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# Trauma Responsive Practice with Families

QEC  
13<sup>th</sup> and 14<sup>th</sup> July  
2021




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The Australian Childhood Foundation acknowledges Aboriginal and Torres Strait Islander peoples as the traditional custodians and owners of this land and waters. We pay our respects to their Elders past and present and to the children who are their leaders of tomorrow. We acknowledge their history and living culture and the many thousands of years in which they have raised their children to be safe and strong.



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## Session goals

- Understanding the basics of neurobiology and the impacts of developmental trauma
- How to support children effected by trauma
- How to support parents / care givers who are impacted by their own trauma
- Implementing trauma informed practice in your service



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**Key points underpinning the learning**

- Neurosequential development
- Repetition builds brain and body
- Relationships are key
- Trauma is overwhelming and threatening
- Safety, calm and regulation all connect
- Behaviour is a story

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**Brain development and the impacts of trauma**



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**Brain development**

- The brain develops through a mix of genetics and environmental factors.
- Key to this development are relationships
- The brain develops sequentially from the bottom up



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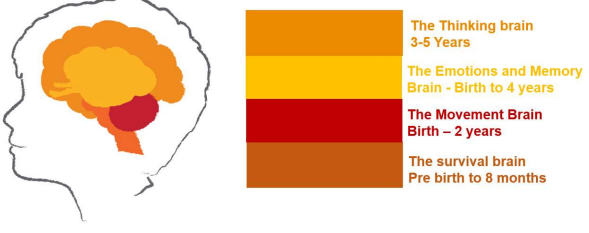
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### Sequential brain development – building blocks



- The Thinking brain  
3-5 Years
- The Emotions and Memory Brain - Birth to 4 years
- The Movement Brain  
Birth – 2 years
- The survival brain  
Pre birth to 8 months

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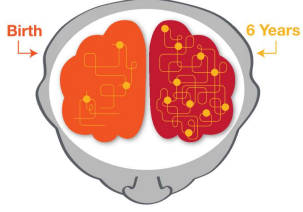
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### Neuronal connections

- The neural system has the ability for one neuron to communicate with up to 10,000 other neurons
- The newborn brain has approximately 100 billion neurons



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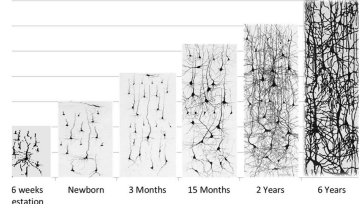
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### Neuronal development



- Rapid growth occurs from birth to 6 years
- Critical period** of development
- Healthy neuronal development occurs through **relationships, regulation, repetition**

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### Sensory information response sequence

**Cortex**

**Thalamus**

**Amygdala**

**Survival mode message sent to defend oneself**

**Sensory data streaming in**

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### Hemispheric integration

**Left Hemisphere**

- Evaluates language content
- Optimistic hemisphere
- Understands beginning, middle and end
- Learns from the past and expects the future
- Looks for patterns

**Right Hemisphere**

- In the present moment
- Eye contact
- Facial expression
- Tone of voice
- Posture
- Gesture
- Intensity
- Is mute
- Grasps the whole

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### Corpus Callosum

**Integration examples:**

- Enables individuals to apply words to feelings
- Threads together the experiences that build the memory routines required to ride a bike
- Combines the experiences of interpersonal exchanges over time that equates to the experience and feeling of trust
- Uses rehearsal to know how to act in a peer group, how to remember the six times tables and whether or not to be frightened of snakes

**CORPUS CALLOSUM THE GREAT MEDIATOR!**

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**Integration is key** 

- The brain develops through the creation of neural pathways which connect different regions of the brain together.
- Neuronal connections are strengthened best when an individual repeats an experience over and over. If the experience is not repeated, the connection will disappear.
- These neural pathways in the brain enable each individual to efficiently interpret the world, their reactions to it and prompt relevant responses. The brain establishes these pathways as templates to be able to quickly compare a new situation with memories previously stored and ultimately interpret the next steps or actions that will be taken
- Integration of neuronal networks shapes the thoughts, feelings and actions of children and young people. The greater the number of pathways, the more the functions of the brain become integrated.

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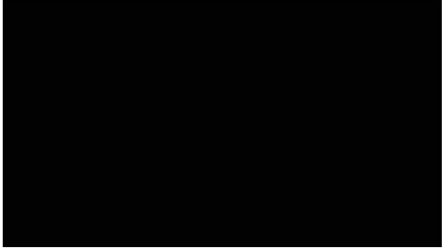
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**Lateral Brain development**



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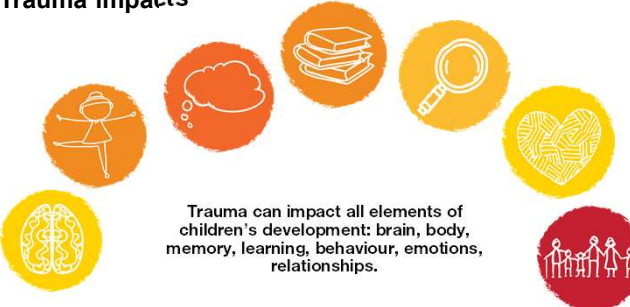
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**Trauma impacts**



Trauma can impact all elements of children's development: brain, body, memory, learning, behaviour, emotions, relationships.



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### Trauma and the Brain

**Prefrontal cortex**  
Responsible for executive functions, such as judgement, reasoning, and self awareness. Final part of the brain to mature in one's mid 20s.

**Amygdala**  
Survival response centre within the limbic lobe that becomes enlarged and more sensitive the more it is activated through responding to threats

**Hypothalamus**  
Links the nervous system to the endocrine system via the pituitary gland. It synthesizes and secretes hormones to control body temperature, hunger, thirst, fatigue, sleep, and circadian cycles.

**Hippocampus**  
Consolidates memory by providing the context/ sequential data for episodic memories. Goes offline if trauma overwhelms and disrupts cortex.

**Corpus Callosum**  
Bridge between the 2 hemispheres. Chronic stress can damage and thin down this bundle of neurons

**Thalamus**  
Sensory receptor within the diencephalon. Receives and passes on sensory data to be further processed by other areas of the brain

**Cerebellum**  
Balance and coordination, motor skills may be impacted by trauma

Image source: AACF 2020

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### Trauma impacts

Arousal

Memory

Attention

Relationships

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## Arousal states

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## The Window of Tolerance

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### Polyvagal Theory and our protective responses

by Stephen Porges

Behavioural Functions	Body Functions
 <p><b>Social Engagement</b> Soothing and calming Indicates safety</p>	<ul style="list-style-type: none"> <li>• Lowers or raises vocalisation pitch</li> <li>• Regulates middle ear muscles to perceive human voice</li> <li>• Changes facial expressivity</li> <li>• Head turning</li> <li>• Tears and eyelids</li> <li>• Slows or speeds heart rate</li> </ul>
 <p><b>Mobilisation</b> Fight or Flight Active Freeze Moderate or extreme danger</p>	<p><b>Hyper arousal</b></p> <ul style="list-style-type: none"> <li>• Increases heart rate</li> <li>• Sweat increases</li> <li>• Inhibits gastrointestinal function</li> <li>• Narrowing blood vessels - to slow blood flow to extremities</li> <li>• Release of adrenaline</li> </ul>
 <p><b>Immobilisation</b> Collapse or submission Death feigning Increased pain threshold Conserves metabolic resources Life threatening situations</p>	<p><b>Hypo - arousal</b></p> <ul style="list-style-type: none"> <li>• Slows heart rate</li> <li>• Constricts bronchi</li> <li>• Stimulates gastrointestinal function</li> </ul>

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### Window of Tolerance: Regulated Arousal


Ogden, Minton, Pain 2006

**Fight or Flight** hyper-vigilant, action-orientated, impulsive, emotionally flooded, reactive, defensive, self-destructive



**Freeze** Physically immobilized, frozen, tense musculature


**Sympathetic Hyper-arousal Mobilisation**



**AROUSAL**

**Social Engagement**

**Submit** Collapsed, weak, defeated, flat affect, numb, empty, helpless, hopeless



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### Working with protective responses

**Fight or Flight**  
Hyper-vigilant, action-orientated, impulsive, reactive, self-destructive

**Submit**  
Collapsed, weak, defeated, flat affect, numb, empty, helpless, hopeless

**Mobilisation**

**Immobilisation**

**SOCIAL ENGAGEMENT**

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Adapted from Ogden, Minton, Pain 2006

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### Toxic Stress: Dysregulated arousal

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### The brain's response to uncertainty

- Survival as number 1 priority
- Unknowns are perceived as threats
- The brain activates a negative bias to prepare itself for 'worst case scenario'
- Threat responses are activated
- Explicit memory is compromised
- Executive functions go offline (concentration, rational thinking, problem solving, planning etc)

Legend:

- Neocortex
- Limbic
- Hippocampus
- Amygdala
- Diencephalon
- Hypothalamus
- Thalamus
- Corpus Callosum
- Cerebellum
- Brainstem

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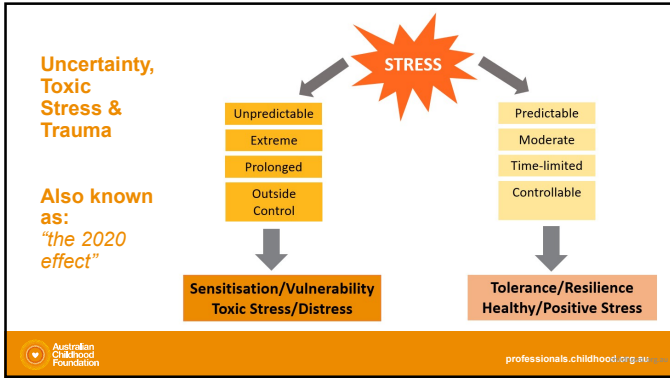
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### What the stress response can look like.... Dysregulated arousal

Cognitions & Behaviours:	Mobilised Responses:	Immobilised Responses:
<ul style="list-style-type: none"> <li>Asking lots of questions</li> <li>Bravado (speech or actions)</li> <li>Attention, concentration and memory difficulties</li> <li>Black &amp; White thinking, negative thoughts</li> <li>Generalised worries</li> <li>Rigid thinking &amp; behaviours</li> <li>Compulsions/ repetitive behaviours</li> <li>Ruminating – what if's, should, cyclic thoughts</li> </ul>	<ul style="list-style-type: none"> <li>Hypervigilant</li> <li>Edgy/jumpy</li> <li>Irritable – easily annoyed</li> <li>Poor recovery from distraction</li> <li>'silly', loud, over-excitement</li> <li>Unsettled, sleep difficulties</li> <li>Outbursts, aggression</li> <li>Defensive, taking things personally</li> <li>Increased expectations of self and others</li> <li>Inflexible, 'controlling'</li> <li>Sensitive to sensory input</li> </ul>	<ul style="list-style-type: none"> <li>Flat, numb affect</li> <li>Disengaged, disinterested</li> <li>Withdrawn</li> <li>"boredom"</li> <li>Lethargic, unmotivated</li> <li>Disconnected from peers</li> <li>Developmental regression – e.g. with abilities to self-soothe, self-care/hygiene, toileting</li> <li>Changes to appetite</li> </ul>

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### Working with protective responses

- 1. Mobilisation**
  - Rhythm
  - Containing
  - Grounding
- 2. Immobilisation**
  - Orientation to space
  - Orientation to senses
  - Engaging the spine
- 3. Social Engagement**
  - Prosody
  - Breathing
  - Mindfulness activities

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**Strategies for working with MOBILISED responses**  
**Freeze**





Image source: <https://unsplash.com>

**What it might look like**

- Arousal is high, but movement is inhibited
- May look confused or distracted
- Scanning the room, dilated pupils, wide eyes

**Supportive responses**

- Be curious with the child about the freeze state- are there any places that are less frozen than others?
- Gently facilitate movement eg. Wiggling one finger
- Play with metaphors like thawing ice
- Encourage breathing
- Engage senses



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**Working with MOBILISED responses - Flight**



Image: istock

**What it might look like**

- Anxious, silly, manic
- Running away, hiding, disruptive
- Difficulty with free play, silly voices, distracting

**Supportive responses**

- Be kind and patient when "finding" or collecting me
- Offer me an easy task/chore to do
- Help me settle my body – weighted blankets, heat packs
- Engage senses
- Encourage me to hang/swing/carry something heavy



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**Working with MOBILISED responses - Fight**




Image source: [unsplash.com](https://unsplash.com)

**What it might look like**

- angry, aggressive, irritable
- confrontational, controlling, shouting
- blaming others, pushing others away, argumentative

**Supportive responses**

- Help me stabilise my hyper-aroused nervous system
- Rhythm, containing and grounding
- Match my energy before helping me calm down
- Hanging, swinging, climbing, marching
- Stomping, jumping on the spot, drumming



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**Working with IMMOBILISED responses - Submit** 



**What it might look like**

- low, sad, flat mood
- quiet, compliant
- alone, withdrawn
- Daydreaming, non responsive

**Supportive responses**

- Orienting to the space/grounding exercises
- Orienting the senses
- Alignment- engaging the spine

Image source: <https://unsplash.com>

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**Social engagement: engaging muscles from heart to head** 

For children who have experienced relational trauma, social engagement through eye contact can be perceived as threatening and may elicit defensive responses.

Other facial muscles can be safely engaged - e.g. inner ear (Porges)

- prosody (The Listening Project)
- use story-telling voice/upper register pitch
- singing/music
- use breathing techniques to regulate heartbeat



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**Working with Protective Responses**  
Increase Resources – Regulatory Capabilities

<p><b>Calm the brain with:</b></p> <ul style="list-style-type: none"> <li>• Long outbreaths</li> <li>• Mindful activities</li> <li>• Orienting outwards</li> <li>• Connection &amp; Co-regulation</li> <li>• “Name it to tame it”</li> </ul>	<p><b>De-activate Mobilised Responses with:</b></p> <ul style="list-style-type: none"> <li>• Rhythm (drumming, music, swinging, rocking, bouncing)</li> <li>• Stretching/Yoga</li> <li>• Carrying heavy items</li> <li>• Heat pack, weighted blanket</li> <li>• Reduce stimulation</li> <li>• Hugging a teddy/cushion</li> </ul>	<p><b>Counter Immobilised Responses with:</b></p> <ul style="list-style-type: none"> <li>• Grounding through the senses</li> <li>• Proprioceptive input</li> <li>• Splash face with cold water</li> <li>• Something cold or sweet to drink</li> <li>• Chewing candies/sucking a mint/lollipop</li> </ul>
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## Being external regulators



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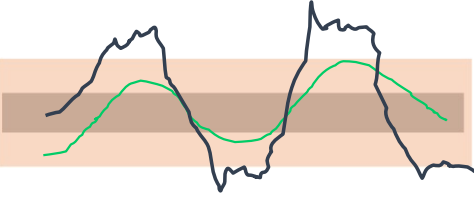
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## Relationships & the Window of Tolerance



Child's movement in their window

Movement in my window



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## Being the external regulator




As children play, their associated thoughts, feelings and sensations arise.



Their nervous systems simultaneously become activated.

Some children move into sympathetic (fight or flight) activation  
others move towards a dorsal parasympathetic (collared) response.



In these moments, we must be willing to move towards these uncomfortable states much like attuned caregivers who take deep breaths to ground themselves and then pick up a crying baby.

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### Being the external regulator



- Take a deep breath.
- Allow yourself to become present. Feel the experience of the play in your own body without attempting to move away from it, avoid it, or change it. Move if you need to – gently rock or sway.
- Stay connected to yourself and the child

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# Memory

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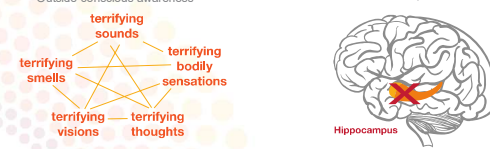
### Encoding traumatic memories

**Implicit Procedural Memory**

- Non-verbal
- Separate fragments
- Emotional/sensational
- Outside conscious awareness

**Explicit Memory**

- Develops at 2-3 years of age
- Consciously retrieved
- Explicit memory systems can become shut down when trauma is present



Hippocampus

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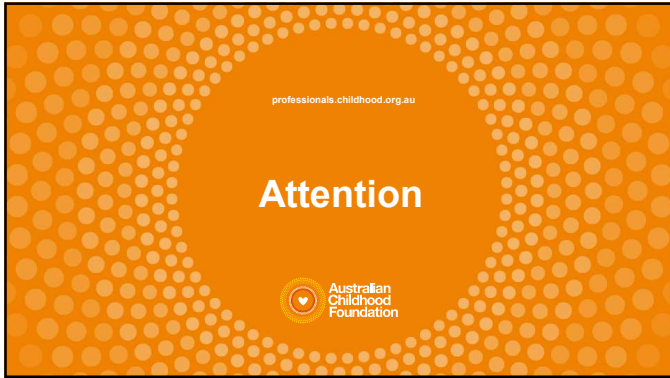
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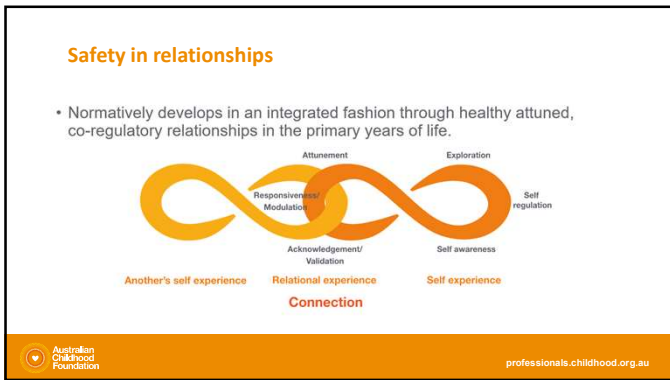
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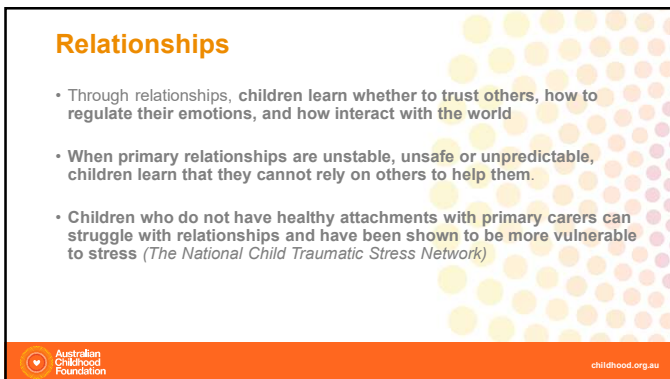
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### Creating (Felt) Safety

**Key messages:**

- Cues of threat and safety are continually monitored by our nervous system
- Cues of threat or safety can be found in experiences, relationships, and environments
- Change and uncertainty are interpreted by the brain as threats
- Before we can engage in social behaviour and learning, we must feel safe

**Practice Implications:**

- Proximity, prosody, facial expression and body language can all provide cues of safety
- Predictability, consistency, familiarity and routine are critical in creating 'felt safety'
- No matter the healing goal, SAFETY is always priority
- Environmental audits are important – consider the types and levels of sensory input from a child's perspective (in home & EC settings)

**Examples:**

- Get down low and use modulated, calm voice and face
- Reduce unnecessary sensory stimuli
- Provide visual cues, diagrams & reminders
- Incorporate familiarity and consistency wherever possible (meal/snack times, rooms, drop off/pick up routines)

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### Neuroception

- "The removal of threat is not the same as the presence of safety" (Porges, 2014)
- We need to help children and parents who have experienced trauma detect more features of safety in their environment.



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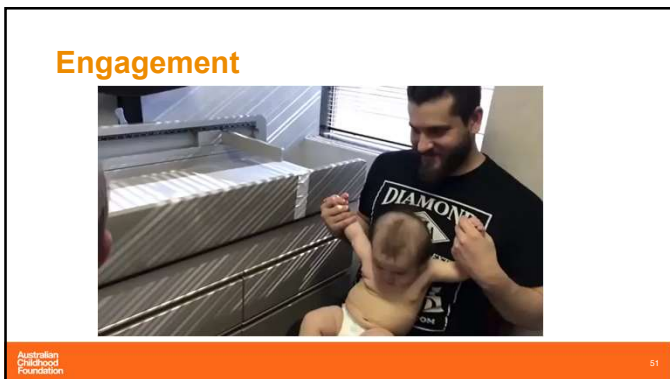
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### Trauma and relationships

As we know a secure relationship is central to the development of:



- a positive sense of self
- empathic and sensitive interaction
- adaptive and flexible emotional regulation skill.

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### Early Years



children's milestones

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### Focus on connection



**THE AGE OF DISCONNECTION**  
*We are more wired than ever. But are we truly connected?*

Missed opportunities

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### Two hands for parenting – Kim Golding

**Hand One: provides warmth and nurture, and allows:**

- Child appropriate autonomy matched to their developmental age.

**Hand Two: provides structure, and boundaries:**

- Connection before correction
- No correction without understanding
- Avoid lectures and delay problem solving
- Avoid punishing with the relationship
- Adult takes responsibility for relationship repair



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### Connection before correction – Kim Golding

- Research shows that **we cannot influence children in a positive way until we create a connection with them.**
- **Connection creates a sense of safety and openness.** Punishment, lecturing, nagging, scolding, blaming or shaming create fight, flight, or freeze.
- **Validation of intense emotions** – mirroring, serve and return, naming emotions
- Body language, facial expression, tone of voice
- **Correction is about finding a solution with the child rather than imposing a punishment**

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Anticipate child's **N**needs

**U**nconditional positive regard

**R**eframe child's perceptions

**T**ime-in

**U**se words for child's experience

**R**eflect back child's feelings

**E**njoy play together

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**P.A.C.E Approach**

- **Playful** – light, open, hopeful, spontaneous.
- **Accepting** – unconditional acceptance of the experience of the child (feelings, emotions and thoughts).
- **Curiosity** – non-judgemental, active interest in the child’s experience, as well as behaviours to learn what is triggering them.
- **Empathy** – about past hurts and present challenges. A ‘felt’ sense of the child, which is actively experienced and communicated.

Dan Hughes (2009)

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**P.A.C.E.**  
An example of a model of trauma informed practice

Playful  
Accepting  
Curious  
Empathic

**P.A.C.E**  
(Dan Hughes)

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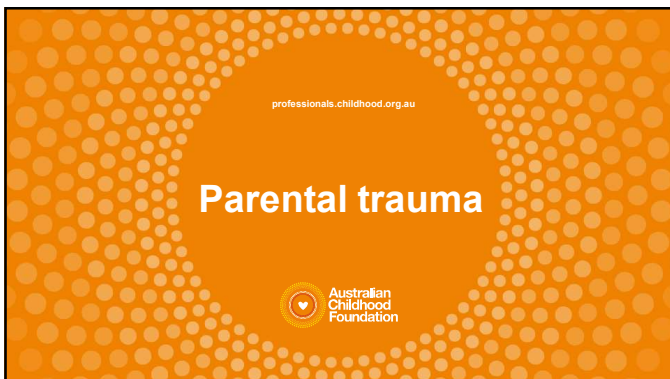
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**Parental trauma**

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### Trauma informed in early childhood settings

- Similar to other child and family-serving organizations, being trauma-informed in early childhood settings means being informed about and sensitive to trauma, and providing a safe, stable, and understanding environment for children, parents and staff.
- Trauma informed approaches represent a holistic approach to shaping organizational culture, practices, and policies to be sensitive to the experiences and needs of traumatized children, families and communities
- A primary goal is to prevent re-injury or re-traumatization and acknowledging trauma impact for children.



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### Importance of working with parents

Young children who have been traumatized also benefit when early childhood practitioners simultaneously focus on child and parental well-being, using a two-generational approach:

- By creating a positive alliance with parents and other caregivers,
- Identify and build on parent and family strengths,
- Recognize and respect their family's values,
- Encourage them to participate in their child's development
- Engage family members in planning to make progress toward child's goals.



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### Consider the parents history

- Many of the parents will have their own trauma histories.
- Whether trauma is a past experience, a current reality, or both, it can shape a parent's behaviors, feelings, and decisions.
- The more we learn about trauma, the more we can modify our practices and communication to support and engage parents
- Develop respectful; attunement communication
- Co-regulate



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**Parents own trauma**

- Parent may not understand the role of trauma in child development, symptoms, behaviors, functioning for themselves and also their child
- Their attention may be on what they perceive as their most immediate need- housing, safety, income.
- Competing needs
- Child becomes the issue/problem
- Parents feel passive participants in the trauma



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# The 5 Parenting Systems



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**Parenting brain**

Baylin and Hughes (2012) state parenting is an ancient mammalian mind–heart process, which allows a caregiver to stay engaged and regulated enough to sustain the mind-to-mind, heart-to-heart connections that are vital for a child’s development. Parenting is rooted in openness and safety, not in survival-mode self-defence.

**The right hemisphere in relationship**

- These primary relationships contribute to:
- stored internal working models of primary relationships recorded in the right hemisphere
- the perception of emotion in self and others, enabling empathy and humour.



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### Blocked care

- Blocked care is a way of describing the **suppression of carers' potential to nurture a child**, especially if the child is slow to reciprocate warmth and love.
- **Unmanageable stress associated with the experience of parenting**, and often related to the parent's own attachment history, is the primary source of interference with caregiving.



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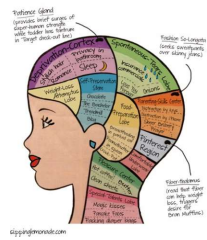
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### Brain systems that support parenting

- Parental Approach System**
  - Get close to the child without becoming defensive.
- Parental Reward System**
  - Enjoy interacting with the child.
- Parental Child Reading System**
  - Understand the mind of the child.
- Parental Meaning Making System**
  - Make sense of our experiences with the child and our social life.
- Parental Executive System**
  - Regulate interpersonal conflicts between approach and avoidance, pro-social and defensive reactions.



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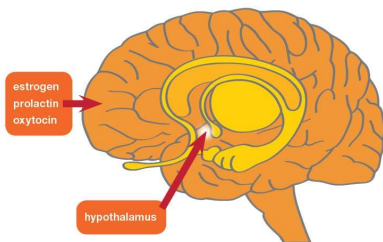
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### The Parental Approach System



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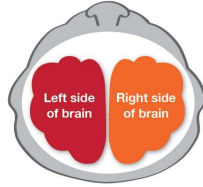
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### Early Adversity impacts on our Parenting ability

- The environment we grow up in can shape how we use our right and left brain systems of avoidance and approach. If we begin life exposed to insensitive care giving our right brained harm avoidance system is likely to be used a lot. Instead of feeling protected and connected with our caregiver, we are more likely to need to shift into a defensive state of protest or collapse in order to try to protect ourselves.



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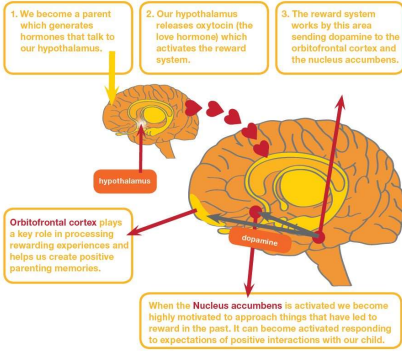
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### The Parental Reward System



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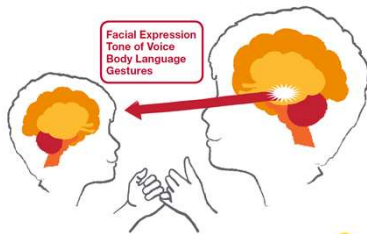
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### Parental child reading System



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### The Parental Meaning Making System

**Well-Connected Brain**  
Utilizing the front part of the brain



**Stressed out Brain**  
Utilizing the more primitive middle region of the brain



Open Flexible and Adaptive      Closed and Rigid

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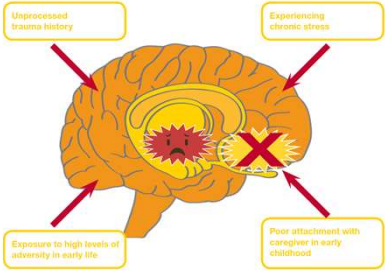
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### The Blocked Executive Parenting System



Unprocessed trauma history      Experiencing chronic stress

Exposure to high levels of adversity in early life      Poor attachment with caregiver in early childhood

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## Communication skills

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### Communication skills

- **Creating safety** – safety in relationships, the environment and interactions.
- **Co regulate** Regulating your own emotions and staying within your window of tolerance can be beneficial for you and the children you care for. *Think about the healthy approaches you use to regulate your emotions and try to exhibit those behaviors in your environment.*
- **Attuned:** Be attuned to parent's body language and nonverbal behaviors. These nonverbal indicators can help you determine how a child may be feeling or how they may be affected by the current activities or overall environment.



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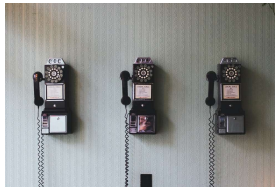
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### Reflective communication

- Attuned reflective communication is perhaps the most powerful tool that you can use with parents.
- Good communication helps to inform, reassure, and engage parents.
- A single conversation, positive or negative, can set the tone for a family's opinion of staff, so it is essential to develop effective communication skills.
- Child's developmental needs are anticipated and responded to (e.g. access to other services, safe and attuned responses)



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### Listening to parents

Attuned listening is the foundation of effective communication.

- When you are attuned to another, **you get more understanding and information about children and their families.** You also get the full benefit of parents' in-depth knowledge of their children. And you show parents that you value their experience, ideas and opinions and take their concerns seriously.
- Here are some **ideas for attuned listening** :
  - Let parents know you're listening and interested by having eye contact, nodding and ensuring you are fully engaged and attuned to the person.
  - Quieten your own thoughts and stories
  - Let parents finish what they're saying before you speak. Then summarise what parents have said, and check that you've understood correctly.



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## Changing narrative from parenting to child development



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### Changing our narrative

- One common narrative strategy is to focus directly on how to improve parenting and better support the skills, practices, and behaviours that help people parent well.
- In this narrative, effective parenting is the objective, and the ultimate goal is to change parents' attitudes, behaviours and practices.




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### Changing our narrative

- Another strategy is to focus attention on the importance of healthy child development; effective parenting in this narrative is the *means* to achieve improved developmental outcomes for children.
- The difference between these two master narratives is subtle: one is about making people better parents and one is about achieving healthy developmental outcomes
- Instead of evaluating specific parenting practices, communication then draws attention to the conditions that shape people's ability to parent and explain how improving those conditions will enable more positive parenting practices.




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**Changing narratives**

- Find and share the positives about a child's **learning**, behaviour and experiences. ...
- Be open and honest. ...
- Think before you speak, especially when you're talking with **parents** about difficult or sensitive issues.
- Ask for **parents'** input. ...
- Let **parents** make the decisions.



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**Changing narrative**

**Focus on Child's development**  
 Focus on the child's development needs not the parenting skills  
 Improving a child's outcomes means supporting parents in their child's development  
 Discuss development and behaviour with a trauma informed lens



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**Building resilience**



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**Helping caregiver and child to repair their relationship**

- **Explore** what is getting in the way of parent providing this consistent, sensitive, responsive, attuned, caregiving
- Help parents to **identify arousal states** in their child and explore what's underneath the behaviour
- **Respectfully challenge** the parent about punitive or authoritarian approaches – explore the impact that this style of parenting had on them
- Help families to create **new ways of relating** through:
  - ✓ play, and
  - ✓ exploratory discussion in order to increase their capacity to reflect and to offer what their infant/child needs.

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**Building collaboration and partnerships with parents**

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**Partnering and collaboration with parents**

Strong collaboration and partnership between staff and families is built on parents feeling safe, attuned communication skills help to make sure that

- (a) accurate information is shared,
- (b) expectations are shared, and
- (c) trust is established.



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### Partnering with parents

- Truly collaborate with parents
- Develop positive attuned relationships with parents
- Improving a child's outcomes means supporting parents in building child's development
- In every interaction with parents, one of your goals is to strengthen your partnership with them. You're more likely to achieve this goal if you consistently **speak to parents in a clear, respectful and considerate way.**



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### Communicating with diverse families

- No family is the same. For example, families with vulnerabilities, rainbow families, blended families and culturally and linguistically diverse families all have different support and communication needs.
- In general, a family-centered approach can help you better understand what different families need.
- Different families are likely to respond to your communication strategies and support in different ways too.
- If you're unsure how cultural differences might affect the way you communicate, you can ask others or do some research online or in books.



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### Partnering with parents

**Ask for the parent's perspective:** Clarify the parent's feelings and beliefs on the issue.

**Develop questioning to learn, not to pass judgment:**

- "What are the ways your child can express her angry feelings that feel ok with you?"
- What do you do at home?
- What have you found that works?
- What doesn't work?
- Would you be open to finding ways to discipline her, other than hitting?"

Use tools to share strategies – what works  
*Kids Matter, Conversation books, Big Life Journal.*



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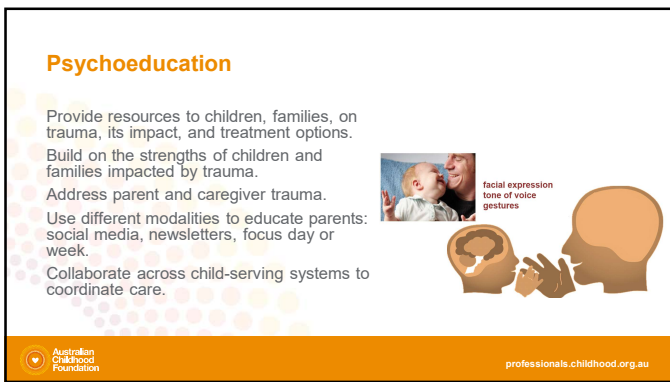
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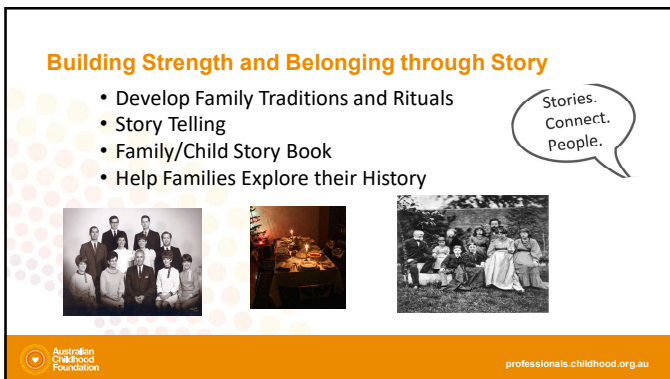
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**Tools for parents-When kids feel right, they act right**

Rather than asking: "What are you doing?"  
and  
"How can I stop it?"

Wonder: "What are you feeling?/trying to tell me?"  
And  
"What do you need (from me)?"



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**Family soup**

- What do you want to go into your family soup?
- Inclusive values like kindness, respect, care and nurture
- Beliefs and ideals
- Family stories
- Routines
- Rituals of connection like meals together, activities together




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**Where are the opportunities for QEC?**

Identify examples for each area listed below that QEC could potentially implement:

- Strategies / Tools / Activities
- Approaches
- Skills
- Environment/ Policies/ Procedures
- Anything else?



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Thank you for participating in ACF's customized training,  
**Trauma Responsive Practice With Families**  
QEC

Contact:  
Karyn Robinson  
Senior Advisor  
[krobinson@childhood.org.au](mailto:krobinson@childhood.org.au)

Further training can be found at:  
<https://professionals.childhood.org.au/training-development/>



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