, E. J., & Angold, A. (2016). Developmental Epidemiology. In *Developmental Psychopathology* (pp. 1-35).

Dix, K., Ahmed, S.K., Carslake, T., Sniedze-Gregory, S., O'Grady, E. & Trevitt, J. (2020). Student health and wellbeing: A systematic review of intervention research examining effective student wellbeing in schools and their academic outcomes. Evidence for Learning, Sydney.

Downey, L. (2012). Calmer classrooms: A guide to working with traumatised children. Victoria, AUS: Child Safety Commissioner.

Durlak, J., Weissberg, R., Dymnicki, A., Taylor, R.D. and Schellinger, K. 2011, 'Enhancing students' social and emotional development promotes success in school: Results of a meta-analysis', *Child Development*, vol. 82, pp. 474–501.

Frederico, M., Jackson, A. L., Black, C. M., Joffe, B., McConachy, J., & Worthington, N. (2014). Small Talk: Identifying communication problems in maltreated children — developing a problem identification tool. Melbourne: Berry Street Childhood Institute.

Goldfeld S., et al. (2018). Understanding child disadvantage from a social determinants perspective. J Epidemiol Community Health, 72(3), 223-22.

Graham et al., (2020). Inquiry into Suspension, Exclusion and Expulsion Processes in South Australian government schools: Final Report. The Centre for Inclusive Education, QUT: Brisbane, QLD.

Greenburg, M., Weissberg, R., Zins, J., Fredericks, L., Resnik, Hand Elias, M. (2003). Enhancing school-based prevention and youth development through coordinated social, emotional and academic learning". *American Psychologist, 58*(6), 466-474.

Harris, S. P., Davies, R. S., Christensen, S. S., Hanks, J., and Bowles, B. (2019). Teacher attrition: Differences in stakeholder perceptions of teacher work conditions. Educ. Sci. 9, 300–312.

Haslam, D.M., Lawrence, D.M., Mathews, B., Higgins, D.J., Hunt, A., Scott, J.G., Dunne, M.P., Erskine, H.E., Thomas, H.J., Finkelhor, D., Pacella, R., Meinck, F. & Malacova, E. (2023), The Australian Child Maltreatment Study (ACMS), A national survey of the prevalence of child maltreatment and its correlates: Methodology. Med J Aust, 218: S5-S12.

Laurens, K., Islam. F., Kariuki, M., Harris, F., Chilvers, M., Butler, M., Schofield, J., Essery, C., Brinkman, S., Carr, V., & Green, M. (2020) 'Reading and numeracy attainment of children reported to child protection services: a population record linkage study controlling for other adversities', Child Abuse and Neglect, vol. 101, 104326.

Langford, R., Bonell, C. P., Jones, H. E., Pouliou, T., Murphy, S. M., Waters, E., Komro, K., Gibbs, L., Magnus, D., & Campbell, R. (2014). The WHO Health Promoting School framework for improving the health and well-being of students and their academic achievement. *Cochrane database of systematic reviews*, (4) CD008958.

L-Estrange, L & Howard, J (2022). Trauma-informed initial teacher education training: A necessary step in a system-wide response to addressing childhood trauma. Frontiers in Education, 7, Article number: 929582.

Ludy-Dobson, C. R., & Perry, B. D. (2010). The role of healthy relational interactions in buffering the impact of childhood trauma. Working with children to heal interpersonal trauma: The power of play. (pp. 26–43). The Guilford Press.

Maclean M., Taylor C., O'Donnell, M. (2016) Pre-existing adversity, level of child protection involvement, and school attendance predict educational outcomes in a longitudinal study. Child Abuse and Neglect. 51:120-31.

Moore, T., Arefadib, N., & Deery, A. (2017). *The first thousand days: an evidence paper* [Report]. Centre for Community Child Health.

Perfect, M., Turley, M., Carlson, J., Yohanna, J. & Pfenninger Saint Gilles, M. (2016). School related outcomes of traumatic event exposure and traumatic stress symptoms in students: a systematic review of research from 1990 to 2015. School Mental Health, 8, 7-43.

Plumb, J., Bush, Kelly, A., Kersevich, S. (2016). Trauma-Sensitive Schools: An Evidence-Based Approach." School Social Work Journal 40 (2016): 37-60.

Porche, M.V. & Fortuna, L.R. (2011). Childhood Trauma and Psychiatric Disorders as Correlates of School Dropout in a National Sample of Adults. Child Development, 82(3), 982-998.

Productivity Commission (2022). Review of the National School Reform Agreement, Study Report. Canberra. Retrieved from: https://www.pc.gov.au/inquiries/completed/school-agreement/report

Rodger, S., Bird, R., Hibbert, K., Johnson, A., Specht, J., and Wathen, C. (2020). Initial teacher education and trauma and violence informed care in the classroom: Preliminary results from an online teacher education course. Psychol. Sch. 57, 1798–1814.

Social Ventures Australia (2019). SVA Perspectives Education: Children in out of home care. Retrieved from: https://www.socialventures.com.au/assets/SVA_Perspective_Education_children_OOHC_webres.pdf

Stewart-Brown, S. (2006). What is the evidence on school health promotion in improving school health or preventing disease and specifically what is the effectiveness of the health promoting schools' approach? Copenhagen: World Health Organization.

Stokes, H., & Turnbull, M. (2016). Evaluation of the Berry Street Education Model: Trauma informed positive education enacted in mainstream schools. Melbourne: Youth Research Centre, Melbourne Graduate School of Education, the University of Melbourne.

Thackrah R, Bessarab D, Papertalk L, Bentink S, Thompson S. (2021). Respect, Relationships, and "Just Spending Time with Them": Critical Elements for Engaging Aboriginal Students in Primary School Education. Int J Environ Res Public Health. Dec 22;19(1):88

Turnbull, M. (2018). The Collingwood College BSEM Pilot: A Report for the City of Yarra. Melbourne: University of Melbourne Graduate School of Education, Youth Research Centre.

Victorian Aboriginal Childcare Agency, (2022). Response to the Systemic Inquiry into the Educational Experiences of Children and Young People Living in Out-of-Home Care, July 2022. Retrieved from: https://www.vacca.org/icms_docs/333404_submission-to-the-commission-for-children-and-young-people.pdf

Victorian Department of Education & Training (2021). Expulsion data for Victorian Government Schools in 2021. Retrieved from: expulsion-data-snapshot-2021.pdf (education.vic.gov.au)

Van der Kolk, B. A. (2005). Developmental Trauma Disorder: Towards a Rationale Diagnosis for Chronically Traumatized Children. Psychiatric Annals, 35, 401-8.

Wiest-Stevenson, C., and Lee, C. (2016). Trauma-Informed Schools. Journal of Evidence-Informed Social Work 13, pp 498 - 503.

Whitman, C. & Aldinger, C. (Eds.). (2009). Case studies in global school health promotion: from research to practice. Springer Science & Business Media.

Wolpow, R., Johnson, M., Hertel, R., & Kincaid, S. (2009). The Heart of Learning and Teaching: Compassion, resiliency, and academic success. Olympia: Washington State Office of Superintendent of Public Instruction Compassionate Schools.

Zimmer, M. & Panko, L. (2006). Developmental Status and Service Use Among Children in the Child Welfare System: A National Survey. Archives of Pediatrics & Adolescent Medicine, 160(2), pp 183-188.