



Trauma informed Early Childhood Education in Aotearoa New Zealand

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ABSTRACT

This research overview outlines the catalyst for a proposed research project which stems from an interest in trauma and its effects, particularly in early childhood. It argues that there should be a stronger focus on Trauma Informed Practice in Aotearoa New Zealand, with two foci-firstly in ITE programmes, empowering graduating kaiako with the tools to support tamariki who have trauma through pedagogical practice, so that they can work in collaboration with external services rather than relying on them. Secondly, with the creation of a model to measure trauma which is designed for use in Aotearoa New Zealand, takes into consideration te Tiriti o Waitangi, the history of colonisation in this country and the specific needs of Māori.

INTRODUCTION

Experiences and interactions during early childhood, both negative and positive, shape a person's development and influence the trajectory of their life (Siegel & Hartzell, 2003). Infants, toddlers and young children are the most vulnerable of our species, their futures in the hands of the adults in their world, influenced by the cultural and socioeconomic context into which they are born (Press, 2006).

This research overview outlines the catalyst for a proposed research project which stems from an interest in trauma and its effects, particularly in early childhood. It argues that there should be a stronger focus on Trauma Informed Practice in Aotearoa New Zealand, with two foci: firstly in Initial Teacher Education (ITE) programmes, empowering graduating kaiako with the tools to support tamariki who have trauma through pedagogical practice, so that they can work in collaboration with external services rather than relying on them. Secondly, with the creation of a model to measure trauma which is designed for use in Aotearoa New Zealand, takes into consideration te Tiriti o Waitangi, the history of colonisation in this country and the specific needs of Māori.

The seminal United States of America (USA) study on childhood trauma, the Adverse Childhood Experiences (ACE) study (Felliti et al., 1998), revealed that high numbers of the participants had experienced ACEs, such as parental drug or alcohol abuse, domestic violence, or parental mental health challenges, during their childhood, and that these ACEs had affected the participants' futures (Hambrick et al., 2019). International statistics around adverse childhood experiences follow a similar pattern to those from New Zealand (Walsh, M. et al.,

2019). The Growing Up In New Zealand Study found that ACEs are common in Aotearoa New Zealand (Morton et al., 2017). The Oranga Tamariki Care and Protection Statistics for the 12 months preceding March 31st 2023 (the most recent available statistics at the time of writing), show that over that year, 69,500 reports of concern involving 51,600 individual tamariki and rangatahi were made (Oranga Tamariki, nd). Though progress has been made to reduce child poverty in New Zealand (UNICEF, 2023), in recent years, New Zealand ranked 35th out of 41 developed countries for child wellbeing outcomes (UNICEF, 2021). Research from the Centre for Social Data Analytics at Auckland University of Technology examined the prevalence of ACEs and their effects on children in New Zealand, finding that more than half the children studied had experienced at least one ACE by 4.5 years of age (Walsh, M. et al., 2019).

ACEs have been researched through multiple lenses. Levy and Muench (2022) examined the epigenetic implications of childhood adversity in relation to stress, immunity, and brain development. Teicher et al. (2016) studied the connection between ACEs and psychiatric disorders in adulthood while Larkin et al. (2014) researched the connection between ACEs and principal causes of death in the United States of America. ACEs involving maltreatment of children are the most significant preventable risk factor for mental illness and substance abuse in adulthood (Teicher et al., 2016). While several studies have investigated the impact of ACEs in the lives of adolescent children and adults, few have been conducted into their effects in early childhood (Walsh, M. et al., 2019, Berger & Martin, 2020). Despite this gap in research specific to early childhood, it is widely accepted that childhood trauma can cause neurobiological changes which trigger changes to the brain and nervous system, affecting both cognition and physical development (Chang et al., 2019; Dye, 2018).

The Growing Up In New Zealand Study revealed that by the age of four years, 97% of tamariki spend time away from their parents or primary caregivers, in some form of early childhood education context such as a childcare centre, kōhanga reo or kindergarten (Morton et al., 2017). Given the high number of tamariki in Aotearoa New Zealand who experience trauma in their early years, and a high number who attend early childhood educational settings, the Early Childhood Education (ECE) environment is a pragmatic place to implement trauma informed practice (Berger & Martin, 2020; Morton et al., 2017; Whittaker et al., 2019). Respectful, reciprocal, nurturing relationships with adults are necessary for tamariki to develop the self-regulation necessary for learning (Ministry of Education (MoE), 2017; Whittaker et al., 2019). “To form these relationships, these adults must understand the role of trauma in their lives and the lives of children” (Whittaker, et al., 2019, p.16). Professional development programmes led by knowledgeable trauma informed practitioners could lead to changes in knowledge, attitudes, and behaviours by ECE teachers which could improve outcomes for learners (Whittaker et al., 2019). For student teachers in ITE programmes, a focus on trauma informed practice could equip them with the tools to support tamariki with trauma as graduating kaiako.

WHAT IS TRAUMA INFORMED PRACTICE IN ECE AND WHY IS IT IMPORTANT?

Trauma informed practice refers to supportive ways of engaging learners who have had traumatic experiences (Whittaker et al., 2019). It’s important to note

that trauma informed practice is not the ability to treat victims of trauma or their associated conditions but understanding the adverse effects of trauma on children's learning and development (Dobson, 2022). Perry (1999) states that the key to understanding traumatised children is remembering that for them, fear is their baseline state, and that their emotions, behaviours, and learning will reflect this. Effective trauma informed teaching practice is characterised by kaiako who understand children's behaviours as a selection of coping strategies which are designed for survival, rather than simply as challenging or antisocial behaviours (SAMHSA, 2014).

Walsh, M. et al (2019) examined the relationship between ACEs and cognitive performance tests completed at the age of 54 months by participants of the Growing Up in New Zealand Study. The findings suggest that there are educational benefits to reducing the number of ACEs in early childhood and specified a need to develop trauma informed initiatives for tamariki entering the education system. The study identified associations between ACEs and developmental problems in early childhood and concluded that a trauma informed early childhood workforce could improve outcomes around school readiness (Walsh, M. et al., 2019). They also noted that the MoE "should also be able to use these data to help develop trauma-informed initiatives for improving children's readiness for school" (Walsh, M. et al., 2019, p. 6).

Cole et al. (2013) describe educational settings as places where children with trauma can build strong relationships with caring adults. Trauma informed practice can help tamariki to heal from the effects of trauma and learn skills such as self-regulation, enabling them to become "competent and confident learners and communicators, healthy in mind body and spirit" – one of the founding aspirations of Te Whāriki (MoE, 2017, p. 2). For kaiako to provide the necessary support for tamariki with trauma, it is important they have knowledge and tools to do so effectively (Cole et al., 2013). Berger & Martin (2020) emphasise that in early childhood, tamariki are vulnerable, extremely reliant on the adults around them and less able to ask for help in traumatic situations, less able to make sense of traumatic experiences, or to protect themselves from trauma. This means that kaiako who can implement trauma informed practice play an important role in supporting the developing emotional and social competence of tamariki who have experienced trauma. Cole et al. (2013) reinforce this, stating educational settings provide opportunities to reduce negative effects of ACEs on children's lives. "The idea that school can moderate the effects of trauma is supported by research from both developmental psychologists and trauma experts" (Cole et al., 2013, p. 14).

Spinazzola et al. (2005) describe potential negative outcomes later in life for tamariki who have experienced trauma. These include higher rates of cancer, alcoholism, other substance abuse issues and mental health issues like anxiety and depression. Additionally, although many traumatised tamariki ultimately experience these adverse outcomes, the source of their issues is not often identified correctly and as such, they are not often found in mental health support systems during early childhood. However, in Aotearoa New Zealand, young children are often connected with early childhood education programmes, where the capacity to form healing relationships and prevent future negative outcomes is already in place (Morton et al., 2017; Osofsky & Lieberman, 2011; Whittaker et al., 2019). There is evidence that children with trauma benefit from their kaiako having a trauma informed practice, in fact, even children *without* trauma benefit

from a trauma informed approach in their educational setting, because the relationship and manaakitanga based strategies which underpin trauma informed practice support all children to self-regulate (Cole et al., 2013).

BARRIERS AROUND PROVIDING TRAUMA INFORMED PRACTICE

Working with tamariki who have trauma can be challenging. Therefore, effective trauma interventions in education need a well-resourced, prepared, and supported team of kaiako (Cole et al., 2013 Dobson, 2022). For practicing kaiako, professional development courses may be one way to develop their trauma informed practice (Whittaker et al., 2019). However, for this additional learning to be effective, sustained in-service education is likely to be required, with ongoing coaching by a trauma informed professional. Participating in professional development around trauma can be triggering for some individuals and bring back issues relating to their own trauma, so it is important that the provision of trauma informed professional development is managed sensitively for the kaiako involved (Whittaker et al., 2019).

Working with children who have trauma may require additional resources. “Educators report feeling under-equipped to deal with the children and often feel torn between the needs of the child with trauma, and other children” (Cole et al., 2013, p. 4). Many of the behaviours commonly exhibited by tamariki who have trauma can be disturbing or confusing for adults working with them. It can feel overwhelming for kaiako trying to balance the unique and diverse needs of all tamariki, particularly if there is a skills deficit in supporting tamariki with trauma, or a lack of resources (Cole et al., 2013). Such barriers can be alleviated if each setting engages in the ongoing process of identifying their specific challenges relating to trauma informed practice and arranging staff training and resources to support the specific needs of that space (Cole et al., 2013).

Supporting tamariki with trauma can occasionally result in ‘compassion fatigue,’ ‘secondary traumatic stress’ and/or ‘vicarious trauma’. Figley (1995) acknowledges there is risk to educators, particularly those who have a history of trauma themselves. To ensure they are equipped to support tamariki who have trauma consistently and safely, Hertel and Johnson (2012) advocate for professional self-care as an important practice for kaiako.

Another barrier for ECE settings providing trauma informed practice is the belief that trauma is an issue which originated from outside of the ECE environment and should, therefore be addressed outside it too (Cole et al., 2005). Holmes et al. (2015) assert that an effective trauma informed approach fits into the child’s multiple natural settings, such as their home *and* ECE environment. Additionally, the approach needs to include tools that can be used by *all* the adults invested in the child’s care and education. The process of supporting tamariki with trauma should be a collaborative one, with expertise shared across all professionals working with the child, for example, speech language therapists, psychologists, medical doctors, and the family/whānau.

Morton et al. (2015) discuss an issue more problematic than the “narrow focus of many service agencies’ (p. 4) that support tamariki in Aotearoa New Zealand: the limited capacity for managing and maintaining connections between teams and services in the instances that tamariki have multiple conditions requiring support. The literature suggests that there is room for more research and examination into the ways that educational and health policy protect our

most vulnerable tamariki by enabling support services to work in collaboration with ECE kaiako and settings.

Berger and Martin (2021) state that some of the barriers to consistent, quality trauma informed practice in educational environments stem from inconsistent definitions of what constitutes trauma informed practice and how to implement it. Furthermore, there is a lack of educational policy relating specifically to trauma informed practice which, if addressed, would result in a larger and more sustained uptake of its delivery. Koplrow and Ferber (2007) point out that most available information on trauma informed practice and childhood trauma are written for professionals in the field of mental health and health care, not for educational professionals.

THE ARGUMENT FOR A NEW TOOL TO MEASURE TRAUMA IN AOTEAROA NEW ZEALAND

Joy and Beddoe (2019) discuss the ramifications of using the ACE framework as an assessment tool in Aotearoa New Zealand. The ACE tool is a questionnaire which measures trauma by counting the number of ACEs a person has had. For example, parents separating or divorcing counts as one ACE, a household member being imprisoned another, being the victim of sexual assault another, and so on. There are ten questions and at the end of the questionnaire the 'yes' responses are added up and become a person's ACE score. The ACE study, while widely considered the seminal work in terms of measuring childhood trauma, was written in the USA using American participants as the sample and does not account for the effects of colonisation experienced by many in Aotearoa New Zealand, such as racism and poverty, or the specific needs of Māori (Joy & Beddoe, 2019). Walsh, D. et al. (2019) support this, pointing out that although ACEs are predominantly influenced by social conditioning factors, they don't sufficiently consider the socioeconomic context of those for whom the tool is being used to assess. Among several key policy implications, Joy and Beddoe (2019) suggest the development of a model specific to Aotearoa New Zealand which honours Te Tiriti o Waitangi and takes the same holistic view of children as Te Whāriki.

A STRONGER FOCUS ON TRAUMA INFORMED PRACTICE IN ITE PROGRAMMES

A website search of multiple tertiary providers of initial teacher education in Aotearoa New Zealand uncovered no specific mention of trauma informed practice in the descriptions of their programmes. However, it could be covered under topics such as Inclusive Education and Philosophy, or Hauora, and because the sociocultural curriculum document Te Whāriki (MoE, 2017) has relationships as one of its core principles, it could be argued that trauma informed practice encompasses many skills and behaviours which are already an existing pillar of ECE practice in Aotearoa New Zealand.

Children with trauma need support with developing skills such as self-regulation, communication, self-soothing, and emotional organisation (Cole & Rustuccia, 2011). These skills can be effectively taught through relationship, role modelling and caring interactions with responsible adults, such as kaiako in ECE environments (Cole & Rustuccia, 2011). Fox et al. (2009) created a pyramid

model of strategies and skills which can be implemented by kaiako to provide trauma informed practice to tamariki. Most ECE kaiako will invariably possess several of the skills outlined in the pyramid model, such as supportive, nurturing relationships, high quality supportive environments and targeted social emotional supports (Fox et al., 2009) Implementation of quality trauma informed practice by kaiako in ECE settings in Aotearoa New Zealand could be a matter of fine-tuning existing practices through ongoing professional development, leadership which acknowledges the needs and vulnerability of children with trauma, and resources to support kaiako with specific issues (Fox et al., 2009).

The MoE Te Tāhuhu o te Mātauranga website focusses primarily on children in care in regard to trauma informed practice, and provides the resource “Supporting Children in Care: Guide for Educators in early learning services me ngā kōhanga reo, schools, kura and wharekura”. This document acknowledges that “every child in care-whether they are infants, pre-schoolers, school age or adolescents-may have experienced pain, loss and trauma” (MoE, n.d. p.1). It states that the MoE and the Ministry for Vulnerable Children are currently working on National Care Standards for children and young people in care. The National Care Standards are not yet posted on the MoE website, but they are available on the Oranga Tamariki website. They articulate the standard of care necessary for children and young people to “do well and be well” and the rights of children in care. There is no mention of education in the National Care Standards, despite the MoE document “Supporting Children in Care: Guide for Educators in early learning services me ngā kōhanga reo, schools, kura and wharekura” (MoE, n.d) stating “it is likely anticipated that these standards will go live in July 2018, and one aspect of them will focus specifically on education” (p, 1)

The MoE’s guide “Supporting Children in Care: Guide for Educators in early learning services me ngā kōhanga reo, schools, kura and wharekura” explains that “All staff who come into contact with the child or young person may need support and training in responding appropriately and consistently in ways that enrich the child or young person’s environment. This might include information for relievers, training for reception staff, and guidance for staff at break times” (MoE, 2024, p.6). This supports the idea that early childhood kaiako in Aotearoa New Zealand are likely to benefit from training around trauma informed practice, as part of initial teacher education programmes, or professional development courses for practicing kaiako.

A list of further resources from the MoE for supporting children in care includes the Te Kete Ipurangi website, which has a section on providing support following traumatic experiences, under the Inclusive Education section, for 5-19 year olds. There is room for more resources, particularly those aimed at supporting the specific needs of Māori, children in early childhood, and children who have experienced trauma but aren’t necessarily in foster care.

The Incredible Years is a professional development programme for teachers created by Carolyn Webster-Stratton and her team in the USA, the goal of the programme being to “strengthen child well-being, promote social-emotional learning and academic competence, and prevent, reduce, and treat behavioral and emotional problems in young children” (www.incredibleyears.com). The programme is part of the MoE’s Positive Behaviour for Learning (PB4L) strategy, and since its introduction to Aotearoa New Zealand in 2011, more than 7000 early childhood teachers have completed

it (Wylie & Felgate, 2016). This supports the idea that kaiako in Aotearoa New Zealand are open to growing their practice around supporting children with challenging behaviours, many of which are likely to stem from trauma.

There is growing awareness within the ECE community regarding the need to fill some gaps in knowledge and resources around trauma informed practice. You may wish to investigate the Neurosequential Network website, www.neurosequential.com which is currently creating a training offering for ECE professionals to implement Dr Bruce Perry's Neurosequential Model as part of a trauma informed response. The Trauma Informed Educators NZ Facebook page is a forum where resources are shared, and professionals can engage in discussion in the trauma informed space. A group of kaiako, whānau and other educators and professionals are in the process of formally setting up a trust, Neuroscience and Trauma Informed Network Aotearoa, with the intention of raising awareness and promoting neuroscience and trauma informed approaches, with the ultimate hope of ensuring the inclusion and wellbeing of all children in education. They are in the process of putting together a website soon and supporting educators and communities interested in neuroscience and trauma informed approaches.

In conclusion, trauma in early childhood can affect a person's wellbeing physically, socially, culturally, and emotionally, throughout their lifespan. Trauma in early childhood is common in Aotearoa New Zealand. There is a growing body of evidence which indicates that appropriate, knowledge-based trauma informed educational practice can drastically improve outcomes for tamariki who have experienced trauma. Ideally, each kaiako in each early childhood education service would be equipped with the tools to identify and support trauma impacted tamariki through pedagogical strategies, and working in collaboration with external support services. This could start during the process of ITE, with trauma informed practice being studied as part of every teaching qualification awarded to those working with young children in this country. There is also a space for the creation of a new model to measure trauma, designed in and for use in Aotearoa New Zealand, which considers the unique culture and history of this place. The trauma informed space in Aotearoa New Zealand presents opportunities for growth and connection, as well as the possibility to improve outcomes for tamariki, today and into the future, and deserves further examination by the sector.

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